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Minoritized Graduate Students' Recommendations to Communication Sciences and Disorders Programs to Improve Inclusion of Minoritized Students

Abstract

Minoritized students in Communication Sciences and Disorders (CSD) programs have unique insights into inclusion and diversity initiatives based on their lived experiences. In this study, the researcher examined and analyzed recommendations that minoritized CSD graduate students provided to programs to increase inclusion. The researcher identified themes within the recommendations using discourse analysis to analyze how students positioned themselves and faculty in relationship to diversity and inclusion. A total of 104 minoritized CSD graduate students across 28 states completed a survey that included demographic information and a writing prompt for recommendations to programs. The study found that students valued broad and targeted recruitment efforts, faculty education on diversity, supportive connections and networks, diversity topics throughout courses and within clinical training, and access to resources. Students positioned themselves as having social goods or assets in the form of diversity knowledge and lived experiences that could inform peers and faculty. Students positioned faculty as simultaneously having social goods through the social and political power of their roles and lacking social goods in the form of limited diversity knowledge. These findings align with existing literature for diversification of graduate programs that prioritize recruitment, foster connections, and offer resources. Minoritized graduate students provided additional recommendations to programs to provide faculty training, actively build community for students, address contemporary diversity issues throughout the curriculum, and advocate for diversity as an asset. Student recommendations on inclusion honored students as experts in their needs and contributed to discussion of how faculty can support inclusion and diversification of the field.

Keywords

Inclusion, diversity, higher education, minoritized students, graduate programs

Cover Page Footnote

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From a social justice perspective, race and ethnicity are main forms of minoritization in the United States that have historically resulted in discrimination and oppression (Sensoy & DiAngelo, 2012). Along with race and ethnicity, U.S. policies and practices have negatively affected people by their gender, socioeconomic status (SES), LGBTQ+ identity (Lesbian, Gay, Bisexual, Transgender, Queer, plus additional identities), and disability. These policies and practices advantage people of dominant groups in medical (Ellis & Jacobs, 2021; Taylor et al., 2018) and educational settings (Girolamo et al., 2022; Robinson & Norton, 2019). Each identity may experience its own challenges based on reduced access to resources and opportunities, as well as the complexity of intersecting identities (Sensoy & DiAngelo, 2012). Diversification of speech-language pathology to include multiple minoritized identities could inform, enrich, and improve the field in its research, policies, and services to a pluralistic society. Minoritized graduate students in CSD (Communication Sciences and Disorders) programs have unique perspectives on diversity within the field based on their lived experiences related to their inclusion within CSD programs. The purpose of this study was to examine and analyze the recommendations that minoritized CSD students across multiple identities provided to programs to increase inclusion within their programs with the goal of advancing diversity efforts.

Race and Ethnicity

The American Speech-Language-Hearing Association (ASHA) has long-standing initiatives to address racial and ethnic diversity of its members. For example, the National Office expressed a commitment to “actively address under-representation, and marginalization to enhance equity” (American Speech-Language-Hearing Association, 2022b), and outlined the association’s actions to address systemic racism (American Speech-Language-Hearing Association, 2022a). The ASHA has prioritized increasing the racial and ethnic diversity within speech-language pathology to meet the needs of changing demographics in the United States. The fastest growing racial demographic in the United States is more than one race, or mixed race, with predictions that by 2060, 32% of people will identify as a race other than White (Vespa et al., 2020). Scholars capitalize the racial identity of White as a form of grammatical equity, specifically, because keeping White lowercase “would implicitly affirm Whiteness as the standard and norm” (Mack & Palfrey, 2020, para. 5). When focusing on race, the lack of racial and ethnic diversity in the field of speech-language pathology has remained relatively constant with minimal changes in the number of speech-language pathologists (SLPs) who identify as racial and ethnic minorities. In 2011, 92.8% of SLPs identified as White, and this percentage remained similar in 2021 with 91.4% identifying as White (American Speech-Language-Hearing Association [ASHA], 2020, 2021). Although Thompson (2013) listed speech-language pathology as the fourth Whitest profession in 2013, the field might not be ranked any differently today. The lack of racial and ethnic diversity may be especially concerning given recent social justice movements, including Black Lives Matter, Stop Asian American and Pacific Islander (AAPI) Hate, and the health and educational disparities connected to the COVID pandemic.

Gender

Regarding gender, even though United States’ societal norms generally place males as the dominant majority, males in a female-dominated field experience challenges based on stereotypical views of gender and gender identity development (Forsman & Barth, 2017). When

using a binary construct of gender, the field has remained overwhelmingly female with minimal changes over time. In 2011, 96% of SLPs identified as female, with a minimal increase to 96.4% in 2021 (American Speech-Language-Hearing Association [ASHA], 2020, 2021). As a female-dominated field, the gender identities of its members are significantly disproportionate from the clients, patients, and families who receive services. The lack of male SLPs is a concern across international associations beyond the United States, and change would require targeted recruitment efforts (Campos et al., 2018). More males in the field could shape research directions, policies, and clinical practices to provide perspectives that reflect the experience of males in society (Litosseliti & Leadbeater, 2013).

Socioeconomic Background

Students from low SES backgrounds face many barriers to entering the field based on the requirement for a master's degree for professional certification and the cost of higher education, along with other factors (Mohapatra & Mohan, 2021). Because the ASHA does not collect demographic information about the SES background of its members, it is not possible to determine the number of SLPs from low socioeconomic backgrounds who have successfully entered the profession. Many clients and families have low-income backgrounds and face barriers to service. In the United States, the official poverty rate is 11.4% with the rate for children under the age of 18 at 16.1% (U.S. Census, 2022).

SES is related to patient health outcomes, which means that SLPs have an ethical obligation to examine the complex factors, including economic status that affect access to services (Ellis & Jacobs, 2021). It is highly likely that the CSD field may have limited members from a low SES background who have a personal understanding of the challenges of navigating medical and educational settings and could offer meaningful contributions on ways to mitigate these challenges.

LGBTQ+ Identity

LGBTQ+ representation within the field ensures that SLPs are aware of discriminatory practices and bias in healthcare and educational settings (Frazier, 2009; Hancock & Haskin, 2015; Kelly & Robinson, 2011). Because the ASHA does not collect demographic information about LGBTQ+ identity of its members, any changes in representation cannot be determined. SLPs may have limited understanding of LGBTQ+ client experiences. SLPs may not have received training on transgender services or even be aware that these services are within the scope of practice (Sawyer et al., 2014). SLPs who work with adult patients need to understand the experiences of LGBTQ+ senior citizens, including possible challenges with legal and medical rights and protections (Voyzey, 2015). Knowledge gaps in SLPs' awareness of LGBTQ+ lived experiences may contribute to SLPs upholding heteronormative practices that perpetuate historic barriers to care.

Disability

Disability representation is especially significant given that the field itself is committed to services to individuals with disabilities or disabled individuals. Listing disability with identity first language, e.g., disabled individuals, as opposed to person first language, recognizes cultural ownership of identity (American Psychological Association [APA], 2021). ASHA does not collect

demographic information on the disability status of its members and measuring any changes in disability representation are not possible. Increased disability representation supports meaningful partnerships with individuals from the disability community (Donaldson, 2021). Lack of disability representation likely affects the way that the field views and defines the social constructs of ability and disability, which have ideological and political underpinnings, as well as accompanying attitudes (Gabel, 2010). Honoring the lived experiences of disabled individuals builds collaborative relationships with clients (Baladin & Hines, 2011; Hutcheon & Wolbring, 2012). SLPs serve in roles that allow them to ascribe the identity of disability to clients as part of the assessment process. Increased disability representation could allow for an examination of how the field upholds, counters, or mitigates ableism that places disabled individuals in a lower status position in society (Donaldson, 2021).

CSD Programs

Many CSD programs may not be providing an inclusive environment for minoritized students across identities and backgrounds. Within CSD programs, students from minoritized backgrounds have reported microaggressions from faculty, peers, externship supervisors, and clients (Abdelaziz et al., 2021). Abdelaziz and colleagues (2021) described how these microaggressions occur across learning and clinical environments, how microaggressions originate in privilege, and how they cause harm and stress to minoritized students. Their study included students with multiple identities, including race and ethnicity, multilingualism, non-traditional and first-generation student status, and other meaningful cultural and linguistic areas, which showed the wide-spread prevalence of microaggression. For racial and ethnic minority students, experiences of isolation are common, which result from lack of departmental supports and negative interactions with faculty (Suswaram et al., 2022). CSD programs benefit from research that addresses inclusion for racially and ethnically minoritized students in their efforts to increase educational access and diversification of the field (Mahendra & Visconti, 2021).

Starting in 2023, revised accreditation standards from the Council on Academic Accreditation (CAA) will require all CSD programs to document and explain how their programs ensure diversity, equity, and inclusion (DEI) training within service provision and address DEI clinical issues (Council on Academic Accreditation, 2022). In efforts to meet this requirement, CSD programs can consider the experiences of minoritized CSD students and their recommendations for inclusion. Within higher education, when faculty learn about the lived experience of racially minoritized students, they are more likely to value the strengths and assets that these students bring to the learning environment (Castillo-Montoya & Ives, 2021). Many CSD programs are actively working to address the needs of minoritized students in their programs to increase the diversity of the field. These initiatives are informed by multiple sources, including racial and ethnic diversification methods in healthcare, which include an awareness of academic, financial, institution, and cultural factors (Mohapatra & Mohan, 2021). Recruitment and outreach efforts have successfully established partnerships with community colleges to create pathways to CSD careers (Bellon-Harn & Weinbaum, 2017). CSD programs have made changes to their curriculum to include topics of bilingualism and cultural and linguistic diversity (CLD) throughout all courses (Alfano et al., 2021). Programs can address the multiple needs of minoritized students by offering financial resources and emotional support through role modeling and supportive networks with peers and instructors (Fuse & Bergen, 2018).

Minoritized CSD students' lived experiences enable them to provide meaningful contributions to make in discussions of inclusion to increase diversity. When examining students' lived experiences and inclusion, social positioning (Gee, 2014) is important because of the inherent hierarchical structure of higher education. Students are positioned as having less power than faculty who determine their grades and hold sway over externship and career opportunities. Social positioning or evaluations of status and power may be especially meaningful within CSD graduate programs because of the homogeneous demographics of the field, student dependence on faculty for practicum placements, and growth in students' preprofessional identity as they advance in their clinical training. Including an examination of social positioning provides insight into students' perception of their relative power and the accessibility of the field. The purpose of this manuscript is to describe and explain inclusion themes based on the recommendations of minoritized CSD graduate students so that program faculty can promote inclusive practices with the ultimate goal of increasing diversity of identities within the field.

Research Questions

In this study, the researcher surveyed minoritized CSD graduate students about their recommendations to promote inclusion within their programs. Minoritized CSD graduate students referred to students who self-identified as holding one or more of five societal markers of minoritized identity, specifically race and ethnicity other than White, gender as male in a female-dominated field, low socioeconomic background, LGBTQ+ identity, and disability. The researcher was interested in providing a format for minoritized CSD students to be positioned as experts in their own lived experiences. Studying the recommendations that minoritized CSD students provide to programs shows how students are a key constituent group that can inform recruitment and retention efforts for diversification of the field. In this study, minoritized CSD graduate students offered specific recommendations to programs to answer the two main research questions:

1. What are the prevalent themes in minoritized CSD students' recommendations for programs to increase inclusion?
2. How do minoritized CSD students' verb choices in recommendations to programs reflect their social positioning of themselves and faculty members?

Methods

With guidance from three different disciplines, the researcher created a survey to examine inclusion for minoritized CSD students. Faculty in Speech and Hearing Sciences, Special Education, and Sociology provided input and recommendations throughout survey development. The researcher distributed the survey directly to graduate programs and through social media. The researcher sent the survey to 281 nationally accredited CSD graduate programs via direct email to department chairs with 10% of programs confirming distribution of the survey to their graduate students. Department chairs were asked to share information about the survey and the survey link to all graduate students within their program. The survey was available on social media, specifically the National Student Speech Language Hearing Association, and the ASHA Special Interest Group listservs for Higher Education and Cultural and Linguistic Diversity. The researcher chose a survey to reach a range of students across the country with purposeful sampling using

student self-identification given the scarcity of minoritized CSD graduate students. The demographic questions for self-identification are provided in Appendix A. Allowing minoritized students to self-identify as belonging to one or more broad identity categories honored self-understanding. Self-identification countered pre-determined external metrics commonly used as institutional requirements to prove an aspect of one's identity, such as restrictive views of disability identity that are dependent on outside medical expertise (Hutcheon & Wolbring, 2012). The survey included informed consent that described voluntary participation and the right to withdraw from the study at any time. The Portland State University Institutional Review Board approved data collection procedures and the researcher completed the study as part of her doctoral dissertation.

Participants. A total of 104 minoritized CSD graduate students participated in this study with the majority (64%) in their second year of graduate school. Students reported attending programs in 28 different states encompassing the four broad regions of Western, Midwest, Northeastern, and Southern areas of the United States. Students responded to demographic questions to self-identify as having one or more identities, as shown in Table 1. For example, a student could be counted twice in Table 1, such as once for a racial and ethnic minority and again for LGBTQ+. The greatest number of students (47%) identified as racial and ethnic minorities, followed by LGBTQ+ (37%), and disabled or having a disability (27%). Although bilingualism was not a focus of the study, students also provided information about their language background.

Table 1

Identities of Minoritized CSD Graduate Students

Minoritized Identity	Number of Participants	Percentage of Sample
Non-native English speaker	20	19
Racial ethnic minority	48	47
Low socioeconomic level	21	20
Male in female dominated field	12	12
LGBTQ or non-heterosexual	38	37
Disability	28	27

Procedure. A survey containing questions about experiences with inclusion with graduate programs was available for response using the Qualtrics platform from August 2019 through October 2019. The survey was reopened for a 24-hour period once in October and once in November by special request from participants who wanted additional time to complete their partially finished surveys. The researcher and support team developed the survey to examine the experiences of minoritized CSD graduate students in their programs and included questions about experiences that decreased and increased inclusion, recommendations to programs, and recommendations to a peer. The survey questions are provided in Appendix B. This manuscript focuses exclusively on the recommendations to programs, which is the fourth writing prompt in the survey questions.

Given that the researcher distributed the survey to all accredited graduate programs at that time and through social media, it is not possible to know how many students received the survey invitation. Although 29 of 281 graduate programs confirmed distribution of the survey, it is not possible to calculate an actual participant response rate. Minoritized CSD graduate students who completed the survey responded to demographic questions about their identities, and a set of open-ended questions about inclusion in their programs in connection to their identities, advice to a peer, and recommendations to programs. This manuscript addresses minoritized CSD graduate students' recommendations to programs, specifically their responses to the writing prompt: What recommendations do you have for graduate training programs in speech-language pathology to increase inclusion for minority students based on your own experiences?

Data Analysis. The researcher analyzed qualitative data and all student responses were de-identified before analysis. Six of the 104 students did not provide a recommendation, though they completed other portions of the survey, and were thus excluded from data analysis for program recommendations. Student responses within the survey for recommendations allowed students to provide multiple recommendations. The majority of student responses contained two or three recommendations, such as “Continue to learn about minorities so that they aren't so novel. Don't call the differences out.” and “Be flexible with students, find many ways to show competency that are not just through tests. Expose students to different cultures.” All student recommendations were included within the data set and each recommendation was treated individually. In organizing the data, the researcher grouped all student responses for the recommendations writing prompt together for analysis using In Vivo coding with pattern coding methods for themes (Saldaña, 2016). In Vivo coding focused on highlighting the exact wording of responses with a focus on meaningful verbs. The researcher chose verbs as a main marker in coding because of how they represented actions within recommendations and could be used in discourse analysis (Gee, 2014) to examine how the students positioned themselves in relation to faculty. Within discourse analysis for written language, positioning describes how a writer makes wording choices to show the writer and the reader's relative level or degree of access to social goods and services (Gee, 2014). Social goods can be anything considered to be of value within a society, such as financial resources, information, physical objects, social influence, power, and other tangible and intangible concepts (Gee, 2014). Analyzing verb choices can show how the writer views who is and is not able to access and grant social goods (Gee, 2014). For example, the verbs “provide” and “offer” position an individual as having social and political power to grant a social good. Within the data set, the data item “provide different perspectives in your courses” showed how the minoritized CSD

students positioned faculty as having the power to grant or withhold information related to diversity to all students within a course.

Initial coding involved becoming familiar with the data by reading all responses, and then highlighting every verb within the data set. The researcher used verbs to extract phrases within responses. Initial open coding was followed by searching for pattern codes, which were grouped together based on related attributes and emerging categorical belonging to form themes following Saldaña (2016). Themes were reviewed in connection to the meaningful verbs that appeared in each grouping for discourse analysis of positioning. The researcher completed audit memos with self-reflective questions to describe subjective elements of analysis throughout all stages of the process (Merriam & Tisdell, 2016). Audit memos allowed the researcher to reflect on her multiple roles and identities in connection to the data. At the time of the study, the researcher self-identified as a doctoral student, clinical faculty member, mixed race (Asian/White), and from a low socioeconomic status background. Audit memos provided a record of decision-making within data analysis and transparency of methods (Saldaña, 2016). Faculty in sociology reviewed coding and portions of audit memos regularly and engaged in the examination of emerging themes. Audit memos encompassed the entirety of the study, as opposed to only focusing student recommendations to programs. Following Saldaña's (2016) guidance, audit memos included descriptions of the coding process, indicators of emerging themes, as well as explorations of the emotional aspects of engaging in the analysis, as shown in the audit memo excerpt in Appendix C.

Results

In this section, the researcher organized the findings by research question. For the first research question, the researcher identified themes to promote inclusion. For the second research question, the researcher analyzed how minoritized graduates positioned themselves and faculty members.

Question 1: What are the prevalent themes in minoritized CSD students' recommendations for programs to increase inclusion? Minoritized CSD students who provided recommendations held one or more identities, as shown in Table 1. Responses were not differentiated by identities in order to provide programs with larger overarching themes to address the needs of students with multiple identities.

Students frequently provided more than one recommendation. The researcher identified seven themes from the student recommendation data set: (a) *recruitment*, (b) *awareness*, (c) *connection*, (d) *curriculum and clinical*, (e) *resources*, (f) *faculty education*, and (g) *equity*. Most coded items were in the theme of recruitment (40%), with items relatively evenly distributed between the themes of awareness (14%) and connection (13%). The remaining themes of curriculum and clinical (11%), resources (8%), faculty education (6%) and equity (6%) were less prominent themes. Although the themes of awareness and equity were relatively small, the researcher nested them under the theme of faculty education. Three students responded that they did not have any recommendations or felt that their programs did not need to make any changes. The following section contains a summary of qualitative data with exemplar quotes for each theme.

Recruitment. The theme of recruitment included the largest proportion of recommendations and related to recruitment of both students and faculty. Recruitment recommendations for more

diversity of student identities provided broad recruitment guidance for outreach and specific examples related to identities such as:

Advertise/recruit at different types of undergraduate institutions

Advocate for our profession in high schools as a viable option and especially with our bilingual communities

Inform more males about the nature of the work that SLPs perform

Have a diverse group of students, not just by race but also by possible sex orientation

Additionally, recommendations for admissions included “look beyond grades and tests” and concerns about “limited availability of seats for graduate programs.” In comparison to student recruitment recommendations, faculty recruitment recommendations were slightly more general in nature without specific guidance, such as “hire more diverse faculty” and “hire people of color to work in your department.” Given that students may have limited awareness of university hiring practices, the lack of specific details in faculty recruitment is not surprising.

Faculty Education. The theme of faculty education serves as a larger theme with awareness and equity as sub-themes. Faculty education represented the need for faculty to have diversity training and to view students as experts in their own needs, as in the following data items:

Learn about minorities so that they aren't so novel

Solicit feedback from students on a regular basis and students should be able to provide this feedback anonymously without any fear of retaliation

Be open to further education about different identities and perspectives

Train professionals who lead programs because they should understand the cultural differences that affect minority students.

In the faculty education theme, students described how faculty lack knowledge about diversity. The subtheme of awareness reflected the need for faculty to have a sense of social consciousness related to the issues that affected minoritized students. Responses featured imperatives for increased awareness of everyday challenges. Example data items included attention to inclusion, microaggressions, and visibility of minoritization such as the following:

Be aware of what areas they are not being as inclusive as they could be in and seek training to improve

Recognize your microaggressions and realize that I've been going through this my whole life

Be aware & supportive of students who may have minority status that is not visible.

Scholars have considered microaggressions to be brief, daily insults directed toward minoritized groups, which are typically unintentional or unconscious (Sue et al., 2007). Additionally, data items showed the opposite of awareness as ignorance, e.g., “Do not be ignorant to the REAL issues that affect minorities daily.”

The sub-theme of equity focused on student descriptions of equal or fair treatment. Faculty education on diversity could lead to increased awareness, which would help ensure equitable treatment. Using the term “equity” for fairness supported the role of equity in diversity initiatives that strive for fairness and justice through an examination of what individuals need for success

(Annie E. Casey Foundation, 2021). Participants commented on equity related to equal representation of diversity and equal access to opportunities, as in the following examples:

*Represent equally all and not place focus on those that are common
Treat everyone the same and offer the same opportunities to every student.*

Another component of equity was related to tokenism, such as faculty singling out a person from one's peers or requiring a person to be a spokesperson. Data items related to tokenism framed actions stated what faculty should not do, such as, "Do not single out students for any reason," and "Do not have a student of a different ethnicity speak for their whole ethnicity in class."

Connection. The theme of connection was based on descriptions of opportunities to create community. Students expressed interest in support, such as "do more phone calls to check in," and "assign a mentor." Students provided specific examples for increased social interaction and included their own identities:

*Host orientations, retreats, any opportunity for people to come together and learn about one another
Have someone hired as an activity counselor to create "get together" programs
Connect men at colleges that were close to each other so that they could have the option to go to conferences together.*

Curriculum and Clinical. The curriculum and clinical theme was about changes that programs could make to classroom content, and clinical practices and policies. For classroom content, students recommended diversity courses in relation to clinical practice, as in the following:

*Provide more courses on cultural competency because most of these students will end up working with a population that includes minority clients
Create a class specifically about different minority groups, which would feature guest speakers who come from those minority groups.*

Students noted the need for specific topics, including the gender spectrum, dialect differences, disorder versus difference for clients from culturally and linguistically diverse backgrounds, and anti-oppression training. In regard to teaching practices, students described how they could enrich each other's learning, such as "encourage minority student [*sic*] to share their stories with their peers", and the importance of inclusive language, multimodal access to materials, learning supports, wait time in interactions, and reducing financial costs for course materials. Additionally, students considered how policies affected their identities and clients, as an "attempt to make clinic policies and language less hetero-normative."

Resources. In the theme of resources, students described the importance of access to departmental, university, and national resources. Recommendations at the university level included, "make students aware of the minority alliance services offered by the university," and "students be directly provided information about counseling resources and financial assistance." Students recommended increased access to scholarships, graduate assistantship positions, and discounted fees for national organizations and events.

Question 2: How do minoritized CSD students' verb choices in recommendations to CSD graduate programs reflect their social positioning of themselves and faculty members?

Analysis of the 104 recommendations from minoritized CSD students to programs yielded 140 coded verbs. The researcher used discourse analysis methods (Gee, 2014) with a focus on meaningful verbs to examine how minoritized CSD graduate students positioned faculty regarding social goods, or concepts of value within society. The researcher analyzed each theme separately for verb choices and their relationship to positioning. Within the theme of recruitment, students positioned faculty as having the ability, social goods, or power to grant or withhold both information about the field, and entry into it. Examples of meaningful verbs for recruitment included “promote, spread, reach” that showed how faculty have the knowledge of SLP careers to share with marginalized communities for increased diversity. In some cases, students described a moral obligation to increase outreach and public awareness, as well as reconsider admissions criteria.

In contrast to students positioning faculty as experts in the theme of recruitment, the theme of faculty education and its related sub-themes of awareness and equity positioned faculty as lacking expertise in the form of limited diversity knowledge. They viewed diversity knowledge as an important social good. Students positioned themselves as having the social goods of diversity knowledge from their lived experiences. Meaningful verbs focused on faculty gaining knowledge, such as “learn, ask, understand.” The sub-themes of awareness and equity highlighted the contrast between faculty social and political power inherent to their roles in academia coupled with limited diversity knowledge. The combination of power with limited knowledge created situations that could involve intended or unintended abuses of power. Meaningful verbs for awareness included “acknowledge, respect, recognize” and “treat, address, view” for the theme of equity.

The theme of curriculum and clinical showed how students positioned faculty communication and behaviors as malleable. Students described ways in which faculty could make changes that would allow for a redistribution of social goods, such as more access and increased opportunities. Students described how faculty had the power to adopt practices that recognized diversity. Verbs focused on change may reflect a belief that change is possible and that current practices and policies are not static. Meaningful verbs included “implement, discuss, design, teach.”

The themes of connection and resources similarly positioned faculty as having the social and political power to grant or withhold information and opportunities that could affect students' success. For connection, faculty had social goods through their ability to connect individuals, which placed students as dependent on them for access to interactions, relationships, and networks. Meaningful verbs included “try, provide, connect, spend, interact.” The theme of resources showed how information was an essential social good that students needed. Faculty had the social and political power to offer or withhold information that could affect a student's access to financial resources, university services, such as counseling, student affinity groups, and pre-professional resources. Meaningful verbs included “provide, offer, coordinate, solve.” When faculty obscure opportunities for connections and do not transmit needed information that could improve student success, these practices may be related to institutional inaction. Institutional inaction is a form of institutional betrayal, in which an institution actively or passively does not fulfill its obligations to its members who are dependent on it (Smith & Freyd, 2014).

Discussion

The aim of this study was to place minoritized CSD graduate students as key constituents within discussions of diversity efforts within the CSD field. This study was part of a larger study where minoritized CSD students described experiences that decreased and increased inclusion in their graduate programs, the significance of these experiences, how these experiences related to their identities, and offered advice to a peer. Qualitative analysis allowed for an examination of the meaning of the phenomenon of inclusion from those experiencing it (Merriam & Tisdell, 2016), with recommendations serving as a method to position students as having expertise in advancing inclusion. Although mediating factors relating to the entirety of the social context of each student's graduate school experience, which would provide a richer framework, is not available, student recommendations likely reflect how students make meaning of their lived reality.

Minoritized CSD graduate students provided recommendations that addressed recruitment practices, faculty training and education on diversity, connections and networks, diversity within the curriculum and clinics, and access to resources. Increased representation of students with minoritized identities based on race and ethnicity, gender, socioeconomic status, LGBTQ+ identity, and disability would better enable the field to support the needs of a broad client base, and clients from diverse backgrounds. Increased representation could enable the field to reconsider policies and practices that originate from a limited and privileged monocultural perspective, such as lack of awareness of systemic racism, as described by Yu et al. (2022).

Minoritized CSD student recommendations in this study aligned with recommendations from the literature. Recommendations for recruiting more minoritized students also aligned with the work of Bellon-Harn and Weinbaum (2017) on community college partnerships and recruitment events. Minoritized CSD students in this study extended the idea of early outreach to the middle school and adolescent level, within specific communities and targeted for specific identities (e.g., male, bilingual). Recommendations for institutional and community partnerships, holistic admissions, financial support, mentoring, and networking corroborated the work of Fuse and Bergen (2018), Mandulak (2021), and Mohapatra and Mohan (2021). Findings also emphasized the need for faculty consideration of course related fees, and financial assistance for opportunities, such as organizational fees for associations, and attending conferences and events. Recommendations for diversification of CSD faculty and inclusion of diversity across the curriculum and clinics corroborated the work of Alfano et al. (2021). Recommendations that showed how many peers and faculty did not understand diversity and subsequently engaged in microaggressions aligned with the research of Abdelaziz et al. (2021) on the prevalence and negative effects of microaggressions in CSD programs. The concordance between the recommendations of minoritized CSD students in this study and the existing literature indicates important progress in how the field is implementing diversity efforts.

Implications

Increasing inclusion for minoritized CSD students with multiple identities is an important aspect of diversification of the field. This study aims to show how CSD programs can be more inclusive to minoritized students and informs broader diversity initiatives. This study contributes to

qualitative research on the lived experiences of minoritized CSD students and has implications for programs. Along with agreement with established literature, minoritized CSD students offered additional insights to increase inclusion in the areas of pedagogy, peer interactions and relationships, cross-university connections, clinical practices, and allyship.

Within pedagogy, minoritized CSD students recommended culturally responsive practices that honored lived experiences (Hammond, 2015; Hyter & Salas-Provance, 2019) and considered diversity as an asset or meaningful social good. Not only did minoritized CSD graduate students recommend diversity topics across all courses, they emphasized that courses include modern issues of social justice that affect client access and barriers to care. Within the areas of peer interactions, recommendations focused on multiple ways for faculty and programs to facilitate positive social interactions with peers, such as welcome events, mixers, and even a dedicated social events coordinator position. Minoritized CSD students appeared to highly value support in establishing relationships with peers. Furthermore, minoritized CSD students recommended cross-university connections with students with shared identities in neighboring programs in the state. Within clinical experiences, minoritized CSD students recommended inclusive clinical practices, such as LGBTQ+ welcoming intake forms and cultural representation in clinical materials.

Minoritized CSD students positioned diversity as a social good with significant value in the field and in service to clients. Recommendations supported the need for faculty and student diversity efforts, and the benefits of faculty training. Findings showed how faculty roles inherently position faculty as having power that could be used to support minoritized CSD students, mitigate barriers, or maintain inequities. Minoritized CSD students described ways that faculty could serve as potential advocates or allies, such as framing diversity as a strength and viewing multifaceted elements of identity, or not reducing an identity to one stereotypical characteristic. CSD programs and their faculty can work together to recognize their power in providing an inclusive environment for minoritized students.

Limitations

Although the findings of this study show that minoritized CSD graduate students have meaningful insights into diversity initiatives, an important consideration is the timing of the study. Students provided recommendations to graduate programs in the fall of 2019, prior to the COVID pandemic and national discussions on social justice and racial equity. Student decisions to participate in the study are another factor given that reflecting on diversity and inclusion can be a complex and emotional process. Students with high levels of emotional reserves or strong views may have chosen to participate. Additionally, this study only addressed the experiences of graduate students and not those of undergraduate or post baccalaureate students.

Conclusion and Future Research

Overall, the findings from this study indicate the minoritized CSD graduate students have important contributions on ways that programs can increase inclusion to promote diversity. Findings indicated that students valued both broad and targeted recruitment efforts, faculty education on diversity, supportive connections and networks, diversity topics throughout courses and within clinical training, and access to opportunities and resources. This study contributes to

an understanding of the needs of minoritized CSD students and how they view faculty roles. Students positioned themselves as having social goods in the form of diversity knowledge and lived experiences that could inform peers and faculty, and benefit clients. Students positioned faculty as simultaneously having social goods through social and political power and lacking social goods due to limited diversity knowledge. Future work could expand on the mismatch between high levels of faculty power and low levels of diversity knowledge, including consequences, effects on students, and methods that may facilitate increased faculty training.

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Appendix A

Survey Demographic Questions

- In which state is your graduate program located?
 - List of U.S. states and territories
- What year are you in your graduate program?
 - First year, second year, or other
- Is English your native or home language?
 - Yes, or if no, please provide your native or home language(s)
- How would you describe your race and/or ethnicity? Check all that apply
 - White, Hispanic/Latinx, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other racial or ethnic identity
- How would you describe your socioeconomic status (i.e., family income) growing up?
 - Low socioeconomic, middle socioeconomic, high socioeconomic, other socioeconomic status
- How would you describe your gender identity?
 - Male/man
 - Female/woman
 - Nonbinary/gender queer
 - Other gender identity
- Do you identify as transgender?
 - Yes or no
- How would you describe your sexual orientation?
 - Asexual, bisexual, gay, heterosexual, lesbian, queer or questioning, other sexual orientation
- Do you identify as having a disability? Check all that apply
 - No, I do not identify as having a disability
 - Physical disability, intellectual or learning disability, psychiatric disability, visual impairment, hearing impairment, communication disorder, neurological impairment, other disability
- Is there another identity (or identities) that is meaningful to you?

Appendix B

Survey Writing Prompts

First Writing Prompt: Decreased Inclusion

- a. What was a meaningful experience that decreased your feelings of being included within your graduate training program?
- b. Why was this experience important to you?
- c. How did your identity/identities relate to this experience?

Second Writing Prompt: Increased Inclusion

- a. What was a meaningful experience that increased your feelings of being included within your graduate training program?
- b. Why was this experience important to you?
- c. How did your identity/identities relate to this experience?

Third Writing Prompt: Overall Inclusion

- a. To what extent have you felt included or not included in your graduate training program in speech-language pathology? Please write as much as you wish about your feelings of inclusion in general.
- b. Why have you felt this way?
- c. How did your identity/identities relate to these feelings?

Fourth Writing Prompt: Programmatic Recommendation

What recommendations do you have for graduate training programs in speech-language pathology to increase inclusion for minority students based on your own experiences?

Fifth Writing Prompt: Peer Advice

What advice would you give to another minority student about inclusion to prepare them for a speech-language pathology graduate training program?

Appendix C

Audit Memo Excerpt

I'm really upset. I've only read four stories so far - transgender and non-binary and the "hurt heart", "passing", and "worrying" made me sad and angry. Why should someone be made to feel afraid to be themselves? Why do we have to change our identities to be allowed to participate within a system? How am I supposed to tell people who aren't interested in diversity that they are hurting people's hearts and deterring them from PhD programs?

So, I pulled the data out of a Google spreadsheet because I couldn't make it line up in any easy way to read. I concatenated the narratives for transgender and nonbinary and started first level In Vivo coding by hand and noting meaningful verbs. There appeared to be emerging themes around "passing" and "emotional pain". I shared the spreadsheets with Dr. Wilkinson for feedback.

Transgender: 1

Nonbinary gender: 3

Male gender: 12

These people are trusting me with their words, with their experiences, with their pain, with their hope for the future, and what on earth can I do about these problems? Who am I to tell their stories? How much of the time am I still trying to find a way to tell you mine?