

Case Study

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# Using the DELV to Determine Language Difference vs. a Language Disorder in Dialectal Speakers

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The purpose of this study is to demonstrate the clinical utility in using the Diagnostic Evaluation of Language Variation Test with two children from culturally and linguistically diverse backgrounds. To aid the clinician in understanding language diversity and dialects, linguistic information relative to African American English and Haitian Creole is provided. The study guides clinicians through the assessment process followed with two clients: an African American child who speaks African American English and a child who is a speaker of a Haitian Creole dialect. Both were referred for evaluation to determine if they were typically developing dialectal users or language disordered. Case data was obtained via inspection of school records, collection of case history data from parents and teachers, observation of the children, language sampling and assessment using the Diagnostic Evaluation of Language Variation. Results indicate that one of the children exhibited both dialectal differences and a language disorder, while the other child was a typically developing dialectal speaker. Suggestions for culturally responsive intervention based on the Diagnostic Evaluation of Language Variation are provided.

**Keywords:** Assessment, DELV, African American English, Haitian creole, non-biased assessment of dialectal speakers.

## INTRODUCTION

Many school based clinicians working in both urban and suburban schools encounter dialectal speakers on their caseloads and are often in a quandary as to exactly what to do with speakers who use a language system other than Standard American English (SAE) if they suspect language pathology. While ASHA's position on dialects is very clear, that is "no dialectal variety of English is a disorder or a pathological form of speech or language," school based clinicians should feel confident that there is an assessment tool which can be used to effectively determine when a client's speech can be attributed to language variations that reflect dialectal differences from SAE and which responses indicate deficits in language

acquisition. Prior to the publication of the norm-referenced Diagnostic Evaluation of Language Variation (*DELV-NR*) in July 2005 [1], there was no standardized assessment tool to help clinicians determine language differences from language pathology in dialectal speakers (e.g. African American English, regional dialects such as Appalachian English, Cajun, Haitian Creole etc.) In fact, clinicians had difficulty in adequately determining whether dialect features were present and whether they were found alone or in conjunction with signs of delayed or disordered development. Bland-Stewart [2] and Bland-Stewart and Pearson [3] have reported that collectively using the *DELV-Screening Test* [4] and the *DELV-NR*, clinicians can successfully distinguish a language disorder in dialectal speakers.

SLPs have limited normative data on language development on African American English (AAE) and HC populations and more importantly limited published

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### List of Abbreviations

AA: African American  
 AAE: African American English  
 ASHA: American Speech-Language Hearing Association  
 CELF: Clinical Evaluation of Language Fundamentals  
 DELV: Diagnostic Evaluation of Language Variation Test  
 HC: Haitian Creole  
 LD: Language disorder  
 MAE: Mainstream American English  
 MLU: Mean Length of Utterance  
 SAE: Standard American English  
 SLI: Specific language impairment  
 SLP: Speech-Language Pathologist  
 TACL: Test for Auditory Comprehension of Language  
 TD: Typically developing

information on how to determine when a language deficit is present. Therefore investigating the language abilities of AAE and HC speaking children is needed to assist SLPs to achieve more accurate differentiation between dialectal variation and language disorders.

Most research on language development among dialectal speakers has focused on comparing the similarities and differences between SAE and AAE [5-8]. Such research has broadened our understanding of contrastive features, which distinguish these two dialects from each other as well as non-contrastive features, which bind them together as dialects of the same language. There is however a need to examine AAE and other dialects such as HC as independent entities. In order to accurately identify children who present language deficiencies, normative data from these linguistic populations, should be established. As previous data collected from SAE speaking populations have resulted in a better understanding of normal language development amongst that population as well as aided in devising appropriate standardized tests and procedures to identify those who deviate from the expected norm, normative data collected from AAE and HC speaking populations is necessary to similarly produce results appropriately applicable to children within these linguistic populations. Comparing one linguistic population to the norms of another is not only unreasonable, but inappropriate. In doing so, individuals may be erroneously identified as having deficient language abilities according to the expectations of a different linguistic system when in fact, their performance is appropriate within their own dialectal expectations.

This paper provides linguistic information of morpho-syntax patterns of AAE and HC speaking children and highlights that children as young as 5 have already begun to acquire the variable rules associated with their respective dialects. Moreover, there is new evidence through the case studies in this paper that using the DELV in young dialectal speakers is critical in

determining language differences due to dialect vs language pathology. Given that dialectal patterns are evident in young children, the need for culturally fair language assessment is made clear.

### Language Variation: African American English

Linguists have defined African American English (AAE) as the culturally appropriate term referring to the language used by some (but not all) African Americans. This type of English is a systematic rule-governed dialect of Standard American English (SAE). There are linguistic differences in the semantic, morpho-syntactic, pragmatic and phonological systems [9-12]. AAE has been called by many names, such as Black English Vernacular, Ebonics, Black English, African American English Vernacular and nonstandard English. Speakers of AAE vary in their use of this dialect. Some individuals may choose to speak this way all of the time, while others tends to code-switch depending on the situation and the audience. For those unfamiliar with the syntax, morphological and phonological differences characteristic of AAE, what follows is a brief description of some of the most diagnostically salient features of AAE. These descriptions are not meant to be exhaustive, but relevant for the proposed case studies and should serve the reader in identifying the contrastive differences of dialectal speech (AAE and Haitian Creole) from SAE. For a more comprehensive discussion of language variation, AAE and Haitian Creole refer to Green [13]; Craig and Washington [14]; Kamhi et al. [15]; Labov [16]; Wolfram and Fasold [17]; Wolfram [18]; Wyatt [19,20]; Seymour et al. [21] etc.

### AAE Linguistic Features

While AAE is more like SAE than it is different, there are a number of linguistic features that make it unique from SAE. These differences have been studied and documented by many (Table 1). See Dillard [12]; Green [13]; Craig and Washington [14] and Kamhi et al. [15].

### Non-Contrastive vs. Contrastive Features

Seymour et al. [21] investigated the language of typically developing (TD) AAE speaking children and AAE speaking children with language impairment. The aforementioned AAE linguistic features were found in both groups of children. However, it is noted that TD children who spoke AAE did not make errors on the linguistic features shared with SAE (Non-Contrastive features). That is, errors in non-contrastive features differentiate language disordered children from typically developing children. Contrastive features are useful in identifying a child's dialect, but it is the non-contrastive linguistic features that are important when attempting to distinguish a language deficit from a difference. Table 2

**Table 1.** Syntactic and Morphological Characteristics of African American English.

<b>Morpho-Syntax and Phonological Feature</b>	<b>AAE</b>	<b>SAE</b>
Zero Copula	Yes, he is. He a hard worker.	Yes, he is. Yes, he. He is a hard worker.
Lack of Past Tense Marker ('ed')	Last week he cook dinner.	Last week he cooked dinner.
Absence of Possessive 's'	Here is Mark book.	Here is Mark's book.
Irregular Verb Form Usage	She seen him. She knowed he was there.	She saw him. She knew he was there.
Absence of Plural 's' Marker (with Nouns of Measure)	James got 11 shirt.	James got 11 shirts.
Use of Negation (Use of 'ain't')	She ain't eating her breakfast.	She is not eating her breakfast.
Use of Negation (Multiple Negation)	She ain't got no money for nobody.	
Inflection of 'be'	We be sleep.	We sleep all the time.

Note. Phonology: Initial/th/=d (i.e., them becomes dem); final/th/=f (i.e., mouth becomes mouf); deletion of middle and final /r/ (i.e., alright becomes aiight, star becomes stah); deletion of middle and final /l/ (i.e., help becomes hep, will becomes wi); final consonant deletion (especially affects nasals as when live becomes li); reduction of final nasal to vowel nasality (i.e., man becomes mae).

**Table 2.** Noncontrastive and Contrastive Forms and Constructions.

<b>Noncontrastive (features shared with SAE)</b>	<b>Contrastive (features unique to AAE)</b>
Pronouns (I, me, my, you, etc.)	Regular past tense –ed (He walk to the store.)
Demonstratives (that, this, these, those)	Third person singular (She eat a lot.)
Prepositions (in, on, with, down, etc.)	Possessive (That's Bob toy.)
Modals (will, could, can, may, etc.)	Plural –s (I have five dollars.)
Verb Particles (pick up, let down)	is (She short.) 's (She short.) are (They short.) 're (They short.) am (I am short.) 'm (I'm short.) was (She was short.)

Table 2. Cont.

Locatives (here, there)	is (She reading.) 's (She'reading.) are (They reading.) 're (They' reading.) am (I reading.) 'm (Im reading.) was (I was reading.)
Articles (a, an, the)	
Present Progressive -ing	He is eating
Negation (no, nobody, not)	
Complex Sentences (Two Verbs)	<i>Coordination</i> : I went home and I went to bed. <i>Subordination (Relatives After Subject Pronoun)</i> : The boy that read the book passed the test. <i>Subordination (Relatives After Object Pronoun)</i> : I saw a man who got robbed. <i>Adverbials</i> : I saw a sick boy when I came home.
Complements + Verb + That + Sentence	I know that school is over.
Infinitive	I want to go home.

Source. Seymour et al. [21].

outlines the Non-contrastive and Contrastive features.

### Haitian Creole

Haitian Creole (HC) is a living language spoken by more than one million people living in North America (United States and Canada), in South America (mainly Venezuela and French Guyana), in the Caribbean (Dominican Republic, Martinique, Guadeloupe, Bahamas), in Europe (France) and in some countries of Africa. It is the language spoken by the majority of Haitians. The 2010 U.S. Census [36] indicates that in the strong speech communities of New York, Miami, Montreal, Dominican Republic and Washington DC, Haitian Creole and Haitian Creole influenced English are common dialects spoken. Thus, it should not be surprising that HC speakers are in US public schools and are often on the caseloads of school SLPs.

Although the origin of HC is unclear, one theory claims that this creole was developed by slaves as a combination of African dialects and French [22]. Greenbergh [23] states that Haitian Creole is a blend of African, Spanish, Portuguese, English and French origins. Linguistic study has revealed that pidgins and creoles are essentially contact languages that are thought to have developed in trade or other contact situations where different groups of speakers do not share any common language and have to create a new means of communication. Creoles are believed to be pidgins that have expanded both their linguistic structures and their communicative functions and have become the native language of an entire speech community.

Greenberg [23] suggests Caribbean Creoles emerged mainly in the context of European colonization around the seventeenth century, when millions of Africans were captured in Africa and transported to the Americas to work as slaves on Caribbean plantations. Thus, Haitian Creole is a member of the group of French-based creoles because an important part of its lexicon derives or comes directly from French.

### Language Variation: Haitian Creole and Haitian Creole Influenced English

HC's semantic system, syntax and morphology differ considerably from French. Researchers have found that the lexicon of Haitian Creole is derived primarily (90%) from French. This word-base, however, has been enriched with Word Order in Haitian Creole and, like English, generally follows the Subject–Verb–Object pattern. This order is evident in sentences as well as questions. Linguistic research indicates that nouns in Haitian Creole, unlike those in French, are not marked for gender or number. In other words, there is no grammatical distinction, such as *le soleil* ('the sun', masculine) vs. *la lune* ('the moon', feminine), which occurs in French. There is also no plural -s ending, which occurs in both French and English. For example, a speaker may say I have 2 dog/I have 2 dogs. Haitian Creole expresses the concepts of gender and plural by using specific and unique words. For example: *free* (brother) vs. *sè* (sister). The system of pronouns in Haitian Creole is quite simple in comparison with French and English. There is only a single form that is used for

**Table 3.** Comparison of African American English, Haitian Creole, & Standard American English

HC Rule/Feature	Examples From Language Sample 2	SAE Rule/Feature	AAE Rule/Feature
Presence of plural ending -s	Liv = books Kek = some book	Plural marker(s) is obligatory	Noun plural marker(s) is not obligatory
Tense marking is not attached to the verb	Mwen pral lekòl = I am going to school.	Different	Different
Pronouns may occur in a full or contracted form	Jina ap monte bisiklet = Gina is riding a bicycle.	Different	Different
Pronouns may occur after the noun or verb form	Mwen/m' = I/me/my	Different	Different

Source. Ellie [24].

subject, object and possessive. So, a speaker learning English may say "HE is my sister." The pronouns, however, may occur in a full or contracted form. Haitian Creole has both definite and indefinite articles, as do French and English. However, there are some differences in placement, form and usage. The definite article has both a singular and a plural form and always follows the noun. Because the singular definite article is phonologically determined by the sound of the preceding element, it exhibits a variety of forms. The verb system in Haitian Creole is quite different from those in French and English. There is no subject-verb agreement and there are no verb tenses *per se*. Instead, Haitian Creole uses a system of markers or short particles, which precede the verb, to indicate tense. For example, the particle *te* indicates past tense, *ap* indicates progressive and *pral(e)* indicates. Phonologically speaking, since English has also borrowed many words from French, the sound systems of Haitian Creole and English share many similarities. Therefore, Haitians learning English should not have difficulties with the pronunciation of individual words. Haitian Creole only lacks the voiceless and voiced /*th*/, the /*i*/ sound in "fin," the /*a*/ sound in "hat" and the /*r*/ sound in "rat." It contains, however, other sounds such as nasals that do not exist in English. Native HC speakers learning English will typically retain the linguistic features of their native language that is, they may transfer rules of grammar and phonology from their first language to English. Haitian Creole Influenced English is the linguistic term to describe this dialect. Upon inspection of the two dialects (AAE and HC influenced English), there are notable similarities. Examples are depicted in Table 3, which provides a comparison of AAE, Haitian Creole and SAE.

Creole languages are, clearly, in no way inferior to other languages spoken in the world. Like all languages, they reflect the universal grammatical properties and the mental processes common to all natural languages. The systems (SAE, AAE and Haitian Creole), though similar, are not identical and thus should not be judged against

each other. In order to avoid inaccuracies in assessment of dialectal speakers, clinicians must use the knowledge we have gained regarding linguistic variation in dialectal speakers and begin to use non-biased assessment measures. Clinicians can address the diagnostic problem of how to validly assess the language of children who are dialectal speakers by using the DELV.

### The DELV

The *DELV* tests respond to the clinician's need both for non-biased assessment and for evidence-based practice. They are designed for children between the ages of 4 and 9 years of age and they are non-discriminatory toward SAE or non-SAE speakers. The tests were developed from a firm research base and their use is supported by ongoing study that validates their effectiveness for a variety of dialectal speakers across America. When parents or teachers express concerns about a child's language or language skills, the *DELV* screener can indicate, through the tests, for an African American child or children who speak in a dialect, whether he or she is a speaker of the mainstream American English dialect (MAE; Mainstream American English is the term used for SAE on the DELV)) or not and, for children of any of these dialect groups, whether they are at risk for a language delay or disorder. For children speaking either MAE or (African American English), the *DELV-Norm Referenced* will tell whether the child is language delayed or disordered. For children identified as speaking with a "difference from MAE," the DELV-NR is currently the *only* test with appropriate norms on which to make that diagnosis.

Seymour et al. [25] is an assessment of complex aspects of children's syntactic, semantic, phonologic, and pragmatic development. It is designed for children between the ages of 4 and 9 and is non-discriminatory to non-MAE (Mainstream American English is the term used for SAE on the DELV) users.

The materials and procedures of the DELV capture the

development of several aspects of language that are vital for success in early language learning, academic learning and literacy. The test stimuli consist of underlying linguistic universals that provide the clinician with a substantial profile of the child's language strengths and weaknesses, not just a diagnostic categorization. These can be used on all English-speaking children regardless of dialect variation and are not intended for bilingual clients.

The DELV was developed with non-SAE English speakers in mind, which makes it different from other language evaluation tools. What is unique about the screener is that it elicits patterns typical of dialects that provide a strong indication of the child's AAE usage or other dialectal status. The resultant score will indicate not only if the child is a likely AAE/dialectal speaker, but also whether the child exhibits a risk for a language disorder. The at-risk status is determined by stimuli independent of dialectal status. Thus, a child who speaks AAE or another dialect can be identified as at-risk without being penalized for using dialectal features. If the test score suggests a child is at risk for a language disorder the clinician then administers the DELV-Norm Referenced Test.

The Norm Referenced Test diagnoses speech and language disorders across syntax, semantics, pragmatics and phonology. The syntax subtest includes grammatical forms not subject to variation/use of dialectal patterns. This subtest's focus is on deep principles of language and language universals that all typically developing children should know. For example, the child must demonstrate comprehension and use of various WH question forms, passives and articles. If the child makes errors on this subtest, one can conclude that there are deficits in comprehension and use of syntax.

An interesting feature of the semantics subtest is that, unlike most language tests, it avoids reliance on the child's vocabulary knowledge. Rather, the subtest focuses on the child's lexical organization, word retrieval and ability to learn new words. Another unique aspect of the DELV is that the phonology subtest neutralizes the effects of dialectal differences and clearly identifies dialectal speakers with phonological impairments. Moreover, the pragmatics subtest allows for a rich interpretation of social/pragmatic language functions in children by focusing on communicative role-taking (e.g., eliciting discourse about what characters in pictures are saying/asking, how they are saying/asking). It also examines how children use narrative elements (e.g., character names, describing events, and cohesion markers, use of time clauses, character intentions and perspective) as well as how children use/ask WH questions.

### Getting a Diagnosis

First and foremost, the clinician must understand that difference does not mean deficit. Clinicians should familiarize themselves with the features of dialects that are different from SAE ("contrastive") and the ones that

do not differ ("non-contrastive"). Contrastive features are useful to identify a child's dialect, but it is the non-contrastive linguistic features--those that are shared between SAE and dialects such as AAE and Haitian Creole, for example--that are important when attempting to distinguish a language deficit from a difference. For example, if a person who has been speaking a particular dialect for six years does not appropriately use pronouns, prepositions, articles, demonstratives or complex sentences, a clinician may suspect a language disorder. For a more detailed discussion on contrastive and non-contrastive features and their importance in distinguishing language deficits versus differences in dialectal child speakers, see Seymour et al. [21]. Moreover, when possible, clinicians should use best practices for evaluating clients and eliminate bias in the assessment process for culturally and linguistically diverse children. The DELV is the preferred assessment tool for children who speak a dialect other than SAE.

### Case Studies: Using the DELV with Culturally and Linguistically Diverse Populations

The purpose of this study is to demonstrate the clinical utility in using the DELV to distinguish a language difference from a language disorder in children who are culturally and linguistically diverse. The first case study is of an AAE child speaker. The second case study is of a child who is a 2nd generation Haitian immigrant who speaks a Haitian Creole dialect. Both were referred by their respective teachers for evaluation to determine if they were typically developing dialectal speakers or exhibited a language disorder. For both subjects, case data was obtained via inspection of school records, collection of case history data from parents and teachers, observation of the children, language sampling and assessment using the DELV. Profiles of Subjects are provided in Table 4.

We conducted parent and teacher interviews, reviewed the children's relevant medical, developmental, and educational histories, and conducted observations of the children in school and with peers. They were then given the *DELV* tests. On the *DELV-ST*, both children displayed "strong difference from MAE" (Mainstream American English is the term used for SAE on the DELV) relative to their Language Variation Status.

On the Diagnostic Risk portion of the screener, Subject 1 had difficulties following task directives and required prompting and cues. Subject 2 had no difficulty with complex WH-questions, possessive pronouns (e.g. it is *theirs*), and the phonological processing required for non-word repetition. Subject 1 showed problems with all of these linguistic domains. Even though subject 2's score indicated that she was at the "lowest risk for disorder" and subject 1 was at the "highest risk for disorder," both children were given the *DELV-NR*: subject 2 to determine speech and language profile and subject 1 to determine if a language disorder was evident.

**Table 4.** Comparison of Subjects 1 & 2: AAE v. Haitian Creole.

<b>Subject 1 (6-year-old male AAE speaker)</b>	<b>Subject 2 (5-year-old female HC speaker)</b>
<p><b>History</b> Past medical history is not significant for cognitive, social, emotional, or health issues. However, family is concerned about the child's disruptive behavior, speech, and inability to pay attention. Child does not like to participate during oral tasks and, when he does, he often either repeats words or phrases or forgets specific words. He is also having difficulty with all classroom tasks and activities that require listening, speaking, and independent problem solving. He tries really hard, but gets frustrated. This child was evaluated at 2.5 yrs. for receptive/expressive delays. Delays were found in vocabulary, MLU, and articulation.</p>	No significant medical or developmental history.
<p><b>Language Spoken at Home</b> Mother speaks SAE to him at home.</p>	Subject is first generation Haitian American living with her parents and siblings. Parents speak to child in Haitian Creole at home.
<p><b>Current Level of Education</b> Enrolled in kindergarten.</p>	Enrolled in kindergarten. Attended Head Start program and Preschool.
<p><b>Language Spoken at School</b> AAE/SAE</p>	HC and HC influenced English
<p><b>Display of AAE Grammar/Phonological Features</b> dropped final /g/ in -ing omits copula verbs d/th and use of habitual 'be'</p>	None
<p><b>Examples from Language Samples</b> We was playing. She at work. Dey be all over de place. Who want to go wit me. Dem him shoe.</p>	Dat 2 kite. My teacha she have dat. Some book. I am going to school...She gimme a book.

In the Syntax Domain of the *DELV-NR*, which assesses WH-question comprehension, subject 2 correctly answered both questions in items such as "*Who ate what?*" ("The dad ate the apple and the baby ate the nana"), whereas subject 1 answered only one: ("the banana and the apple"). It was evident that subject 1 exhibited deficits in comprehension during this task as evidenced by his inaccurate responses and requests for repetition of task stimuli.

The spontaneous language sample of subject 1 prepared us for the difficulty he might encounter with non-contrastive features such as articles (*a, the*). For example, when given the stimulus item "David got a pickle out of a jar, but he didn't close the jar afterward, and a fly got in. What did he not put back on?" he responded, "*lid*" instead of *the lid*. Moreover, language sample data indicated that he inconsistently used articles. The Pragmatics Subtests that assess the client's ability

**Table 5.** DELV Scores: Subjects 1 and 2

Variation From MAE	Status	Risk	Syntax	Pragmatic	Semantic	Phonology	Composite
1	strong	highest	6	8	5	8	64
2	strong	highest	8	7	7	8	82

Note. Domain scaled scores have a mean of 10; SD (standard deviation) of 3; Standardized Composite score has a mean of 100 and SD of 15.

to perform appropriate discourse, perspective taking and social language functions, including Theory of Mind (Communicative Role Taking, Short Narrative and Question Asking), subject 1 was unable to demonstrate age-expected social language abilities, particularly in the pragmatic area of asking questions. For example, he was shown an incomplete picture with a girl standing in a wet bathing suit. When given the prompt, "The girl went swimming someplace. Ask me the right question and I'll show you the right answer" (that is, the rest of the picture), instead of "where was de girl swimmin'?" like subject 2, subject 1 responded "What is it?" When prompted further to "ask me a *where*-question," he made the equally vague question, "Where is it?" During conversation, it was noted that subject 1 had difficulty maintaining eye contact, staying on topic and consistently responding to simple yes/no, WH, and personal information questions.

On the Semantic Domain Subtests (Verb and Preposition Contrasts, Quantifiers and Fast-Mapping), subject 1 showed clear signs of an expressive and receptive language disorder. For example, he failed to use morpho-syntactic cues to arrive at the meaning of novel words on the fast-mapping task. After being shown "The boy is pouring the juice," and then asked "who was the pourer," he incorrectly chose the glass. Other signs of language impairment included his inability to consistently follow task directives, needing repetition of stimuli and difficulty formulating grammatically correct responses. Subject 2 found the novel words challenging as well, but at an age-appropriate level. She was on task during the administration of the DELV, and presented with skills consistent with her chronological age. The children's DELV scores were as follows in Table 5.

Both children exhibit linguistic features characteristic of their respective dialects, but subject 1 uses linguistic features that are not characteristic of his dialect or MAE. Specifically subject 1's difficulties with articles, verbs and the grammar of negation suggest a problem irrespective of AAE. Test behaviors also indicated deficits in word finding, ability to put his thoughts together to form grammatically correct sentences and deficits in auditory processing. Subject 2 uses non-contrastive elements that are characteristic of typical development in HC. Her performance on the DELV indicates skills within normal limits for her chronological age.

From this brief description of the children's performance, it is clear that subject 1 exhibits both a dialect difference and has a language disorder, while subject 2 shows a dialect difference but not a disorder. Given the results of the DELV assessment and data derived from subject 1's language sample, additional assessment with the Test for Auditory Comprehension of Language (TACL) [26] and the Clinical Evaluation of Language Fundamentals -4 ( CELF 4) [53] provided a more detailed profile of his therapeutic needs. Closer inspection of the client's profile and additional language probing indicates that he exhibits a Specific Language Impairment (SLI) as evidenced by his overwhelmingly apparent difficulties in learning grammatical morphology [27-29]. Speech and language therapy is recommended and should focus on increasing expressive and receptive language abilities. Moreover, referral to a developmental psychologist skilled in evaluating attention deficits and to an audiologist to rule out the possibility of a central auditory processing deficit is suggested for subject 1. It is evident from the results that Subject 2 exhibits age expected skills across semantics, morpho-syntax, pragmatics and comprehension. In fact, she has shown herself to be a talented language learner, varying only in phonology. Given her abilities, intervention is not warranted. She has been identified as a typically developing child who speaks Haitian Creole influenced English.

### **Suggestions for Establishing Treatment Goals and Culturally Appropriate Activities**

To increase expressive and receptive language skills, language therapy for Subject 1 once weekly for one hour is recommended. Given his deficits in auditory comprehension, semantics, and morpho-syntax, specific goals for intervention can be implemented based upon the DELV. The focus of therapy should be to:

- Focus on lexical organization, word retrieval, and ability to learn new words.
- Get at the process of learning a new word.
- Focus on where the breakdown occurs.
- Provide tried and true evidence-based "strategies" for storage and retrieval of linguistic information.
- Target Nouns (store by attributes, salient features).



□ Target Verb and Preposition contrasts (making distinctions in linguistic information which makes it more salient).

The following goals (treatment plan) are suggested:

1. Increase attention to tasks and communicative partner during structured tasks.
2. Increase expressive and receptive vocabulary by defining words, providing multiple meanings, synonyms, and antonyms
3. Increase auditory comprehension and processing for direction interpretation, 2 and 3 stage direction following, and conversational discourse during clinician-designed activities.
4. Increase auditory comprehension as demonstrated by ability to retell, summarize, and respond to WH content questions related to story/selected text.
5. Improve use of simple and complex sentence types which include articles, prepositions, regular and irregular past tense verbs, future verb tenses, appropriate possessive forms, , conjunctions ( and, but , if, so) and relative clauses.
6. Increase his pragmatic/social language including use of initiation, topic maintenance, requests, asking questions, discourse, clarification, perspective taking and tone of voice during conversations with clinician or other communicative partners.
7. Improve in his ability to use strategies for more independent tasks involving writing (e.g. formulating sentences, organizing thoughts, implementing tasks, and writing paragraphs of increasing length and complexity

Therapeutic activities should address comprehension and use of non-contrastive features, such as articles, preposition, question-asking skills, perspective taking and curriculum based tasks for vocabulary and semantic flexibility. The overall goal should be to improve both comprehension and use of age expected vocabulary and concepts, morpho-syntactic features and pragmatic skills. In order to assist the client in improving his ability to fast-map, one strategy could be to teach subject 1 the meanings of word endings by using structured drills that use sentences and pictures on sentence strips, with word endings highlighted. Pragmatic and social language skills can be targeted by utilizing cultural social stories and creating scripts and role playing. Traditional therapeutic techniques and culturally appropriate pictures, books, objects, themes and stories would facilitate goal attainment. Most importantly, it is not recommended that dialect specific features be a target for remediation.

## Conclusion

The findings of these case studies are consistent with previous reports and a growing body of research on the effectiveness of the DELV as a valid tool to distinguish language differences vs. deficits in dialectal speakers.

The most crucial thing that any clinician must know is that linguistic research has indicated that there are linguistic features unique to dialects and, in this case, unique to AAE and Haitian Creole and Haitian Creole Influenced English. Differences may exist across morphology, semantics, syntax, pragmatics and phonology in dialectal speakers. To one unfamiliar with these dialects, these linguistic variations may appear similar to patterns of language delay or disorders [30]. Thus, it is imperative that clinicians continue to educate themselves on the linguistic skills of their clients who speak a dialect other than SAE. As our schools become more and more diverse, there is a higher likelihood of encountering a dialectal speaker who may or may not exhibit a language disorder.

Through using the DELV tests, we were able to get appropriate standardized measures and language data of the children without having to modify the tests and risk invalidating their norms. Clearly, these innovative tests bring us closer to our goal of providing non-biased assessment for dialectal speakers and helping clinicians to delve more confidently into the "difference vs. deficit" clinical challenge.

Findings from this study provide further evidence that children who are AAE and HC speakers, acquire and use the linguistic features consistent with their dialect, even at a very young age. Clinicians should recognize that AAE and HC patterns may be evident in young dialectal speakers and are as aspect of the child's evolving dialect and not indicative of pathology. Moreover, the data from the current study may assist clinicians in understanding the patterns of normal development in HC speaking children, and deviant language development in AAE. Given the complex nature of language development in dialect speakers, it is imperative that clinicians understand the ways in which child speakers are similar and different from SAE speakers. Clearly, not enough is known about language development in dialectal speakers. Research should continue to provide normative language developmental data from AAE and HC speakers from all social classes and geographical regions of the United States. Such information would assist in the valid identification and description of language disorders in children who are dialectal speakers.

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