I Stutter and Have an Accent—Can I Be Your Speech-Language Pathologist?
— Clinical Education Approaches to Supervision of Student Clinicians With Speech and Fluency Disorders

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PREBRIEF

Clinical education and supervision are key components of graduate programs for speech-language pathologists and audiologists. As we strive to make our discipline more diverse, supervisors must be prepared to work with a variety of students who represent many different cultures and abilities. Supervisors must have knowledge of the basic distinctions between dialect, accent, and speech sound disorders. They must also understand how power dynamics play a role across cultures and in the professional preparation of students. When a supervisee exhibits possible characteristics of communication disorders, it is critical to consider the multiple factors at play when providing guidance and training.

OBJECTIVES

- Reflect on your perception of working with professionals who exhibit disabilities.
- Review and understand appropriate American Speech-Language-Hearing Association (ASHA) resources on discrimination and clinical competency.
- Consider how cultural practices may affect a clinician's behavior within the clinician–clinical supervisor relationship.

CASE SCENARIO

Jan is a 24-year-old Asian American male student clinician in his first semester of clinical assignments. Jan traveled to the United States to complete his undergraduate degree in communication sciences and disorders. While studying full time, he maintained contact with his local Chinese community in the United States and relatives at home in China. He is being supervised by a White female supervisor, Professor Thompson. Jan's supervisor is aware that Jan has a fluency disorder because he disclosed this information to her as part of their initial supervisory meeting.

Jan grew up and attended high school in Hong Kong. Since birth, Jan has been exposed to Cantonese and English, both of which he speaks and understands. According to Jan, he began having problems with his speech in early primary school when it was first noticed by his teachers. His teachers shared with his parents that Jan was demonstrating stuttering moments in both English and Cantonese, noting he repeated sounds and

words. Jan's parents believed that his stuttering brought shame and embarrassment to the family, and he spent most of his childhood trying to hide his stuttering to make them happy. Because of his family's beliefs and attitudes about his stuttering, Jan was never enrolled in speech services while living in Hong Kong.

At the recommendation of his undergraduate clinical supervisor, Jan was evaluated and received speech-language therapy to address his stuttering. Jan was also asked to consider accent modification to increase his intelligibility. Jan obliged and continued with speech fluency therapy and consultative services for his accent throughout his undergraduate degree program where he excelled as a student. Jan was admitted to a different graduate program to pursue his master's degree in speech and hearing sciences.

During Jan's first semester of clinical practicum, he was assigned a pediatric client, Stephen. Stephen was a second-grade student who was working on improving his literacy skills, including reading fluency and phonemic awareness—specifically, segmentation, blending, and rhyme. During Jan's and Stephen's first therapy session, Jan's clinical supervisor, Professor Thompson, entered the cubicle multiple times to correct Jan's production of English phonemes. After the session was over, Professor Thompson informed Jan that he needed to work on improving the accuracy of his articulation of English sounds before he could resume his clinical sessions with his assigned client. When Jan asked whether there were any online or audio resources to help him, the supervisor encouraged him to research these on his own and to demonstrate more clinical independence. Jan spent the following week practicing phonemes that were not present in his native language but were present in English only in an attempt to decrease his perceived accent.

Jan felt as though he was improving in his English production, but he became very anxious knowing that his supervisor may interrupt his session at any moment. As a result, although Jan's intelligibility increased, so did his dysfluencies. During his next session, Professor Thompson interrupted him after he stuttered, and she modeled a fluency strategy for him in front of his client. She asked Jan to attempt the fluency strategy during the session before he could continue working with his client on the next activity. After the session, Professor Thompson shared that it was important for Jan to maintain fluency during therapy sessions and during his interactions with others in the clinic by applying the specific fluency strategies she modeled to him. Jan, however, had difficulty with consistently implementing these specific modeled fluency strategies, and he felt more comfortable using other strategies he had learned during his previous therapy intervention while an undergraduate. Jan felt unsure of how to proceed. He felt as though he could not decline using the strategies proposed by Professor Thompson because he feared retaliation, either through impact on his clinical grade or progression through the program. At times he felt as though his anxiety and stuttering behaviors actually increased when he was around his supervisor.

His supervisor held a meeting with him and the clinical director. She stated that for Jan to successfully complete the program he must complete ASHA Certification Standard V-A, "Demonstrated Speech and Language Skills in English." She stated that she interprets this standard to mean that Jan must be fluent most of the time and must speak using clear and intelligible diction in Mainstream American English. Jan reported he was incorporating all of the strategies he has learned to his best ability, but he believed that his clinical supervisor's bias will affect his overall grade and put him in jeopardy of not completing his master's program. Jan is conflicted as to whether he can mention this to the director

because he does not want to embarrass his supervisor by sharing this information.

CRITICAL THINKING AND DEBRIEFING QUESTIONS

1. How can Jan address the difficulties he is experiencing with his supervisor?

2. What resources are available to clinical supervisors when supporting student clinicians?

3. How might the essential functions developed by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) be useful in this case?

4. What can the program do to support Jan if he cannot fluently or accurately produce cues and prompts to support his client?

5. How could Jan's cultural beliefs and traditions affect his supervisory relationship?

6. Reflect on a time when you may have had beliefs and attitudes that influenced your interactions with someone because of their race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect. What did you do to address those beliefs and attitudes? What are approaches you would take now?

COMMENTARY

Admission to graduate school for audiology and speech-language pathology programs is a highly competitive process, making it difficult to secure a spot. Programs are rigorous and have many highly qualified applicants. Once admitted, students are asked to form working relationships with their assigned supervisors. These relationships have an inherent power differential in which the students depend on their supervisors for instruction in their field and program, guidance, recommendations, and—ultimately—their final grade. The relationship also leaves a student feeling vulnerable because of their lack of knowledge in a field where they require training.

In this particular situation, the power differential creates an expectation for Jan to follow the supervisor's recommendations related to implementation of her suggested fluency and articulation strategies. Although it may be appropriate to expect Jan to model his best speech, including clear articulation and mostly fluent speech, it is unrealistic to expect him to have perfect diction and use of fluency strategies all of the time. Additionally, it may be more appropriate for Jan to use strategies that he is comfortable with implementing or have been more effective for him in the past. The department may want to have a policy and procedure for communication sciences and disorders students who require speech-language services.

Another factor to consider in this relationship dynamic is Jan's cultural values. Jan was raised in Hong Kong, where education holds high value. Part of Jan's Chinese culture involves the adherence to rules and working hard to remove perceived linguistic or cultural barriers so that they can be successful. Teachers are held in high regard, and if a child is successful in school, it brings honor to the entire family (Cheng, 2012). Additionally, Chinese culture has a history of using high-context communication, in which the communication style relies on information that is expressed through physical contexts and inference, with less emphasis placed on direct communication. This contrasts with low-context communication, common in European American culture, in which most of the message lies in

the explicit message and values clarity and effectiveness in a communication exchange (Park & Kim, 2008). Religious traditions and values of Confucianism may also influence communication, with a focus on developing and maintaining harmony with others. Communicative exchanges may appear more obliging and avoiding than direct, which is typical of a European American communicative expectation. Perceived status can also play an important role in how people of Chinese heritage communicate. They may use more indirect communication with superiors and not subordinates, possibly to protect the superior from embarrassment or disagreement (Park & Kim, 2008). In reviewing Jan's indirect communication style and hesitancy to challenge his supervisor, he is demonstrating communication patterns more consistent with his cultural upbringing and low-context communication.

This case scenario asks us to consider our own views and beliefs about whether a clinician can be effective if they also exhibit a speech sound disorder, accent, or fluency disorder. As certified professionals, we are guided by ASHA's (2016) *Code of Ethics* to avoid "discriminat[ion] in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect" (Principles of Ethics 1, para. C). We are also told that certified individuals should not engage in any form of harassment, power abuse, or sexual harassment. The *Code of Ethics* is an excellent guidepost for reflection on professional and clinical practices and expectations.

In any supervisory relationship, a supervisor will hold power over their supervisee. This can include the power to delay or deny the completion of a requirement for a program or even the ability to seek employment (ASHA, 2017). In the case of a conflict, there should be clear paths to allow students to express their views without retaliation by including anonymous evaluations or feedback, providing clear evaluation rubrics to reduce subjective judgments, using team supervision, and offering forums or opportunities for students to share any concerns or conflicts without fear of retribution. When you initially read this case study, if you did not observe a power difference, please read it again and reflect on moments when the power imbalance was present, and how it may have affected Jan's actions. Consider Jan's cultural heritage and practices while reviewing.

CRITICAL THINKING AND DEBRIEFING RESPONSES

1. **How can Jan address the difficulties he is experiencing with his supervisor?**

Given Jan's cultural background, it may be difficult for him to directly approach his supervisor regarding her comments and guidance related to his stuttering. Jan may feel more comfortable demonstrating her fluency strategies, even though they didn't work for him, instead of challenging her suggestions. He may also prefer to ask for help outside of the clinic to address his stuttering. It would be helpful if his program outlined a process for addressing disagreements with supervisors. Depending on his level of comfort, he may choose to schedule a private meeting with his supervisor or clinical director to discuss alternative approaches to addressing his fluency needs, such as referrals to other clinical supervisors who would be able to provide intervention while maintaining confidentiality. Jan may also want to address her comments regarding his "accent" and speak to the clinical director about any specific requirements or even supports they may have for Jan so that he can successfully complete his program.

2. **What resources are available to clinical supervisors when supporting student clinicians?**

The program director may consult ASHA's (2011) Professional Issues Statement titled *The Clinical Education of Students With Accents.* This statement contains an overview of literature followed by strategies for supporting students when there are concerns about their accents. Strategies include providing early support, providing an accent modification/intelligibility enhancement plan, avoiding communicating inferiority, being respectful of what the student brings to the profession, focusing on the client's perception of accent, addressing any client concerns regarding a student's accent, choosing external placements with care, promoting the acquisition of self-awareness by students, and encouraging students to seek some outside support and guidance (ASHA, 2011).

This guidance also includes actions for the supervisor. Specifically, the supervisor must avoid communicating to the student that their accented speech is viewed as inferior. The supervisor in this scenario may benefit from evaluating her own beliefs about accented speech and cultural differences and how those beliefs may impact the student's clinical experience. Supervisors should take care when providing feedback to ensure that it is appropriate and culturally sensitive (Bonner, 2014). The supervisor may choose to highlight student's strengths, including their benefit as a bilingual provider and the benefit of time in developing improved skills. The supervisor should be open to learning from the student and may ask them to present information on their native language, accent modification, or another related topic.

University programs would benefit from making grievance procedures highly visible and accessible for students when they need to access them. Jan's history of stuttering and his attempts to decrease his accent should be self-disclosed after acceptance to a program, if he would like reasonable accommodations, but cannot be required. Appropriate and timely disclosure of his fluency disorder is important so that the program may benefit from time to prepare any necessary accommodations. Considerations regarding his accent should be separate from those used to address his fluency disorder. The program director may choose to observe Jan's session to help provide another perspective, especially if Jan feels that his supervisor has a bias toward him.

Supervisors should take care when providing feedback to ensure that it is appropriate and culturally sensitive (Bonner, 2014).

There are differing opinions as to whether to disclose and when to disclose. Disclosure is required to obtain reasonable accommodations. Considerations and responses to concerns related to his accent should be separate from those related to his fluency.

If a student elects not to disclose or to disclose and not seek accommodations, then it should be documented in case there are future concerns.

3. **How might the essential functions developed by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) be useful in this case?**

CAPCSD's (n.d.) essential functions were developed to identify the needed foundational knowledge and skills in the discipline. The essential functions serve as guiding principles and are a resource for programs, but they are not a requirement. The essential functions identify core skills and attributes in five areas: communication, motor, intellectual/cognitive, sensory/observational, and behavioral/social. This resource may provide Jan, the clinical director, and his supervisor with opportunities to brainstorm accommodations and modifications to his program by reviewing the core skills and attributes in the five areas

(Horner et al., 2009). Not all programs use the essential functions; some have developed their own, modified those from CAPCSD, or do not have any in place. It is important to note that the list of essential functions does not indicate how or to what degree a student needs to demonstrate the function.

If they are used in this program, the essential functions may provide an opportunity to discuss Jan's speech and fluency disorders in the context of his performance as a practitioner in his program and field (Martin, Johnstone, & Hedrick, 2015).

The rights of students with disabilities are protected by the Americans With Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973. The team needs to consult the ADA and work with the University's Office of Disability Services to ensure that Jan is receiving any needed accommodations.

4. **What can the program do to support Jan if he cannot fluently or accurately produce cues and prompts to support his client?**

Suggestions from ASHA's (2011) *The Clinical Education of Students With Accents* include providing support early. This involves notifying clinical supervisors or directors about specific characteristics of a student's accent after they are observed. Supervisors can note difficulties with intelligibility, vocabulary, or grammar and encourage students to keep a notebook of changes that need to be made. Discussion of previous accent modification or therapies should also occur to review whether the student continues to use the strategies, if they were effective, and if a new plan needs to be made. Jan may also benefit from videotaping or audiotaping sessions to review the interaction afterward, minimizing pressure and possible feelings of shame or embarrassment by using an "online" correction. Goals should be clearly outlined, and all parties should note that it may be inappropriate to expect native proficiency (Bonner, 2014).

5. **How could Jan's cultural beliefs and traditions affect his supervisory relationship?**

Jan's cultural background is different from his supervisor's. A review of cultural dimensions demonstrates many instances of dissonance between Jan and his supervisor (ASHA, n.d.). Specific topics include individualism versus collectivism. Jan was raised in a collectivist society where conflict is avoided and harmony is valued. He may not feel comfortable challenging or confronting his supervisor when her actions are affecting his clinical practice. Jan and his supervisor also have a power distance where, in his culture, he was taught to value obedience and to refrain from expressing disagreement or challenging his supervisor. As a result, his supervisor may view his deference as a lack of interest of involvement in his clinical training and have no reason to suspect that he is unhappy with her actions or suggestions. Finally, because of possible internal feelings of embarrassment, guilt, or shame as it relates to his history of stuttering, Jan may feel more pressure to perform and be successful to please his supervisor and family.

6. **Reflect on a time when you may have had beliefs and attitudes that influenced your interactions with someone because of their race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect. What did you do to address those beliefs and attitudes? What are approaches you would take now?**

Personal response. We suggest reviewing cultural resources and information on developing cultural competence.

Definition

CAPCSD's essential functions rubric identifies core skills and attributes in five areas: communication, motor, intellectual/cognitive, sensory/observational, and behavioral/social (Martin et al., 2015).

TAKE AWAYS

- An individual should not be discriminated against on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

- Accented speech is not a speech disorder. Individuals may seek modification of their accent when their intelligibility is reduced.

- Clinical programs should notify students of available accommodations in their training program when there is an applicable disability.

- Clinical educators may refer to ASHA's (2011) *The Clinical Education of Students With Accents* for information on how to support student clinicians exhibiting accented speech.

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