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African American English: Dialect Mistaken As an Articulation Disorder

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AFRICAN AMERICAN ENGLISH: DIALECT MISTAKEN AS AN ARTICULATION DISORDER

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PREFACE

If one had the opportunity to travel to every state in our nation, it would be possible to notice all the variations of the English language. People in northern New Jersey and eastern Long Island may pronounce their words completely differently from others in the deep south of Alabama or Georgia. These variations, or differences, in the articulation of words are *dialects* (Hoodin, 2010). According to Hoodin (2010), several regional dialects are spoken here in the United States, and every dialect is adequate as a functional and effective variety of Standard American English (SAE) (McNeilly, 2007). A dialect, however, is more than a social construct of communication within a community: it also carries the history and culture of that group of people.

The American Speech-Language Hearing Association (ASHA, 2003) strongly emphasizes that speech-language pathologists (SLPs) understand the characteristics of various dialects. Despite this, it is common for a child speaking African American English (AAE) to be misdiagnosed for having an articulation or phonological disorder (Seymour, 1998). However, a speech-language pathologist (SPL) should never diagnose a linguistic difference as a disorder. This issue is one of many root causes contributing to the over-representation of Black students in Special Education classes in the United States. Speech-language pathologists can, nonetheless, avoid perpetrating this problem. Having an understanding of the development and phonological

features of African American English and maintaining cultural competence will decrease the likelihood of labeling AAE speakers with an inaccurate clinical diagnosis.

ABSTRACT

The purpose of this literature review is to discuss the reasons speech-language pathologists often misdiagnose children using AAE as having articulation and phonological disorders. In my literature review, I will discuss three ruling explanations for why this problem occurs. The most common reason for this misdiagnosis is that speech-language pathologists (SLPs) are unfamiliar with AAE acquisition and its phonological features. The second is that SLPs administer norm-referenced standardized tests that are culturally biased, which unfairly contributes to these errors. Finally, SLPs often do not realize that AAE speaking children are, in a way, learning a second dialect — Standard American English — in school. Each of these practices delivers inaccurate information about the child, placing the SLPs and their clients at a disadvantage. I will provide recommendations and suggestions for SLPs. My argument is that changes can, and should, be made.

INTRODUCTION

Over the past few decades, discussions have been made on the disproportionate percentage of minority students, and in particular, African American students, in Special Education programs in the United States. During the past fifty years, Black students have been disproportionately represented as having disabilities, including Speech-Language Impairments (SLI). There are many unresolved questions on the validity of the disability classification system (Harry and Anderson p. 606). Although the U.S. Department of Education Office for Civil

Rights was established to prevent and eliminate discrimination against minority students, over-representation of Black students in special education still occurs (Coutinho, 2000). Nonetheless, speech-language pathologists can do their part to assist in minimizing this problem. The first step is for SLPs to learn about the culture and history of African American English.

African American English (AAE) is a dialect that comes from pidgin-Creole, a mixture of English and African Diaspora languages (Stockman, 2010). Eventually, AAE became a means of cultural identity formation. It was a typical way for African Americans from across the African continent to communicate with one another in their New World communities. Slavery, oppression, and past and present discrimination are all linked to African Americans' continued use of AAE. It will never be appreciated without an increased recognition of African Americans' history (Cheatham, 2009). Although there is no single linguistic source for AAE, it is still considered to be a dialect.

A properly trained SLP must understand the rules and linguistic features of African American English when assessing those who speak it. Some AAE patterns are similar to typical SAE speakers who have delayed speech development. Because of this, SLPs may find it difficult to differentiate between the two. However, there are specific differences in the way children using AAE pronounce words.

LITERATURE REVIEW

In 2006, Harris and Moran conducted a study in a working-class area of rural Alabama to identify the phonological features of AAE. Sixty African American children from a Head Start program and public schools participated. Twenty children from preschool, elementary, and middle school were also included. To get this information, Harris and Moran administered the

Goldman- Fristoe Test of Articulation (GFTA-2), a norm-referenced, standardized test that analyzes the child's articulation abilities. By the end of the study, researchers found five consistent phonological characteristics for AAE speakers in all grade levels. The first is to substitute the voiceless /th/ (θ) with a /f/ sound. Second, words ending with /-ing/, such as "sitting" were pronounced "sittin:" dropping the vocalic /n/. Third, the voiced /th/ (ð) in the word "the:" for example, it was commonly pronounced as "dah." Fourth, the /r/ sound was deleted if in the final position. For example, when the children were asked to say the word "door", they pronounced it as "doe." Finally, nearly all the children made cluster reductions. Young AAE speakers might pronounce the word "street" as "skreet." From their study, researchers found that many of these phonological features were displayed by the children in all three grade levels (Harris, 2006).

Speech-language pathologists often use the Goldman-Fristoe Test of Articulation (GFTA-2) and other norm-referenced standardized tests during assessment. The way a child articulates sounds is transformed into phonetic transcription with *diacritics*. Diacritics are markings a speech-language pathologist makes to represent sound production. The use of diacritics in assessments can further inform the speech-language pathologist of a child's speech. Yet, if the SLP is not informed of the phonological features of African American English, then he or she may potentially categorize the child as having a speech-language issue. The more the speech-language pathologist knows about the characteristics of AAE, the less likely he or she is to not notice that the student could simply be speaking with this dialect.

Some tests are simply biased measures to assess articulation disorders (making sounds) and/or phonological disorders (sound patterns) that may misidentify these disorders because they are insensitive to dialects (Rodekohr, 2001). Since many of these norm-referenced tests do not

reflect the validity of African American English in their scoring methods, the results will identify these children as having language impairment.

The Goldman-Fristoe Test of Articulation, Second Edition (GFTA-2), was used in 2010 to see if graduate speech-language pathology students would unfairly assess children speaking with African American English (Hicks). Participants in this study were graduate students studying communication disorders from Truman State University (rural) and Rockhurst University (urban). The researchers particularly wanted to learn whether rural or urban students would be more likely to use AAE diacritics in their transcription. All twenty-one students were to use the International Phonetic Alphabet to make a transcription of a language sample. The language sample was a recording of an adult male speaking in African American English. After transcriptions were statistically analyzed, the researchers found that the two groups of students assessed the language sample differently.

All twenty-one students scored an average of seventy-five percent correct compared to an answer key. Although the students from Truman scored better than the Rockhurst students, their overall score was still poor: sixty-two percent correct compared to the key. The study concluded that Truman students did a better job with analyzing the speech sample because they were more familiar with the phonological features and diacritics of African American English (Hicks, 2010).

The Gray Oral Reading Test, Third Edition (GORT-3), is a norm-referenced, standardized test that assesses the child's oral reading fluency and comprehension skills. Craig (2004) conducted a study on the appropriateness of GORT-3 for assessing reading skills with AAE speaking children. Sixty-five African American students from Detroit were given the GORT-3 to determine its reliability for reading assessment. The groups of children were second,

third, fourth, and fifth graders from families of low socioeconomic status, living in urban areas. The examination was based on a reading of 13 paragraphs, each on a different subject. After reading, the children were asked to answer multiple-choice questions about them. The results revealed that a scoring correction with AAE improved overall reading scores.

Even after a revision of the GORT-3, the GORT-4 continued to misinform the speech-language pathologist on the client's speech (Champion, 2010). A study was done to examine the appropriateness of GORT-4. When the group of AAE speaking children was assessed on their reading skills by the GORT-4, the scores were below the normative mean. Researchers found that these scores were low because AAE diacritics were not considered (Champion, 2010). Whether the students were considered to be speaking in low or high levels of AAE, their scores were significantly lower than the normative sample.

Oetting (2010) investigated the use of the Index of Productive Syntax (IPSyn) with sixty-two African American children from urban and suburban areas of Louisiana. For the IPSyn, language samples were scored and conversations about people, toys, and pictures used to facilitate the language samples. Samples from AAE speakers were transcribed and analyzed by computer software. Although IPSyn may be acceptable to use for children with AAE, it is not appropriate for children over four years old. This is because many children in that age group used AAE in their sample, thus receiving no credit. Essentially, their use of AAE lowered their scores.

There is no cookbook for phonological assessment. Essentially, speech-language pathologists must make appropriate adjustments and alterations when using these culturally biased language assessments. We cannot completely do away with these tests; after all, they do provide substantial information on a child's linguistic abilities, strengths and weaknesses. There

is little a speech-language pathologist can do to correct for bias in these norm-referenced standardized tests on language skills, but we can do other things in therapy. We can change our way of thinking of the student. Rather than rushing to make a diagnosis, speech-language pathologists should remember to care for clients, and respect that they are just using a variation of Standard American English.

Speech-language pathologists must keep in mind that, for AAE speakers, Standard American English is a new dialect. A total of eight hundred fifty four students participated in a nationwide study to determine the milestones for phonological development in AAE speakers learning SAE as a second dialect (Pearson, 2009). The children were either African American English speakers or Standard American English speakers, and were tested on their speech development. Researchers saw that AAE speakers had to change many elements of phonology to use SAE. For instance, it takes a little while longer for AAE speakers to master the voiced /th/ (ð) when compared to SAE speakers. The /s/ sound is another that takes a while to develop, master and use (Pearson, 2009). This study showed that a dialect may greatly impact the order of acquisition.

In 2010, Pearson, Velleman, Bryant, and Charko found positive aspects of phonetic and phonotactic acquisition. One hundred forty-eight children participated in the study to look at the phonological differences between typically developing African American English speakers and Standard American English speakers. One interesting finding is that AAE speakers mastered and were advanced in some areas, when compared to SAE speakers. These areas involved the use of consonants, such as many fricatives that included /s/; both affricates, and /r/; also some other initial clusters including /r/. When it comes to initial clusters, children with AAE as a first dialect show a firm ability to produce /r/ clusters (/br-, dr-, tr-, θr-/) and velar clusters (/kl-, gl-, sk-/)

(Pearson, 2010). Their research demonstrates that using the African American dialect doesn't necessarily mean the child will be behind, developmentally.

Despite the many challenges SLPs face when assessing clients, there is one particular thing to keep in mind when seeking a helpful assessment. According to Green, speech-language pathologists should support children's 'first language', and do so with care (Burns, 2010). To do this, speech-language pathologists should remember that AAE is simply a linguistic variation of SAE, nothing more or less. As speech-language pathologists work with this group of speakers, it is their responsibility to support any child who is an African American English speaker (Burns, 2010). One key thing speech-language pathologists can do is to help students feel comfortable learning Standard American English in the classroom. Green suggests that they should adopt a positive attitude and demonstrate patience and caring. Tom Roeper, PhD, recommends being honest with students; it is important to let them know that some people dislike some kinds of dialects. Being informative about language and its variations will help children think about their speech positively. These positive experiences help AAE speakers learn some of the patterns of SAE without looking at their dialect in a harsh way.

CONCLUSION

Many times, a clinician identifies a student as having a speech or language disorder, when in fact he or she is using African American English. Overall, little experience or knowledge about African American English places speech-language pathologists at a disadvantage in therapy. If speech-language pathologists understand the phonological parameters of African American English, then the likelihood for misdiagnosis will lessen. Although the

phonological features of African American English could resemble the characteristics of a child with speech delays, AAE has very specific differences.

When a speech-language pathologist misdiagnoses a child, it ultimately effects the child's education, well-being and future. Children who are inappropriately placed in special education programs miss out on valuable educational opportunities that improve their lives. If this problem continues to occur, Black children will gain a sense from a young age that *who* they are is abnormal and inferior.

It is very important for a speech-language pathologist to have an idea whether the norm-referenced standardized test used for assessment is appropriate for AAE speakers. Many tests speech-language pathologists have traditionally used are not appropriate to use with children who have African American English as a first dialect. The results from norm-referenced tests are most accurate when the speech-language pathologist has administered fair assessments. This will reduce the possibility of incorrectly assessing the child. Doing this will aid a speech-language pathologist to distinguish between dialectal differences and disorders. Using proper tests may also help to find signs of speech and language problems that are being overlooked.

Most importantly, it is crucial for speech-language pathologists to be supportive and understanding of the clients we serve. When we have an honest desire to help our students, we build a student-pathologist relationship that makes for learning opportunities and the motivation to learn. In therapy, speech-language pathologists must assist clients to develop positive self-images, self-esteem and self-respect. When the child knows that you care about whom he or she is (as a student, a child, an African American English speaker), he or she is more inclined to learn. When these actions are taken, we not only destroy the misconception that African American English is "wrong" or "terrible", we reduce the number of minority children

inappropriately entering into Special Education. In the end, care in speech-language pathology makes for fairer assessments and more proper clinical decisions.

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