CLD Corner—Making the Right Dialectal Considerations During Assessment: Have We Reached a Turning Point?

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*The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity. Questions are answered by members of the TSHA Committee on Cultural and Linguistic Diversity (CLD). Members for the 2017-2018 year include **Raúl Prezas**, PhD, CCC-SLP (co-chair); **Phuong Lien Palafox**, MS, CCC-SLP (co-chair); **Mary Bauman-Forkner**, MS, CCC-SLP; **Alisa Baron**, MA, CCC-SLP; **Judy Martinez Villarreal**, MS, CCC-SLP; **Irmgard Payne**, MS, CCC-SLP; **Lisa Rukovena**, MA, CCC-SLP; **Mirza J. Lugo-Neris**, PhD, CCC-SLP; and **Andrea Hughes**, MS, CCC-SLP. Submit your questions to TSHACLD@gmail.com, and look for responses from the CLD Committee on TSHA's website and in the* Communicologist.

It is no surprise that differentiating dialect from disorder for a speech evaluation not only has been an important and relevant clinical concern in practice over the years but is also a very real challenge. Speech intelligibility may be defined as the "degree of clarity with which one's utterances are understood by the average listener" (Nicolosi, Harryman, & Kresheck, 1989, p. 132). Speech-language pathologists (SLPs) should be aware by now that a combination of various speech tools and measures (e.g., formal tests, phonetic inventories, conversation samples, school and parent data) are necessary in order to make evidence-based decisions. Although there have been large-scale investigations of typically developing English-speaking children's speech sounds/patterns (e.g., Prather, Hendrick, & Kern, 1975; Sander, 1972; Smit, Hand, Freilinger, Bernthal, & Bird, 1990; Templin, 1957), milestone data is currently being reevaluated and reinvestigated by leading researchers. There is some concern among professionals that milestone data does not provide a full, accurate picture of a child's abilities yet is still being used by many SLPs as the main or sole indicator of a disorder. Moreover, there continues to be a paucity of data related to children from other dialectal backgrounds, including English language learners (ASHA, n.d.-b).

Recently, I was asked to provide some insight into a case in which a family felt that a practitioner was discriminatory based on dialect and ethnicity. What follows is a general story related to the situation (I received approval to share this information): A 3-year-old child with a speech-only concern received a speech evaluation in a public school setting. The SLP administered a formal speech assessment and interviewed the family. The SLP made an effort to determine whether a dialectal difference existed or whether the child presented with a true disorder. The child and family were African-American. Although the SLP asked the client's siblings questions in order to further determine other dialectal influences, the siblings did not respond to the questions during the assessment (according to the practitioner). The SLP moved forward with the evaluation and wrote in the report (paraphrased) "child appears to have dialectal influences" due to African-American English (AAE). Child initially did not qualify for services, but parents persisted and presented a private evaluation that documented the presence of an articulation disorder, and the school district took the additional evaluation information into consideration and developed an Individualized Education Program (IEP) to address speech sound production. As a result, the school district made the decision to place the child in speech services. The family was concerned that their child was being discriminated against due to dialect. Family did not believe that they had an African-American dialect as described by the SLP.

There is no question that knowledge is power. First, let me start by stating the following: It is my belief that, in most cases, professionals are virtuous. Of course, we have all seen the section of the *ASHA Leader* in which professionals who have committed violations are listed; therefore, I cannot say that all SLPs have the best intentions. Yet, as SLPs, we do have a genuine concern for those we serve. Good practitioners always try to acquire more information and more data to support their practice. However, in our quest toward becoming more culturally competent, are we overstimulated? Have we reached a turning point? Are we missing the bigger picture because we

have become so focused on specific information and expected outcomes? Traditionally, practitioners have been cautious (and taught) not to qualify a child without considering dialectal influences. But what happens when an SLP makes a good faith effort to consider dialect and the family responds by citing racial discrimination? It is standard procedure for all SLPs and practitioners to initially consider a possible dialectal difference when evaluating a child. This is not to isolate or group these students differently; rather, it is to ensure that all proper procedures for identifying potential cultural differences are followed. Based on this presented case, I'd like to offer an overview of dialect encapsulated within the challenge of remaining culturally competent and also discuss general information regarding the case with some clinical implications and recommendations.

Dialect and Meeting the Challenge of Cultural Competence

Dialect, which can be defined as any variety of a language that is shared by a group of speakers, is a phenomenon that is related to many factors, which include geographical region/locality, historical basis, social/cultural identity (e.g., ethnicity, race), and language variations (including form, content, and use; ASHA, 2003). There exists what is known as formal and informal language, and these variations are both acceptable and appropriate varieties in different settings (e.g., language use among friends versus a formal presentation among colleagues). Some individuals are bi-dialectal, meaning they have two different dialectal backgrounds. All instances of dialect and those variations are considered appropriate based on guidelines by the American Speech-Language-Hearing Association (ASHA, n.d.-a). ASHA holds the position that "no dialectal variety of American English is a disorder or a pathological form of speech or language" (ASHA, 2003). Therefore, within the profession of speech-language pathology, speech characterized as having dialectal influences is considered to be a difference and not a disorder.

Historically, dialectal differences were not always considered when professionals were making determinations for therapy. Many children have been over- and/or under-identified for services (Goldstein, 2004) due to a lack of information. Otherwise known as "disproportionality," the challenge to provide appropriate assessments to culturally and linguistically diverse populations is well-documented in the literature (see National Education Association, 2007). To minimize the risk of disproportionality with culturally and linguistically diverse populations suspected of having a speech sound disorder (SSD), SLPs not only need to conduct a thorough speech sound evaluation that includes an evaluation of phonological strengths and weaknesses (for more information, see Prezas & Hodson, 2007) but also must consider additional factors, including but not limited to: native and second language skills/use, language proficiency, phonological skills in both languages, and dialectal considerations (Bedore & Peña, 2008; Prezas, 2015). Moreover, identifying level of severity for children with suspected SSD is critical in order to determine whether a child's phonological productions are considered to be mild, moderate, severe, or profound (i.e., highly unintelligible; Hodson, 2010) and also is necessary to make better recommendations for treatment.

Dialectal variations of a language may cross all linguistic parameters, including phonology, morphology, syntax, semantics, and pragmatics. (ASHA, n.d.-b). It is important to note that, due to dialectal differences, not all sound substitutions and omissions are always speech errors. In some cases, the substitutions and omissions are a direct relation to someone's dialectal background. Dialectal differences sometimes are difficult to distinguish from speech errors because, in some cases, the characteristics of dialectal differences imitate or mimic what we see in regards to phonological deviation categories. Let's consider the presented case of the child who initially did not quality for services. The primary phonological deviation noted was final consonant deletion. Some speakers of other dialects or speakers from other linguistic backgrounds often omit final consonants. Final consonant deletion, of course, also is a documented occurrence in many children with a phonological disorder (Hodson, 2010). However, in the case of the child who has a dialectal or linguistic difference, the instance is considered an appropriate production for that child based on his or her background.

Some (But Not All) Features of African-American English

Approximately 50 percent of children who speak African-American English (AAE) in kindergarten

continue to evidence phonological features of AAE in fifth grade (Craig & Washington, 2004). Cultural competence, or an understanding that some differences exist among speakers from various regions and backgrounds, is critical in order to distinguish a communication difference from a true communication disorder (ASHA, n.d.-a), and the process of cultural competence includes identifying features of a dialectal background that may (or may not) be present in the individual case of each child. Some of the common features of AAE are explored below, which include phonological markers of AAE (Craig, Thompson, Washington, & Porter, 2003):

- Initial /th/ = d (e.g., them becomes dem)
- Final /th/ = f (e.g., mouth becomes mouf)
- Deletion of middle and final /r/ (e.g., star becomes stah)
- Deletion of middle and final /l/ (e.g., help becomes hep, will becomes wi)
- Final consonant deletion (especially affects nasals, e.g., /n/; live becomes li)
- Reduction of final nasal to vowel nasality (e.g., man become ma)

Final consonant clusters are either reduced or omitted more in AAE compared to SAE (Velleman & Pearson, 2010). In one study of AAE versus SAE, differences in acquisition between both groups were noted. Whereas the AAE group was found to acquire some initial cluster earlier than the SAE group, the SAE group was found to acquire sounds in the final position of words sooner than their AAE peers (Pearson, Velleman, Bryant, & Charko, 2009). SLPs, therefore, must make a good-faith effort to report an accurate phonological inventory of speech sounds, notate differences, determine whether a difference or disorder exists, and follow the guidelines of ASHA in regards to making speech eligibility determinations (ASHA, n.d.-a).

The American Speech-Language-Hearing Association provides a great example of how not everyone fits within the parameters of a specific dialect (ASHA, 2003):

"For example, due to historical and social factors, the majority of—but not all—speakers of African-American English are African-American. But not all African-Americans speak African-American English. There is a considerable range of language diversity within each of the different dialectal speech communities, with individual speakers varying their speech in accordance with the sociolinguistic dynamics."

Clinical Implications

In order to discuss clinical implications, it is important to refer back to our presented case. The 3-year-old African-American child initially did not qualify for speech services (based on SLP report stating dialectal differences). Eventually, however, he did receive services (school district decision) after more parental involvement and the presentation of a prior (private) speech evaluation showing a qualification score. First and foremost, information regarding family dialect is very important. SLPs should not assume a child has a dialect simply because they belong to a specific ethnicity or group. How the family/caregivers speak and how the other individuals in the child's environment speak gives valuable information regarding what is expected for the child. Moreover, school environment (i.e., peer dialects) also should be considered, if applicable. The following is a list of suggestions when determining if a child has a dialectal difference or disorder:

- Consider all factors related to dialect when making diagnostic decisions.
    - Chart the client's phonetic inventory and dialectal influences, making note of any specific differences that may exist.
    - Consider school environment (public and private, including daycare providers).
    - Inquire about and document family dialect(s), keeping in mind that there could be more than one (parents, siblings, caregivers, relatives).

- Carefully word your evaluation reports to accurately reflect the data you have.
    - Avoid overgeneralizations (e.g. "Due to dialect, child does not qualify.")

    - Avoid the use of “appear”, as in “…appears to not have a disorder” or “…due to apparent dialectal differences….” These statements are ambiguous and do not offer clarity or confirmation. Your clinical decisions should be based on all the data, and you should word it that way, including noted artic/phonological deviations, language data, parent input, etc.
    - Be careful not to lump a child into a specific dialectal category if there is not sufficient information present.
    - Quote and report family/caregiver’s attitudes toward dialect as needed. Reporting specific information from the family is powerful and shows that you have considered all aspects and the “bigger picture.”
    - Report standard scores for formal measures with caution. This is something that has been discussed frequently in the literature. Always use informal measures to supplement and support formal testing.

- Fully include family/caregiver concerns and recommendations in each stage of the evaluation process.
    - Discuss results with family/caregivers prior to formal meetings in order to gather input from them.
    - If there are any concerns that the family may not be in agreement with, always hold in-person conferences (when possible) so that disagreements can be discussed and resolved face-to-face, rather than over the phone.
    - Prior to making diagnostic decisions, ask the family/caregivers if they have any thoughts related to services. This is a good time to reiterate data related to the evaluation report, provide continued education to the family (as well as to administrators, teachers, and other personnel), and explain why you as the SLP feel the way you do regarding determination for services.
    - Follow-up with families after formal meetings to see if they have any additional concerns or questions.

- Remember that overall intelligibility and educational need should be the driving forces behind determination of services in the assessment process.
    - Despite dialectal differences, is the child intelligible to the average listener?
    - If the evaluation is for a public school, has educational need been considered?
    - If the evaluation is for a private setting, is there enough information to document that a speech disorder exists aside from dialect?

The **Speech Accent Archive** is a wonderful resource that offers a database of numerous languages with audio samples of native speakers of other languages reading an English passage. The passage is recorded for each speaker, including a phonetic transcription of their speech as well as a native phonetic inventory for some of the languages. Many languages have numerous speakers as a guide for accent-influenced English. Included on the website is a reference list as well as websites for additional information. Visit the following link for this free resource: **http://accent.gmu.edu/browse_language.php.**

Summary
Practitioners have the tools necessary to make evidence-based decisions regarding dialectal considerations. In the discussion of dialectal varieties, the goal is not to single out speakers of other dialects or languages but to consider diverse backgrounds so that children are not identified as having a disorder when, in fact, they have a speech or language difference. Based on the information provided, as well as the historical significance of the discussion of dialect and the role it plays in the profession, it is very possible that we are reaching a turning point in how we discuss dialect. It is important to remember to embrace and celebrate diversity but also to make specific, evidence-based decisions about qualifications for services. Determining whether a dialect is present

is not, in and of itself, discriminatory. It's a process that embodies a thorough speech evaluation based on guidelines set forth by ASHA (ASHA, n.d.-a). How we discuss the information with families/caregivers and how we write the results, however, is key. In addition, family involvement is necessary. Professionals must follow proper protocols to ensure that bias does not exist in testing. This helps ensure that SLPs are making more accurate and child-specific determinations. After all, the ultimate goal of therapy services is that children receive an appropriate and individualized education program.

Resources

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