

**Oklahoma Elementary School Speech-Language Pathologists'  
Knowledge of African American English**

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## Abstract

In this study, I interviewed Oklahoma SLPs to determine whether they receive enough training/education to prepare them for clients who speak nonstandard dialects such as African American English. African American English (AAE) is a systematic and rule-governed dialect of American English commonly used by African Americans that has distinct features that make it different from mainstream American English (MAE). The American Speech-Language-Hearing Association (ASHA) requires all speech-language pathologists (SLPs) to recognize dialects as a form of English to be respected and not a disorder to be treated. My participants were five SLPs who worked in a variety of elementary schools in Oklahoma and had a broad range of experience in the field. I asked questions to assess what they knew about nonstandard dialects like AAE, whether they took dialect into account during treatment, and how they would score a video of a child who spoke AAE taking a standardized language test. Many of the SLPs displayed confusion or bias regarding AAE. One SLP had a background in nonstandard dialects and was better able to answer questions about dialects than the other SLPs. She was also the only participant who knew that standardized assessment tests have dialect-specific scoring variations in the back of their manuals. Throughout my research, I found that many SLPs would, and in fact do, benefit from a course on dialects. Without a course, there is confusion on what to do with a child with a nonstandard dialect, and children with a nonstandard dialect may be sent to therapy in error.

## Introduction

AAE or African American English is commonly used by African Americans but can be used by other races depending on geographic location. AAE has distinct features that make it different from MAE or mainstream American English. AAE is a systematic and rule-governed dialect of American English. Some features of AAE are: completive done, multiple negation, remote past been, subject-verb agreement variations, zero copula, and unmarked past tense, plural, and possessive (Green, 2010). AAE is often considered a nonstandard dialect. A nonstandard dialect usually refers to a variety of any language that is different from what the mainstream speakers would call “socially and grammatically correct” (Wyatt, 1995). In the past AAE, has been called Black English, Ebonics, and African American Language (Wyatt, 1995). Like other nonstandard English dialects, AAE has grammatical, phonological, and lexical features that can be found in other varieties of English, including MAE, Southern White English, and Appalachian English (Wyatt, 1995).

ASHA requires all SLPs to recognize dialects as a form of English to be respected and not treated as disordered or substandard.

It is the position of the American-Speech-Language-Hearing Association (ASHA) that no dialectal variety of English is a disorder or pathological form of speech or language. Each social dialect is adequate as a functional and effective variety of English. Each serves a communication function as well as a social solidarity function. It maintains the communication network and the social construct of the community of speakers who use it. Furthermore, each is a symbolic representation of the historical, social, and cultural background of the speakers (ASHA, 2019).

Although this rule exists, AAE speakers are often labeled as language delayed or disordered when in reality they just do not speak mainstream English (Bland-Stewart, 2005).

In this study, I interviewed Oklahoma speech language pathologists (SLPs) to determine whether they receive enough training/education to prepare them for nonstandard dialects such as African American English. Because only 12.8% of certified SLPs in Oklahoma are nonwhite, and only 0.8% are African American (ASHA, 2018), most are unlikely to be speakers of AAE themselves or have personal experience with AAE.

## Methods

### Participants

Participants had to be employed in an Oklahoma elementary school as either a speech-language pathologist or a speech-language pathologist assistant. (Throughout this analysis, the term SLP with refer to both.) Prior to emailing participants, all procedures were approved by the Oklahoma State University institutional review board. Participants throughout the state were contacted with information off of their schools' websites. Participants were recruited via email with a brief description of the study and a brief summary of the informed consent form. Once each participant agreed to be part of the study, they were given an official informed consent form to read, sign, and ask any questions if needed.

SLPs interviewed were majority Caucasian and all female. Three SLPs were under age 35 and had less than 10 years of experience. The other two were over 45 and had been practicing for more than 20 years. Table 1 shows demographics of the elementary schools where the SLPs work. Most of the SLPs work in elementary schools with a low to middle socioeconomic population. The schools' locations ranged from rural, urban, to mixed. The majority race of the SLPs' clients was white for all but one SLP.

Table 1. Demographics of the elementary schools employing the interviewed SLPs

SLP	SES	Rural/urban	Races of clients (listed from greatest to least treated)
1	mixed	rural	White, Native American, Hispanic

2	low	urban	Black, Hispanic
3	mixed	mixed	White, Native American, Pilipino
4	low	rural	White, Hispanic,
5	low-middle	mixed	White, Native American, Black

## Materials

Materials used were a base set of questions (Appendix 1), recording equipment, and a video of a child who speaks AAE. Questions asked ranged from basic demographic questions, questions about the job field, and ethnic/racial questions. Audio recording was performed with a Zoom H4N Handy Recorder and Audio Technica 2021 microphone. While the SLPs watched a video of a child who spoke AAE taking the CELF (Clinical Evaluation of Language Fundamentals; (Wiig, Semel, & Secord, 2013<sup>1</sup>) marked what they perceived as incorrect. I later analyzed their responses to see what AAE features were commonly marked as incorrect. Audio of the entire interview was taken, transcribed, and analyzed using discourse analysis. In my discourse analysis, I looked for knowledge of the AAE dialect, AAE bias, and confusion on AAE.

## Results

Discourse analysis revealed patterns among four of the SLPs which differed from responses from the SLP who had received training in dialects. The four SLPs demonstrated confusion or bias towards dialects, while the SLP who had training on dialects knew specific dialect features and knew where to look for dialect information.

## Courses on Regional or Ethnic Dialect

*Have you taken any courses that you remember on any regional or ethnic dialects of the US?*

When in school for a career, it is important to learn what you may see out in the field. One thing the field of speech pathology asserts is that there is a difference between dialect and disorder. One of the earliest distinctions made by children who use AAE are the use of “be” and “is” (Green, 2010). In MAE someone may say “She is playing cards.” In AAE it would be said as “she be playing cards.” SLPs should know the features of the dialects their clients speak in order to avoid treating a dialect as a disorder. The problem is, how can they tell the difference between dialect and disorder if they have never taken a class on dialects? I asked the SLPs I interviewed whether or not they had taken a course on regional or ethnic dialects. The majority of SLPs said no and didn’t remember much even if they had had a course in which they discussed regional or ethnic dialect dialects (Excerpt 1).

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<sup>1</sup> Video provided by Walt Wolfram. Note that it may have been recorded using a prior edition of the CELF.

## Excerpt 1

SLP 4: Umm no. We had a multicultural um course, I don't remember the exact name of it, but it wasn't about dialects per se. It was just kind of about different cultures around the world, and honestly our professor wasn't very good, so (laugh) so it wasn't a very worthwhile course.

Only one SLP had a course that focused on dialects, and she was able to recount exact details of that course. She was also able to tell me where to find dialect specific test responses in the CELF test manual (Excerpt 2).

## Excerpt 2

SLP 3: I had to learn some of the differences. I had to learn about, were um, being in east Tennessee, there was a lot of kids that had Appalachian dialect, so I had to learn what was uh a delay or a deficit versus a cultural difference, so that was real uh eye-opening... there was a whole class on the culturally different (in graduate school)...

BS: For your class about dialects, did you learn about all different dialects or did you guys just focus on the Appalachian?

SLP 3: We've learned a lot of different dialects. The two that we focused on a lot were Black English and um Appalachian. And you know, that's the only two that are really committed to memory. I'm sure there were more, but that was basically what we were dealing with in that area, so even in artic, there were differences that you wouldn't count as disorder. You would count that as a cultural difference and let it be so.

“Clinicians should recognize that a language difference exists when individuals meet the language norms of their primary linguistic community but do not meet the norms of SAE. Furthermore, the clinician must possess some understanding of the fundamentals of AAE” (Bland-Stewart, 2005).

## Assessments for AAE Speaking Students

*Are there any assessments you use particularly for different races or cultures?*

Multiple SLPs knew about different assessments for Spanish-speaking students but none knew of any for culturally diverse students specifically. SLPs 1 and 2 seemed to be financially restrained even if they found an assessment for a child who spoke AAE. SLP 3 knew that many standardized tests had nonstandard dialect difference answers in the back of the book. No other SLP pointed this out. Since SLP 3 has a background in dialects, it helped her to learn dialect

features and know where to find nonstandard dialectical information if she was confused. Many other SLPs across America would benefit from this crucial information. This could mean SLP 1 and 2, even though financially restrained, have the assessments necessary to assess a variety of dialects. SLP 4 talked about the DELV in relation to Spanish-speaking students but didn't mention it could also be used for students who speak a non-standard dialect. SLP 5 brought up Spanish assessments but knew of none for non-mainstream English speakers. SLP 5 even laughed and wondered why she would give a different assessment to a child that spoke English (Excerpt 3). This shows a lack of dialectical knowledge.

### Excerpt 3

SLP 5: (when asked if there are any assessments for Native American or African Americans)(pause, breath) no mhmhm nope. Their first language is English (laugh).

According to Stewart (2005), there are several ways to analyze a child's speech who speaks AAE. One way is to take a language sample from the client and compare it to norms in the child's dialect. Another technique suggested is to use standardized tests with modifications that take into account the child's dialect. These modifications include rewording test instructions, avoid tests that do not have adjustments for nonstandard dialect, and removing culturally biased items. The last option mentioned is to use assessments that are made for AAE speakers. An example of one of these tests is the DELV (Diagnostic Evaluation for Language Variation/ Bland-Stewart, 2005). It is made so that it is dialect neutral with respect to AAE.

The issue many SLPs may find with these solutions is that they must know the child has a nonstandard dialect first to assess according to the dialect. The majority of these SLPs did not have a class devoted to dialects and therefore may struggle when correctly identifying one. There are solutions to not having assessments specifically for AAE speakers, but SLPs need that knowledge and dialect education to act upon it.

## **Dialect Bias, Knowledge, and Confusion**

This section is compiled of multiple questions that I asked that elicited responses that presented as bias, knowledge, or confusion. Each SLP had their own opinions and experiences on various dialect topics. This section is important to see the well-rounded picture of what SLPs may or may not know.

SLP 1 insists that all of the children she works with speak English after a direct question about African American English (Excerpt 4). This may show that the SLP does not fully grasp that AAE is a form of English. On my second question, she may have been confused when I used the word "cultural," and that could have affected her answer (Excerpt 5).

## Excerpt 4

BS: Do you have any kids that speak African American English or any Native American English?

SLP 1: Native American's big over here, but all my kids speak English.

## Excerpt 5

BS: So, do you think the dialect or cultural accent should be spoken at home, can be spoken at home, and then should like codeswitch when they get to school, or do you think ... they should use the same at home as they do at school or...?

SLP 1: I think they, we want them to speak in their native language whatever their first language, you know.

The SLP clearly states that children should speak “correctly” (Excerpt 6). The problem is, what does correct really mean? She says that if children get in the habit of speaking “incorrectly” at home, employers will think poorly of them if they speak with their dialect later in life. The problem with this is it promotes dialect bias to think that because of the way someone speaks, they must be uneducated.

## Excerpt 6

BS: And then as far as accent goes, if they speak at home with the “gots” and the “ain'ts,” do you think when they come to school it should go back to “is,” and do you think at home they should be saying it?

SLP 1: I think they, in my opinion, and every speech therapist has their own opinion on this, I think they should speak it correctly at home, you know, because they're at home more than they are school if you think about it. Um and when they get older, and if they go to a job interview and they say, “I ain't got my drivers license,” like what's that employee gonna think, you know? I think it's important to speak it correctly, and if you're around your family, I mean you should speak it correctly, but then again I know other people are saying it incorrectly it might rub off on you, but we want them to try their best. But definitely when they're at school we're gonna correct them...

When asked about the “correctness” of non-local (but unrelated to ethnic) dialect features, SLP 1 showed a lack of knowledge of regional dialect features (Excerpt 7). However, she did point out that if another SLP in the home state of a student found an issue with speech, there must be a disorder unrelated to dialect.

## Excerpt 7

BS: Do you think if someone came from Boston or Minnesota or something like that, that it (their dialect) would be something viewed as like, “Oh he’s just from Boston”? or do you think it’s something that would be worked on?

SLP 1: Well it also depends if he transferred in from Boston. If he was on a speech IEP in Boston, then they obviously found something, you know? But you know, if he plans on going back to Boston and he or she never wants to fix those r’s here in Oklahoma, whatever. You know, let them be. So yeah.

When given an example of a regional dialect that does not pronounce “R” at the ends of syllables, she shows a lack of knowledge of “R-less” dialects (which include AAE), believing that Bostonians cannot produce an “R” at all (Excerpt 8).

## Excerpt 8

BS: So, do you think if they came in and a teacher said “ah he’s saying like pak instead of park,” and she referred him, would you, how would you assess him?

SLP 1: We would get the consent for screenings um, and then we would screen him, and then we would sit down and have a meeting with the parent and see if the parent talks like that, you know, depending on the age-- And this is another thing my supervisor and I -- we actually just had the same conversation yesterday. Um you know, depending on if they’re in elementary school, we might mmm, if that’s the only sounds-- Actually this question’s just way over my head. I think if it was me and I would, if they planned on staying in Oklahoma for a while, like I would have a conversation with the parent, then we would work on teaching them how to make an R sound because they might want to make an R sound one day. They might not even know they’re doing it incorrectly. So we would probably keep them on monitored is what we would do um, but you know, come fifth or sixth grade, if they’re not making any improvement, we would talk to them and, who knows, they might say “I plan on moving back to Boston one day, so I like the way I talk,” you know? I think though, being in Oklahoma and being in the standards, you know, ethically we would want to help him and want to see what we can do, you know.

This is a dilemma I foresee many SLPs having. They want to give therapy for a dialectical issue, because they think the child needs help (Excerpt 9). Training is direly important to avoid this dilemma.

## Excerpt 9

BS: Just so like from a communication of others kind of thing?

SLP 1: mhm yeah. I would feel bad if I didn't give that kid a chance to make an R sound if, 'cause who knows, he might have never been taught that.

Another SLP did not have training specifically for dialects, but she does know some common features (Excerpt 10).

#### Excerpt 10

BS: If you did get a child, let's say that spoke Black English, would you feel like you should correct it or let it, like correct it to the standard or would you leave it as it is?

SLP 4: Well I think it would depend on what their errors were. Um like the one that just pops into my head automatically is if they're making an F for a TH, I probably wouldn't touch that because that's pretty typical of Black English, right? But you know, if it was things like they were leaving off their final consonants or they couldn't make a K or a G or an R, something like that, then yeah, I would probably feel the need to help them.

The SLP through experience has realized AAE turns "th" into an "f" when it "th" occurs at the endings of words. She fails to realize that leaving off final consonants is also a common feature of AAE. She also said if she is not sure what to do with a client or if it is a dialect issue, she can consult with the district SLPs to come up with a solution (Excerpt 11). This is a great way to make sure all SLPs are on the same page and a chance for an SLP to learn about a dialect from another if they have no formal training.

#### Excerpt 11

BS: If you did get a kid like that do you think you would be able to tell the difference between the dialect and because its hard you know you've never had like a course or anything?

SLP 4: yeah, I think I could um just that's one of the nice things about being in a larger district is there's 11 of us, 11 speech paths total and so we're always, I mean I just sat in a meeting this afternoon and we bounced ideas off each other about certain kids on our caseload. I mean we're asking hey what would you do about this what would you do about this so that's probably where I would go first is to my colleagues and be like hey I got this kid, teachers concerned about this and this um and kind of just get their opinion on it and see what they have to say.

This SLP does recognize that she herself speaks a dialect (Excerpt 12). This is positive because she recognizes that a dialect is not incorrect, but simply a way of speaking.

## Excerpt 12

BS: And do you ever have issues in therapy in therapy with any accents like Oklahoma?

SLP 4: mmm..... I mean I, I think I kind of have a little bit of an accent, so um I mean I guess it comes up sometimes, but I don't I don't know, especially when we're working on words like vocalic R, words like-- and I'm gonna say this iron [aɪə-n] 'cause I can't, 'cause I know I say that like an Oklahoma person -- so like words like that I don't really, if they're saying it with an accent, I don't tend to be like, "Oh let's try that again," you know? So as long as that R is there, that's all I'm really concerned about. Is that kind of the answer you're looking for?

BS: Yeah.

SLP 4: Okay, or you know, when they say "y'all," I don't really correct that either because I say that too, so um it just kinda depends.

Similarly, SLP 5 was able to recognize mid-assessment that a child had a dialect difference and not an error (Excerpt 13). This shows that despite having no course on dialects, she can use her inferencing skills to pick up some common dialectical features. She also recognizes the cultural impact she could have on the child by telling him something dialectical is an error.

Excerpt 13BS: Do you ever see any dialect features that you think are necessarily wrong, like if the parent were to say like, "toof" instead of "tooth" or "dey" instead of "they"?

SLP 5: Well you know that's... so I saw one boy who was African American, and we were working on TH and he, but he could say it, but sometimes he would say the D for it, and so I felt like that was cultural, or yeah, more of a, just a diversity difference, and so we just discontinued it. But in my assessment when I was giving it, it was just me writing down what he was saying wrong, and so that's how I created my goals, um-- and that was earlier on. I wasn't really thinking about the cultural impact it could be had on his speech sounds so, now I do.

In contrast, SLP 3 got to experience and learn a well-known dialect in the field. She is trained to recognize Appalachia and AAE dialect (Excerpt 14).

Excerpt 14SLP 3: (When asked about clients in Tennessee, where she worked previously) I had to learn -- some of the differences I had to learn about were um, being in east Tennessee, there was a lot of kids that had Appalachian dialect, so I had to learn what was uh a delay or a deficit versus a cultural difference, so that was real uh eye-opening to me... We got to

study, um you know, what things would be cultural versus -- like in like in Appalachia, the kids, the the culture doesn't use regular S plurals, so they might tell you um, "I went ten mile down the road," and so the first time I wrote an IEP, I put plurals, and I was saying this, "Your child doesn't use plurals, we're gonna work on putting those endings on," and the parents going like this, and she didn't understand a word I was saying because she didn't use plurals. So that's kind of the thing that we dealt with...

She was also on the standardized testing board for the CELF assessment. She demonstrated a well-versed knowledge of dialects and dialect assessment solutions. Having a class specifically about dialects and seeing a well-known dialect in the field helped this SLP to hone in her dialectical skills.

#### Excerpt 15

SLP 3 (When questioned about dialects within the school): If you look in the back of the CELF, some of the standardized tests, they will actually tell you what is acceptable because it's dialect not difference, so it's actually in the test manuals, so um, like one that sticks out to me in my head a lot is in the CELF, um but there's a syntax sub test. If a child says, let's see what is it? Oh no, I can't think of what it is, let me go look it up. It's one of those pronouns like "herself." I would have to look it up, but um everybody in the school says it that way, and so if I counted that wrong, everybody in the school would have gotten that wrong. But if you actually look in the back of the CELF manual, it says this is an acceptable response to that question; count it right. So, I mean you have to look at those kind of things uh when you're giving tests and then just commit them to memory.

### AAE Video of CELF Assessment

In this portion of my investigation, I asked SLPs 2-5 to watch a video of an African American child who speaks AAE taking a CELF assessment conducted under the child's school SLP (the video was unavailable for SLP 1). The SLPs wrote down what they perceived as incorrect speech. Many of the SLPs wrote down common AAE features (Table 2). The SLP that had a class in dialects was able to look in the back of the CELF book at the nonstandard dialect answers and correct herself if she made these mistakes. Even with the book, there are still some answers not listed, but this could be because the CELF the child was given was an older version, so the dialect different answers were not available.

Table 2. AAE Features Marked Incorrect (MAE responses in the first row)

MAE responses	feet, men, watches	possessive 's	made	faster	stronger	teeth	Jumping, walking
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SLP 2	foot man watch	Matt/Anne	done	more fast	more strong		
SLP 3	foot man	originally marked incorrect but changed after checking CELF	done	more fast	more strong	teef	
SLP 4			done			teef	jumpin' walkin'
SLP 5	foot		done	more fast	more strong		

The most commonly marked incorrect AAE features were: *teef*, *man*, *foot*, *possessive 's*, *more strong/fast*, and *done* (for “made”). SLP 4 marked *jumpin'* and *walkin'* as incorrect. These are common features of multiple dialects. SLP 5 marked nonstandard pronunciations incorrect; i.e. main (man), Ainne (Anne), heas (his), runnu (runner), these are also common to Southern White English.

## Discussion

The SLPs I interviewed came from a variety of different schools and had a wide array of experience in the field of speech-language pathology. Many of the SLPs displayed dialect confusion or bias. Four out of the five also never had a course on any dialects, and that was apparent at times when multiple SLPs claimed the kids already speak English or should speak correctly. The one SLP who had a course on dialects was able to display dialect knowledge including where to find dialect-specific assessment responses if she was confused. During the video of the child speaking AAE, it was clear SLPs were not sure what was or was not a dialect feature and commonly marked common AAE features as incorrect. It is important to know this information to know what additional training current and future SLPs need to assess and treat their clients.

Throughout my research, I found that many SLPs would, and in fact do, benefit from a course on dialects. Without a course, there is confusion on what to do with a child with a nonstandard dialect, and children with a nonstandard dialect may be sent to therapy in error. The SLP with dialect experience was able to demonstrate a wider breadth of knowledge about nonstandard dialects and how to correctly identify them. AHSA should require that all SLPs take a course on dialects in undergraduate and graduate school in order to prevent children from being sent to speech therapy for their dialect.

## Limitations

Some of my questions may have been confusing, causing SLPs to answer differently. I did not directly ask certain questions about AAE, but rather hinted at them or gave chances to give information about them. The SLPs could have known more than they said.

I was only able to question a small portion of SLPs. I would have liked it to be a much larger-scale study for more accurate state-wide results. I wanted to do a parent survey to see if children were being sent to speech therapy for their dialect but was unable to get permission from schools.

Future work should attempt to discover if referral rates are disproportionately high for African American children in different areas of the nation.

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## Appendix 1

SAMPLE INTERVIEW QUESTIONS TO SPARK DISCUSSION

1. What school district do you work for?
2. What is your age? (decade if needed)
3. Where did you grow up?
  
4. How long have you been a speech-language pathologist?
5. Where all have you been employed as a speech-language pathologist at?
6. Where is your undergraduate degree in and where did you get it?
7. Where did you receive your graduate degree from?
  
8. When you were in graduate school, did you have any courses on regional or ethnic dialects of the U.S.?
9. Do you feel like a course like this would have been helpful?
10. What populations do you mainly work with at this school: low/high socioeconomic status, urban/rural, any ethnic or cultural groups with dialects accents?
11. What are the most common disorders you treat and what are your favorite therapy methods do you use to treat them? Do you like to let kids direct what you work on next or do you have a plan? What disorder do you feel you are best at treating or are most comfortable treating? Do you find certain disorders challenging to treat? Are certain disorders more difficult to treat depending on the cultural or ethnic background of a child?
12. What does your case load look like? What is the most prevalent age you give therapy to? What does your range of ages look like? Can you list what races you give therapy to from most commonly treated race to the least commonly treated race? Are there any assessments you use particularly for different races or cultures?
13. Approximately what percent of your clients are on SoonerCare? Do you have any idea if any of your kids are on sooner care or free lunch programs?