Speech-Language Pathologist Awareness and Integration of Disability Rights Issues

Catherine Gerteisen
catherine_gerteis1@mymail.eku.edu

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EASTERN KENTUCKY UNIVERSITY

Speech-Language Pathologist (Professional and Pre-professional) Awareness and
Integration of Disability Rights Trends when Working with Client with Intellectual and
Developmental Disabilities

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By
Caty Gerteisen

Mentor
Dr. Dusty Columbia-Embury
EKU Special Education

This survey study was conducted to assess Speech Language Pathologists (SLPs) and Speech Language Pathology students (at the undergraduate and graduate levels) awareness and integration of current disability rights trends. Specifically, participants were surveyed on their knowledge and perception of Person First Language, self-advocacy, and employment when working with people with Intellectual and Developmental disabilities (IDD). Participants were asked if they implement or plan to implement this knowledge into their professional and personal lives. The researcher hypothesized that SLPs who have been practicing for many years will be more unfamiliar with PFL, the importance of self-advocacy, and not as likely to work on goals associated with employment. In addition, the researcher hypothesized that SLP students or new SLPs may have a rudimentary knowledge of these topics, but may not know how they would incorporate this knowledge into goals for their clients.

The first disability rights issue addressed in this research is Person First Language. Put simply, Person First Langue (PFL) is a movement advocating to change disability language from identifying people by their disability (i.e. autistic children) to identifying them firstly by their personhood (i.e. children with autism). Participants were asked to rank their familiarity with person-first language and then given a brief definition and examples of correct and incorrect person-first language usage. Participants were asked a variety of questions related to their awareness and integration of this important philosophy.

The second disability rights included in this research is self-advocacy. Self-advocacy is an individual's ability to effectively communicate, convey, negotiate or assert his or her own interests, desires, needs, and rights. It involves making informed decisions and taking responsibility for those decisions. This is often an issue for people with IDD because so much of the time parents, teachers, and professionals working with them decide what is best for the

person without consulting him/her. Two specific ways in which SLPs can foster self-advocacy are person-centered planning and a variety of self-advocacy curricula, such as the Kentucky Youth Advocacy Project developed by Dr. Jane Kleinert CCC-SLP. SLPs and SLP students were asked about their knowledge of self-advocacy, person-centered planning, self-advocacy curricula such as Kentucky Youth Advocacy Project, and ASHA's guidelines about self-advocacy. Participants were asked if they facilitate (or plan to facilitate) the increase of self-advocacy skills for their clients with IDD in their practice.

The last issue addressed in this research is employment. Since the passing of the Americans with Disabilities Act, equal opportunity for employment is guaranteed for people with disabilities. Helping people with IDD to obtain and keep jobs often is made possible through supported employment programs. SLP and SLP students were asked about their knowledge of disability rights laws associated with employment (i.e. Americans with Disabilities Act), if SLPs collaborate with job coaches or include employment related goals to help clients with IDD learn to better communicate through assistance with augmentative communication devices to allow employment, pragmatics skills related to working situations, interview skills, etc.

These are all essential issues to be understood by SLPs because a large portion of clients seen for speech and language services are people with IDD. My research about SLPs and SLP students' awareness and integration of these issues will provide information about whether or not further training should be implemented for these issues. Additionally, surveying will allow me to see if any disparities exist between experienced SLPs knowledge/perceptions and the knowledge/perceptions of SLP students on these issues due to age, education, demographics, and experience in the field of Speech Language Pathology.

Literature Review

Person-first language (PFL) is an important philosophy because of the proven influence that language has on a society's attitude and behaviors (Boroditsky, 2011; Wilkins, 2012). PFL is advocated for use not only by professionals working with people with disabilities, but for all of society because it changes perceptions of people with disabilities as inferior to being valued as members of society. The philosophy began emerging among organizations connected with people with disabilities as early as the middle of the 1970s (Wilkins, 2012). PFL has long been accepted by professionals in education and rehabilitation fields (Lieberman & Arndt, 2004; Russell, 2008; Lynch & Thuli, 1994), and studies suggest that person-first language is also preferred by the general public (Lynch & Thuli, 1994). The guidelines in the 6th edition of the Publication Manual of the American Psychological Association dictate that person-first language should always be used, suggesting that PFL is necessary in scholarly work as well (Lieberman & Arndt, 2004). The American Speech-Language Hearing Association points to PFL as being one of many societal advances for people with developmental disabilities in the last 30 years (Ad Hoc Committee to Review/Revise Current Practice and Policy Documents Related to Mental Retardation/Developmental Disabilities, 2005).

While person-first language is typically acknowledged as the most acceptable terminology in professional and scholarly settings, other research suggests that PFL is not preferred by all disability groups. Bickford (2004) found in his study that a majority (85% of the 100 people surveyed) of people with visual impairments surveyed either had no preference or preferred disability-first language. Opponents of PFL argue that the need to separate the person from their disability suggests that the person is ashamed of their difference and many disability groups take pride in their differences (Bickford, 2004). One example of a group of people taking

pride in what other people consider to be a disability is people with Asperger's Syndrome. Many people with Asperger's Syndrome refer to themselves as "Aspies." They stress the importance of neurodiversity and how their differences can be a benefit in their lives (Hooi, 2011). While ASHA does advocate for the use of PFL, no research has been conducted to evaluate how SLPs and SLP undergraduate and graduate students feel about this issue or if they use it in their professional and personal lives, and my research will address this gap.

There has been an abundance of research on self-determination and self-advocacy (Wehmeyer & Schalock, 2001; Carter, Owens, Trainor, Sun, & Swedeen, 2009; Ferrari, Nota, Soresi, & Wehmeyer, 2007; Skelton & Moore, 1999; Kleinert, Harrison, Fisher, & Kleinert, 2010; Hart & Brehm, 2013; Fiedler & Danneker, 2007; McCarthy, 2007; van-Belle, Marks, Martin, & Chun, 2006). Self-determination has been defined as a person being in control of one's own life and maintaining the ability to make decisions free from excessive external influence (Wehmeyer & Schalock, 2001). A variety of skills for self-determination have been identified including, but not limited to, choice and decision making, goal-setting, self-advocacy, self-awareness, self-evaluation, and an internal locus of control (Wehmeyer & Schalock, 2001; Carter et al 2009). The ability to make choices has been argued as one of the most important factors contributing to an increase in self-determination (Wehmeyer & Schalock, 2001; Carter et al., 2009; Ferrari et al 2007). This research points to encouraging people with IDD to be a part of Individualized Education Plan meetings and for educators and paraprofessionals to use person-centered planning approaches. Fiedler and Danneker (2007) point to many federal legislations that mandate the importance of teaching self-determination skills, such as the Rehabilitation Act amendments in 1992 and 1998, the Individuals with Disabilities in Education

Act amendments in 1990 and 1997, the Americans with Disabilities Act, and the Section 504 antidiscrimination provisions of the Rehabilitation Act of 1973 (Fiedler & Danneker, 2007).

Research has suggested that self-determination is a key indicator of quality of life (Ferrari et al, 2007; Wehmeyer & Schalock, 2001). Additionally, research has been conducted to show that self-advocacy skills that play a significant role in work for people with intellectual and developmental disabilities (Skelton & Moore, 1999). Students with higher levels of self-determination have been shown to be more likely to live independently, have financial independence, and employment with benefits three years post-graduation (Wehmeyer & Palmer, 2003).

Numerous researchers have developed and researched the effectiveness of specific curricula for developing self-determination through teaching advocacy skills in the special education setting, finding the curricula effective (Kleinert et al, 2010; Hart & Brehm, 2013; Fiedler & Danneker, 2007; McCarthy, 2007; van-Belle et al, 2006). The development of self-advocacy skills through self-advocacy support groups has also been researched and proven to be beneficial to people with disabilities (Gilmartin & Slevin, 2010; Beart, Hardy, & Buchan, 2004; Caldwell, 2011; Caldwell, 2010). Despite the abundance of research on the topic, the push in federal legislation and the development of many self-determination and self-advocacy curricula, self-determination and self-advocacy skills are not being targeted in special education programs as much as would be expected (Fiedler & Danneker, 2007; Wehmeyer & Schalock, 2001; Carter et al., 2009).

The American Speech-Language Hearing Association (ASHA) has advocated for an increase in self-advocacy instruction as well. The National Joint Committee on Learning Disabilities (2000) issued a statement outlining the importance of professional development for

teachers to prepare them to provide self-advocacy instruction in addition to academic skills in order to be successful after graduation. However, ASHA does not put the responsibility of self-advocacy instruction solely onto teachers. One principle put forth as a part of ASHA's Ad Hoc Committee to Review/Revise Current Practice and Policy Documents Related to Mental Retardation/Developmental Disabilities (2005) was that Speech Language Pathologists play an important role in furthering the independence and self-advocacy of people with developmental disabilities by promoting communication abilities. Additionally, in ASHA's report on the knowledge and skills needed by SLPs when working with clients on the autism spectrum, supporting self-advocacy measures is explicitly listed as a necessary part of intervention through teaching individuals self-assessment and problem-solving strategies to enhance self-advocacy (Ad Hoc Committee on Autism Spectrum Disorders, 2006). In the report about the Roles and Responsibilities of SLPs with Respect to Reading and Writing in Children and Adolescents (2001), the committee points out that students with language disorders often have lifelong issues with reading and writing. Because of this, the report mandates that all professionals, including SLPs, are responsible for teaching these students to be self-advocates and that self-advocacy instruction should be part of all intervention programs for students with disabilities, especially for adolescents (Ad Hoc Committee on Reading and Written Language Disorders, 2001). Duncan and Black (2001) point out that person-centered approach encourages self-determination skills and fits into the three latest approaches to speech language pathology: a focus on life participation, the role of SLP as a support person rather than coach, and SLP awareness of cultural/social factors.

Despite all the research about the importance of self-determination and self-advocacy skills on outcomes for people with IDD and the ASHA's directives for SLPs to include self-

advocacy goals in their intervention plans, no research has been conducted to investigate whether or not SLPs include such goals in their interventions with people with IDD. Research must be conducted asking SLPs if and how they include self-determination/goals in their practice. Results from this research will determine if additional professional development needs to be implemented to give SLPs the knowledge and tools necessary to complete interventions in accordance with ASHA's directives concerning self-advocacy.

The last disability rights issue I am researching is employment. Legislation promoting employment for people with disabilities has been enacted at the state and federal level, the most significant of which being the American with Disabilities Act of 1990. This law prohibited employment discrimination on the basis of disabilities (Ad Hoc Committee to Review/Revise Current Practice and Policy Documents Related to Mental Retardation/Developmental Disabilities, 2005). Additionally, the Developmental Disabilities and Assistance and Bill of Rights Act of 1984 advocated for supported employment services for people with disabilities (McInnes, Ozturk, McDermott, & Mann, 2010) and the Policy Directive of the Federal Rehabilitative Services Administration of the Department of Education mandated that vocational goals and services are required by state agencies to maximize employment potential for people with disabilities (Ad Hoc Committee to Review/Revise Current Practice and Policy Documents Related to Mental Retardation/Developmental Disabilities, 2005).

Research has shown that supportive employment programs through job coaches is effective in helping people with disabilities find and maintain employment (McInnes et al., 2010; Gray, McDermott, & Butkus, 2000). Additionally, curricula such as Road to Success have been found to be effective in helping people with disabilities reach their full vocational potential (Johnson, Mellard, & Lancaster, 2007). ASHA advocates that SLPs should foster communication

skills necessary to ensure employment opportunities (Ad Hoc Committee on Autism Spectrum Disorders, 2006). However, there is no research as to whether SLPs include employment related goals for their clients with IDD or whether or not they collaborate with job coaches to give people with disabilities adequate communication skills. I hope to fill this gap through my research.

Methods

Participants

Participants for this survey study included practicing Kentucky speech-language pathologists (SLP) and SLP students at both the undergraduate and graduate level. All responses were voluntary and no confidential information was asked of participants in the study. Of the 205 total participants, 157 were practicing SLPs and 48 were students. Of the student participants, 27 were graduate students and 25 were undergraduate students. Age and gender were not a factor in this study. Of the SLP participants, 113 participants were SLPs in a school setting, 13 worked in a medical setting, 15 worked in a private practice setting, 5 worked in early intervention or First Steps programs, 7 were university faculty, and 4 were retired. Of the SLP participants, 25 reported practicing for 0-5 years, 26 reported practicing for 5-10 years, 45 reported practicing for 15-20 years, 26 reported practicing for 20-25 years, and 31 reported practicing for 30+ years. Highest level of education varied among participants with 25 reporting high school diploma as highest level of education, 23 reporting bachelor's degree, 147 reporting master's degree, and 9 reporting doctorate.

Participants for this study were recruited in two separate ways. Practicing speech-language pathologists were recruited for participation through an email blast sent out by the Kentucky Speech-Language Hearing Association (KSHA). This association is the professional

organization for SLPs in the state of Kentucky, which works to ensure the best quality services

for people with communication disorders, provides broad-based education opportunities, public

awareness, and policy development. SLP students were recruited through the six institutions in

Kentucky that offer undergraduate degrees in Communication Disorders/Sciences (Brescia

University, Eastern Kentucky University, Murray State University, University of Kentucky,

University of Louisville, and Western Kentucky University) and the five institutions in Kentucky

that offer Master's programs in Speech-Language Pathology (Eastern Kentucky University,

Murray State University, University of Kentucky, University of Louisville, and Western

Kentucky University). An email was distributed to the program director at each institution that

requested distribution of the survey to the undergraduate/graduate students in their respective

SLP training program. All entities asked to distribute survey were provided with a copy of the

study's Institutional Review Board approval, a cover letter explaining the research, and a

hyperlink to the online survey. KSHA was not able to send out the survey to its members until

the exact day listed on the survey as the last day to complete it. As a result, the researcher chose

to extend the deadline and resend the survey one week later.

Materials

The voluntary response survey used to collect data in this study was developed using the

website www.*surveymonkey.com.* This website allowed the researcher to draft the survey, collect

responses, and analyze results quickly and efficiently from all participants. A total of 32

questions were included in the survey, spanning 5 pages. See Appendix A for complete survey.

The survey began with an introduction to the study which informed participants that

participation was completely voluntary and that participation could be discontinued at any point

in the study. Additionally, this introduction included the total number of questions in the survey,

a list of the three topics covered, and an estimated time for completion. Participants were then prompted to choose "next" to continue with the survey.

The second page of the survey contained 6 questions regarding participants' demographic information: work setting, work experience, and highest level of education. In addition, the second page of the survey also probed participants' familiarity with the three topics covered in the study before any additional information concerning the topics was provided to them. Participants were asked to rank their familiarity with Person-First Language, increasing self-advocacy for clients with intellectual and developmental disabilities, and employment training for people with intellectual and developmental disabilities. Participants were given a Likert scale to rank their familiarity with these topics: not familiar, somewhat familiar, or very familiar.

The third page of the survey contained 6 questions. Two of the questions related to Person-First Language. A definition of Person-First Language as well as examples of incorrect and correct Person-First Language was provided to participants in order to ensure understanding of the topic. Participants were asked in what setting they use Person-First Language and for their opinion of Person-First Language. Participants were asked two questions regarding the use of the words "retard" or "retarded". They were asked how often they used the word "retard" or "retarded" when describing someone with an intellectual or developmental disability (IDD), how often they use the word "retard" or "retarded" when not referring to a person with a disability, and their opinion of Person-First Language. In addition, participants were asked two more questions about their knowledge of Person-First Language legislation. Specifically, to rank their familiarity with Rosa's Law on a Likert scale and asked to explain what they knew about the law.

The fourth page of the survey contained nine questions regarding self-advocacy. The page began with a definition of self-advocacy and contained questions regarding participants' awareness and integration of self-advocacy goals with their clients. Participants were asked if they included/observed self-advocacy goals with their clients with IDD. Participants used a Likert scale to select how often they included/observed self-advocacy goals across client age ranges. Participants were asked what sort of self-advocacy goals they have included/observed, what prohibits including self-advocacy goals, and what sort of self-advocacy goals they may include for future clients. Additionally, participants were asked to use a Likert scale to rate how often they include their clients with IDD in the decision making process concerning plan of treatment across client age ranges and asked to explain the ways in which clients were included. Finally, participants were asked if they have ever used self-advocacy curricula with their clients with IDD and asked to explain such curricula.

The final page provided a brief definition of employment issues for people with IDD and contained eleven questions concerning participants' awareness and integration of employment trends for people with IDD. Participants were asked to rank their familiarity with the Americans with Disabilities Act on a Likert scale, explain their knowledge of this legislation, and asked to select where they learned about this legislation. Participants were asked if they had ever collaborated/observed collaboration between an SLP and job coach, in what ways they had collaborated/observed collaboration with a job coach, what prohibits collaboration with a job coach, and what ways could collaboration be included in the future. Finally, participants were asked to use a Likert scale to select how often they included/observed employment related goals with clients with IDD across client age ranges, what sort of employment related goals they have

used/observed, what prohibits employment related goals, and what goals they may include in the future.

Procedure

Identical surveys were sent to participants who are practicing SLPs as well as SLPs in training. All questions directed toward practicing SLPs contained a sub-question which re-worded the question to address student respondents. For example, "Do you include self-advocacy goals with your clients with IDD? *Students, have you observed self-advocacy goals with clients with IDD?". Certain questions were directed towards students only and practicing SLPs were allowed to skip such questions or answer N/A. Definitions for three major topics discussed were provided to participants in order to ensure all participants had a solid understanding of the questions asked. See Appendix B for all operational definitions provided. The survey included a combination of qualitative and quantitative questions. Quantitative questions were not mandatory response and were coded by one coder using the constant comparative method.

Results

Person-First Language

The first research topic in this study was SLP and SLP student's awareness and integration of Person-First Language (PFL). Specifically, the researcher wished to survey the participants about their familiarity, use, and opinion of PFL. Before the participants were provided with an operational definition of PFL, they were probed to rank their familiarity of the topic on a Likert scale: not familiar, somewhat familiar, or very familiar. Of the 205 participants who answered this question, 25.40% answered not familiar, 26.80% answered somewhat familiar, and 47.80% answered very familiar. Of the SLP responses (n=153), 27.20% answered not familiar, 29.40% answered somewhat familiar, and 45.10% answered very familiar. Of the

student responses (n=47), 21.30% answered not familiar, 21.30% answered somewhat familiar, and 51.10% answered very familiar.

Participants were then provided with an operational definition of Person-First Language and asked questions concerning their use of PFL. Participants were surveyed to determine in which setting they use PFL. Of the total 201 responses, 8.96% indicated they do no use PFL, 2.49% answered they only use PFL in a personal setting, 8.46% indicated they use PFL in a professional setting only, and 80.10% answered that they use PFL in both professional and personal settings. Of the SLP responses (n=150), 8.76% indicated they do not use PFL, 2.00% answered they only use PFL in a personal setting, 10.67% indicated they use PFL in a professional setting, and 78.67% answered they use PFL in both professional and personal settings. Of the student responses (n=47), 8.51% indicated they do not use Person-First Language, 4.26% answered personal setting only, 0% answered professional setting only, and 87.23% indicated both professional and personal settings.

Participants were asked about their use of terms not considered person-first as well. Particularly, participants were asked to indicate how often they use the word "retarded" when describing someone with an intellectual or developmental disability. Of the total 201 responses, 94.53% answered never, 3.98% answered rarely, 1.49% indicated occasionally, and 0% answered frequently. Of the SLP responses (n=150), 93.33% answered never, 4.67% answered rarely, 2.00% indicated occasionally, and 0% answered frequently. Of the student responses (n=47), 97.88% answered never, 2.13% indicated rarely, and 0% answered occasionally or frequently. Similarly, participants were asked how often they use the word when not referring to someone with a disability (i.e. "This is retarded.") Of the 201 total responses, 68.66% answered never, 23.88% indicated rarely, 6.47% answered occasionally, and 1% indicated frequently. Of

the SLP responses (n=150), 72% answered never, 21.33% indicated rarely, 6% answered occasionally, and 0.67% answered frequently. Of the student responses (n=47), 57.45% answered never, 31.91% answered rarely, 8.51% answered occasionally, and 2.13% indicated frequently.

Participants were then questioned about their opinion of Person-First Language. Of the total 201 participants, 87.1% indicated that PFL is important for all people to use in all settings, 3.5% indicated they it is only important to use in professional settings 4.0% indicated that it is frivolous/overly politically correct, 2.5% indicated that they did not know what PFL is, and 3% indicated other. Participants that chose "other" were asked to specify their opinion and answers included beliefs that it was important but hard to influence others, that this language has always been used but the participant did not know the specific term, that PFL is just rephrasing descriptions and seems unimportant, that it is better to simply use student's names, and one participant answered that he/she is unsure. Of the 47 student responses 91.5% indicated that it is important to use in all settings, 6.40% answered it is only important to use in professional settings, and 2.10% answered that it is frivolous/overly politically correct. Of the total 154 SLP responses, 85.71% answered it is important in all settings, 2.60% answered it is only important in professional settings 0.65% answered that it is frivolous or overly politically correct, 3.25% answered they did not know what PFL was, and 3.90% answered other.

The last questions addressed in this section of the study looked at the awareness of SLP and SLP students about legislation related to Person-First Language, specifically Rosa's Law. Of the 201 total participants, 8.0% indicated they were familiar with Rosa's Law and 92.0% indicated they were unfamiliar with Rosa's Law. Of the SLP responses (n=150), 9.3% indicated they were familiar and 90.7 answered they were unfamiliar. Of the student responses (n=47),

2.2% indicated they were familiar and 97.9% indicated they were unfamiliar. Participants who answered they were familiar with the law were asked to indicate what they knew about it. Of the 17 participants who responded, 86.67% indicated that the law dealt with changing the word "retard" from being used, 60% responded that "retard" was changed to "intellectual disability," and 26.67% provided answers that included information about the namesake of the law, Rosa. One participant acknowledged that the law was passed in 2010 and one participant acknowledged that President Obama signed the bill into federal law. One participant indicated that the law changed the term to mental disability and one participant indicated that the term changed to cognitive delay instead of retarded.

Self-Advocacy

The second research topic addressed in the survey was self-advocacy. Participants were provided with an operational definition of self-advocacy that included a short list of self-advocacy skills. Participants were then surveyed about their integration of self-advocacy into interventions when working with clients with intellectual and developmental disabilities. Before the participants were provided with an operational definition of self-advocacy, they were probed to rank their familiarity of the topic on a Likert scale: not familiar, somewhat familiar, or very familiar. Of the 205 participants who answered this question, 17.10% answered not familiar, 55.10% answered somewhat familiar, and 27.80% answered very familiar. Of the SLP responses (n=153), 16.30% answered not familiar, 54.20% answered somewhat familiar, and 29.40% answered very familiar. Of the student responses (n=47), 17.00% answered not familiar, 59.60% answered somewhat familiar, and 23.40% answered very familiar.

The first question in this section asked participants if they include self-advocacy goals with clients across specific age ranges. Participants were asked to answer on the following Likert

scale: never, rarely, occasionally, frequently, or N/A. The first age range addressed was clients age 3-5. Of the total 135 responses, 42.22% answered never, 7.41% answered rarely, 8.89% indicated occasionally, 14.81% answered frequently, and 26.67% indicated that this age range was not applicable to them. Of the SLP responses (n=105), 46.67% answered never, 6.67% indicated rarely, 7.62% answered occasionally, 15.24% indicated frequently, and 23.81% answered that this age group was not applicable to them. Of the student responses (n=27), 25.93% answered never, 11.11% indicated rarely, 14.81% answered occasionally, 11.11% indicated frequently, and 37.04% answered that this age range was not applicable to them.

The second age range was clients age 6-10. Of the total 135 responses, 30.37% answered never, 11.11% answered rarely, 13.33% indicated occasionally, 16.30% answered frequently, and 28.89% answered that this age range was not applicable to them. Of the SLP responses (n=105), 32.38% answered never, 13.33% indicated rarely, 11.43% answered occasionally, 15.24% answered frequently, and 27.62% indicated that this age range was not applicable to them. Of the student responses (n=27), 22.22% answered never, 3.70% indicated rarely, 22.22% answered occasionally, 18.52% answered frequently and 33.33% indicated that this range was not applicable to them.

Next, participants were asked about clients in the 11-15 age range. Of the total 135 responses, 18.52% indicated never, 1037% answered rarely, 18.52% answered occasionally, 16.30% answered frequently, and 36.30% answered that this age range was not applicable to them. Of the SLP responses (n=105), 18.10% answered never, 10.48% indicated rarely, 18.10% answered occasionally, 15.24% answered frequently, and 38.10% indicated that this age range was not applicable to them. Of the student responses (n=27), 18.52% indicated never, 11.11%

indicated rarely, 22.22% answered occasionally, 18.52% answered frequently, and 29.63% indicated that this age range was not applicable to them.

The next age range surveyed was clients aged 15-18. Of the total 135 participants, 12.59% answered never, 4.44% indicated rarely, 8.89% answered occasionally, 20.74% indicated frequently, and 53.33% answered that this age range was not applicable to them. Of the SLP responses (n=105), 9.52% answered never, 3.81% indicated rarely, 5.71% answered occasionally, 20 % answered frequently, and 60.95% answered that this age range was not applicable to them. Of the student responses (n=27), 22.22% answered never, 7.41% indicated rarely, 22.22% answered occasionally, 22.22% indicated frequently, and 25.93% answered that this age range was not applicable to them.

Participants were then asked to indicate their use of self-advocacy goals with clients aged 18-21. Of the total 135 participants, 12.59% answered never, 2.22% answered rarely, 7.41% answered occasionally, 18.52% answered frequently, and 59.26% indicated that this age group was not applicable to them. Of the SLP responses (n=105), 9.52% answered never, 1.90% indicated rarely, 3.81% answered occasionally, 17.14% answered frequently, and 67.62% indicated that this age range was not applicable to them. Of the student responses (n=27), 22.22% answered never, 3.70% indicated rarely, 22.22% answered occasionally, 22.22% answered frequently, and 29.63% indicated that this age range was no applicable to them.

The final age range surveyed was clients aged 21 or older. Of the total 135 participants, 11.85% answered never, 2.22% answered rarely, 6.67 indicated occasionally, 14.81% answered frequently, and 64.44% indicated that this age range was not applicable to them. Of the SLP responses (n=105), 8.57% answered never, 1.90% answered rarely, 2.86 indicated occasionally, 13.33% answered frequently, and 73.33% indicated that this age range was not applicable to

them. Of the student responses (n=27), 22.22% answered never, 3.70% answered rarely, 22.22% indicated occasionally, 18.52% answered frequently, and 33.33% indicated that this age range was not applicable to them.

The next question provided qualitative data concerning the type of self-advocacy goals used by SLPs and SLP students with their clients with IDD. Responses were coded by one coder using the constant comparative method. A total of 73 participants responded to this question. 36% of the total responses (n=73) were coded control of environment. This code was used when participants indicated that the self-advocacy goal they use concerns clients being able to communicate their wants and needs to those in their environment. This code was present in 31.67% of SLP responses and 53.85% of student responses. The second largest code category involved client's interactions with others, including informing others of their disability or accommodations (17.81% total, 18.33% SLP, 15.38% student), expressing their feelings to others (2.74% total, 1.67% SLP, 7.69% student), expressing their interest to others, 9.59% total, 8.33% SLP, 15.38% student), self-knowledge of their disability (4.11% total, 3.33% SLP, 7.69% student), fostering self-esteem (2.74% total, 3.33% SLP), and express strengths (4.11% total, 3.33% SLP, 7.69% student). The next largest group of codes involved expressive language goals, including asking questions (5.5% total, 5% SLP, 5.5% student), asking for help (17.81% total, 16.67% SLP, 23.08% student), and requesting (6.685% total, 8.33% SLP). Similarly, a large number of participants indicated goals targeting independent problem-solving, including problem-solving (4.11% total, 3.33% SLP, 7.69% student), independence (4.11% total, 5% SLP), make choices (15.07% total, 16.67% SLP, 7.69% total), and rejection (5.5% total, 5% SLP, 7.69% student). The next group of codes centered around the client taking a role in how therapy is conducted, including making appointments (2.74% total, 1.67% SLP, 7.69% student),

participate in meetings (2.74% total, 3.33% SLP), discuss goals (5.5% total, 3.33% SLP), self-monitor progress (2.74% total, 3.33% SLP), plan for transition (10.96% total, 10% SLP, 15.38% student), and learn rights (1.37% total, 7.69% student). Finally, the last group of codes involved responses that indicated that self-advocacy goals are embedded into routine therapy objectives, included vocabulary (4.11%, 5% SLP), pragmatics (6.85% total, 5% SLP, 15.38% student), embedded (4.11% total, 3.33% SLP, 7.69% student), and collaborating with other professionals (1.37% total, 1.67% SLP).

Students were specifically asked what sort of self-advocacy goals they could use with their future clients with IDD. A variety of answers were provided and coded. The largest code included participants suggesting they will use goals to improve communication skills (35.29%). The next largest group of codes included goals for transition (29.41%), informing others of their disability and necessary accommodations (23.53%), targeting expressing wants and needs (17.65%), and making goals that are relevant to their environment (17.65%). The following codes were answered only once by participants: making phone calls, pragmatic goals, safety goals, rejection, asking questions, and understanding rights.

The next question provided qualitative data about why an SLP might not include self-advocacy goals with their clients with IDD. Again, answers were coded using the constant comparative method by one coder. The largest category of codes contained answers that suggested that self-advocacy goals were not appropriate for their clients, including stating that clients were too young (24.69% total, 28.57% SLP) or did not have the capabilities to understand self-advocacy (11.11% total, 8.57% SLP, 27.27% student). The next largest category of codes represented answers suggesting that self-advocacy goals did not need to be targeted at that time for various reasons, including that they are not academic (17.28% total, 20% SLP), that

communication goals must be targeted first (14.81% total, 15.71% SLP, 9.09% student), that

self-advocacy goals are not as important as other pressing issues (12.35% total, 10% SLP, and

27.27% student), and that self-advocacy goals cannot be targeted because of carryover of old

goals (2.47% total, 2.86% SLP). Many participants indicated practical reasons for not including

self-advocacy goals, such as these goals being difficult to measure (9.88% total, 10% SLP,

9.09% student), not having enough time (6.17% total, 7.14% SLP), not having access to

technology (1.23% total, 1.43% SLP), not having the appropriate training(7.41% total, 4.29%

SLP, 27.27% student), difficulty to generalize self-advocacy goals (1.23% total, 9.09% student),

and not having appropriate materials (2.47% total, 2.86% SLP). Other participants indicated that

these goals were not included because self-advocacy is not the responsibility of the SLP, with

participants indicated that others advocate for the client (4.94% total, 4.29% SLP, 9.09%

student), that the mindset of the SLP is to fix communication not self-advocacy (2.47% total,

18.18% student), or participants indicating self-advocacy goals are covered by special education

teachers (4.94% total, 5.71% SLP). Lastly, several participants indicated other stakeholders

prevent self-advocacy goals from being targeted, including parents (4.94% total, 4.29% SLP,

9.09% student), third-party payers (3.70% total, 4.29% SLP), and administrators (1.23% total,

1.43% SLP).

Participants were then surveyed about their inclusion of clients with IDD in the decision

making process. The participants were asked if they include their clients with IDD in the

decision making process across specific age ranges. Participants were asked to answer on the

following Likert scale: never, rarely, occasionally, frequently, or N/A.

The first age range was clients age 6-10. Of the total 134 responses, 34.34% answered

never, 14.93% answered rarely, 7.46% indicated sometimes, 3.73% answered often, 1.49%

answered always, and 38.06% answered that this age range was not applicable to them. Of the

SLP responses (n=104), 42.31% answered never, 16.35% indicated rarely, 8.65% answered

sometimes, 3.85% answered often, 0.96% answered always, and 27.88% indicated that this age

range was not applicable to them. Of the student responses (n=27), 7.41% answered never,

7.41% indicated rarely, 3.70% answered sometimes, 3.70% answered often, 0% answered

always and 77.78% indicated that this range was not applicable to them.

Next, participants were asked about clients in the 11-15 age range. Of the total 130

responses, 14.62% indicated never, 6.15% answered rarely, 18.46% answered sometimes, 7.69%

answered often, 3.85% answered always, and 49.23% answered that this age range was not

applicable to them. Of the SLP responses (n=100), 17.00% answered never, 7.00% indicated

rarely, 22.00% answered sometimes, 8.00% answered often, 4.00% answered always, and

42.00% indicated that this age range was not applicable to them. Of the student responses

(n=27), 7.41% indicated never, 0% indicated rarely, 7.41% answered sometimes, 7.41%

answered often, 0% answered always, and 77.78% indicated that this age range was not

applicable to them.

The next age range surveyed was clients aged 16-21. Of the total 127 participants, 7.09%

answered never, 0.79% indicated rarely, 3.94% answered sometimes, 14.17% answered often,

10.24% indicated always, and 63.78% answered that this age range was not applicable to them.

Of the SLP responses (n=97), 7.72% answered never, 1.03% indicated rarely, 3.09% answered

sometimes, 16.49% answered often, 10.31% answered frequently, and 61.86% answered that

this age range was not applicable to them. Of the student responses (n=27), 7.41% answered

never, 0% indicated rarely, 3.70% answered occasionally, 3.70% indicated sometimes, 7.41%

answered often, 7.41% answered always, and 74.07% answered that this age range was not applicable to them.

The final age range surveyed was clients aged 21 or older. Of the total 124 participants, 5.65% answered never, 0% answered rarely, 3.23 indicated sometimes, 6.45% answered often, 11.29% answered always, and 73.39% indicated that this age range was not applicable to them. Of the SLP responses (n=94), 5.32% answered never, 0% answered rarely, 3.19% indicated sometimes, 6.38% indicated often, 12.77% answered frequently, and 72.34% indicated that this age range was not applicable to them. Of the student responses (n=27), 7.41% answered never, 0% answered rarely, 0% indicated sometimes, 7.41% answered often, 3.70% answered always, and 81.48% indicated that this age range was not applicable to them.

Then, the participants were asked in what ways they include their clients with intellectual and developmental disabilities in the decision-making process. Responses were coded and the largest code group involved actively involving clients in planning of therapy, including the client goal development (49.41% total, 49.25% SLP, 50% student), strategy development (1.18% total, 1.49% SLP), discussing goals with client (18.82% total, 19.40% student, 16.67% student), including client in planning meetings (18.82% total, 20.90% SLP, 11.11% student), practice meetings ahead of time (3.53% total, 2.99% SLP, 5.56% student), through transition planning (3.53% total, 4.48% SLP), and offering client choices in goals addressed (5.88% total, 4.48% SLP, 11.11% student). The next largest group of codes involved responses in which the SLP indicated the student's interests were determined in some indirect way, including choosing goals that are meaningful to the client (34.12% total, 34.33% SLP, 33.33% student), observing to assess what goals would be the most meaningful (3.53% total, 4.48% SLP), asking parents only (18.82% total, 19.40% SLP, 16.67% student, and including client's teacher in goal development

(3.53% total, 4.48% SLP). Some participants responded that they include decision making goals into everyday intervention through problem solving tasks (1.18% total, 1.49% SLP) or self-monitoring (1.18% total, 1.49% SLP). Lastly, some participants responded that they do not include their clients in the decision making process because they are too young (7.06% total, 7.46% SLP, 5.56% student) or that the decision making is ultimately up to the clinician (2.35% total, 1.49% SLP, 5.56% student).

The next questions regarded SLP awareness and use of self-advocacy curricula. Participants were asked whether or not they have used self-advocacy curricula with their clients with IDD. Of the total 135 participants who responded, 11.1% indicated that they had used self-advocacy curricula and 88.9% indicated that they had not. Of the SLP responses (n=108), 8.3% responded with yes and 91.7% responded with no. Of the student responses (n=27) 22.2% responded with yes and 77.8% responded with no. Participants were then asked to indicate what specific curricula they had used. Some participants answered that they simply have discussion or collaboration with other professionals and two participants indicated that they participate in community-based instruction. Other self-advocacy curricula indicated included Integrated Self-Advocacy curriculum, informal questionnaires, children books that encourage inclusion and acceptance of disability, the self-determined learning model of instruction, lessons on legislation, and organizing projects about disability legislation/rights.

Employment

The last section of research questions concerned SLP and SLP awareness and integration of employment-related issues when working with people with intellectual and developmental disabilities. Specifically, the research questions addressed included knowledge of employment legislation, collaboration with job coaches, and inclusion of employment-related goals when

working with clients with IDD. Before the participants were provided with an operational definition of employment for individual with IDD, they were probed to rank their familiarity of the topic on a Likert scale: not familiar, somewhat familiar, or very familiar. Of the 205 participants who answered this question, 30.70% answered not familiar, 52.70% answered somewhat familiar, and 16.60% answered very familiar. Of the SLP responses (n=153), 26.80% answered not familiar, 52.90% answered somewhat familiar, and 20.30% answered very familiar. Of the student responses (n=47), 40.40% answered not familiar, 53.20% answered somewhat familiar, and 6.40% answered very familiar.

The first research question addressed in the survey involved SLP and SLP awareness of employment legislation, particularly the Americans with Disabilities Act (ADA). Participants were asked to rate their familiarity with this piece of legislation on the following Likert scale: not familiar, somewhat familiar, or very familiar. Of the total 124 participants, 3.23% responded not familiar, 45.16% responded somewhat familiar, and 51.61% indicated they were very familiar with this legislation. Of the SLP responses (n=98), 2.04% answered not familiar, 40.82% responded somewhat familiar, and 57.14% indicated they were very familiar with ADA. Of the student responses (n=24), 8.33% answered not familiar, 62.50% responded somewhat familiar, and 25% answered very familiar.

Then next question provided qualitative data about the depth of the participant's knowledge of the legislation. The responses were coded using the constant comparative method by one coder. One category of responses involved those that gave a broad definition of what the law entails, including ADA being applicable to people with disabilities (62.77% total, 59.74% SLP, 76.47% student), the legislation prohibiting discrimination (27.66% total, 29.87% SLP, 17.65% student), that ADA concerns the rights of people with disabilities (25.53% total, 24.68%

SLP, 29.41% student), equality (13.83% total, 10.39% SLP, 29.41% student), equating ADA to the civil rights act (3.19% total, 3.90% SLP), recognizing the legislation was sign into law in 1990 (2.13% total, 2.60% SLP), and recognizing that ADA is a federal law (2.13% total, 2.60% SLP, 5.88% student). Various answers were coded and put in the category of what types of rights are guaranteed through ADA, including work opportunities (28.72% total, 31.17% SLP, 17.65% student), free appropriate public education (17.02% total, 18.18% SLP, 11.76% student), equal access (12.77% total, 15.58% SLP), physical access to buildings (9.57% total, 11.69% SLP), requiring appropriate accommodations (8.51% total, 5.19% SLP, 23.53%, student), requiring access to services (7.45% total, 7.79% SLP, 5.88% student), access to transportation (4.26% total, 5.19% SLP), opportunity to be involved in the community (2.13% total, 2.60% SLP) and the correlation of ADA and a student's IEP (2.13% total, 5.88% student, 7.79% SLP). The following were codes only used once when describing the various type of rights guaranteed through ADA: choices, IDEA, 504 plans, job coaches, accommodations to allow independence, health care, inclusion, and technology. With the exception of inclusion, all of these responses were from SLP participants. Some participants answered the question with responses that were categorized as negative, such as the law is too complex to explain (6.38% total, 6.49% SLP, 5.88% student), indicating that they do not know much about this legislation (8.51% total, 7.79% SLP, 11.76% student), or that ADA affects discrimination based on age and race (2.13% total, 2.60% SLP).

Participants were then surveyed to determine where training in ADA is primarily conducted. Of the total 124 participants, 69.4% responded undergraduate coursework, 60.5% answered graduate coursework, 31.5% indicated continuing education course, 16.9% answered from another professional, and 10.5% responded with other. Participants that responded with

"other" were prompted to specify and responses included the media outlet, work place training, reading the legislation itself, personal learning (family members with disabilities), Rank 1 coursework, and studying for ASHA exam. Of the SLP responses (n=98), 67.3% answered undergraduate coursework, 66.3% responded graduate coursework, 39.8% indicated continuing education course, 20.4% answered from another professional, and 13.3% responded with other. Of the student responses (n=24), 79.2% answered undergraduate coursework, 37.5% answered graduate coursework, and 4.2% indicated from another professional.

The next four questions answered the research question concerning SLP collaboration with job coaches. The participants were first asked if they had ever collaborated with a job coach when working with clients with IDD. Of the total 124 participants, 62.90% indicated never, 6.45% answered rarely, 11.29% responded occasionally, 3.23% answered frequently, and 16.13% indicated that this was not applicable to them. Of the SLP responses (n=98) 64.29% answered never, 6.12% indicated rarely, 13.27 responded occasionally, 3.06% answered frequently, and 13.27% indicated that this was not applicable to them. Of the student responses (n=24), 58.33% answered never, 4.17% indicated rarely, 4.17% responded occasionally, 4.17% answered frequently, and 29.17% indicated that this was not applicable to them.

The second two job coach questions provided qualitative data concerning the types of collaboration that is done between job coaches and SLPs. The first question was targeted toward SLP participants (n=25) and asked them in what ways they have collaborated with job coaches. The most frequent response was collaborating with job coaches for meetings (40%). The next most frequent responses included discussing ways to improve communication in the work place (20%), creating employment-related goals (16%), setting up AAC devices (12%), assisting in the job search (12%), and that the participants' client population was too young to collaborate with a

job coach (12%). The following codes were only found in one response (4%): behavior modification, community based instruction, workshops, and materials. Students were also asked to identify what ways they may collaborate with a job coach in the future. Of the toal 15 responses, 33.33% indicated they could use a job coach to locate resources for their clients, 26.67% to develop goals, 26.67% to help in transition planning, 20% in teaching interviewing skills, 13.33% in pragmatics, and 6.67% (n=1) for the following responses: communication, independence, accommodation, and job search.

Participants were then asked to identify factors that may prohibit them from collaborating with a job coach. All four of the student participants who responded to this question indicated that they may not collaborate with job coaches because their students are too young. Of the SLP responses (n=55), 61.82% indicated their students were too young, 30.91% answered that job coaches are not available in their community, 5.45% responded that they do not have the time to collaborate with job coaches, 1.82% answered that the job coaches do not reach out to collaborate with them, and 1.82% answered that they are new to the field.

The last four questions of the employment section concerned the integration of employment-related goals into therapy. Participants were asked to indicate how often they include employment-related goals into therapy with clients across various age ranges. The first age range was clients age 6-10. Of the total 122 responses, 54.92% answered never, 6.56% answered rarely, 1.64% indicated occasionally, 0% answered frequently, and 36.89% answered that this age range was not applicable to them. Of the SLP responses (n=96), 58.33% answered never, 7.29% indicated rarely, 2.09% answered occasionally, 0% answered frequently, and 32.29% indicated that this age range was not applicable to them. Of the student responses

(n=24), 41.67% answered never, 4.17% indicated rarely, 0% answered occasionally, 0% answered frequently and 54.17% indicated that this range was not applicable to them.

Next, participants were asked about clients in the 11-15 age range. Of the total 121 responses, 33.88% indicated never, 12.40% answered rarely, 5.79% answered occasionally, 2.48% answered frequently, and 45.45% answered that this age range was not applicable to them. Of the SLP responses (n=95), 35.79% answered never, 11.58% indicated rarely, 6.32% answered occasionally, 3.16% answered frequently, and 43.16% indicated that this age range was not applicable to them. Of the student responses (n=24), 25% indicated never, 16.67% indicated rarely, 4.17% answered occasionally, 0% answered frequently, and 54.17% indicated that this age range was not applicable to them.

The next age range surveyed was clients aged 16-21. Of the total 122 participants, 11.48% answered never, 2.46% indicated rarely, 10.66% answered occasionally, 12.30% indicated frequently, and 63.11% answered that this age range was not applicable to them. Of the SLP responses (n=96), 10.42% answered never, 2.08% indicated rarely, 9.38% answered occasionally, 13.54% answered frequently, and 64.58% answered that this age range was not applicable to them. Of the student responses (n=24), 16.67% answered never, 4.17% indicated rarely, 12.50% answered occasionally, 8.33% indicated frequently, and 58.33% answered that this age range was not applicable to them.

Participants were then asked to indicate their use of employment goals with clients aged 21 and older. Of the total 121 participants, 10.74% answered never, 0.38% answered rarely, 5.79% answered occasionally, 14.88% answered frequently, and 67.77% indicated that this age group was not applicable to them. Of the SLP responses (n=95), 10.53% answered never, 0% indicated rarely, 4.21% answered occasionally, 14.74% answered frequently, and 70.53%

indicated that this age range was not applicable to them. Of the student responses (n=24), 12.50% answered never, 4.17% indicated rarely, 8.33% answered occasionally, 16.67% answered frequently, and 58.33% indicated that this age range was no applicable to them.

The next questions provided qualitative data targeting participant's integration of employment goals into therapy. The first question was directed toward SLP participants and asked them what sort of employment related goals they have included with clients with IDD. Answers were coded using the constant comparative method by one coder. A total of 28 SLPs responded to this question. The largest group of codes included goals that are generally seen across all language intervention that can be applied to employment, such as increasing communication (32.14%), following directions (25%), pragmatics (21.43%), vocabulary, (7.14%), and recalling (3.57%). The next group of codes involved goals that target job-related skills a little more specifically, such as task completion (17.64%), problem solving (7.14%), sorting(7.14%), completing tasks independently (7.14%), completing forms (3.57%), organizing (3.57%), interviewing (3.57%), and workplace strategies (3.57%). The final group of codes contained non-specific answers, such as employment related goals varying (10.71%) and being embedded into therapy (3.57%).

Students were also asked to identify what sort of employment related goals they may include with future clients with IDD. A total of 14 students responded to this question. A smaller range of codes were designated for this population. The most common response was interviewing goals (50%). Other responses included goals for the job search (28.57%), pragmatics (28.57%), functional communication (28.57%), completing applications (28.57%), maintaining employment (7.14%), and building self-esteem (7.14%).

The last questions regarding employment asked participants to identify factors that may prohibit including employment related goals into therapy. All five of the students who responded to this questions indicated that age would be the main factor prohibiting employment related goals. Of the 39 total SLP responses, 71.79% indicated age, 17.95% answered they embed employment goals into other therapy goals, 7.69% answered that these goals are targeted by special education teachers, 7.69% indicated that family values sometimes prohibit targeting employment goals, 7.69% responded that these goals are not targeted because they are not academic, and 2.56% answered that clients may not be seeking employment.

Results

Person-First Language

The probe for Person-First Language revealed the majority of both SLP and students rank themselves as very familiar with Person-First Language. However, for both populations, the majority was only about half of the total participants (45.10% for SLP and 51.10% for student). As hypothesized by researcher, students overall rated their familiarity with PFL higher than SLPs. This is to be expected as this shift in disability language has been a more recent development. When participants were asked in which setting they use PFL, the overwhelming majority responded with both professional and personal settings. This is ideal because it demonstrates that participants understand the importance of this type of language and carry it over to all aspects of their life. Less than 10% of SLP and students responded that they do not use PFL. A greater amount of students indicated that they only use PFL in personal setting (4.26% student, 2.00% SLP), while a greater percentage of SLPs indicated they only use PFL in professional setting only (10.67% SLP, 0% student). This disparity may be explained by students not choosing professional setting because they have not yet started working with clients. I would

argue, however, that a student's professional course work would qualify as a professional setting. A higher percentage of students answered that they use PFL in both settings (87.23%) compared to SLPs (78.67%). Again, this difference may be explained by PFL being taught more in professional training compared to when SLPs completed their degrees.

While the majority of participants reported never using the word "retarded" when describing someone with an intellectual or developmental disability (94.53%), a small percentage of SLPs did respond with occasionally (2%) and a small percentage of both SLPs and students responded with rarely (4.67% SLP, 2.13% student). This shows that the field of speech-language pathology is moving in the right direction as far as using terms that are person-first, but that we still have some work to do to eliminate harmful language. While more students than SLPs responded that they would never use the word "retarded" when describing a person with an intellectual and developmental disability, a greater percentage of students responded that they use that word when not referring to a person with a disability. 72% of SLPs responded that they never use the word "retarded" when not referring to a person with a disability, but only 57.45% of students answered never. This demonstrates how the word "retarded" has become a slang word used by young people, though not always intentionally in a derogatory way towards people with disabilities. Using this word to describe a situation (i.e. this is retarded) or person without a disability (i.e. you are such a retard), however, still is not professional because it perpetuates the idea that people with disabilities are inconvenient, slow, or stupid. The results of this section reveal that SLPs that have been practicing for many years could use some continuing education on the appropriate use of person-first language in professional settings with clients with intellectual and developmental disabilities and that students need a greater focus on why the

word "retard" should be removed from all contexts of speech, even when not referring to a person with a disability.

When participants were asked their opinion of PFL, the majority (87.1%) answered that it is important for all people to use in all settings. Less than 5% answered it is only important to use in professional settings, it is frivolous/overly politically correct, do not know what PFL is, or other. This is encouraging because it suggests that the majority of SLPs and pre-professional SLPs understand the importance of this philosophy. Less encouraging was the low numbers of participants who indicated they were familiar with Rosa's Law. Only 9.3% of SLPs and 2.2% of student's answered that they were familiar with this legislation that took person-first language and implemented it at a federal level within federal legislation. A greater majority of SLPs than students responded that they were familiar with the law, which is surprising because this legislation was passed in 2010. This suggests that this new legislation is not being taught to current students in the field of speech-language pathology, but practicing SLPs have learned about the law through either continuing education or media outlets. Of the 15 participants who responded to the question that asked them to describe what they knew about PFL, the majority knew that the law eliminated the word "retard" from policies, but fewer could identify that it was replaced with the term "intellectual disability" with some participants instead indicating terms such as "cognitive delay" or "mental disability." A few participants new about the namesake of the law, a girl with Down Syndrome named Rosa. This suggests that SLPs and SLP students need more education about legislation relating to PFL.

Self-Advocacy

The probe asking participants to rank their familiarity with increasing self-advocacy goals for clients with intellectual and developmental disabilities revealed that the majority of

participants only ranked themselves as somewhat familiar. A similar distribution of answers existed between SLP and student responses, with the majority of both groups selecting somewhat familiar, then very familiar, and the smallest percentage answering not familiar. This reveals that SLPs and students know about self-advocacy goals but fewer are confident about their knowledge of how to increase self-advocacy. When participants were asked if they include self-advocacy goals with clients with IDD, the majority of participants indicated they never include such goals with clients age 3-10. Excluding participants who answered not applicable, the majority of participants indicated that they occasionally include self-advocacy goals with clients 11-15 and frequently include goals with clients age 15-21+. When asked to describe the type of self-advocacy goals included with clients with intellectual and developmental disabilities, the majority indicated that they help clients advocate for themselves by targeting their ability to communicate their wants and needs in order to obtain control of their environment. Also, a great majority of participants included other communication-specific goals such as informing others of their disability and needed accommodations, asking for help, expressing feelings, interests, and strength's, as well as helping with self-esteem through self-knowledge of disability. Many other responses were given by fewer than 5% of participants. The largest majority of students identified communication goals as self-advocacy goals. The second highest percentage of responses included those that focused on transition planning for clients with IDD.

When asked to identify factors that may prohibit self-advocacy goals, the majority of participants indicated that their clients were too young to target such goals. A large portion of participants also cited that self-advocacy goals are not targeted because they are not academic. Others pointed out that, for some clients, communication or other more important goals must be targeted first. Some participants pointed out that other stakeholders for the client prohibit self-

advocacy goals, such as parents, administrators, third party payers. Similarly, some participants indicated that these goals are targeted by special education teachers. Some practical factors that prohibit self-advocacy goals that were identified included that these goals are hard to measure, are time intensive, require additional technology, training, and materials and are hard to generalize.

One important aspect of self-advocacy is person-centered planning. This is important because it gives people with IDD the ability to have a say in therapy goals and develops important self-advocacy skills such as making choices, problem solving, and setting personal goals that are relevant to them. Participants were asked how often they include clients with IDD in the decision making process across a range of client ages. Excluding responses marked N/A, the majority of participants indicated that clients age 6-10 are never included, age 11-15 are sometimes included, clients age 16-21 are often included, and clients age 21 and older are always included. This trend was the same for both SLPs and students. The results correlate with the idea that older clients are more likely to be able to meaningfully participate in the decision making process, but it is concerning that young students are never included. It is important for people with IDD, no matter what age, to understand that they have a say in their life because this is the start of lifelong self-advocacy skill building. When participants were asked in what ways they include clients in the decision making process, a majority responded that they include their clients with IDD in goal development for therapy. A large percentage of participants also cited that they include their clients in the decision making process indirectly by choosing goals that are thought to meaningful for them (34.12%) or that are chosen for them by their parents. (18.82%). Other popular responses included including clients in meetings (such as IEP meetings), discussing progress on goals, and offering clients choices of goals to target.

When participants were asked if they have ever used specific self-advocacy curricula when working with clients with IDD, the majority (88.96%) answered no. It is interesting to note that a greater percentage of student participants responded with yes (22.2%) than SLP participants (8.3%), however only one student responded to the next questions that asked what specific curricula was used or observed. Very few evidence-based self-advocacy curricula were answered in the next question, but answers included community-based instruction, integrated self-advocacy curriculum, children's books promoting positive self-knowledge of disability, self-determined learning model of instruction, and discussion/collaboration with other professionals.

Employment

The probe for participant familiarity with employment training for people with intellectual and developmental disabilities revealed that only 16.60% of participants ranked themselves very familiar, about half of participants (52.70%) indicated they were somewhat familiar, and 30.70% answered they were not familiar. Substantially fewer students than SLPs rated themselves as very familiar with employment training for people with intellectual and developmental disabilities (20.30% SLP, 6.40% student). This indicates that students are not being taught the importance of preparing clients with IDD for employment.

.   When asked about employment legislation concerning people with IDD, the Americans with Disabilities Act, only about half of participants ranked themselves very familiar (51.61%). The majority of SLPs (57.14%) responded with very familiar, while the majority of students responded with only somewhat familiar (62.50%). This reveals that SLPs are more confident in their knowledge of this legislation than students. When asked to explain what they knew about this legislation, the majority of participants' responses included that this legislation affected people with disabilities (62.77%), their opportunities to work (28.72%), and prohibits

discrimination of people with disabilities (27.66%). Student responses were focused around

ADA outlining the rights of people with disabilities (29.41%) and mandating they be treated with

equality (29.41%). SLP responses focused on ADA allowing people with disabilities opportunity

to work (31.17%) without discrimination (29.87%). Participants were asked to indicate where

they learned about ADA, the majority of participants indicated undergraduate coursework

(69.4%) and undergraduate coursework (60.5%). This is interesting because students were

generally less confident in their familiarity with ADA.

When asked about collaboration with job coaches, the majority of participants reported

that they never collaborate with job coaches (62.90%). Excluding participants who responded

N/A the response with the next highest percentage was occasionally. When participants were

asked to indicate in what ways they collaborate with job coaches, the majority responded that job

coaches are involved in planning meetings (40%). Other popular responses included

collaborating with job coaches to identify necessary communication skills (20%) or in planning

goals for therapy (16%). The majority of students responded that job coaches could be used to

find resources for clients (33.33%), to help with transition planning (26.67%), or plan goals

(26.67%). The most cited reason for not collaborating with a job coach was the age of the client

(64.41%) and job coaches not being available (28.81%).

The last section of the survey asked participants included employment related goals with

clients with IDD across age ranges. Excluding N/A responses, the majority of participants

responded that they never include employment related goals with clients age 6-10 (54.92%) or

11-15 (33.88%), but frequently include employment goals with clients age 16-21 (12.30%) and

21+ (14.88%). When asked to specify what kind of employment related goals were used in

therapy with clients with IDD, the majority fo SLP responded with improving communication

specific to the workplace (32.14%) and following directions (25%). The majority of students responded with targeting interviewing skills (50%), pragmatics (28.57%) and job searches (28.57%0. The majority of participants indicated that the age of clients is the biggest factor that prohibits including employment goals (75%), also many participants point out that these goals are embedded into other therapy goals (15.91%).

Conclusion

This research was a first step in identifying areas relating to disability rights trends in which further instruction and training should be provided to SLP and SLP students in order to provide the best possible services to people with intellectual and developmental disabilities. Specifically, in the areas of Person-First Language, self-advocacy, and employment training when working with people with IDD, this research showed the both students and practicing SLPs are not confident in their ability to incorporate such important disability rights trends into practice.

While the majority of particpants ranked they were very familiar with Person-First Language I the initial probe, several participants revealed that they do not use it in all settings and rarely or occasionally use the word "retard" to describe someone with a disability. A concerning number of students revealed that they rarely or occasionally use the word "retard" in causal, everyday language when not referring to someone with a disability. Some participants also responded that they did not agree with the premise of Person-First Language, answering that it only important to use in professional settings or that it is frivolous or overly politically correct. The biggest surprise, however, came with the lack of knowledge of PFL legislation, particularly Rosa's Law. It can be seen from this research that further education should be implemented directed toward SLPs to address the importance of this language, to SLP students to try to

emphasize the importance of removing words such as "retard" from everyday vocabulary, and to both groups about PFL legislation.

Participants as a whole ranked themselves only somewhat familiar with increasing self-advocacy with clients with IDD. This was seen throughout the proceeding SA questions, when participants responded that they rarely use SA goals with young clients and responses for what type of self-advocacy goals were included lacked the breadth and depth of knowledge to really tackle the issue of increasing SA with clients with IDD. Additionally, this area of the survey revealed that SLPs and SLP students are not prepared with strategies to include clients in the decision making process, a critical first step to increasing self-advocacy. Lastly, this research revealed that participants were not aware of specific, evidence-based approaches to target self-advocacy with clients with IDD. Some of these research-based programs are particularly targeted at young students and students with severe disabilities, and many of the programs include a team-approach that includes SLPs.

The last topic of the research, employment training for people with IDD, revealed the greatest area of concern. The majority of participants revealed they were only somewhat familiar with this topic, very few participants revealed that they include employment goals with their clients, and very few participants collaborate with job coaches. Again, when participants were asked to list what type of employment related goals that might be included with people with IDD, the answers were very narrow and shallow goals. Additional training should be implanted at both the student and practicing SLP level to increase the breadth and depth of knowledge SLPs have in this area.

All three of these disability rights trends are exceedingly important for improving the lives of people with IDD and should be incorporated into practice by SLPs. All three of these

practices are encouraged by the American Speech Language Pathology Association to use as best practice when working with people with disabilities. These issues are often times pushed to the side because they are thought to be addressed by special education teachers, but the unique role and knowledge possessed by SLPs are a key component in the interdisciplinary team that is necessary to give people with IDD the best possible outcome from intervention.

Appendix A

Survey Questions

Thank you for your participation in my research. Your confidentiality will be maintained throughout the research study. Your participation is completely voluntary and you are free to discontinue participation in the research at any time.

The survey has a total of 32 questions covering three topics: person-first language, self-advocacy, and employment. This survey should take no longer than 15 minutes to complete.

1. Which setting best describes you?

☐ SLP in school setting

☐ SLP in medical setting

☐ SLP in private practice

☐ N/A: student

☐ Other (please specify)

2. Which best describes your experience in Speech-Language Pathology? Choose all that apply:

☐ Undergraduate Student

☐ Graduate Student

☐ Doctoral Student

☐ Practicing for 0-5 years

☐ Practicing for 5-10 years

☐ Practicing for 15-20 years

☐ Practicing for 20-25 years

☐ Practicing for 30+ years

*

3. Which best describes your highest level of education?

☐ High school diploma

☐ Bachelor's degree

☐ Master's Degree

☐ Doctorate

*

4. Rank your familiarity with Person-First Language.

Not familiar	Somewhat Familiar	Very Familiar
☐	☐	☐

6. Rank your familiarity with employment training for people with intellectual and developmental disabili

Not familiar	Somewhat Familiar	Very Familiar
☐	☐	☐

7. In which setting do you use Person First Language?

I do not use Person-First Language	Personal setting only	Professional setting only	Both professional a... personal settings
☐	☐	☐	☐

*

8. How often do you use the word "retarded" when describing someone with an intellectual or developmen... disability?

Never	Rarely	Occasionally	Frequently
☐	☐	☐	☐

*

9. How often do you use the word "retard" or "retarded" when not referring to a person with a disability "This is retarded")

Never	Rarely	Occasionally	Frequently
☐	☐	☐	☐

10. What is your opinion of Person-First Language?

☐ It is important for all people to use in all settings

☐ It is only important to use in professional settings

☐ It is frivolous/overly politically correct

☐ I do not know what Person-First Language is

☐ Other (please specify)

*

11. Are you familiar with Rosa's Law?

☐ Yes

☐ No

12. If yes, what do you know about Rosa's Law?

*

13. Do you include self-advocacy goals with your clients with Intellectual and Developmental Disabilities (IDD)?
*If you are a student, have you seen self-advocacy goals or talked about self-advocacy goals in your clinica... observations?

	Never	Rarely	Occasionally	Frequently	N/A
Clients Age 3-5	☐	☐	☐	☐	☐

Clients Age 6-10	☐	☐	☐	☐	☐
Clients Age 11-15	☐	☐	☐	☐	☐
Clients Age 15-18	☐	☐	☐	☐	☐
Clients Age 18-21	☐	☐	☐	☐	☐
Clients Age 21+	☐	☐	☐	☐	☐

*

14. What sort of self-advocacy goals do you include for your clients with IDD?
*Students, what sort of self-advocacy goals did you see/discuss for clients with IDD?
If applicable, please specify goals across age ranges.

15. What prohibits you from including self-advocacy goals with your clients with IDD?
*Students, why do you think self-advocacy goals were not included for clients with IDD?

16. If you are a student, what sort of self-advocacy goals could you use for your future clients with IDD?

17. Do you include your client with IDD in the decision-making process concerning the plan of treatment?
For example, are your clients with IDD present or lead their own IEP meeting?

	Never	Rarely	Sometimes	Often	Always	N/A
Clients age 6-10	☐	☐	☐	☐	☐	☐
Clients age 11-15	☐	☐	☐	☐	☐	☐
Clients age 16-21	☐	☐	☐	☐	☐	☐
Clients age 21+	☐	☐	☐	☐	☐	☐

18. In what ways do you include your client in the decision making process?
*Students, in what ways have you seen or discussed how to include clients in the decision making process?
*
19. Have you ever used self-advocacy curricula with your clients with IDD? (either as part of your interve
with the client or collaborating with special education teachers)
*Students, have you seen or discussed self-advocacy curricula for clients with IDD in your clinical
observations?

☐ Yes

☐ No

20. If yes, what curricula did you use/see?

21. If no or you are a student, do you know of any self-advocacy curricula?

*

22. Are you familiar with the Americans with Disabilities Act?

Not familiar	Somewhat Familiar	Very Familiar
⊙	⊙	⊙

23. What do you know about the Americans with Disabilities Act?

*

24. Where did you learn about the Americans with Disabilities Act? Select all the apply:

☐ Undergraduate coursework

☐ Graduate coursework

☐ Continuing education course

☐ From another professional

Other (please specify) _____

25. Have you ever collaborated with a job coach when working with clients with IDD?
*If you are a student, did you observe or discuss collaborating with a job coach for clients with IDD in you clinical observations?

Never	Rarely	Occasionally	Frequently	N/A
⊙	⊙	⊙	⊙	⊙

*

26. If yes, in what ways have you collaborated with a job coach when working with clients with IDD?
*If you are a student, in what ways did you observe or discuss collaborating with a job coach for clients wi IDD in your clinical observations?

27. If no, what has prohibited you from collaborating with a job coach when working with clients with IDl
*If you are a student, why do you think you did not observe or discuss collaborating with a job coach for c with IDD in your clinical observations?

28. If you are a student, in what ways do you think you may collaborate with a job coach with you clients IDD?

*

29. Do you include employment related goals with your clients with IDD?
*If you are a student, did you observe or discuss employment related goals for clients with IDD in your cli observations?

	Never	Rarely	Occasionally	Frequently	N/A
Clients age 6-10	⊙	⊙	⊙	⊙	⊙
Clients age 11-15	⊙	⊙	⊙	⊙	⊙
Clients age 16-21	⊙	⊙	⊙	⊙	⊙

Client age 21+   ☐   ☐   ☐   ☐   ☐

30. If yes, what sort of employment related goals have you had for clients with IDD?
*If you are a student, what sort of employment related goals did you discuss for clients with IDD in your clinical observations?

31. If no, what has prohibited you from including employment related goals with your clients with IDD?
*If you are a student, why do you think you did not observe or discuss employment related goals for client with IDD in your clinical observations?

32. If you are a student, what sort of employment goals would you expect to include with clients with IDD?

Appendix B-Operational Definitions

Person First Language is a movement advocating to change disability language from identifying people by their disability (i.e. autistic child) to identifying them firstly by their personhood (i.e. child with autism). Person-First Language also advocates to diminish the use of the word "retarded" or "retard" and instead use "person with intellectual or developmental disability (IDD)".
More examples:
My LD or learning disabled student--------> My student with LD/student with a learning disability
My apraxic client---------> My client with apraxia
My fluency kid--------> My student with a fluency disorder

Self-advocacy is an individual's ability to effectively communicate, convey, negotiate or assert his or her own interests, desires, needs, and rights. It involves making informed decisions and taking responsibility for those decisions.

Legislation promoting **employment** for people with disabilities has been enacted at the state and federal level. However, people with intellectual and developmental disabilities continue to have a high unemployment rating, which leads to a decreased quality of life.

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