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Evaluating the Grammars of Children who Speak Nonmainstream Dialects of English

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On the Grammars of Children who Speak Nonmainstream Dialects of English

Abstract

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7 In this article, we review three clinical responses to the study and evaluation of grammar
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9 in children who speak nonmainstream dialects of English. Then we introduce a fourth, system-
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11 based response that views nonmainstream dialects of English, such as African American English
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13 (AAE) and Southern White English (SWE) as made up of *dialect-specific* and *dialect-universal*
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15 features. To illustrate the usefulness of a system-based approach and to distinguish our two
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17 terms from others in the dialect literature, we present AAE and SWE relative clause data from
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19 two previously published studies. Following this, we present new findings from AAE- and
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21 SWE-speaking children's use of past tense and past participles to further demonstrate the value
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23 of examining larger units (i.e., systems) of a grammar to identify a child's language strengths and
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25 weaknesses. We conclude by arguing that a system-based approach moves us beyond our field's
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27 preoccupation with the nonmainstream aspects of children's dialects while also moving us
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29 beyond Brown's 14 morphemes. Although the focus of the article is on assessment, the content
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31 is relevant to the treatment of grammar because effective promotion of any child's grammar
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33 (including the grammars of those who speak nonmainstream dialects of English) will occur only
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35 when we begin to view the child's grammar as a system rather than as a sum of its parts.
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On the Grammars of Children who Speak Nonmainstream Dialects of English

Ask speech-language pathologists to describe their evaluations of mainstream American English-speaking children's development of grammar and one is likely to hear about age-related benchmarks for mean length of utterance (MLU) and Brown's 14 morphemes. For those who work with school-age children, one may also hear about age-related benchmarks for children's use of conjoining, embedding, and other structures of complex syntax. The same is not the case if you ask these same clinicians to describe their evaluations of nonmainstream English-speaking children's development of grammar. Instead, responses will be varied, tentative, and perhaps even unrelated to grammar development. Some may refer to the position statement on social dialects that was published by the American Speech, Language, and Hearing Association (ASHA, 1983). Others may cite work by Stockman (1996; 2000), Washington and Craig (1992; 1999) and others to explain test biases, both historical and present, that limit the speech-language clinician's ability to evaluate and ultimately serve nonmainstream English-speaking children. Still others may cite work by Seymour and colleagues to describe nonmainstream English-speaking children's use of contrastive and non-contrastive grammar structures and to argue for the former to be excluded from assessment (Seymour, Bland-Stewart & Green, 1998; Seymour, 2004; Pearson & Ciolli, 2004).

In the current article, we review the literature that supports the above mentioned clinical responses for nonmainstream English-speaking children because we consider this work relevant and important for practicing clinicians and pre-professional students in speech-language pathology. Following this review, we present findings from children who speak one of two nonmainstream dialects of English, African American English (AAE) and Southern White English (SWE) to highlight the need for, and feasibility of studies moving beyond the current

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5 dialect literature. As part of this section, we introduce a system-based approach and the terms
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7 *dialect-specific* and *dialect-universal* to describe children’s development of grammar. Although
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9 our article focuses on assessment and not treatment, its content should lead readers to a better
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11 understanding of grammar, and this should facilitate our collective ability to promote
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13 nonmainstream English-speaking children’s development of grammar. This is because one
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15 cannot effectively treat or promote what one does not understand.
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18 19 **ASHA’s Position Statement on Social Dialects**

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22 Although published 30 years ago, ASHA’s position statement continues to be relevant to
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24 clinicians who serve nonmainstream English-speaking children. The position statement makes
25
26 clear that nonmainstream dialects of English do not reflect a communication disorder because
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28 they are as complex and rule governed as other dialects of English. The position statement also
29
30 urges clinicians to be extremely cautious when assessing the language skills of nonmainstream
31
32 English-speaking children. This caution reflects concerns about over-diagnosis and under-
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34 diagnosis of childhood language impairments. Errors of over-diagnosis reflect misclassifying
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36 children as language impaired when they present a dialect difference, and errors of under-
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38 diagnosis reflect misclassifying children as presenting a dialect difference when they present
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40 with language impairment. Finally, the position statement calls for clinicians to treat language
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42 features that are not dialectal in nature. Quotes from the position statement that best articulate
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44 these views include:
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51 “It is the position of the American Speech-Language-Hearing Association (ASHA) that
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53 no dialectal variety of English is a disorder or a pathological form of speech or language.
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55 Each social dialect is adequate as a functional and effective variety of English” (para 7).
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5 “The speech-language pathologist must have certain competencies to distinguish between
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7 dialectal differences and communicative disorders. These competencies include
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9 knowledge of the particular dialect as a rule-governed linguistic system, knowledge of
10
11 the phonological and grammatical features of the dialect, and knowledge of
12
13 nondiscriminatory testing procedures. Once the difference/disorder distinctions have
14
15 been made, it is the role of the speech-language pathologist to treat only those features or
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17 characteristics that are true errors and not attributable to the dialect” (para 9).
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21 **Test Biases**

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24 Accurate interpretation of assessment data depends on the validity of the measures used
25
26 to collect the data. As such, the integrity of the speech-language clinician’s services (both in the
27
28 past and in the future) depends on valid measures that are void of bias. A test can be considered
29
30 biased if it does not yield equitable outcomes for children who differ from each other in their
31
32 cultural and/or linguistic background (Stockman, 2000). An unbiased test should not show a
33
34 preference or advantage for any cultural or linguistic group over another. Historically,
35
36 researchers identified biases within a test by comparing the central tendencies (i.e., mean,
37
38 median, and mode as well as shape and skew) of scores earned by a group of children to the
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40 central tendencies of the test’s normative sample; however, over the years, analyses to detect
41
42 biases have become more advanced. Now test biases are also examined by comparing the
43
44 diagnostic accuracy of a test and the relative difficulty of items within a test across different
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46 groups of children.
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53 Washington (1996) provides an early and comprehensive review of test biases and issues
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55 facing speech-language clinicians when assessing children who speak a dialect that differs from
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57 mainstream American English. At the time of Washington’s review, few non-biased tools
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5 existed and attempts to re-norm or adjust existing tools were deemed inadequate for
6
7 nonmainstream English-speaking children. Unfortunately, although many assessment tools
8
9 within the field have been revised or recently developed to better address the needs of
10
11 nonmainstream English-speaking children, test biases continue to be identified (e.g., Gutierrez-
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13 Clellen & Simon-Cerijido, 2007; Hammer, Pennoch-Roman, Rzas, & Tomblin, 2002, Qi, ,
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15 Kaiser, Milan, & Hancock, 2006; Restrepo, Schwanenflugel, Blake, Neuharth-Pritchett, Cramer,
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17 & Ruston, 2006; Thomas-Tate, Washington, & Edwards, 2004; Woods, Pena, & Martin, 2004).

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22 Hammer et al. (2002) is a recent study that examined biases within the *Test of Language*
23
24 *Development – Primary: 2* (TOLD-P: 2; Newcomer & Hammill, 1991). This well-known
25
26 language test is designed to assess among other skills, children’s grammar abilities. In this
27
28 study, the researchers were interested in test biases related to a child’s race, and the data came
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30 from 245 African American and 1,481 White kindergarteners. All subtests of the TOLD-P: 2
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32 were scored according to manual except for the Grammatical Completion and Sentence Imitation
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34 subtests, which were scored according to revised guidelines to account for nonmainstream AAE
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36 dialect features.
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42 Results revealed statistically lower mean scores for the African American children than
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44 for the White children on all five subtests of the TOLD-P: 2. Given that differences in mean
45
46 scores are not sufficient to confirm test biases, individual test items were then examined using
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48 differential item functioning, a method which includes both inferential and descriptive analyses.
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50 Results from these analyses indicated that 16% (or 24 items) of the 150 items on the test were
51
52 identified as showing a 5% or more scoring difference between the two races of children; and for
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54 75% (18 items) of these items, scores were lower for the African American children than for the
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56 White children. When discussing their findings, Hammer et al. (2002) note that a newer, third
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4 version of the test (TOLD-P: 3; Newcomer & Hammill, 1997) is now available to clinicians and
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6 this tests does not include 9 of the original 150 items. Unfortunately, Hammer et al. also note
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8 that only three of the removed items were among the problematic items identified on the TOLD-
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10 P: 2. Given this, the TOLD-P: 3 cannot be viewed as free from biases.
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14 Test biases can also be found in grammar measures that are derived from spontaneous
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16 language samples. As an example, Oetting, Cantrell, and Horohov (1999) and Oetting (2005)
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18 evaluated Lee's (1974) Developmental Sentence Score (DSS). With the DSS system, children's
19
20 utterances from a language sample are individually scored for seven grammatical categories, and
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22 each utterance can receive up to eight points for each category. Each utterance also earns an
23
24 additional point if it is grammatically and semantically correct. Although not directly stated,
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26 examples provided in the DSS scoring directions indicate that notions of correct are tied to
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28 mainstream varieties of American English.
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34 To examine DSS for biases, Oetting and colleagues calculated AAE- and SWE-speaking
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36 children's scores twice, once with all of their utterances and once with utterances that included
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38 nonmainstream grammar structures removed. Results for DSS varied as a function of the
39
40 children's type of nonmainstream English and the density (or rate) at which they produced
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42 nonmainstream English grammar structures. For children who spoke SWE, DSS was considered
43
44 unbiased because the children's two calculations of DSS (one with and one without
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46 nonmainstream grammar structures) were not statistically different from each other. In contrast,
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48 DSS was considered biased for children who spoke AAE because their two calculations of DSS
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50 were statistically different from each other. Moreover, for the AAE-speaking children who
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52 produced over 30% of their utterances with a nonmainstream grammar structure, their full
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5 sample DSS scores were statistically (and clinically) lower than their DSS scores which were
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7 calculated on samples without nonmainstream grammar structures.
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9 10 **Contrastive vs. Noncontrastive Grammar Structures**

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12 Nonmainstream dialects of English are often described as presenting contrastive and non-
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14 contrastive grammar structures (e.g., Leonard & Weiss, 1983; McGregor Williams, Hearst &
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16 Johnson, 1997; Seymour, Bland-Stewart, & Green, 1998). Contrastive structures vary across
17
18 dialects and non-contrastive structures do not. The contrastive structures are typically viewed as
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20 being extremely difficult to assess because they not only show variation across dialects but they
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22 can also show variation between children who are developing language typically and children
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24 who present with specific language impairment. In other words, contrastive structures can
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26 present ambiguity within the decision making process because upon hearing an utterance with a
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28 contrastive structure, one does not know if the source of the structure relates to the child's dialect
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30 or to a language impairment.
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36 To illustrate, consider the auxiliary BE form, *are*. This grammar structure is considered
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38 contrastive because it is always overtly marked (e.g., *They are walking*) in mainstream dialects
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40 of American English but it can be overtly marked (e.g., *They are walking*) and zero marked (e.g.,
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42 *They Ø walking*) in many nonmainstream dialects of English including AAE and SWE.
43
44 Extended use of optional marking (both overt marking and omission of marking) of auxiliary *are*
45
46 is also characteristic of children with specific language impairment. The diagnostic ambiguity of
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48 auxiliary *are* arises because utterances such as *They Ø walking* can be interpreted as either a
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50 socio-linguistically appropriate dialect variant or a clinical marker of childhood language
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52 impairment.
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5 Seymour et al. (1998) examined the diagnostic usefulness of six contrastive grammar
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7 structures (e.g., verbal –s, auxiliary and copular BE, regular past tense, plurals, possessives) and
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9 11 non-contrastive grammar structures (e.g., articles, demonstratives, locatives *here* and *there*,
10
11 negation, prepositions, pronouns). Their data came from language samples that had been
12
13 collected from 14 AAE-speaking children, aged 5 to 8 years; half were classified as language
14
15 impaired and half were classified as typically developing controls. The results showed that the
16
17 two groups of children differed on three of the non-contrastive structures. In contrast, no group
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19 differences were observed for the contrastive grammar structures, except for regular past tense.
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24 Based on the 1998 findings, Seymour and his colleagues created the *Diagnostic*
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26 *Evaluation of Language Variation* (DELV) test series to facilitate clinicians' use of non-
27
28 contrastive structures within assessment. The series includes a screener, criterion-referenced
29
30 test, and norm-referenced test (Seymour, Roeper & de Villiers, 2003a, 2003b, 2005). Although
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32 the DELV criterion-referenced test has been criticized by Spaulding, Plant and Farinella (2006)
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34 as lacking adequate levels of diagnostic accuracy, the norm-referenced version boasts diagnostic
35
36 sensitivity and specificity levels above .90 when - 1 SD is used as the cut score.
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41 The DELV screener includes 17 non-contrastive items to evaluate a child's risk for
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43 language impairment, and 11 of these items target a child's use of grammar (e.g., use of *was*,
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45 possessive pronouns such as *hers* and *their*, and complex verb phrases following a *Wh* question).
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47 Support for the screener includes a .70 correlation between the risk items on the screener and the
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49 syntax subtest of the criterion-referenced version of the test (Seymour et al., 2003b), a finding we
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51 recently replicated with the screener and the norm-referenced version of the test using a sample
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53 of 114 AAE- and SWE-speaking children ($r = .60, p < .001$; Oetting, Porter, Seidel, McDonald,
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55 & Hegarty, 2011).
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5 As evidenced by our review, the existing literature on and about services for
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7 nonmainstream English-speaking children reflects seminal lines of work that remain relevant and
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9 important for practicing clinicians and pre-professional students in speech-language pathology.
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11 Yet, these lines of work should not be viewed as anything more than the first steps of a field's
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13 evolution of a study topic. Certainly, the authors of these previous works did not consider their
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15 research finished but instead hoped that their efforts would inspire others to rigorously test and
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17 expand upon their findings. In the spirit of advancing science and clinical practice, we
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19 respectively note that much of the existing dialect literature has been heavily focused on what
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21 clinicians SHOULD NOT DO (i.e., they should not classify a dialect as a disorder, use a biased
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23 test, or measure contrastive grammar structures within assessment) rather than on what they
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25 SHOULD DO. We also posit that an unintended outcome of this focus has been to lead
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27 clinicians away from rigorous language assessments, especially rigorous measures of grammar,
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29 when working with children who do not speak mainstream American English.
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35 36 **Dialect-specific and Dialect-universal Aspects of Children's Grammars**

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39 In the mid 1990s, we began studying the grammars of child AAE and SWE, two
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41 nonmainstream dialects of English that are spoken in rural Louisiana. Child AAE is also heard
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43 in Louisiana cities such as Baton Rouge, New Orleans, and Shreveport, but our interest was in
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45 rural dialects because of the education and health disparities repeatedly documented for children
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47 who live in the rural Deep South (Goldhagen et al., 2005). Initially, we tried to avoid making the
48
49 above mentioned clinical errors -- we triple checked our data each time we identified an AAE- or
50
51 SWE-speaking child as specifically language impaired and we over-tested children to
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53 compensate for any undocumented test biases. We also tried to avoid the contrastive (and taboo)
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55 grammar structures.
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5 We soon realized that our methods, although well-intended, required us to ignore
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7 structures of language, including a wide range of tense and agreement markers and a number of
8
9 complex syntax structures that had inspired us to become speech-language clinicians and child
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11 language researchers. Not only are the contrastive grammar structures critical for
12
13 communication and academic achievement, but they are also actively pursued as clinical markers
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15 of specific language impairment in mainstream American dialects of English and in languages
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17 other than English! Not surprisingly, we eventually abandoned our methods and began a
18
19 systematic study of the contrastive structures of child AAE and SWE (among other studies, see
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21 Oetting & Garrity, 2006; Oetting & McDonald, 2001; Oetting & Pruitt, 2005; Ross, Oetting &
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23 Stapleton, 2004). Our work has now broadened to include any aspect of a child's grammar as
24
25 long as the research question driving the study is empirically or theoretically interesting.
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32 While studying the contrastive structures, we came to understand and appreciate the ways
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34 in which individual grammar structures (and larger units of grammar) can present both *dialect-*
35
36 *specific* and *dialect-universal* aspects. Dialect-specific aspects are those in which the structure or
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38 unit of language is differentially represented, used, or acquired within and across dialects.
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40 Dialect-universal aspects are those in which the structure or unit of language is similarly
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42 represented, used, or acquired within and across dialects. Whereas the classification system of
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44 Seymour et al. (1998; 2003a, 2003b, 2005) and others categorizes grammatical structures as
45
46 either contrastive or non-contrastive, our approach allows individual grammar structures (and
47
48 larger units of language) to include both dialect-specific and dialect-universal characteristics.
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53 As an example, consider AAE- and SWE-speaking children's use of relative clauses.
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55 Relative clause markers are contrastive because: 1) when the relative marker functions as the
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57 subject of the relative clause, it can be optionally produced in AAE and SWE but it must be
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4 invariably produced in mainstream American English, and 2) when the relative marker functions
5 as the object of the relative clause, AAE and SWE allow six different forms (i.e., *that*, *who*,
6 *which*, *where*, \emptyset , and *what*) to serve as the relative marker whereas only five (i.e., *that*, *who*,
7 *which*, *where*, and \emptyset , but not *what*) are felicitous in mainstream American English. In other
8 words, the dialect-specific aspects of relative clause markers in AAE, SWE, and mainstream
9 American English involve the marking options (+/- zero marking) when the relative marker
10 serves as a subject and the marking options (+/- use of *what*) when the relative marker serves as
11 an object.
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24 Oetting and Newkirk (2008) examined AAE- and SWE-speaking children's use of
25 subject relative clauses because age-inappropriate omissions of relative markers (e.g., *I fed the*
26 *baby \emptyset was hungry*) have been identified as a clinical marker of specific language impairment in
27 mainstream American English (Schuele & Nicholls, 2000; Schuele & Tolbert, 2001). The data
28 included language samples from 140 children (87 who spoke AAE and 53 who spoke SWE; 41
29 6-year-olds with specific language impairment and 99 typically developing 4- and 6-year-old
30 controls), and the number of utterances analyzed was 27,828 (mean per child = 199). Consistent
31 with the mainstream American English literature, lower rates of overt subject relative markers
32 were found for the AAE- and SWE-speaking children with language impairment than for the
33 typically developing AAE- and SWE-speaking controls (59% vs. 86%). This finding supported
34 our hypothesis that at least some contrastive grammar structures can be used to help identify
35 childhood language impairment in AAE and SWE. This finding also bolstered our belief that
36 contrastive grammar structures should not be ignored within assessment.
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56 Using the same data from the 99 typically developing children previously studied,
57 Oetting and Newkirk (2011) next completed a system-based study of all relative clauses
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4 produced by the children. Results revealed dialect-specific aspects of the children's relative
5 clause markers, including zero marked subject relative clauses (e.g., *Maybe there's a crawfish in*
6 *there Ø pinched him on the tail*) and the use of *what* in object relative clauses (e.g., *I ain't got a*
7 *sister what I can fight much*). Results also revealed a number of dialect-universal aspects. For
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produced by the children. Results revealed dialect-specific aspects of the children's relative clause markers, including zero marked subject relative clauses (e.g., *Maybe there's a crawfish in there Ø pinched him on the tail*) and the use of *what* in object relative clauses (e.g., *I ain't got a sister what I can fight much*). Results also revealed a number of dialect-universal aspects. For example, consistent with child studies of mainstream American English, the AAE- and SWE-speaking children produced low rates of relative clauses (less than 1 per 100 utterances) in their conversational samples, yet they also presented a dialect-appropriate adult rate (86%) of overt subject relative markers by the age of four years, with no differences observed between 4- and 6-year olds.

Finally, the AAE- and SWE-speaking children's relative clause markers were found to vary by the syntactic function of the marker and the humanness of the antecedent in ways that have been established in other dialects of English, including mainstream American English. Specifically, the children produced more of their Ø markers in object relatives (78%) than in subject relatives (22%). Also, the children produced *who* only when the marker served as a subject and the antecedent was human and *where* only when the marker served as a locative and the antecedent was non-human. Figure 1 illustrates the dialect-specific and dialect-universal aspects of the relative clause system in child AAE and SWE, with average percentage data or group proportional data reported when appropriate. As can be seen, there are far fewer dialect-specific aspects of the children's relative clause systems than there are dialect-universal aspects, and both pieces of information are needed to fully understand the children's relative clause systems.

The value of a system-based approach can be further demonstrated by considering AAE- and SWE-speaking children's productions of past tense and past participle structures. Past tense

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5 is a contrastive grammar structure that has been shown to be difficult for children with specific
6
7 language impairment (for review, see Oetting & Hadley, 2009). Past participles are also
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9 contrastive but they do not appear to cause children with specific language impairment as much
10
11 difficulty as past tense (Leonard et al., 2003; Redmond, 2001; Smith-Lock, 1995). Furthermore,
12
13 typically developing AAE-speaking children reared in poverty overtly mark past participles at
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15 lower rates than past tense structures, a finding that suggests a different language learning profile
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17 for these children than for children with specific language impairment (Pruitt & Oetting, 2009;
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19 Pruitt, Oetting & Hegarty, 2011).
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24 Using new language sample data from 73 typically developing six-year-olds (33 speakers
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26 of AAE; 40 speakers of SWE), we are currently examining children's use of past tense and past
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28 participle structures to learn more about the dialect-specific and dialect-universal aspects of
29
30 children's grammars (for other studies of these children, see Oetting, Gregory, Villa, Hegarty, &
31
32 McDonald, 2012; Oetting et al., 2012). As before, the samples average ~200 analyzable
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34 utterances per child, and the samples were elicited from the children during examiner-child play
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36 at the children's schools. Preliminary frequencies and examples of the children's past tense and
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38 past participle structures from the samples are presented in Table 1. As can be seen, we have
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40 identified a number of dialect-specific and dialect-universal aspects of the children's past tense
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42 and past participle systems.
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48 The dialect-specific aspects relate to additional marking options (i.e., zero marked forms
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50 and nonmainstream overtly marked forms) that are available in child AAE and SWE relative to
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52 the marking options that are available in mainstream American English. The dialect-universal
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54 aspects relate to the children's use of past tense and participle markers to express six different
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56 tenses and the relative frequency at which they produce each of these tenses. Like children
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4 learning mainstream dialects of American English, the AAE- and SWE-speaking children
5 produce past tense structures more frequently than past participle structures and they use past
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7 participle structures most often to express passive voice. Another dialect-universal aspect of the
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9 children's past tense and past participle systems relates to the children's low numbers of dialect-
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11 inappropriate errors. Dialect-inappropriate grammar errors are frequently discussed in the child
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13 language literature as errors of commission, and low rates (<3%) of these errors have been
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15 repeatedly documented in children learning mainstream American English (Rice, 2004). Our
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17 preliminary findings indicate that low rates (~1%) of dialect-inappropriate errors are also
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19 characteristic of children learning AAE and SWE (see also Pruitt & Oetting, 2009). As we
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21 showed for the children's relative clause systems, the dialect-universal aspects of the children's
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23 past tense and past participle systems appear greater than the dialect-specific aspects. Indeed,
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25 85% (3,657 mainstream markers / 4311 markers produced) of the children's past tense and past
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27 participle expressions reflect dialect-universal markings of these structures.
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36 In summary, we hope through our presentation of AAE- and SWE-speaking children's
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38 use of relative clause, past tense, and past participle structures that we have demonstrated the
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40 value and feasibility of considering contrastive grammar structures within assessment. Had we
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42 excluded these structures from our assessments, we would know far less about how typically
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44 developing AAE- and SWE-speaking children use grammar to effectively communicate with
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46 others. Exclusion of relative clauses in particular also would have left us unaware of clinical
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48 differences between children with and without language impairment in AAE and SWE.
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53 We are currently examining the clinical utility of past tense and other contrastive
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55 grammar structures within AAE and SWE, and we anticipate finding group differences for at
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57 least some of the contrastive structures. Recall that earlier, we highlighted Seymour et al.'s
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5 (1998) results for past tense in child AAE. Of the six contrastive structures and 11 non-
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7 contrastive structures evaluated by Seymour et al., the largest difference between the children
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9 with and without language impairment was found for past tense (language impaired = 50% vs.
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11 controls = 91%); see also Garrity and Oetting (2010) for data showing auxiliary BE to be both
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13 contrastive and sensitive to specific language impairment in child AAE.
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17 Finally, we hope our presentation has demonstrated the usefulness of considering
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19 individual grammar structures (and larger units of language) as presenting dialect-specific and
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21 dialect-universal aspects within a child's grammar system. We envision our approach as having
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23 broader applications as the unit of grammar under study is expanded. We also expect children's
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25 growth in global language measures such as mean length of utterance (MLU) to present dialect-
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27 specific and dialect-universal aspects. For MLU, the dialect-specific aspects will most likely
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29 involve the types of morphemes available to children within any given dialect and the dialect-
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31 universal aspects will most likely involve the timing and developmental trajectory of children's
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33 MLU levels. Studies of nonmainstream English-speaking children's MLU levels as well as
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35 studies of the order in which morphemes emerge, become productive, and reach dialect-
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37 appropriate adult levels of mastery are needed to test this hypothesis (for a recent study
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39 examining the timing and developmental trajectory of the auxiliary system, see Newkirk, 2010;
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41 for additional discussion of system-based research for child AAE, see Green, 2011; Stockman,
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43 2010; Stockman, Guillory, Seibert & Boulton, in press).
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51 Finally, it is important to note that of the three grammar structures we presented in this
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53 article, only past tense is one of Roger Brown's 14 morphemes. In keeping with Schuele's (in
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55 press) introductory article, we hope the presentation of a system-based approach to the study of
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57 grammar motivates others in the field of speech-language pathology to move their child language
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5 assessments beyond Brown's 14 morphemes. As speech-language clinicians, we should strive to
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7 understand the entire grammars of the children we serve, but we cannot do this if our attention is
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9 focused on narrow subsets of grammar or on those aspects of grammar that are dialect-specific.
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11 Moving beyond Brown and the dialect-specific features of children's dialects will require
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13 changes in training at the pre-professional level as well as the development of clinically relevant
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15 grammar workshops for practicing clinicians.
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References

- American Speech-Language-Hearing Association. (1983). Social dialects [Position Statement]. Available from www.asha.org/policy.
- Garrity, A.W., & Oetting, J.B. (2010). Auxiliary BE production by AAE-speaking children with and without specific language impairment. *Journal of Speech, Language, and Hearing Research, 53*, 1307-1320.
- Goldhagen, J., Remo, R., Bryant, T., Wudyka, P., Dailey, A., Wood, D., Watts, G., & Livingood, W. (2005). The health status of southern children: A neglected regional disparity. *Pediatrics, 116*, 746-753.
- Green, L. J. (2010). *Language and the African American child*. New York, NY: Cambridge University Press.
- Gutierrez-Clellen, V. F., & Simon-Cerijido, G. (2007). The discriminant accuracy of a grammatical measure with Latino English-speaking children. *Journal of Speech, Language, and Hearing Research, 50*, 968-981.
- Hammer, C. S., Pennock-Roman, M., Rzasa, S., & Tomblin, J. B. (2002). An analysis of the Test of Language Development-Primary for item bias. *American Journal of Speech-Language Pathology, 11*, 274-284.
- Lee, L. L. (1974). *Developmental sentence analysis*. Evanston, IL: Northwestern University Press.
- Leonard, L. B., Deevy, P., Miller, C. A., Rauf, L., Charest, M., & Kurtz, R. (2003). Surface forms and grammatical functions: Past tense and passive participle use by children with specific language impairment. *Journal of Speech, Language, and Hearing Research, 46*, 43-55.

- 1
2
3
4 Leonard, L. B., & Weiss, A. L. (1983). Application of nonstandardized assessment procedures
5
6 to diverse linguistic populations. *Topics in Language Disorders*, 3, 35–45.
7
8
- 9
10 McGregor, K. K., Williams, D., Hearst, S., & Johnson, A. C. (1997). The use of contrastive
11
12 analysis in distinguishing difference from disorder: A tutorial. *American Journal of*
13
14 *Speech-Language Pathology*, 6, 45 – 56.
15
16
- 17 Newcomer, P., & Hammill. D. (1991). *Test of Language Development Primary: 2*. Austin, TX:
18
19 ProEd.
20
- 21 Newcomer, P., & Hammill. D. (1997). *Test of Language Development Primary: 3*. Austin, TX:
22
23 ProEd.
24
25
- 26 Newkirk, B. L. (2010). *The auxiliary system of typically developing children acquiring African*
27
28 *American English*. Unpublished dissertation. Louisiana State University, Baton Rouge,
29
30 LA.
31
32
- 33
34 Oetting, J. B. (2005). Assessing language in children who speak a nonmainstream dialect of
35
36 English. In M. Ball (Ed.). *Clinical Sociolinguistics* (pp. 180-192). Malden, MA:
37
38 Blackwell.
39
40
- 41 Oetting, J. B., Cantrell, J., & Horohov, J. (1999). A study of specific language impairment (SLI)
42
43 in the context of non-standard dialect. *Clinical Linguistics and Phonetics*, 13, 25-44.
44
45
- 46 Oetting, J. B. & Garrity, A.W. (2006). Variation with dialects: A case of Cajun/Creole
47
48 influence within child SAAE and SWE. *Journal of Speech, Language, and Hearing*
49
50 *Research*, 49, 16-26.
51
52
- 53 Oetting, J. B, Gregory, K., Villa, T., McDonald, J., & Hegarty, M. (2012, November). *Dialect*
54
55 *differences in the marking of BE across tasks*. Paper presented at the annual convention
56
57 of the American Speech, Language, and Hearing Association, Atlanta, GA.
58
59
60
61
62
63
64
65

- Oetting, J.B., & Hadley, P. (2009). Morphosyntax in child language disorders. In R. G. Schwartz (Ed.), *The Handbook of Child Language Disorders* (pp. 341-364). New York, NY: Psychological Press.
- Oetting, J. B., & McDonald, J. (2001). Nonmainstream dialect use and specific language impairment. *Journal of Speech, Language, and Hearing Research, 44*, 207-223.
- Oetting, J. B., & Newkirk, B. L. (2008). Subject relative clause use by children with and without SLI across dialects. *Clinical Linguistics and Phonetics, 22*, 111-125.
- Oetting, J. B. & Newkirk, B. L. (2011). Children's relative clause markers in two nonmainstream dialects of English. *Clinical Linguistics and Phonetics, 25* (8), 725-740.
- Oetting, J. B., Porter, K. L., Seidel, C., McDonald, J., & Hegarty, M. (2011, November). *Evaluation of the DELV-ST for kindergarteners in the rural South*. Paper presented at the annual convention of the American Speech-Language-Hearing Association, San Diego, CA.
- Oetting, J.B. & Pruitt, S. L. (2005). Use of Southern African American English across groups. *International Journal of Multicultural Communication Disorders, 3*, 136-144.
- Oetting, J. B., Rivière, A., Lee, R., Richardson, J., Hegarty, M., & McDonald, J. (2012, June). *Structure-specific differences in nonmainstream dialects of English across tasks*. Paper presented at the Symposium for Research in Child Language Disorders, University of Wisconsin at Madison, Madison, WI.
- Pearson, B. Z., & Ciolli, L. (2004). In H. Seymour, H., & B. Z. Pearson, (Eds.). Distinguishing dialect from disorder: Case studies. *Seminars in Speech and Language, 25*, 101-112.
- Pruitt, S. L. & Oetting, J. B. (2009). Past tense marking by African American English-speaking children reared in poverty. *Journal of Speech, Language, and Hearing Research, 52*, 2-15.

- 1
2
3
4
5 Pruitt, S. L., Oetting, J. B., & Hegarty, M. (2011). Past participle marking by African American
6
7 English-speaking children reared in poverty. *Journal of Speech, Language, and Hearing*
8
9 *Research, 54*, 598-607.
10
- 11 Qi, C., Kaiser, A. P., Milan, S., & Hancock, T. (2006). Language performance of low-income,
12
13 African American and European American preschool children on the PPVT-III.
14
15 *Language, Speech, and Hearing Services in Schools, 37*, 5-16.
16
17
18
- 19 Redmond, S. M. (2003). Children's productions of the affix -ed in past tense and past participle
20
21 contexts. *Journal of Speech, Language, and Hearing Research, 46*, 1095-1109.
22
23
- 24 Restrepo, M. A., Schwanenflugel, P. J., Blake, J., Neuharth-Pritchett, S., Cramer, S. E., &
25
26 Ruston, H. P. (2006). Performance on the PPVT-III and the EVT: Applicability of the
27
28 measures with African American and European American preschool children. *Language,*
29
30 *Speech, and Hearing Services in Schools, 37*, 17-27.
31
32
- 33 Rice, M. L. (2004). Growth models of developmental language disorders. In M. L. Rice & S. F.
34
35 Warren (Eds.), *Developmental language disorders: From phenotypes to etiologies* (pp.
36
37 207-240). Mahwah, NJ: Erlbaum.
38
39
40
- 41 Ross, S., Oetting, J. B., & Stapleton, B. (2004). Preterite Had+Ved: A developmental narrative
42
43 discourse marker in AAE. *American Speech, 79*, 167-193.
44
45
- 46 Schuele, C. M., & Nicholls, L. (2000). Subject relative clauses: Evidence in continued linguistic
47
48 vulnerability in children with specific language impairment. *Clinical Linguistics and*
49
50 *Phonetics, 14*, 563-585.
51
52
- 53 Schuele, C. M., & Tolbert, L. (2001). Omission of obligatory relative markers in children with
54
55 specific language impairment. *Clinical Linguistics and Phonetics, 15*, 257-274.
56
57
- 58 Seymour, H., Bland-Stewart, L., & Green, L. (1998). Difference versus deficit in child
59
60
61
62
63
64
65

African American English. *Language, Speech, and Hearing Services in Schools*,
29, 96-108.

Seymour, H. (2004). The challenge of language assessment for African American English-speaking children: Historical Perspective. *Seminars in Speech and Language*, 25, 3-12.

Seymour, H. N., Roeper, T. W., & deVilliers, J. (2003a). *Diagnostic Evaluation of Language Variation-Criterion Referenced*. San Antonio, TX: The Psychological Corporation.

Seymour, H. N., Roeper, T. W., & deVilliers, J. (2005). *Diagnostic Evaluation of Language Variation-Norm Referenced*. San Antonio, TX: The Psychological Corporation.

Seymour, H. N., Roeper, T. W., & deVilliers, J. (2003b). *Diagnostic Evaluation of Language Variation-Screener*. San Antonio, TX: The Psychological Corporation.

Smith-Lock, K. M. (1992). Morphological skills in normal and specifically language-impaired children (Unpublished doctoral dissertation). University of Connecticut, Storrs.

Spaulding, T. J., Plant, E., & Farinella, K. A. (2006). Eligibility criteria for language impairment: Is the low end of normal always appropriate? *Language, Speech, and Hearing Services in Schools*, 37, 61-72.

Stockman, I. J. (1996). The promises and pitfalls of language sample analysis as an assessment tool for linguistic minority children. *Language, Speech, and Hearing Services in Schools*, 27, 355-366.

Stockman, I. J. (2000). The new Peabody Picture Vocabulary Test-III: An illusion of unbiased assessment? *Language, Speech, and Hearing Services in Schools*, 31, 340-353.

Stockman, I. J. (2010). A review of developmental and applied language research on African American children: From a deficit to difference perspective on dialect differences. *Language, Speech, and Hearing Services in Schools*, 41, 23-38.

- 1
2
3
4
5 Stockman, I. J., Guillory, B., Seibert, M., & Boulton, J. (in press). Toward validation of a minimal
6
7 competence core of morphosyntax for African American children. *American Journal of*
8
9 *Speech-Language Pathology*, doi:10.1044/1058-0360.
- 10
11 Thomas-Tate, S., Washington, J., & Edwards, J. (2004). Standardized assessment of
12
13 phonological awareness skills in low-income African American first graders. *American*
14
15 *Journal of Speech-Language Pathology*, 13(2), 182-190.
- 16
17
18 Washington, J. A. (1996). Issues in assessing the language abilities of African American
19
20 children. In A.L. Kamhi, K.E. Pollock, & J.L. Harris (Eds.), *Communication development*
21
22 *and disorders in African American children: Research, assessment, and intervention* (pp.
23
24 48-54). Baltimore: Paul H. Brookes Publishing Co.
- 25
26
27 Washington, J., & Craig, H. (1992). Performances of low-income, African American preschool
28
29 and kindergarten children on the Peabody Picture Vocabulary Test–Revised. *Language,*
30
31 *Speech, and Hearing Services in Schools*, 23, 329–333.
- 32
33
34 Washington, J., & Craig, H. (1999). Performances of at-risk, African American preschools on
35
36 the Peabody Picture Vocabulary Test–III. *Language, Speech, and Hearing Services in*
37
38 *Schools*, 30, 75-82.
- 39
40
41
42
43 Woods, A. G., Pena, E. D., & Martin, F. N. (2004). Exploring possible sociocultural bias on the
44
45 SCAN-C. *American Journal of Audiology*, 13, 173-184. doi: 10.1044/1059-0889.
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Table 1

Past tense and past participle markers produced by 73 nonmainstream English-speaking children.^a

Dialect-specific Aspects	Dialect-universal Aspects
<p>Nonmainstream, overt markers to express: simple past (237) <i>Then Alex had brought a big bag.</i> <i>We swim/ed...</i> <i>She seen him yesterday.</i></p> <p>Nonmainstream, overt markers to express: passive voice (11) <i>I was beat/ed with bullets.</i> present perfect (1) <i>He has been eat/ed.</i> past perfect (1) <i>My dad had got ran/ed over.</i> perfect with modals (5) <i>He would have got ate.</i> adjectives or adverbs (2) <i>It is burnt up.</i></p> <p>Ø markers to express: simple past (337) <i>And then...we share them.</i> passive voice (11) <i>We were getting our car wash.</i> present perfect (1) <i>They have wash the car.</i> past perfect (0) perfect with modals (1) <i>He should have go.</i> adjectives or adverbs (4) <i>A cat name Blackie.</i></p>	<p>Mainstream overt markers to express: simple past (3,575) <i>And then I helped her.</i></p> <p>Mainstream overt markers to express: passive voice (68) <i>And then he was shocked.</i> present perfect (5) <i>He has busted his head.</i> past perfect (1) <i>Somebody had broken into their house.</i> perfect with modals (0) adjectives or adverbs (8) <i>I have another cousin named.</i></p> <p>Dialect-inappropriate uses (i.e., errors of commission) of past tense and participle markers (43). Rate of error calculated as 1% using formulas: 43/(43 + 4,268 other markers observed) 43/(43 + 3,914 overt markers) 43/(43 + 3,657 mainstream overt markers)</p> <p><i>He wanted the ambulance to came.</i> <i>We don't went to there.</i> <i>Why you didn't brung the boy.</i></p>

^a Frequencies of occurrence presented in parentheses.

Figure 1

Relative Clauses in Child AAE and SWE

Dialect-specific Aspects

Ø when marker serves as the subject.
I fed the baby Ø was hungry.
 22% of all Ø markers

What when marker serves as the object.
I ain't got a sister what I can fight much.
 7% of all object relative markers
 2% of all relative markers

Dialect-universal Aspects

Infrequent use of relative clauses in
 play-based language samples.
 (< 1 per 100 utterances)

Dialect-appropriate adult rates of overtly
 produced subject relative markers in
 relative clauses by the age of four years.
 average rate per child = 86%

Who only when marker refers to a human.
I play with the girl who lives next door.
 100% of all *who* markers

Where only when marker serves as a locative
 and refers to a non-human.
*He went to the hospital where
 my momma went.*
 100% of all *where* markers

Ø when marker serves as an object.
I have lots of prizes Ø we can win.
 78% of all Ø markers

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