

It Be Like That:

How Ethnic Speech Patterns Might Influence Disorganized Communication Ratings in Psychosis Assessments

Shanna Trott^{1,2} & Michelle West, PhD²

¹The Psychiatry Undergraduate Research Program and Learning Experience (PURPLE), Research Education Core, Psychiatry Research Innovations (PRI) ² Department of Psychiatry, University of Colorado Anschutz Medical Campus



Background

Trouble differentiating between what is real and not real

Psychosis

Communication

- Positive psychotic symptoms: delusions, paranoia, grandiosity, hallucinations, disorganized communication
- Negative psychotic symptoms: flat affect, reduced feelings of pleasure

Disorganized

Psychosis symptom and a collection of speech abnormalities that can make a person's verbal communication difficult to comprehend.

- Vague, metaphorical, overelaborate speech
- Difficulty directing sentences toward a goal
- Irrelevant to context
- Loose associations (may make speech hard to follow or unintelligible)

African American Vernacular **English (AAVE)**

Dialect employed by Black Americans and Canadians that has its own unique grammatical, vocabulary, and accent features.

- AAVE use can trigger discrimination in the workplace, housing market, schools, & legal
- Not all Black Americans use AAVE and some can switch between AAVE and Standard American English



African Americans are 4x more likely to be diagnosed with schizophrenia



Research Question

Do African Americans who use AAVE receive higher scores for disorganized communication than African Americans who do not use AAVE?

Hypothesis: African American clients who use AAVE will receive higher scores for disorganized communication than those who use Standard American English





Future Study Design

Participants:

Representative sample of clinicians and trainees that assess young people for psychosis and clinical high risk for psychosis (CHR-p).



Control Condition:

Actor portrays the client using Standard American English and clinicians score client using the SIPS.

> **Standard American English**

Assessment Tool:

Participants use the Structured Interview for Psychosis Risk Syndromes (SIPS) to rate them on all SIPS items.



Experimental Condition:

Actor portrays the exact same client using African American Vernacular English (AAVE) and clinicians score client using the

> **African American** Vernacular English

Methods:

An African American male actor who is bidialectical in both AAVE and in Standard American English will portray the same client with psychotic symptoms in two video recorded mock SIPS interviews.





Analysis:

T - test to analyze if mean disorganized symptom ratings (SIPS P5) from the experimental and the control groups are significantly different.





Methods: Investigated archival data for an affiliated psychosis risk program ("CEDAR"). Used one way ANOVA test to analyze the difference in mean disorganized speech (P.5) for black and white clients.

Pilot Data

Results: The F ratio is low (.162) and not significant (p=.688), indicating there is no significant difference between groups for this comparison.

Table 1: P.5 Scores by Race

Race	# of Clients	Mean P.5 Score (Disorganized Communication 0-6)
White	116	2.02
Black	27	1.89
Total	143	1.99

Table 2: ANOVA results; P.5. Score by Race

CA, SIPS, P5: Disor	ganized Communi	ication			
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	.361	1	.361	.162	.688
Within Groups	314.632	141	2.231		
Total	314.993	142			

Pilot Data Limitations

 Small sample size and discrepant numbers of clients in each group (116 white clients compared to 27 black clients)

 Does not answer the intended question because it only analyzes race differences and no information regarding vernacular is known and/or recorded for this dataset

 No existing/known data that investigates how vernacular may impact psychosis risk evaluations

Key Takeaways

Misunderstandings of AAVE occur in many settings and could translate to clinical interviews, including psychosis risk assessments

Clinicians may not be trained to understand speech differences which could lead to racial biases

Lack of familiarity with AAVE may impact quality of care and client comfort seeking care

Important to create diverse specialized care teams who can recognize and understand linguistic differences

Important to conduct research with diverse populations to minimize barriers to care

Helpful Links







PEACS Website

References

AAVE Example

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