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Cover Page Footnote

We would like to thank Allyson Bortoletto, Naima Boudreaux, Tiffany Bridgett and Imonie Gwaltney for their contributions to survey development and translation. This project was supported by Gallaudet University's Priority Research Fund.

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Abstract

Culturally competent mental health providers are needed to serve deaf and hard of hearing populations. This study used a mixed-methods approach to investigate deaf and hard of hearing students' experiences of bias, affirmation, and program climate at a bilingual (ASL/written English) university. Results emphasized the importance of access to signed classroom communication and mentoring opportunities with deaf faculty. Participants also described extensive peer conflict, often centering on D/deaf identities, language use, and/or race. Participants also reported experiencing discrimination when seeking internships and externships and wished to see faculty actively engaged in resisting biases experienced during their training

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Becoming Psychologists: Barriers and Bridges Encountered by Deaf and Hard of Hearing Students

Disparity-reduction initiatives in mental health care frequently emphasize the recruitment and training of a diverse and culturally competent professional workforce (Lu & Primm, 2006). Initiatives driving from the values of multicultural psychology regard culturally-affirmative mental health services as essential best practices (American Psychological Association, 2003; Sue et al., 1992). Although people with disabilities constitute one of the largest minoritized groups in the United States (Cornish et al., 2008; Olkin, 2002), little scholarly attention has been devoted to the provision of culturally competent mental health care for this population, and to recruitment and training of mental health care providers with disabilities. Individuals with disabilities are underrepresented in the clinical psychology training pipeline, relative to the able-bodied population (Wilbur et al., 2019). However, there is a growing population of therapists with disabilities, including deaf and hard of hearing individuals, who have described their experiences as therapists and working with able-bodied clients (Axelman & Kashani, 2009; Freeman, 1994; Wagner, 2016; Watermeyer, 2012). Deaf and hard of hearing people comprise a heterogeneous group, who may understand and identify themselves as people with disabilities, and/or as members of a linguistically and culturally minoritized subgroup, among their other, often intersecting, identities (Leigh & O'Brien, 2019).

Despite elevated rates of mental health struggles among deaf and hard of hearing adults and children relative to hearing individuals, it is estimated that only 2% of Deaf¹ individuals who identify with Deaf culture and communicate via American Sign Language (ASL) receive the mental health care needed (Fellinger et al., 2012; Leigh & Pollard, 2003). Lack of access to quality mental health care can result in misdiagnosis and failure to receive necessary services. For example, deaf persons with developmentally-based language and behavioral problems are often misdiagnosed with major mental illness (Glickman, 2013). Furthermore, health information may not be made fully accessible to deaf and hard of hearing individuals (Fellinger et al., 2012; Pollard & Barnett, 2009), creating additional barriers to diagnosis and treatment.

Clinicians with appropriate knowledge and training are necessary to appropriately meet the mental health needs of deaf and hard of hearing populations. Deaf and hard of hearing clinicians may share lived experiences and have unique access to culture knowledge and, therefore, may be particularly well equipped to conduct culturally affirmative clinical work with deaf and hard of hearing clients. In research on the experiences of ethnic, racial, and sexual and gender minoritized populations, it has been suggested that clinicians who are themselves members of the marginalized cultural groups may be uniquely positioned to provide culturally affirmative care (Israel et al., 2011; Sue et al., 1991). Empirical evidence further suggests that clients with access to mental health clinicians from similar racial, cultural, and linguistic backgrounds report more positive clinical outcomes (Cabral & Smith, 2011; Sue et al., 1991). Although comparable large-scale research has not yet been conducted with deaf and hard of hearing populations, smaller quantitative and qualitative studies have taken place. In a study utilizing interviews, deaf adults who communicate via ASL expressed a clear preference for working with a deaf or hard of

¹ “Deaf” with a capital “D” is used here to refer to the cultural-linguistic conceptualization of Deafhood, whereas “deaf” with a lowercase “d” is based on the audiological conceptualization of deafness and is used to refer to the diverse population of people with hearing loss.

hearing therapist who was seen as providing both language access and cultural understanding (Steinberg et al., 1998). Research conducted by Wagner (2016) indicates that when working with deaf clients, deaf or hard of hearing therapists bring unique perspectives to the therapy room, including an ability to relate to and understand client experiences of bias and discrimination. Working effectively with deaf clients requires an extensive body of specialized knowledge, including understanding of a visual orientation to the world; the cultural model of deaf people; how societal structures of hearing advantage can create disadvantages for deaf populations; and comorbid medical, neurological, and cognitive problems affiliated with some etiologies of hearing loss (Glickman, 2013). Working effectively with deaf populations also requires skills in handling complex and unique communication challenges and adapting best practices in evaluation and treatment to complement the diversity of deaf clients (Glickman, 2013).

Training Experiences of Deaf and Hard of Hearing Clinicians

The research described thus far underscores the importance of recruiting and training deaf and hard of hearing mental health professionals, as one strategy of a multipronged effort to improve mental health outcomes among deaf and hard of hearing populations. To further bridge research and practice, in the current study, authors included in this research paper seek to understand, and address, barriers that may contribute to the existing underrepresentation of deaf and hard of hearing clinicians among health care professionals. Additionally, we explore strengths that can be leveraged to promote increased opportunities for, and access to, recruitment, training, and professional development of deaf and hard of hearing clinicians. A deaf epistemological approach utilizing both quantitative and qualitative methods is used to center deaf experiences, narratives, and knowledge without assuming a singular, defining deaf experience, deaf identity, or deaf way of knowing (Hauser et al., 2010; Parasnis, 2012). Using a deaf epistemological framework requires the recognition of how audism operates to disadvantage deaf and hard of hearing trainees. Audism, the systematic subjugation of deaf people, advances the belief that being hearing is superior to being deaf and is institutionalized in structural systems that advantage hearing individuals, communities, and ways of being over deaf ones (Bauman, 2004; Eckert & Rowley, 2013; Humphries, 1975). For psychology trainees, audism may take the form of stereotypes about diminished competence, language access issues, and exclusion for deaf and hard of hearing individuals.

A deaf epistemological framework also requires the consideration of how deaf-centric knowledge and practices can provide insights and facilitate pathways to trainees' professional success (Felten & Bauman, 2013; Hauser et al., 2010; Holcomb, 2010). Deaf and hard of hearing clinicians describing their personal and professional journeys have enumerated many barriers to accessing off-site training opportunities (Hauser et al., 2000; Lee, 2018; Szymanski, 2010; Wagner, 2016). A common theme shared in these narratives is the reluctance of training directors to consider deaf and hard of hearing internship applicants for their training sites. Indeed, deaf and hard of hearing applicants have described having potential supervisors question their proficiency in reading, writing, connecting with clients, and administering psychological assessments (Hauser et al., 2000; Lee, 2018; Szymanski, 2010).

Even after securing internship positions, deaf and hard of hearing trainees have described barriers that limit their professional growth and development opportunities. In a 2016 qualitative

study, deaf and hard of hearing psychologists and trainees described experiences of discrimination and bias from supervisors while at clinical training sites. Study participants gave examples of being denied accommodations to effectively perform their duties while on site; they described the extensive access work required “just to get to the starting line” (Wagner, 2016, p. 202). One participant noted: “We were required to record client sessions. [Because I was not given accommodations], I was not able to hear my own sessions or the sessions of my cohort mates or supervisees, so I was not able to give feedback” (Wagner, 2016, p. 55). When accommodations are denied from the outset, hearing supervisors are not given an opportunity to see their trainee’s best work, or to identify areas of potential growth. Another participant’s supervisor told her that the university was “not used to disabled students at the PhD level” and thus did not know how to provide appropriate accommodations (Wagner, 2016, p. 69). Participants in Wagner’s study also shared other examples of inequitable access to training, including being prevented from working with certain populations, and being asked to justify actions and decisions not similarly asked of their hearing trainee counterparts. Additionally, deaf and hard of hearing applicants described encountering what the phenomenologist Ahmed (2012) calls the “institutional brick wall,” referring to the resistance that minority applicants often face in the workplace and in graduate school. The wall itself, created by ableism, racism, sexism, and/or other power structures, often goes unseen by those in the dominant group (Ahmed, 2012), and, within this context, results in the perception from able-bodied supervisors that no further diversity or access work is needed once the deaf applicant enters the training site.

The aforementioned narratives align with Stone and Colella’s (1996) model of how disability-related stereotypes can lead to employment discrimination, highlighting the importance of training supervisors in culturally affirmative mentorship and supervision practices. Prior research also suggests that generally hearing individuals may hold stereotyped views of deaf individuals, including beliefs that deaf individuals are comparatively less competent at specific tasks such as driving and writing (Berkay et al., 1995), and relatedly less qualified for certain occupations (DeCaro et al., 2001). Drawing on stereotypes about disability, an employer may thus underestimate a deaf or hard of hearing applicant’s potential job performance or overestimate accommodation costs, contributing to rejection of qualified candidates and unequal training experiences (Braddock & Bachelder, 1994; Greenwood & Johnson, 1987; Stone & Colella, 1996).

As described in the examples above, hearing employers often operate from a deficit standpoint by focusing primarily on a deaf or hard of hearing candidate’s hearing *loss* in reference to hearing ways of being, thus seeing only insufficiency or disadvantage. In contrast, an asset-oriented framework draws our attention to “specific cognitive, creative, and cultural gains that have been overlooked within a hearing-centered orientation” (Felten & Bauman, 2013, p. 370). The unique experience of navigating life as a visually- and tactile-oriented individual in an audiocentric world facilitates ways of knowing that can be advantageous, building upon benefits that have been termed “Deaf Gain” (Bauman & Murray, 2009; Felten & Bauman, 2013; Hauser et al., 2010). Scholars applying Yosso’s (2005) model of community and cultural wealth to deaf youth populations have noted forms of linguistic, resistant, and navigational capital leveraged by deaf and hard of hearing students to build resilience and support success (Hauser et al., 2010; Listman et al., 2011; Stapleton, 2016). Similarly, deaf participants in Wagner’s (2016) qualitative study also discussed the experience of deaf gain in the therapy room with clients; they

reported that hearing clients often perceived them as empathetic, resilient, and able to model strength in the face of adversity and limitations.

Consideration of the linguistic capital of deaf and hard of hearing individuals, for example, reveals both extensive systematic oppression and also rich linguistic and meta-linguistic assets that are traditionally devalued by dominant hearing cultures (Listman et al., 2011). Audiocentric systems of education have historically emphasized oralism for deaf students, often discouraging the use of signed languages and privileging spoken language skills and English literacy as primary outcomes (Bienvenu, 2008 as cited in Hauser et al., 2010).

Accordingly, access to information in mainstream educational settings often depends on students' ease and comfort using speech and lipreading (Stinson et al., 1996). Deaf and hard of hearing students thus may receive and accurately comprehend only a fraction of the spoken information available to hearing students, even when qualified interpreters are present; this may contribute to missed opportunities for in-class participation, along with exclusion from side conversations that facilitate incidental learning (Marschark et al., 2005; Stinson et al., 1996). Furthermore, deaf and hard of hearing students may experience resistance to interpreter or assistive accommodation requests, or when seeking to have their learning assessed in their first language (García-Fernández, 2014; Stapleton, 2016). Experiences of linguistic oppression are frequently compounded among deaf students of color, who may encounter suppression of their native signed or spoken languages in favor of standard academic English or ASL (García-Fernández, 2014; Gerner de Garcia, 2000). Alongside the research describing linguistic barriers, we must consider the ways in which deaf students have resisted linguistic oppression and have used their linguistic capital to name and oppose audism. For example, Stapleton (2016) worked with a sample of Black d/Deaf college students to create a counternarrative describing experiences of microaggressions that served to "name and critique inequity and differential treatment" and, at the same time, "honor the storytelling and folklore aspects of Black and Deaf culture" (p. 153, 155 respectively). Research has also identified cognitive benefits connected to bilingualism and use of signed languages, such as stronger executive control and mental imagery abilities (e.g. Bialystok et al., 2006; Emmorey & Kosslyn, 1996). Shifting from a deficit framework to one of deaf gain provides opportunities to recognize unique strengths and build resilience.

Of central importance in promoting resilience and academic success among deaf and hard of hearing students are opportunities for connection that facilitate feelings of belonging with students and faculty (Lang, 2002; Listman et al., 2011). Feelings of social integration are critical predictors of college retention among deaf students at both mainstream schools and schools for the deaf (Lang, 2002; Stinson et al., 1987; Stinson & Walter, 1997). When deaf and hard of hearing students describe their educational experiences in mainstream settings, they often share stories of bias, exclusion, and isolation, but also of discovery, growth, and connection (Brooks, 2011; Kersting, 1997; Stapleton, 2015; Wagner, 2016). Deaf and hard of hearing students may encounter challenges connecting socially and academically with deaf, hard of hearing, and hearing peers, but successful peer connection also appears to provide a critical pathway to positive identity and academic persistence (Kersting, 1997; Stapleton, 2015; Wagner, 2016). Furthermore, connection with deaf peers as attained through attending schools for the deaf may foster a foundation of resilience that prepares students for experiences of audism in hearing

workplaces (Thew, 2007 as cited in Hauser et al., 2010). Supporting connection and belonging for deaf and hard of hearing students provides opportunities to build pipelines for recruiting and training deaf and hard of hearing mental health professionals.

The current study

This project used a deaf epistemological approach to investigate bridges and barriers experienced by students in the process of becoming professional psychologists. Study participants were recruited from a population of alumni of Gallaudet University's Department of Psychology, which includes an undergraduate (Bachelor of Arts), and two graduate (Doctor of Philosophy in Clinical Psychology and Specialist in School Psychology) training programs. Gallaudet University was federally chartered in 1864 and has a bilingual mission promoting the advancement of deaf and hard of hearing students through instruction in written English and ASL. The Gallaudet student population is diverse and includes students who identify as d/Deaf, d/DeafBlind, d/DeafDisabled, hard of hearing, and/or hearing.

The Gallaudet Department of Psychology is uniquely positioned to provide deaf and hard of hearing students with access to psychology instruction and clinical training that are linguistically accessible and culturally-affirming. However, Gallaudet's students are not immune to audism, and additional barriers are likely encountered by students with multiple marginalized identities, such as deaf students of color. Accordingly, a mixed-methods survey was designed to examine experiences of bias and affirmation among undergraduate and graduate psychology students at Gallaudet.

First, students' perceptions of program climate and support for diverse learners were explored. Specifically, we examined the demographic variables that correlated with perceptions of a supportive climate in order to identify who the curriculum and co-curriculum were best supporting, and who was not receiving the support they need. Second, to understand how audism may function to disadvantage deaf and hard of hearing students during their psychology training, we asked students about their experiences of bias related to deaf and hard of hearing identities and also other marginalized identities. Specifically, we investigated the frequency of incidences of bias as reported by students and the contexts in which these experiences occurred. Through qualitative analyses we further examined the nature, meaning, and impact of experience of bias, with specific attention to the experiences of students who had multiple marginalized identities. Third, to recognize pathways successfully navigated by deaf and hard of hearing students on their journeys to becoming psychologists, we asked students about their experiences of affirmation of their identities. Finally, through qualitative analyses, we sought to understand where and how students experienced support and what additional, potential supports students envisioned.

Method

Participants

The sample consisted of 88 participants who graduated from Gallaudet University with an undergraduate or a graduate degree in psychology. Forty-eight participants (54.5%) described

themselves as Deaf, 5 (5.7%) described themselves as deaf, 9 (10.2%) described themselves as hard of hearing, 24 (27.3%) described themselves as hearing, and 2 (2.3%) elected to self-describe using a different term. In total, 64 participants (72.7%) identified as Deaf, deaf, hard of hearing, or some combination of these terms; this group of participants are referred to as DHH.

Forty-eight participants (54.5%) reported that they received an undergraduate degree in psychology at Gallaudet; 3 students (3.4%) completed a terminal master's degree, 23 students (26.1%) completed a Psy.S. degree in school psychology, and 23 students (26.1%) completed a Ph.D. in clinical psychology. As shown in Table 1, the proportions of DHH and hearing students differed between the graduate and undergraduate programs, with more hearing students receiving graduate degrees than undergraduate degrees, $\chi^2(1, N = 97) = 26.20, p < .001$. Twenty-six participants (31.3%) received their degree in the past 5 years, 21 (25.3%) received their degree between 6 and 10 years prior to data collection, 11 (13.3%) received their degree between 11 and 15 years prior to data collection, 5 (6.0%) received their degree between 16 and 20 years prior to data collection, and 20 (24.1%) had received their degree more than 20 years prior to data collection.

Table 1

Participant Breakdown by Program and DHH/Hearing Identity

Degree	DHH	Hearing
BA	47 (97.9%)	1 (2.1%)
MA	3 (100%)	0 (0.0%)
PsyS	12 (52.2%)	11 (47.8%)
PhD	11 (47.8%)	12 (52.2%)
Full Sample	64 (72.7%)	24 (27.3%)

Seventy-two participants (81.8%) self-identified as white, 5 (5.7%) as Hispanic or Latinx, 4 (4.5%) as Black or African-American, 3 (3.4%) identified as being multiracial or multiethnic, 1 (1.1%) as American Indian or Alaska Native, 1 (1.1%) as Asian, and 2 (2.3%) as another ethnic or racial group. In part because our sample was drawn from alumni with many completing their degrees over a decade ago, the sample does not reflect the ethnic and racial diversity of the Gallaudet student population in recent years, where students of color comprise approximately half of the student population (Office of Institutional Research, 2018, 2019), whereas they comprise 18.2% of our sample. Twenty participants (22.7%) identified as male, 66 (75%) identified as female, and 2 (2.3%) identified as non-binary

Procedure

This study was approved by Gallaudet’s institutional review board (IRB). A team, consisting of undergraduate and graduate students in the Department of Psychology and led by two faculty members, created a series of quantitative and qualitative questions to assess program climate in the Department of Psychology and experiences of bias and affirmation. The team generated an initial exhaustive list of questions about the climate of the departmental programs, including students’ experiences on campus and at affiliated training sites. This initial list was refined and organized into the final instrument, which is described in greater detail below. Questions were translated into ASL by the team and then recorded on video by two deaf signers whose first language was ASL. The instrument was hosted via Research Electronic Data Capture (REDCap), a secure web application for managing online surveys. Written English and ASL video versions of all questions were presented to participants so that they could choose either or both languages for any given question.

Recruitment materials, consisting of an ASL dialogue between two actors explaining the purpose of the study, were shared with undergraduate and graduate psychology program alumni. Alumni were also provided with a link directing participants to the study’s informed consent form, which was available in written English and ASL. Those who consented to participate in the study were directed to the survey.

Quantitative Survey Questions

Participants were asked to answer questions related to basic demographics and language competence in order to identify how background and language use relates to participants’ experiences in the department. Questions about participants’ general perceptions of the psychology program they attended were drawn from the Accreditation Diversity Efficacy Questionnaire (ADEQ, Fukuda, 2009). These questions asked participants to indicate their level of agreement or disagreement with 10 statements, such as “The department provided resources to support diverse students’ needs,” on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Responses to two items referring to difficulty accessing support were reverse scaled, and a mean score was created, with higher scores reflecting perceived program support ($\alpha = .90$).

A series of questions about participants’ experiences of bias and affirmation were also developed. DHH participants were asked to indicate, on a scale from 0 (*never*) to 4 (*always*), how often they experience bias and how often they feel affirmed because of their deaf or hard of hearing identities. If participants reported that they did experience bias (i.e. *rarely, sometimes, often, or always*), they were asked where it occurred (*in the classroom, in interactions with faculty outside of the classroom, in interactions with peers in the program, at an off-campus training experience, other*). Participants were encouraged to select all contexts where they experienced bias. Participants were similarly asked to report where they experienced affirmation. Participants then completed these questions again as applied to bias and affirmation based on race, bias and affirmation based on other dimensions of identity, and based on multiple dimensions of identity.

Qualitative Inquiry Questions

Finally, to better understand the nature, meaning, and impact of experiences of bias and affirmation, we included two open-ended questions in the spirit of qualitative inquiry. These questions were designed to capture participants' lived experiences as they reflected on moments of bias and support during their time at Gallaudet. First, participants were asked: *Think about one time when you experienced bias as part of your Gallaudet education, whether on- or off-campus. Remember the event and describe your experience in the space below. Specifically, please explain the situation and what happened, how you felt about it, and how the situation was resolved, if at all.* Next, participants were asked: *Think about one time when you felt affirmed and supported as part of your Gallaudet education, whether on- or off-campus. Remember the event and describe your experience in the space below. Specifically, please explain the situation and what happened and how you felt about it.*

Quantitative Analysis

Descriptive statistics are reported for participants' responses to the ten questions from the ADEQ (Fukuda, 2009). Additionally, correlation analysis and between-group comparisons were run between relevant demographic variables to identify associations and group differences in perceptions of climate. Descriptive statistics are also reported regarding the frequency with which participants experienced bias and affirmation based on DHH identities and other marginalized identities and the contexts in which these experiences occur.

Qualitative Analysis

Qualitative research yields first-hand accounts that serve to revise the prevailing narrative about disability and the lives of deaf and hard of hearing trainees. Qualitative research is a "situated activity that locates the observer in the world. It consists of a set of interpretative, material practices that [transform] and make the world visible" (Denzin & Lincoln, 2005, p. 3). For this reason, we chose to implement a thematic analysis to participants' responses to two open-ended questions. This method allowed for the identification of common and diverging themes across participant responses. Following Braun & Clarke's (2006) methodological framework for thematic analysis, a subset of the team, consisting of four researchers, conducted analyses. Open-ended questions asked participants to recall a time during their Gallaudet education when they experienced bias as well as a time when they experienced affirmation and/or support. Drawing on a deaf epistemological approach, we centered the experiences and narratives of deaf and hard of hearing participants; however, we also included qualitative responses from hearing alumni for additional context and information.

Initially, the team reviewed all participant responses. Each member of the team engaged in an inductive, open coding process, wherein they independently read the responses, line by line, and developed an initial list of codes for all participant responses. At this point in the analysis, participants' responses were not attached to demographic information; however participants frequently disclosed relevant identities in their responses (e.g. deaf, graduate student, female).

The team then met to review the identified codes, create and refine a shared list of codes, and organize the codes into themes. The responses were then re-read, looking for the presence of each theme and extracting quotes related to the theme. Team members worked in pairs to review and describe each theme, returning to the data and analyzing extracted quotes for coherent patterns that reflected the meaning of each theme, capturing participants' explicit, semantic meanings along with implicit or latent meanings. Demographic information was attached to responses for this part of the analysis to facilitate pattern identification and to allow for thick description in the narrative. When possible, relevant demographic information was shared to provide framing and context, but this was limited in many cases to prevent identification of individual students. Description of the emergent themes and illustrative quotes are included below. Out of respect and gratitude for our participants' contributions, portions of participants' quotes are reported exactly as they were submitted to us.

Quantitative Results

Perceptions of Program Climate

Summaries of responses to the 10 questions from the ADEQ (Fukuda, 2009) are included in Table 2. Spearman's correlation revealed no association between perceptions of program climate and years since participants received their degrees, $r(81) = -.07, p = .54$. Independent samples t-tests examined whether perception of program climate differed by program (graduate/undergraduate), between DHH and hearing students, or between students of color and white students. Graduate students reported that program climates were significantly more supportive ($M = 2.90, SD = .93$) compared to undergraduate students ($M = 2.22, SD = 1.09$), $t(86) = 3.11, p = .003, d = .67$; relatedly, hearing students reported that program climates were significantly more supportive ($M = 3.08, SD = .82$) compared to DHH students ($M = 2.32, SD = 1.09$) $t(86) = 3.11, p = .003, d = .79$. No difference in evaluation of program support was found between students of color ($M = 2.49, SD = .79$) and white students ($M = 2.54, SD = 1.13$) $t(86) = 0.17, p = .86, d = .05$.

Table 2

Participant Summary Statistics from ADEQ Questions

Item	Mean	SD
<i>I received the support that I needed in this department.</i>	4.09	1.00
<i>I had difficulty getting help or support from FACULTY.</i>	2.35	1.08
<i>I had difficulty getting help or support from STUDENTS.</i>	2.46	1.14
<i>The department provided resources to support diverse students' needs.</i>	3.24	1.10
<i>The program had made efforts to attract students from various personal backgrounds into the program.</i>	3.34	1.06

<i>The program acted to ensure a SUPPORTIVE learning environment appropriate for the training of diverse individuals.</i>	3.42	1.06
<i>The program acted to ensure an ENCOURAGING learning environment appropriate for the training of diverse individuals.</i>	3.46	1.08
<i>The program provided training opportunities for students of various backgrounds.</i>	3.47	1.12
<i>The program provides students with relevant experiences about the role of cultural and individual diversity in psychological phenomena as they relate to the science and practice of professional psychology.</i>	3.59	1.07
<i>The program provides a curriculum that allows students from different backgrounds to have equal opportunities of success (i.e., internships, bilingual assignments, inclusion of diversity in teaching materials).</i>	3.36	1.12

Pearson's correlations examined the associations between language proficiency and experience of climate. Perceptions of a supportive climate were positively related to self-rated proficiency in spoken English, $r(81) = .33, p = .002, d = .70$; negatively related to self-rated ASL proficiency, $r(81) = -.22, p = .04, d = .46$; and unrelated to self-rated proficiency in written English $r(81) = -.01, p = .96, d = .01$. Significant correlates of DHH status, undergraduate status, self-rated ASL proficiency, and self-rated spoken English proficiency were entered into a single linear regression predicting perceptions of program climate. The overall regression model was a significant predictor of perceptions of program climate, $F(4,78) = 2.63, p = .04$; however, none of the individual predictors were significant, likely due to the strong associations among the predictors. As a result, we cannot successfully disentangle the effects of program, DHH identification, and language proficiency on perceptions of program climate. However, we may conclude that the DHH students in our sample (predominantly undergraduates, generally more proficient in ASL and less proficient in spoken English) indicated a less supportive program climate than hearing students (predominantly graduate students, generally less proficient in ASL, and more proficient in spoken English).

Bias and Affirmation Related to DHH Identities

In comparing DHH students' reported experiences of bias and affirmation, students indicated that affirmative experiences occurred more frequently than experiences of bias, $t(46) = -3.11, p = .003, d = .45$. Among the DHH students, 70.3% of the DHH participants reported one or more experiences of bias related to their DHH identities during their time at Gallaudet, with 18.7% reported experiencing bias *often* or *always*. Off-campus training experiences, including internships and externships, were most frequently identified as contexts of bias (42.2%), followed by the classroom (37.5%), interactions with peers (37.5%), and interactions with faculty (28.1%). Additionally, in response to an open ended question, DHH participants

identified other contexts of DHH identity-related bias, including with advisors, within workplaces, and at conferences.

In comparison, 73.4% of DHH students reported one or more experiences of affirmation related to their DHH identities during their time at Gallaudet, and 34.4% reported feeling affirmed *often* or *always*. The most common contexts of affirmation were in interactions with faculty and with peers (50.0% each), followed by the classroom (46.9%), and lastly off-campus internships and externships (23.4%). Notably, only in off-campus internships and externships did more students report experiencing bias (42.2%) than experiencing affirmation (23.4%). See Table 3:

Table 3

Frequencies of Bias and Affirmation Related to DHH Identities at Different Sites

Sites	Frequency of bias (%)	Frequency of affirmations (%)
Off-campus internships and externships	42.2	23.4
In classrooms	37.5	47
Interactions with peers	37.6	50
Interactions with faculty	28.1	50
Other	14.1	10.9

Bias and Affirmation Related to Other Marginalized Identities

Among the 16 students of color in the sample, 6 identified as hearing and 10 identified as deaf or hard of hearing. Regrettably, the small sample size of students of color precluded disaggregation of hearing and deaf students of color. Accordingly, the subsequent analyses include all 16 students of color. Among responding students of color, 83.3% reported experiencing one or more incidents of bias related to their racial identities during their time at Gallaudet, with 33.3% reporting bias-related experiences *often* or *always*. The most commonly reported site of bias was in interactions with peers (43.8%), followed by in the classroom (37.5%), during off-campus training experiences (31.3%), and in interactions with faculty (6.3%). Additionally, students of color identified other sites of racial bias, including the cafeteria, the graduate school application process, and at jobs. In contrast, when asked about experiences of racial affirmation, none of the students of color endorsed the *often* or *always* response options; 77.8% described feeling affirmed *rarely* or *never*. Only 18.8% of students of color reported experiencing racial affirmation in the classroom. Interactions with peers, faculty, and off-campus training experiences were each reported as contexts of affirmation by 31.3% of participants of color. See Table 4 below.

Among all 88 participants, 48.6% reported experiencing one or more incidents of bias related to another identity, and 6.9% reported experiencing bias related to another identity *often* or *always*. In response to an open-ended question, the most commonly reported additional identities related to experiences of bias were sexual orientation (10.2%), being female (5.7%), disability (4.5%), and language background or proficiency (4.5%). Additionally, 46.5% reported experiencing one or more incidents of bias related to more than one identity or where they were unable to determine the reason for the bias, with 9.9% reporting experiences of this kind of bias *often* or *always*.

Table 4

Frequencies of Bias and Affirmation Related to Racial Identities at Different Sites

Sites	Frequency of bias (%)	Frequency of affirmations (%)
Off-campus internships and externships	31.3	31.3
In classrooms	37.5	18.8
Interactions with peers	43.8	31.3
Interactions with faculty	6.3	31.3
Other	37.5	31.3

Qualitative Results

Of the 88 participants who responded to the quantitative questions, 60 also provided responses to one or both of the open-ended questions asking about experiences of bias and affirmation. Consistent with the full sample, participants who responded to the open-ended questions were evenly split between alumni of the undergraduate and graduate programs, were predominantly DHH (68.3%), female (73.3%), and white (81.7%). Thirty-five (58.3%) of the respondents to the open-ended questions were recent graduates, having received their degrees between one and ten years prior to data collection. Qualitative analysis identified the following six themes: Faculty Support, Inclusion and Exclusion in the Deaf Community, Communication and Community, Attributions of Professional and Academic Competence, Unequal Training Experiences, and Response to Bias. Illustrative quotes have been selected and are reported below. Each quote is the participants' original typed text and have not been altered.

Faculty Support: “They were supportive and encouraging of my perspectives.”

As described, DHH students reported that faculty represented one of the most frequent sources of affirmation related to DHH identities. A related theme emerged from responses to the open-ended questions. When asked to describe a time when they felt affirmed and supported during their Gallaudet education, alumni described instances of receiving both practical and emotional support from faculty. A deaf student recalled, “I always had really supportive professors when I

was in the program — that in itself really helped tremendously.” A recent graduate student who is hearing explained, “I still reach out to my professors and cohort peers to ask questions and to consult. Professors were always there for you (personally and to grow professionally), which is one reason I still have those connections today.”

A recent deaf undergraduate student described how her faculty advisor responded to a missing graduation requirement: “My faculty advisor quickly helped me figure out how to resolve it and it's thanks to her that I was able to graduate on time. I was initially worried, but she quickly quelled my worries and helped me feel better.”

Alumni specifically mentioned memorable times when faculty provided emotional support through challenging moments, such as a death in the family or an emotional crisis. An undergraduate student recalled when a faculty member “... offered to walk me to the Mental Health office to speak to someone because she noticed a student in distress. That's more than any professor has ever done for me.”

In many cases, alumni described feeling affirmed, specifically when they felt that their perspectives had been seen and understood and noting that they appreciated when faculty “were supportive and encouraging of my perspectives” and “understood how I felt.” Often, the desire to be seen and understood specifically revolved around deaf and hard of hearing identities. For example, one student described:

The times when I felt most affirmed and supported were when I was not viewed or looked at ‘formulaicly’ as a certain type of deaf person but understood to be uniquely myself in terms of being a deaf person who functions as hard of hearing in some ways. This includes being able to see and experience my deafness as a disability and also feel that I am able to partake in Deaf culture in some ways.

In some cases, deaf alumni indicated specific appreciation for the opportunity to work with deaf faculty, whom they described as “able to support me because [they] had similar experiences.” A recent graduate student echoed this sentiment, saying, “I felt affirmed when my professors were deaf and showed that they understood and valued my perspective.” Although deaf faculty may be uniquely positioned to understand the lived experiences and perspective of deaf students, participants also described feeling affirmed by hearing faculty who made specific efforts to understand the needs of deaf students. For example, a recent graduate student described how her hearing advisor “really went out of her way to understand how to better support the deaf students in [our] program.” Although the quantitative survey results did not allow us to disentangle various demographic effects on program climate, the qualitative results show that DHH status does play an important role in how students perceive the safety and support of their programs.

Many reported instances where students felt supported and affirmed emphasized experiences related to communication access, evaluations of competence, and faculty responses to experiences of bias; these will be discussed in the context of the relevant themes below.

Inclusion and Exclusion in the Deaf Community: “I belonged as part of the Gallaudet family.”

DHH participants expressed a desire to have their perspectives and identities as deaf individuals seen and understood. Many participants specifically articulated a desire to be welcomed and included in the Deaf community. One participant stated she felt most supported by a professor “who always affirmed that I belonged as part of the Gallaudet family.” Additionally, the desire to belong was often expressed by students who felt that their linguistic and educational backgrounds were not always valued by the Deaf community. One undergraduate student explained, “At my first year, my peers identified me from hearing family & graduated from hearing school. Later, I learned how to sign like them, I became part of the community.”

Students who had hearing families, attended mainstream schools, used assistive technology, or used spoken language described not being seen as fully deaf. One undergraduate student explained, “I wasn’t in a deaf school, so I was usually consider as a ‘hearing’ deaf. Mostly it was that I like to use my speech.” Another undergraduate shared a similar experience: “I was having a discussion with peers about the ‘deaf experience’ and was told that I was not ‘deaf enough’ due to having a Cochlear implant and had a hearing family.” Students who described this kind of exclusion reported feeling affirmed when they connected with other peers with similar backgrounds. One student described how he most often felt affirmed and supported when he “was in a group that were same as me, oral/sign, mainstream school educated.” In the quantitative data, peers emerged as a frequent source of both bias and affirmation, and findings from our qualitative data echoed the importance of peer relationships for DHH students.

Participants reported in the quantitative data that peers were the most frequent source of bias related to racial identities. The qualitative responses also highlighted the ways in which students with multiply marginalized identities sought peer relationships where they felt welcomed and included, but instead often described feeling excluded from the Deaf community. A recent undergraduate student recalled being “bullied and excluded often from the Deaf community.” She went on to explain that she never felt affirmed as a student at Gallaudet, because of the marginalization of DeafDisabled students and the lack of an organized advocacy group for students with disabilities: “There is no disability pride group @ Gallaudet. There is no Adapt chapter at gallaudet. Deaf+ people are marginalized there and have no voice.”

Notably, there were very few qualitative stories to analyze from deaf students of color. Of the 10 DHH students of color who completed the survey, three left the open-ended qualitative response items unanswered; one stated that they “would rather not speak about those experiences [of bias].” Two more stated that a significant amount of time had elapsed since their enrollment in the program, making it difficult to recall specific experiences. While many white, DHH students similarly elected not to share specific experiences in response to the open-ended questions, the small number of deaf students of color in the sample to begin with left little qualitative data from deaf students of color. Of the few DHH students of color who did provide qualitative responses, most discussed the importance of feeling included and recognized in the Deaf community. Two were mentioned above: the student who described becoming part of the community when she learned to “sign like them,” and the student who noted the importance of being “part of the Gallaudet family.” A third student’s response focused on inclusion and representation in the

curriculum. This undergraduate student described feeling frustrated with the lack of representation of Deaf people of color in psychology coursework until a professor encouraged the student to conduct an independent study. This student said, “I wish Gallaudet Psychology program provide multicultural and black psychology... [My professor] encourage me to develop an interest in cultural acquisition with language experiences in black/brown Deaf children...” The student noted that the professor’s support “affirmed my race and cultural identity.”

In previous in-depth qualitative studies, deaf students of color described conflict between identification with the Deaf community, which is largely defined by white norms and values, and identification with their racial and ethnic communities, which are largely defined by hearing norms and values (Foster & Kinuthia, 2003; Stapleton, 2015). As a result, deaf students of color may struggle to find a place where all identities are acknowledged and embraced. This study did not have quotes from deaf students of color in the sample that explicitly conveyed this kind of conflict, but a notable quote from a hearing student of color suggested that such a tension might exist on campus: “I can’t remember one particular incident, but I remember having felt that many individuals were so hung up on deafness that they practically ignored any other minority populations.” Relatedly, white deaf undergraduate students described instances of racial bias that they witnessed. One reported, “White students teased minority students” and another recalled “witnessing bias against other students of different race by their peers and teachers.”

Students’ desire to be included in the Deaf community entailed having their diverse perspectives and identities welcomed. This included deaf and hard of hearing identities as well as other marginalized identities. When students experienced a sense of belonging and feeling understood, it contributed to feeling included in the Deaf community.

Communication and Community: “I could not work with majority of them because they could not understand me.”

Quantitative data suggested a link between proficiency in spoken English and perceived program support. Inversely, proficiency in ASL was related to perception of program climate as less supportive. In discussing times when they felt affirmed, many deaf students communicated the importance of full access to visual, signing classrooms and community spaces. One student explained that they “felt included and could participate in discussions because instruction was done in ASL.” At the same time, many deaf, signing students described challenges accessing communication in and out of the classroom. Deaf graduate students commonly referred to graduate peers’ refusal or inability to sign. One deaf student described their cohort as including “multiple individuals who would not sign in front of me.” Notably, such experiences were often described as having occurred in situations in which deaf students were the minority among a larger group of hearing students: “I was the only deaf student in my program. Other students often spoke without signing.”

Faculty signing ability was also discussed. Several students commented that their professors did not sign well enough for full access to communication in the classroom. A graduate of the undergraduate program said, “Many of [the professors] could not sign well or made us read textbooks with limited classroom discussions.” A former graduate student expressed frustration at the lack of direct communication with her professors: “That was unexpected as well. It was

frustrating and I felt isolated from the program.” Another graduate student expressed frustration that their graduate program “did not promote evaluations of ASL skills.” Of note, these responses came from students who had been enrolled in the department more than a decade prior to data collection; recent graduates more often described feeling affirmed by access to signing faculty and classroom environments.

However, recent graduates also described barriers to full communication access in the classroom. Some of the responses from more recent graduates described being excluded from side conversations or by the use of simultaneous communication (SimCom) in which a person attempts to communicate in spoken language while simultaneously supporting their speech with signs. Although this approach aims to provide access to both spoken and sign language, research shows that the simultaneous auditory and visual messages produced and received through SimCom are not equivalent (Tevenal & Villanueva, 2009). One deaf student described being excluded from conversations in a class in which the instructor and all other students were hearing:

Not during instruction time but discussion not relevant to course (which involved all but me as everyone spoke). I waited, then had to ask what was being said. All apologized and used sim-com. Felt more included but lots of gaps in communication due to sim-com.

Another deaf student reported a similar experience: “Classmates and faculty who were able to speak chose to speak with each other in the classroom before or after classes begun.” These responses were consistent with commonly-reported experiences of exclusion from conversations with hearing individuals; it is a motif so commonly reported by DHH individuals that it has been termed the “dinner table syndrome” (Hauser et al., 2010; Meek, 2020). Exclusion from side conversations limits incidental learning opportunities for deaf and hard of hearing individuals, including missed opportunities to learn how others express their thoughts and feelings, negotiate disagreements, and cope with stressors (Hauser et al., 2010; Meek, 2020). The exclusion and loss of incidental learning opportunities regularly experienced by deaf and hard of hearing individuals can have negative impacts on physical health, mental health, and academic achievement (Hauser et al., 2010; Pollard & Barnett, 2009).

Limited access to signing peers also inhibited deaf students’ opportunities for collaboration and connection with other students. One participant described, “The language barrier was shocking to me as many of my peers could not sign well. I could not work with majority of them because they could not understand me.” A hard of hearing graduate student described her challenges navigating interactions with her deaf and hearing peers:

As a hard of hearing student who enjoyed voicing and using her voice, I also tried to respect the intentions of ASL-only space. However, a challenge was communicating comfortably with hearing, emerging signing peers, for which I would try to Sim-Com. Signing deaf peers in the program criticized me and others for using Sim-Com and expressed that this was oppressive to them; however, my experience was of being told that I couldn't be fully myself as someone who lives in both worlds as a hard of hearing person.

These quotes highlight the desire among deaf and hard of hearing graduate students to have full communication access with other students in their cohorts, along with the complexities of navigating such access experiences. As indicated above, some DHH students may elect to use SimCom to bridge gaps with and between hearing, emerging signer peers, and signing deaf peers. However, this intended bridge may not always be equally accessible to other deaf peers, contributing to some deaf students' experiences of isolation and exclusion from student communication.

Hearing participants reported that there was an expectation to learn and use ASL on campus, and some found it challenging to meet this expectation while developing their ASL proficiency. A hearing graduate student explained, "It was very evident that speaking on campus (e.g. dorm, [cafeteria], library) was frowned upon. Due to my mediocre ASL skills then, I tried to be respectful and mindful of those around me so I would Simcom. But I feel like that was frowned upon as well."

Another hearing student described being one of few hearing students enrolled in a class offered by another department:

Other signing students in the class were rude to me, refused to slow down their signing so I could follow along, would complain if I had asked the instructor to repeat information, and even complained to the professor that I wasn't "signing enough for them" and I was using my voice too much (I would sim-com so the instructor could provide me with unknown [discipline-specific] vocabulary).

Some found the experience of being an emerging signer in signing spaces isolating. One student found it difficult to interact in large groups of deaf students outside of the psychology department, reporting that they "judged and disrespected my challenged communication. Even when I made efforts to sign it was criticized." This student contrasted this experience with classes within the department, which included:

. . . a wide mixture of hearing, Deaf, and hard of hearing individuals [and] the students were receptive to my hearing status and limited signing abilities. I felt that the group was patient with me when I signed and wasn't offended when I needed support from an interpreter. It was also this group that gave my sign name.

Another hearing student stated, "Even when my ASL skills were in need of improvement, there were always resources provided to support my learning."

Graduate programs typically rely heavily on a cohort model wherein students who matriculate at the same time complete the majority of their coursework together and frequently engage in co-curricular and programmatic milestones as a group. The cohort has the potential to serve as a source of support and affirmation during a challenging time, and some alumni described their cohort at Gallaudet as such. For example, one deaf student spoke about cohesion in their cohort and attributed it to the even balance of deaf and hearing students: "We also had three deaf and three hearing students, maybe that was the magic... When we spoke up (the deaf students) the hearing students had our back, and when the hearing students needed something we had theirs."

For most participants, however, comments about their cohorts included mention of “conflict,” and much of this conflict centered on communication. One hearing graduate student explained that the discord among her cohort had far-reaching implications:

During my years, particularly 1st-3rd, there was constant debate, discussion, and negative attributions related to student's signing ability, openness to use spoken English, and efforts made to acquire ASL....[it] expanded to include irrelevant factors such as friendliness to others, opinion on "deaf matters" ... Individually, teachers discuss communication every class, which my years did not appear to help, and there were department meetings to discuss this matter, which only appeared to exacerbate biases and cause further polarization within students.

Although these experiences are challenging, hearing graduate students may actually benefit from such conflict. As students training to work with deaf clients in future clinical practice, challenging dialogue with deaf and hard of hearing peers may present an opportunity to learn and grow in their cultural competency. One hearing student explained that while “biases against hearing people... caused stress and discomfort, it also contributed to my cultural, intellectual, and personal growth. It resulted in a lot of self-reflection and grappling with larger issues of minority versus majority status, assimilation, identity, the power of culture, otherness, among other important issues.” A hearing graduate student said, “My experience there helped me to recognize my hearing privilege and for that I am grateful.”

Another hearing student explained that initially the conflict in her cohort “was very frustrating and made focusing on my studies difficult,” but that she appreciated the program’s emphasis on diversity: “I currently feel much more aware of identity issues and intersectionality than I did in the past.” Now as an alumnus, this participant acknowledged “a positive bias towards hearing people (against D/HoH)” in their program and that she was moved to apologize to a member of her cohort.

Yet another hearing student described a similar journey that also ended in apologizing to deaf peers:

I sometimes felt discrimination as I explored what it meant to be a minority at Gallaudet surrounded by mostly Deaf students and staff. . . . I do recall a time when we had a program meeting. . . where the deaf students were able to voice their upset when hearing students were talking without signing or using their cell phones in public. I was able to apologize (in ASL) to these students at this meeting.

Of interest, none of the deaf respondents described an experience or recollection of apologies received or otherwise described satisfactory resolutions to cohort conflict. Rather, they typically expressed that problems were “never resolved.” A deaf graduate student who felt excluded by her hearing peers wrote, “It was something that just couldn't be really resolved so I just stuck with my small ‘group’ and study hard and work with them.” Another deaf graduate student responded, “The situation was never really resolved and my end-of-year reports improved only after I stopped making a stink.”

In sum, limited communication access contributed to feelings of exclusion and isolation, whereas, full communication access contributed to students' experiences of affirmation and belonging in the community. Further, student experiences highlight an unequal burden placed on DHH students in navigating communication access, further contributing to disparate learning and social opportunities between DHH and hearing students.

Attributions of Professional and Academic Competence: "We were just as good as them."

Students expressed a desire to be viewed as competent, and felt affirmed when their contributions and skills were seen and acknowledged by peers, faculty, and supervisors. In describing a time when she felt affirmed, a deaf alumna from the undergraduate program recounted an internship experience where her value and potential as a clinician was recognized: "I was very welcomed at my off-campus internship at [a national Deaf organization], recognizing that as a Deaf person I was able to provide clients with 'direct access' that is highly sought after as a therapist." Another student similarly recalled the affirmative experience of "working for [an on campus research lab] in which my skills as a deaf person, a researcher, and a hard worker was profoundly appreciated."

In some instances, however, deaf and hard of hearing students described feeling as if their professional competence was questioned, and this was especially true among students who graduated more than 15 years prior to data collection. A graduate student from this time recalled, "After a difficult semester, I was told that maybe I wasn't cut out for the Ph.D. program and should consider a masters in another area." Another graduate student recounted being excluded and "put down" by hearing peers:

While in graduate school I felt shunned by the other candidates as they seem to think I am too emotional and that I am not good enough school psychologist. . . . All others were hearing and has this entitled attitude like they were better then most of us. . . . I didn't understand why they felt the need to put us down ..we were just as good as them.

In most cases, these challenges to competence were connected explicitly by students to their deaf identities. For example, the student who was told she wasn't "cut out" for doctoral work reported experiencing biased grading "based on my identity as a deaf white female." Another student recounted being told, "I would not succeed because I was Deaf — there is a history of Deaf people not being able to succeed in the program."

More recent alumni also described some negative evaluations of students' competence, although often in more complicated or nuanced ways. One hearing graduate student explained,

I did notice that the department had certain expectations of students and they were biased more toward the hearing group. . . . For example, if a [deaf] student did not have appropriate writing ability, that student would get a bad grade. No feedback was given or supports to improve. If a hearing student did not write appropriately, often times feedback was given and resources in how to improve.

The participant responses suggested that assumptions about competence were often linked to language fluency. Although most responses addressed assumptions about deaf students' proficiency in written or spoken English, there was also a stated pressure in on-campus settings to demonstrate proficiency in ASL. A hard of hearing undergraduate student recalled applying for an on-campus position: "My supervisor literally straightforward asked me if I could actually do this job because I didn't go to a Deaf school and speaking English was my first language."

Deaf students also frequently shared stories about challenges applying for externship and internship positions outside the university. A student applying for a clinical externship recounted a successful application process up until interpreters were requested, at which point the student "was accidentally included in an email that was exchanged among the interviewers about potentially rescinding my interview offer." The student continued:

At the interview, I was literally asked two questions before they told me that they felt I wasn't a good fit for their program, and that I did not have enough clinical experience (in general and with kids), and told me I should go to [a local deaf elementary school] and do an externship there.

The rejection accompanied by a recommendation to work in Deaf spaces was experienced as a broader negative evaluation of the competencies of deaf students, and the student expressed "extreme" frustration over "having to deal with clinical directors/supervisors/interviewers who seemed to have no idea that a deaf person could do the things." Another recent deaf graduate described similar challenges securing externship positions and subsequently having the rejection attributed to her lack of readiness: "[Faculty] or students would say that I needed to work on other skills such as interviewing skills." While she acknowledged that she could improve her skills, she also felt this assessment ignored the discrimination she experienced.

In contrast, stories from hearing students generally described interactions with faculty that were supportive and reaffirming of students' readiness and preparation. One student recalled,

When I was meeting with the program director to discuss my internship opportunities, I was not sure and nerves to make a decision because I was fearing possible missed opportunities. After a very good conversation with the director, she helped to reaffirm that I was ready for internship and that any decision I made would be a good one.

Another hearing student described a similar experience where faculty evaluation of capability was instrumental in their professional growth and opportunities:

The program afforded me the opportunities to do what I wanted come externships, internships, and so on. The department trusted my ability to manage myself, which I was capable of. . . . the program really allowed me to be the clinician I am with my specialties and provided a great foundation of knowledge/skills.

In sum, students reported feeling affirmed when they were viewed as competent, and challenges to students' competence were often experienced as being connected to deaf identities. As in the quantitative findings, off campus internships and externships featured prominently in these experiences, although students also reported, at times, having their competence questioned by faculty and peers. Such perceptions of competence, or lack thereof, were also described as contributing to unequal training opportunities for DHH students.

Disparities in Training Opportunities: "They did not want to deal with a Deaf extern"

In this section, the focus is on disparities in training opportunities that placed deaf and hard of hearing students at a disadvantage as they sought professional advancement. Specifically, both deaf and hearing participants described situations where deaf students were blocked from training opportunities; such examples were often described as intricately intertwined with issues of competency evaluations and communication access discussed in the prior themes. Deaf and hard of hearing participants valued access to direct communication on campus; however, advanced training opportunities frequently required students to venture off-campus, which presented barriers to communication access. A recent deaf graduate student described,

I was forced to go to a practicum site for a class project with 2 other hearing classmates. No interpreter was provided. The professor assumed that the classmates would interpret for me or that I would not be very involved in the project so would not need an interpreter. As a result I did not get to experience the project as full as my hearing classmates did.

Previous research has shown that providing deaf students full communication access in educational settings requires thoughtful attention to pacing and turn-taking, and even when skilled interpreters are present, deaf students are not always provided with all of the information and opportunities to contribute that hearing students received (Marschark, Sapere, Convertino, & Seewagen, 2005; Stinson, Liu, Saur, & Long, 1996). In the practicum situation described above, relying on peers to serve as interpreters limited the student's ability to participate in a relevant training experience as fully as her hearing classmates were able to participate.

Securing qualified interpreters also presented a specific barrier for deaf candidates when applying for competitive internships and externships. Consistent with previous narratives from deaf psychologists, multiple deaf students described being "offered internship interviews to have it taken away when asked for an interpreter." Another graduate student lamented the "lapse in being able to go on interviews after getting offers because of having to secure interpreters," and how training sites responded to the delay:

The interview process for externships are quick, and usually interviews are scheduled within a week of initial contact. The entire exchange with the site was negative in terms of scheduling an interview, coordinating with interpreters. . . . the overall tone of our exchange made me feel that they did not want to deal with a Deaf extern.

One deaf student wished she had been provided with more explicit training in how to navigate such challenges, and also how the social network of older (presumably deaf) students was instrumental in her success.

I think things that struck me was the lack of some prep that deaf students received in how to work with deaf or hearing clients. How do we work with interpreters? How do we work with deaf clients? Hearing students received lots of prep with this, but the deaf students not so much. Like we were just supposed to be experts. While we all fumbled and figured it out and looked to older students for guidance.

Deaf and hearing graduate students expressed a consistent view of how hearing students had an easier time securing internship and externship positions, and how hearing students reaped greater advantage from their training at Gallaudet. A hearing graduate student described, “I think hearing privilege was most apparent when interacting with training sites; most hearing people easily obtained externships or internships, while deaf students often struggled and had more limited options.” A deaf graduate student expressed frustration at the disparity, saying, “Despite the fact that many hearing externs from Gallaudet have trained there — it was clear that hearing trainees could utilize their experiences at Gallaudet to their advantage, while deaf students/trainees were at a disadvantage.”

A hearing student explained that hearing students benefited from their exposure to Deaf culture and ASL when applying for positions, but deaf peers did not gain the same advantage:

I think the larger bias worked against them (i.e., on internship, not wanting to hire a deaf student) —whereas for me, my experience was of great interest to others and I was asked extensively (and praised for) the wonderful experiences I gained there as part of my education.

Another recent hearing graduate student echoed this sentiment, noting the professional benefit she received from her training at Gallaudet: “I believe as an early career professional my ASL and knowledge of deafness are valued.”

This study’s quantitative results highlighted the frequency and sites of bias experiences during psychology training, and responses to the open-ended questions illuminated how these experiences of bias might disrupt DHH students’ training opportunities. Collectively, the responses suggested a disparity in the advanced training opportunities available to hearing students and to deaf and hard of hearing students. Consistent with findings from Stinson and colleagues (1996), this disparity might be felt most by students who are less comfortable using speech and lipreading when engaging with hearing individuals.

Response to Bias: “It would've been helpful to provide affirmation that it was in fact discrimination.”

Participants were asked to share a time when they experienced bias in their training, and the resolution, if any. By integrating these qualitative responses with demographic information, we

could see a shift over time in students' expectations for resolution, with more recent alumni wanting to see bias acknowledged and addressed by their faculty.

Some participants saw bias as “part of life as a deaf person,” and saw deaf students as responsible for combating this bias. An undergraduate participant who graduated a few decades prior to data collection explained, “I was taught that discrimination is everywhere. . . . People are born with biases. It is up to the deaf individual to work hard and prove what they are capable of.”

Other more recent students, however, challenged this idea. As relayed above, one student shared a story about being rejected from an externship position and being referred, instead, to a position at a deaf school. “I told my advisor and one other faculty member about this experience, and both were not supportive — they said that this kind of stuff happens, and that it was clear the site was not a good fit for me because of their attitudes/biases.” Unlike the previous student who considered bias as “part of life,” this student was not satisfied with the faculty's response. This student further explained, “I was extremely disappointed and upset with the program for their lack of emotional support and lack of follow-up with the clinic to advocate for their deaf students.”

Other students similarly expressed the value of faculty acknowledging bias and advocating on behalf of students, either because they received this support and appreciated it or because they wished they had. A student who had an interview offer rescinded when interpreters were requested described feeling affirmed when “a faculty member called the interviewer to support me.” Another student told a story about how faculty stepped in to advocate on her behalf without her even being aware of the problem.

When my internship site was struggling to determine how interpreters would work on internship the department stepped in and helped clarify how that would work. I didn't know about that until years later. I also didn't know the countless hours that was spent conversing with the internship site coordinator and the program director. . . Looking back now I am grateful that it happened, at the same time I am also thrilled I didn't know. I felt equal.

An undergraduate student recalled experiencing bias at an off-campus internship, “because of the fact I am Deaf and also because I have no skill in lipreading or spoken English.” The issue was “was quickly resolved” when her supervisor intervened. The stories of students who benefitted from quick or even preventative intervention or and felt validated when “bias was finally acknowledged and addressed,” stand in contrast to the stories of students who wished faculty would have intervened more readily.

A student described earlier, whose hearing peers did not sign in front of her recalled: “The department did not step in until the conflict became quite advanced. Faculty members felt that the cohort should resolve it themselves despite me being the only deaf student in the cohort and being targeted because of it.” The student ultimately found support from a Deaf professor who had experienced similar marginalization during graduate school. Another graduate student wished that the program would have responded differently when she was rejected for positions: “it would've been helpful to provide affirmation that it was in fact discrimination.”

Students wanted to see faculty both acknowledge and quickly respond to bias. When this acknowledgment and response occurred, students felt validated and affirmed; however, when it was not acknowledged or appropriately addressed, they felt targeted and disappointed.

Table 5

Summary of Qualitative Themes

Themes	Description
<i>Faculty Support</i>	Support from faculty included practical and emotional support on personal and professional levels. Support was frequently linked to affirmation of marginalized identities.
<i>Inclusion and Exclusion in the Deaf Community</i>	Belonging and inclusion in the Deaf community were described as both desired and fraught. DHH individuals with marginalized identities described exclusion or invisibility.
<i>Communication and Community</i>	The value of communication in the DHH community was identified and was defined as full access to visual spaces in classrooms and in the community. Communication difficulties frequently lead to feelings of frustration and isolation and difficulties in interactions with peers.
<i>Attributions of Professional and Academic Competence</i>	Students wanted to be perceived as competent by faculty, peers, and potential employers. Challenges to competence were linked to DHH identities.
<i>Unequal Training Experiences</i>	Lack of access in communication and negative evaluation of competence often resulted in diminished training opportunities, relative to hearing peers.
<i>Response to Bias</i>	In response to experiences of bias, students sought validation from faculty. A quick response and advocacy on behalf of students by the faculty was perceived as affirming and a form of resolution to experiences of bias.

General Discussion

Collectively, the results illustrated many strengths in the psychology training that deaf and hard of hearing students received at a deaf university and also highlighted potential pathways for growth. Quantitative data suggested that students routinely experienced affirmation related to their deaf and hard of hearing identities, and that faculty were a frequent source of affirmation. Similarly, in qualitative responses, students shared many stories of faculty who provided support that was instrumental to their progress. At the same time, both the quantitative and qualitative data also highlighted disparities that persist. Hearing students and those who self-described as

being more proficient in spoken English experienced a more supportive climate, compared to deaf and hard of hearing students and students who were more proficient in ASL. Students further identified barriers to professional advancement that specifically disadvantaged deaf and hard of hearing students and wanted to see the department more actively engaged in combating these barriers.

Off-campus training experiences emerged as a critical barrier for deaf and hard of hearing students. In quantitative data, off-campus training experiences, such as internship and externships, were the most frequently reported sites of bias related to deaf and hard of hearing identities and the sites in which the fewest deaf and hard of hearing students reported experiences of affirmation. Not surprisingly, internships and externship barriers also featured prominently in students' qualitative responses, with both DHH and hearing students indicating that hearing students had an easier time securing external positions.

The data reinforced existing narratives reporting that deaf trainees are regularly subjected to discriminatory hiring practices (Hauser et al., 2000; Lee, 2018; Szymanski, 2010; Wagner, 2016). The experiences of bias and discrimination as described by this study's participants mirrored findings from Wagner's (2016) study with deaf trainees outside of Gallaudet's population. Wagner's participants described experiencing bias and discrimination from training supervisors, especially with regard to getting accommodations, while simultaneously experiencing positive moments and affirmation from clients. One deaf participant in Wagner's study, who was completing an internship, described therapy as a "refuge," a place where she could connect with clients and be away from the discrimination happening outside the therapy space (Wagner, 2016).

The moment when deaf students requested interpreters emerged as a salient transition point in the application process. As such, students who prefer to communicate using ASL may be specifically disadvantaged when applying for positions outside of Gallaudet or the larger deaf ecosystem. Although some of the respondents considered facing discrimination "part of life as a deaf person," when faculty and supervisors intervened proactively to advocate for deaf and hard of hearing students, students "felt equal." Consistent with previous literature in this area, results from the current study highlighted the importance of incorporating disability-related education into graduate training programs such that deaf and hard of hearing applicants are prepared and supported when applying for training opportunities.

On-campus, peer and classroom experiences also emerged as critical sites of bias related to both deaf and hard of hearing and racial identities. Students of color — deaf, hard of hearing, and hearing — reported that classrooms and peer interactions were frequent sites of bias; additionally, while they described experiencing affirmation from peers, they rarely reported experiencing affirmation in the classroom. This quantitative finding was consistent with qualitative responses wherein students of color noted the absence of deaf people of color in the curriculum and sought to be fully included in the Deaf community. These findings were further consistent with Stapleton's (2016) finding that Black d/Deaf students reported regular microaggressions in the classroom as well as erasure from the curriculum.

Although interactions with faculty were described as sites of racial bias only infrequently in this study, faculty are ultimately responsible for fostering affirming classroom experiences for deaf students of color. Stapleton (2016) recommends, "... faculty must look more deeply at how the hidden curriculum shows up in their classrooms and practice... The traditional ways of thinking about classroom dynamics and pedagogy must be transformed to be more intentional, holistic, critical, and intersectional" (p. 163). An intersectional, multicultural curriculum transformation approach also draws attention to the experiences of DeafDisabled students, who, our results suggest, may also experience marginalization in peer interactions and in the curriculum. While grounded in quite distinct epistemological concepts and lived experiences, this finding echoed those of similar research findings related to campus climate and majority-minority student experiences (Jones & Phillips, 2020).

Language and communication also featured prominently in respondents' stories about peer and classroom experiences. Results suggested that conflict frequently occurred between deaf, signing graduate students and the hearing, emerging signing students in their cohorts. Of note, the cohort conflict described by our participants was consistent with the conflicts described by Smith (2007) among counseling graduate students at the same university. Previous research examined the challenge of building relationships between deaf and hearing individuals: "The interaction of two cultures, two languages, and different educational and social experiences plays a heavy role in these relationships" (McIntosh, 2000, p. 361). Our participants told many stories that illustrated these challenges and also described ongoing tensions among graduate student cohorts over language use. While many hearing graduate students described growing and learning from experiences of conflict, deaf and hard of hearing students did not. This may bear some, although limited, resemblance to a dynamic noted by Jones & Phillips (2020), in that programming that engages students across different racial identities frequently supports the development of students with majority identities while often disadvantaging students with minority identities, including at historically Black colleges and universities (HBCUs).

Particularly, experiences of conflict and exclusion often were mentioned in situations in which a DHH student was "the only deaf student" or otherwise extremely outnumbered; conversely, a deaf student in a more balanced cohort reported receiving valuable support from peers. Stapleton's (2015) interview study of deaf students of color offered further support for the importance of a "critical mass" of deaf students; one participant described a student group designed to "support and uplift d/Deaf college women" (Stapleton, 2015, p. 581). However, when the composition of the group changed such that hearing students outnumbered deaf students in the group, "this shifted the dynamics of the group," and overt audist behaviors became increasingly common. Taken together, these findings suggested that recruiting and retaining a critical mass of deaf students should be priorities across programs, as more balanced representation of diverse deaf identities may facilitate more reflective and affirming practices around language and communication. As Jones and Phillips (2020) noted, however, "... it is sometimes forgotten that a critical mass is not enough to cultivate inclusion or equity," (p. 6), with attention and intention necessarily given to enacting psychological and behavioral components of change for greater inclusion.

Compared to graduate students, undergraduate students in our sample reported different sources of conflict related to language and inclusion, likely due to the small numbers of hearing undergraduate students. Among the undergraduate students, DHH students who grew up in

mainstream, oral settings most often described being marginalized or excluded from the larger signing Deaf community on campus. These findings were consistent with previous research documenting the isolation that emerging signers often experience during early acculturation to signing Deaf spaces (Aldalur, et al., 2019; Kersting, 1997). Also consistent with these previous studies, emerging signers in our sample often reported positive resolutions to conflict as their signing improved or as they connected with peers who shared their language and communication preferences. Such positive resolutions contrasted with the experiences of signing DHH graduate students who frequently reported that experiences of exclusion from hearing peers were never resolved.

Our sample population regularly described program faculty as a resource for support and affirmation, a finding that dovetails with that of other studies of campus climate perception among marginalized student groups, including racially and ethnically minoritized students at predominantly white institutions (PWI) (Rankin & Reason, 2005); first-generation college students (Adams & McBrayer, 2020); queer and trans students (Garvey et. al, 2019); and students with disabilities (Fleming, Plotner, & Oertle, 2017). One-on-one interactions with faculty were often affirming, and qualitatively participants offered many examples of times when faculty provided affirmation. Still, faculty have a central role in determining classroom norms and values and so must bear responsibility for the experiences of bias that happen in the classroom. Brooks (2011) explained that when faculty modeled inclusive practices, peer interactions among deaf, hard of hearing, and hearing students improved. Thus, program faculty can and should lead classroom experiences by attending to peer interactions and transforming curricula to ensure inclusion of individuals with marginalized identities.

Limitations

While this study yielded rich quantitative and qualitative data on psychology training experiences at a deaf university, a number of limitations are noted. Recruitment efforts attempted to reach all graduates from the three programs within the Department of Psychology, yet the number of participants who chose to respond was relatively small and thus limited the types of quantitative data analysis and generalizations that could be made. Further, the number of participants in subsamples, including deaf students of color, precluded data analysis parsing out experiences of this important group of students. Furthermore, no DeafBlind students responded to the survey, and future work needs to address the experiences of this population of psychology trainees. The impact of sampling only from Gallaudet University cannot be overlooked given its unique emphasis on multilingual and multicultural education for deaf and hard of hearing students. While these experiences shed important light on areas of bias that continue to exist in programs that are specifically designed to support deaf and hard of hearing students, their experiences of bias may differ from students at hearing institutions (Brooks, 2011; Komesaroff, 2005). Sampling from program alumni also means that students who did not complete their degrees were not included in this sample. Experiences of bias may be a contributing factor in students' departure from the program prior to completion, and our study would not have captured those experiences.

Our data were also limited by the questions we asked and the formats in which we asked them. We asked participants explicitly and only about their experiences of bias and affirmation, which may have generated different responses than if participants had engaged in interviews where

longer and more elaborated narratives were elicited. Additionally, while recruitment, informed consent, and survey items were available in both ASL and English, back-translation was not conducted to ensure that participants were receiving the exact same content in both languages. Moreover, qualitative responses were accepted only in English. This may have limited responses from deaf participants, particularly those with other marginalized identities.

While participant responses were kept confidential, given the relatively small size of the deaf community, participants may have been unwilling to share specific information for fear of identification; in fact, some alumni indicated that they chose not to respond because they believed they could be identified by the content shared. Further, our roles as faculty, and thus authority figures, in the programs that we asked about may have limited the stories that participants were willing to share.

Future directions

Despite the limitations, this study was the first to address issues of program climate within a psychology department at a deaf university and provides many insights about next steps in addressing the barriers deaf and hard of hearing students experience throughout training to becoming psychologists. One important growth area is addressing the experiences of bias and discrimination that deaf and hard of hearing students experience during off-site training. To this end, the department has already begun building relationships with national organizations, including the American Psychological Association and the Association of Psychology Postdoctoral and Internship Centers, and has plans to conduct trainings for psychology supervisors on best practices in supervising deaf and hard of hearing students. Such trainings provide opportunities to assess pre-training, post-training, and follow-up data related to supervisors' feelings and attitudes about working with deaf and hard of hearing individuals as well as their knowledge about how to provide an accessible and supportive training environment for deaf and hard of hearing trainees. There are also many opportunities for program faculty and university administrators to think about how the "hidden curriculum" can be addressed to better meet the needs of all students. Replication of this study with future psychology students will provide feedback about the effectiveness of program-wide changes in meeting identified needs.

References

- Adams, T. L., & McBrayer, J. S. (2020). The lived experiences of first-generation college students of color integrating into the institutional culture of a predominantly white institution. *The Qualitative Report*, 25(3), 733-756.
- Ahmed, S. (2012). *On being included: Racism and diversity in institutional life*. Duke University Press.
- Aldalur, A, Maxwell-McCaw, D, & Schooler, D. (2019, June). *Mental health correlates of acculturative stress among deaf and hard-of-hearing young adults*. American Deafness and Rehabilitation Association, Baltimore, MD.

- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *The American Psychologist*, 58(5), 377–402.
- Axelman, M., & Kashani, R. D. (2009). Issues faced by therapists with visible disabilities: The role of transference, anxiety, and the notion of otherness in the therapeutic relationship. *Journal of Counseling Psychology*, 1(2), 30–38.
- Bauman, H.-D. L. (2004). Audism: Exploring the metaphysics of oppression. *Journal of Deaf Studies and Deaf Education*, 9(2), 239–246.
- Bauman, H.-D. L., & Murray, J. (2009). Reframing: From hearing loss to deaf gain. *Deaf Studies Digital Journal*, 1(1), 1–10.
- Berkay, P. J., Emmeti Gardner, J., & Smith, P. L. (1995). The development of the opinions about deaf people scale: A scale to measure hearing adults' beliefs about the capabilities of deaf adults. *Educational and Psychological Measurement*, 55(1), 105–114.
10.1177/0013164495055001010
- Bialystok, E., Craik, F. I. M., & Ryan, J. (2006). Executive control in a modified antisaccade task: Effects of aging and bilingualism. *Journal of Experimental Psychology, Learning, Memory, and Cognition*, 32(6), 1341–1354.
- Braddock, D. L., & Bachelder, L. (1994). *The glass ceiling and persons with disabilities*. Institute on Disability and Human Development, College of Associated Health Professions, University of Illinois at Chicago.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Brooks, B. A. (2011). *It is still a hearing world: A phenomenological case study of deaf college students' experiences of academia*.
http://rave.ohiolink.edu/etdc/view?acc_num=ohiou1303932231
- Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, 58(4), 537–554.
- Cornish, J. A. E., Erickson Cornish, J. A., Gorgens, K. A., Monson, S. P., Olkin, R., Palombi, B. J., & Abels, A. V. (2008). Perspectives on ethical practice with people who have disabilities. *Professional Psychology: Research and Practice*, 39(5), 488–497.
10.1037/a0013092
- DeCaro, J. J., Mudgett-DeCaro, P. A., & Dowaliby, F. (2001). Attitudes toward occupations for deaf youth in Sweden. *American Annals of the Deaf*, 146(1), 51–59.

- Denzin & Lincoln. (2005). *The SAGE handbook of qualitative research*. SAGE.
- Eckert, R. C., & Rowley, A. J. (2013). Audism: A theory and practice of audiocentric privilege. *Humanity & Society*, 37(2), 101–130.
- Emmorey, K., & Kosslyn, S. M. (1996). Enhanced image generation abilities in deaf signers: a right hemisphere effect. *Brain and Cognition*, 32(1), 28–44.
- Fellinger, J., Holzinger, D., & Pollard, R. (2012). Mental health of deaf people. *The Lancet*, 379(9820), 1037–1044.
- Felten, P., & Bauman, H.-D. L. (2013). Reframing diversity and student engagement: Lessons from deaf-gain. *Student Engagement Handbook: Practice in Higher Education*, 367–378.
- Fleming, A. R., Plotner, A. J., & Oertle, K. M. (2017). College students with disabilities: The relationship between student characteristics, the academic environment, and performance. *Journal of Postsecondary Education and Disability*, 30(3), 209-221.
- Freeman, A. G. (1994). Looking through the mirror of disability: Transference and countertransference issues with therapists who are disabled. *Women & Therapy*, 14(3-4), 79–90.
- Fukuda, D. Y. K. (2009). “Where’s the rest of me?”: Addressing ethnic diversity and cultural climate in a graduate psychology program. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.956.8379&rep=rep1&type=pdf>
- García-Fernández, C. M. (2014). *Deaf-Latina/Latino critical theory in education: The lived experiences and multiple intersecting identities of deaf-Latina/o high school students*. <https://repositories.lib.utexas.edu/handle/2152/25088>
- Garvey, J. C., Viray, S., Stango, K., Estep, C., & Jaeger, J. (2019). Emergence of third spaces: Exploring trans students’ campus climate perceptions within collegiate environments. *Sociology of Education*, 92(3), 229-246.
- Gerner de Garcia, B. A. (2000). Meeting the needs of Hispanic/Latino deaf students. In K.M. Christen & G. L. Delgado (Eds.), *Deaf plus: A multicultural perspective* (pp. 149-198). DawnSignPress.
- Glickman, N. S. (Ed.). (2013). *Deaf mental health care*. Routledge.
- Greenwood, R., & Johnson, V. A. (1987). Employer perspectives on workers with disabilities. *Journal of Rehabilitation*, 53(3), 37.
- Hauser, P. C., Maxwell-McCaw, D. L., Leigh, I. W., & Gutman, V. A. (2000). Internship accessibility issues for deaf and hard-of-hearing applications: No cause for complacency. *Professional Psychology, Research and Practice*, 31(5), 569.

- Hauser, P. C., O’Hearn, A., McKee, M., & Steider, A. (2010). Deaf epistemology: Deafhood and deafness. *American Annals of the Deaf*, 154(5), 468-492.
<https://www.jstor.org/stable/26235009>
- Holcomb, T. K. (2010). Deaf epistemology: The deaf way of knowing. *American Annals of the Deaf*, 154(5), 471–478; discussion 493–496.
- Humphries, T. (1975). *Audism: The making of a word*. Unpublished essay.
- Israel, T., Walther, W. A., Gortcheva, R., & Perry, J. S. (2011). Policies and practices for LGBT clients: Perspectives of mental health services administrators. *Journal of Gay & Lesbian Mental Health*, 15(2), 152–168.
- Jones, S., & Phillips, G. (2020). Re-imagining campus climate assessment at HBCUs. *Research and Practice in Assessment* 15: 1-13.
- Kersting, S. (1997). Balancing between deaf and hearing worlds: Reflections of mainstreamed college students on relationships and social interaction. *Journal of Deaf Studies and Deaf Education*, 2(4), 252–263.
- Komesaroff, L. (2005). Category politics: Deaf students’ inclusion in the “hearing university.” *International Journal of Inclusive Education*, 9(4), 389–403.
- Lang, H. G. (2002). Higher education for deaf students: Research priorities in the new millennium. *Journal of Deaf Studies and Deaf Education*, 7(4), 267–280.
- Lee, K. (2018, September). Discrimination against interns with disabilities. *Monitor on Psychology*, 49(8). <http://www.apa.org/monitor/2018/09/discrimination-interns>
- Leigh, I. W., & O’Brien, C. A. (2019). *Deaf identities: Exploring new frontiers*. Oxford University Press.
- Leigh, I. W., & Pollard, R. Q. (2003). Mental health and deaf adults. In Marschark & Spencer (Eds.), *Oxford Handbook of Deaf Studies, Language, and Education*, 1, 214–226.
- Listman, J., Rogers, K. D., Hauser, P. C., Zand, D., & Pierce, K. (2011). Community cultural wealth and deaf adolescents’ resilience. In Zand & Pierce (Eds.) *Resilience in deaf children* (279-297). Springer, New York, NY.
- Lu, F. G., & Primm, A. (2006). Mental health disparities, diversity, and cultural competence in medical student education: how psychiatry can play a role. *Academic Psychiatry: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 30(1), 9–15.

- Marschark, M., Sapere, P., Convertino, C., & Seewagen, R. (2005). *Educational interpreting: access and outcomes*. In *Sign Language Interpreting and Interpreter Education: Directions for Research and Practice*. Oxford University Press. DOI: 10.1093/acprof/9780195176940.001.0001
- McIntosh, A. (2000). When the deaf and the hearing interact: Communication features, relationships, and disability issues, in *Handbook of Communication and People with Disabilities: Research and Application* D.O. Braithwaite, T.L. Thompson (Eds), 353–368. Routledge.
- Meek, D. R. (2020). Dinner table syndrome: A phenomenological study of deaf individuals' experiences with inaccessible communication. *The Qualitative Report*, 25(6), 1676A – 1694.
- Office of Institutional Research. (2018). *Fall 2018 official enrollment snapshot report*. Gallaudet University.
- Office of Institutional Research. (2019). *Fall 2019 official enrollment snapshot report*. Gallaudet University.
- Olkin, R. (2002). Could you hold the door for me? Including disability in diversity. *Cultural Diversity & Ethnic Minority Psychology*, 8(2), 130–137.
- Parasnis, I. (2012). Diversity and deaf identity: Implications for personal epistemologies in deaf education. In Paul & Moores (Eds.) *Deaf Epistemologies: Multiple Perspectives on the Acquisition of Knowledge*, 63–80, Gallaudet University Press.
- Pollard, R. Q., & Barnett, S. (2009). Health-related vocabulary knowledge among deaf adults. *Rehabilitation Psychology*, 54(2), 182–185.
- Rankin, S. R., & Reason, R. D. (2005). Differing perceptions: How students of color and white students perceive campus climate for underrepresented groups. *Journal of College Student Development*, 46(1), 43-61.
- Smith, K. L. (2007). The experiences of deaf counselors in developing their professional identity [Published doctoral dissertation, Union Institute and University].
- Stapleton, L. D. (2015). When being deaf is centered: d/Deaf women of color's experiences with racial/ethnic and d/Deaf identities in college. *Journal of College Student Development*, 56(6), 570–586.
- Stapleton, L. D. (2016). Audism and racism: The hidden curriculum impacting Black d/Deaf college students in the classroom. *The Negro Educational Review*, 67(1-4), 149.
- Steinberg, A. G., Sullivan, V. J., & Loew, R. C. (1998). Cultural and linguistic barriers to mental health service access: the deaf consumer's perspective. *The American Journal of Psychiatry*, 155(7), 982–984.

- Stinson, M. S., Liu, Y., Saur, R., & Long, G. (1996). Deaf college students' perceptions of communication in mainstream classes. *Journal of Deaf Studies and Deaf Education*, 1(1), 40–51.
- Stinson, M. S., Scherer, M. J., & Walter, G. G. (1987). Factors affecting persistence of Deaf college students. *Research in Higher Education*, 27(3), 244-258.
<https://doi.org/10.1007/bf00992001>
- Stinson, M., & Walter, G. (1997). Improving retention for deaf and hard of hearing students: What the research tells us. *JADARA*, 30(4), 14–23.
- Stone, D. L., & Colella, A. (1996). A model of factors affecting the treatment of disabled individuals in organizations. *AMRO*, 21(2), 352–401.
- Sue, D. W., Arredondo, P., & McDAVIS, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70(4), 477-486. <https://doi.org/10.1002/j.1556-6676.1992.tb01642.x>
- Sue, S., Fujino, D. C., Hu, L. T., Takeuchi, D. T., & Zane, N. W. (1991). Community mental health services for ethnic minority groups: a test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59(4), 533–540.
- Szymanski, C. A. (2010, November). An open letter to training directors regarding accommodations for deaf interns. *Association of Psychology Postdoctoral and Internship Centers E-Newsletter*, III(2).
- Wagner, K. I. (2016). *Disabling psychology: A crip analysis of deaf and blind psychotherapists in practice* [Published doctoral dissertation, Duquesne University].
<https://dsc.duq.edu/etd/110/>
- Watermeyer, B. (2012). Disability and countertransference in group psychotherapy: connecting social oppression with the clinical frame. *International Journal of Group Psychotherapy*, 62(3), 392–417.
- Wilbur, R. C., Kuemmel, A. M., & Lackner, R. J. (2019). Who's on first? Supervising psychology trainees with disabilities and establishing accommodations. *Training and Education in Professional Psychology*, 13(2), 111.
- Yosso *, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education*, 8(1), 69–91.