CLD Corner—Collective Position, Individual Responsibility: Why BLM Should Matter to You

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It is safe to say 2020 will be one interesting addition to the annals of history that will be taught for generations to come. In a matter of months, we saw life as we knew it grind to a halt, and suddenly, we gained a greater appreciation for the many daily activities and actions that were no longer safe to do or allowed. Without the distraction of jam-packed routines and schedules, it became a time for revitalization of values, critical thinking about the future, and now more eyes were watching the news for the latest information and to stay up-to-date on current events. Unfortunately, these current events included the senseless deaths of Ahmaud Arbery, George Floyd, Breonna Taylor, and several others as a result of racial bias and brutality by police and civilians. We saw a rebirth of true activism following their deaths similar to that seen during the Civil Rights Movement that resulted in the Voting Rights Act of 1965, which outlawed discriminatory voting practices that denied people of color the democratic right to vote. As I write this article exactly 55 years since the law was passed and as a proud black woman, I find it a personal responsibility and take great honor in continuing the legacy of advocacy set forth by my ancestors.

Social media has become an even bigger platform for individuals to voice their opinions. We have seen companies, institutions, and corporations release statements in support of Black Lives Matter (BLM), a movement founded to combat white supremacy and empower people to speak out against violence and systemic racism toward black communities (Black Lives Matter, 2013). However, all statements were not created equal. The American Speech-Language-Hearing Association (ASHA) originally issued a statement that was vague and appeared to circumvent the topic at hand. Personally disappointed and hurt by the lack of true accountability and genuine support from an organization of which I am a proud and paying member, I watched as reactions to this statement were shared and discussed on multiple social media platforms. Though initially saddened, I was encouraged by the outcry of support from my colleagues of various backgrounds and ethnicities. It was clear that ASHA's position was not sufficient to both African American and Caucasian professionals alike. ASHA issued an apology and clarifying statement acknowledging "the pain this message caused" and that it "fell short; it was not clear or strong enough" (Pietranton, 2020). ASHA then released a better position statement in "Response to Racism," followed by the Texas Speech-Language-Hearing Association (TSHA) releasing a similar statement. In this moment, I learned that all of our voices matter. Without the support of my white colleagues in addition to my black, indigenous, and people of color (BIPOC), this change in position may not have happened. Thank you.

The purpose of this article is to examine the collective position set forth by both our national and state professional associations as well as to highlight the call to action and personal responsibility of every speech-language pathologist (SLP), speech-language pathology assistant, and audiologist in accordance with our Scope of Practice and Code of Ethics. I ask that you read with an open heart and mind. These conversations are not easy, but they are necessary.

Public Commitment

ASHA “commit[s] to rooting out the systemic inequities that exist in our communities” (ASHA, 2020), and TSHA “is committed to promoting a culture of diversity, inclusion, acceptance, and action” (TSHA, 2020), but how is this achieved? First, we must examine the system to identify inequities and lack of diversity within our own institutions and organizations. One thing I have always noticed starting as an undergraduate student is the racial distribution within the profession. Those who identify as a racial minority account for 8.3% of ASHA members and affiliates according to a 2019 year-end profile (ASHA, 2020). Out of certified Texas SLPs, 7.2% of members identify as BIPOC (ASHA, 2020). Compare this figure to 2010 Census data that show 27.6% of the U.S. population identify as racial minorities (U.S. Census Bureau, 2010). It should be noted that 37% of Hispanics—18.5 million people—were counted as “some other races” during the 2010 Census, meaning that the actual number of people who identify as a racial minority is much higher than 27.6% (Parker, 2020). This disproportion leaves a mass of service providers who do not share the same cultural and linguistic backgrounds or experiences of those they serve, which can complicate the evaluation and treatment process by potentially rendering services less effectively (e.g., difficulty establishing rapport, lack of patient buy-in, negative thoughts about therapy, poor patient-provider relationships). It should be noted that the United States is projected to be a minority majority by 2045 (Poston, 2020).

Growing up, I was unaware of the speech-language pathology professions, as were many from my community. Let’s increase awareness of our field in BIPOC communities starting in early education. How about providing funding to Historically Black Colleges and Universities (HBCU) communication disorders and audiology programs and also assisting with bridging the gap between obtaining clinical hours and supervision for clinical fellowship completion? This would effectively create more clinically competent professionals from a wide range of cultural and linguistic backgrounds. We are a discipline based on science and objective data, so when only two out of 17 current ASHA board members and zero out of 20 TSHA Executive Board members identify as African American, it is easy to see the lack of diversity and the need for improvement. Our SLP scope of practice states that “in addition to direct care responsibilities, SLPs have a role in […] (b) improving the experience of the individuals served” (ASHA, 2016). What better way to improve the experience of our clients/patients and their families than by creating access to the professions and increasing diversity

within our governing bodies? It is clearly stated within our scope that we “improve the experience of care by analyzing and improving communication environments” (ASHA, 2016), meaning it is not only acceptable but best practice to have these uncomfortable talks about racial and systemic inequality! And don’t forget we are to “use plain language to facilitate clear communication” (ASHA, 2016), so let’s normalize code-switching while we are at it. Both ASHA and TSHA have publicly stated these commitments. What will we do as individual members on our school campuses, in skilled nursing facilities, university programs, hospitals, and private practices to honor them?

Take a Stand

ASHA vows to “do better to support members and those they serve” (Pietranton, 2020), and TSHA plans to “stand in solidarity with […] Black TSHA members, families that we serve, partners and communities” (TSHA, 2020). As previously stated, lack of support causes pain and may leave one feeling powerless. Again, this is addressed in our scope of practice that states we are to “provide individuals and families with skills […] to become self-advocates” (ASHA, 2016). Not only should these discussions occur among professionals within our associations but consider how this stance may have to be addressed with those we serve and their families. As a preschool SLP in a setting with predominantly minority employees and students, I recognize the children I serve may not have the language to express their ideas. Simply being mindful of materials and objects utilized in therapy can foster healthy opportunities to build functional language that may assist a child in understanding and expressing thoughts related to racism, equality, and justice. I have seen several books that discuss these topics in an age-appropriate manner. If we aim to improve the experience of our clients/patients, we must first understand their experience. How about we host town hall discussions and/or peer-to-peer groups for all members to discuss the everyday experience of the BIPOC members and ways to assist non-BIPOC members in navigating issues related to race? Let’s continue to encourage position statements and articles on these subjects. Through healthy discussion, we can confront our own biases and views and hopefully gain a new perspective. ASHA’s Principle of Ethics II states that we are to improve our “professional competence and expertise through engagement in lifelong learning” (ASHA, 2016). In this case, ignorance is not bliss and will no longer serve as an excuse. It is a no-brainer that we are not to discriminate against our patients/clients; Principle of Ethics IV outlines that we are not to “engage in any form of conduct that adversely reflects on the professions” (ASHA, 2016). Similar language is found in the TSHA Code of Ethics. So professionals must be mindful of what they post on social media. We are entitled to free speech, but when that speech carries an undertone of oppression and racism, it is a clear ethical violation and does not reflect the commitment to support those affected. That principle also calls for action when there is clear evidence of such an ethical violation. ASHA has a Board of Ethics created to uphold the ethical code, but it relies on factual information and reports from its members (ASHA, 2020). Detailed information on filing a complaint of alleged violation can be found on the ASHA website. The idea is not to create a “racist hunt” but rather to hold those who do not support our organizations’ values accountable for actions that impede our maturity as professions.

Our Five-Year Plan

In conducting research for this article, I found that ASHA has a written plan of what is envisioned for our fields and association by the year 2025. TSHA’s strategic plan is expected by 2023. Unsurprisingly, many of the items written above are addressed in this plan. ASHA envisions “leading the efforts in advocating for clients its members serve” (ASHA, 2020). TSHA’s plan includes a section on Advocacy and Awareness with a strategic objective to “support an external cause” (TSHA, 2019). Advocacy requires action. The position against racism has been stated. It is up to us to act in accordance with this ideology. Continue fighting for improved Response to Intervention (RtI) techniques for our BIPOC students and increased distribution of resources among communities of lower socioeconomic status. Educate certified nurses’ aides and staff on cultural values and language in order to improve the quality of life and care of our BIPOC geriatric population. Create programs to properly train law enforcement on social language and de-escalation techniques for communicating with our adult BIPOC special needs population. By 2025, ASHA expects that “the Association’s contributions to enriching the professions and commitment to diversity, resources,

advocacy, and collaborations with related professional entities [will be] well known and respected" (ASHA, 2020). I originally struggled to find the position statement on the website. If we are committed to change, the statement has to be more than a website or Facebook post. Increase ASHA partnerships with minority community organizations and publish evidence of collaboration with advocacy groups. The plan also predicts "inclusive policies and practices [will be] in place within the Association and throughout the discipline, to ensure that there is diversity of perspective that informs professional practice and decision-making" (ASHA, 2020). Reserve space on the board of directors for members who actively pursue and contribute to the vision. Create enrichment camps and host events that bring awareness to our fields within our BIPOC communities, so we see an increase in the acceptance rate of our BIPOC students into graduate programs. By following this plan, we ensure "services are provided in a culturally competent manner, are valued, and are in high demand" (ASHA, 2020). Having free access to the ASHA Learning Pass was invaluable considering the financial strain some faced during the pandemic, but when I examined the multicultural section, I found only six out of the 37 courses offered mentioned African Americans in the course description. Let's provide funding for BIPOC members to create resources and produce research that furthers our competence to serve culturally and linguistically diverse populations.

If "diversity and inclusion are fundamental" to our professions, we as professionals must act like it. ASHA and TSHA have set the standard with their statements, but it is up to each individual to do their part to meet the standard. I would argue that integrity and self-discipline are important pillars that define our professions. Often we are the only SLP or audiologist in the building, so as we hold ourselves accountable for administrative and functional aspects of the job (e.g., the never-ending sea of documentation, meeting treatment frequencies), we also must be accountable for our thoughts, beliefs, and actions toward others that come from diverse cultures and backgrounds. Remember that the position is not just a trend or popular opinion but a professional responsibility based on ethical principles and part of the scope of practice. In closing, I leave you with the infamous words of the late Senator and Freedom Fighter John Lewis: "If not us, then who? If not now, then when?"

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The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity (CLD). Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity. Members for the 2019-2020 year include ***Andrea Hughes****, MS, CCC-SLP (co-chair);* ***Irmgard R. Payne****, MS, CCC-SLP (co-chair);* ***Mary Bauman-Forkner****, MS, CCC-SLP;* ***Isabel Garcia-Fullana****, MA, CCC-SLP;* ***Daniel Ibarra****, MS, CCC-SLP;* ***Amy Leal Truong****, MS, CCC-SLP;* ***Mirza J. Lugo-Neris****, PhD, CCC-SLP;* ***Maria Resendiz****, PhD, CCC-SLP;* ***Diana Vega Torres****, MS, CF (clinical fellow); and* ***Adanna Burrell,*** *MS, CCC-SLP. Please submit your questions to TSHACLD@gmail.com and look for responses from the CLD Committee on TSHA's website and in the* Communicologist*.*