

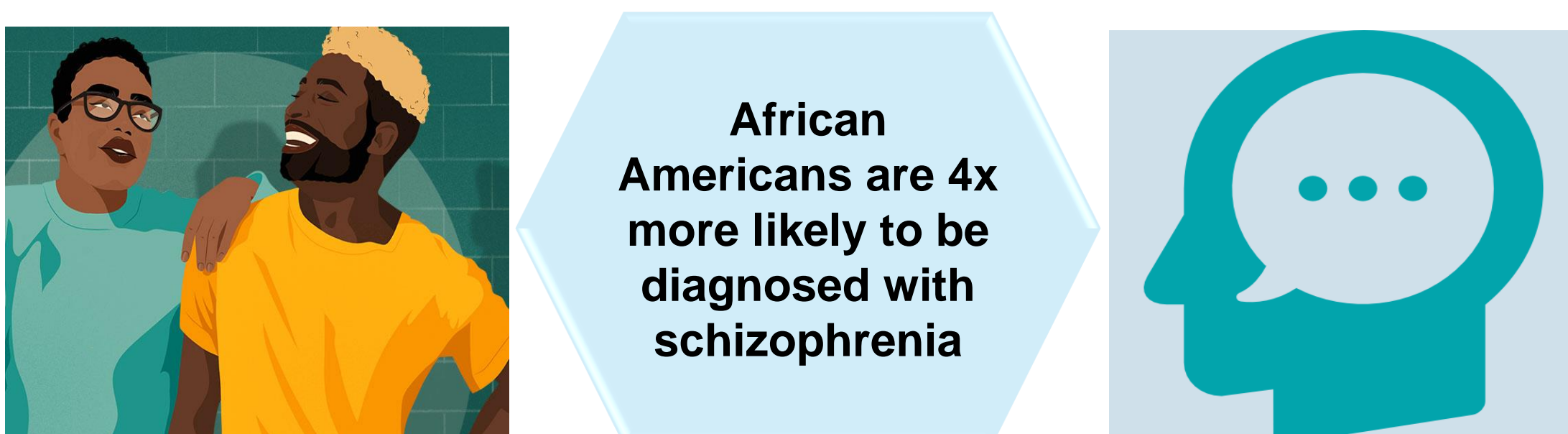
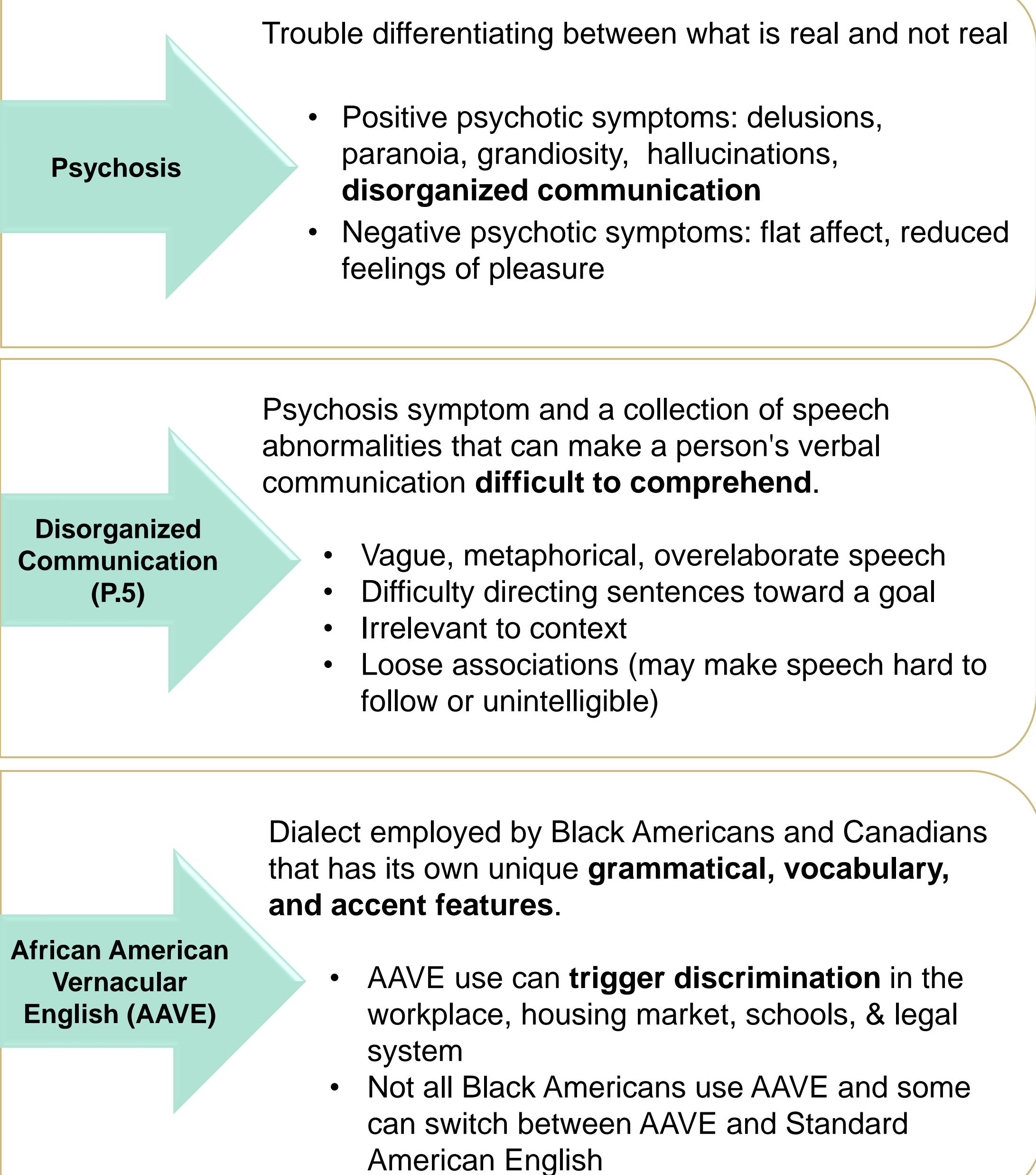
It Be Like That: How Ethnic Speech Patterns Might Influence Disorganized Communication Ratings in Psychosis Assessments

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Background



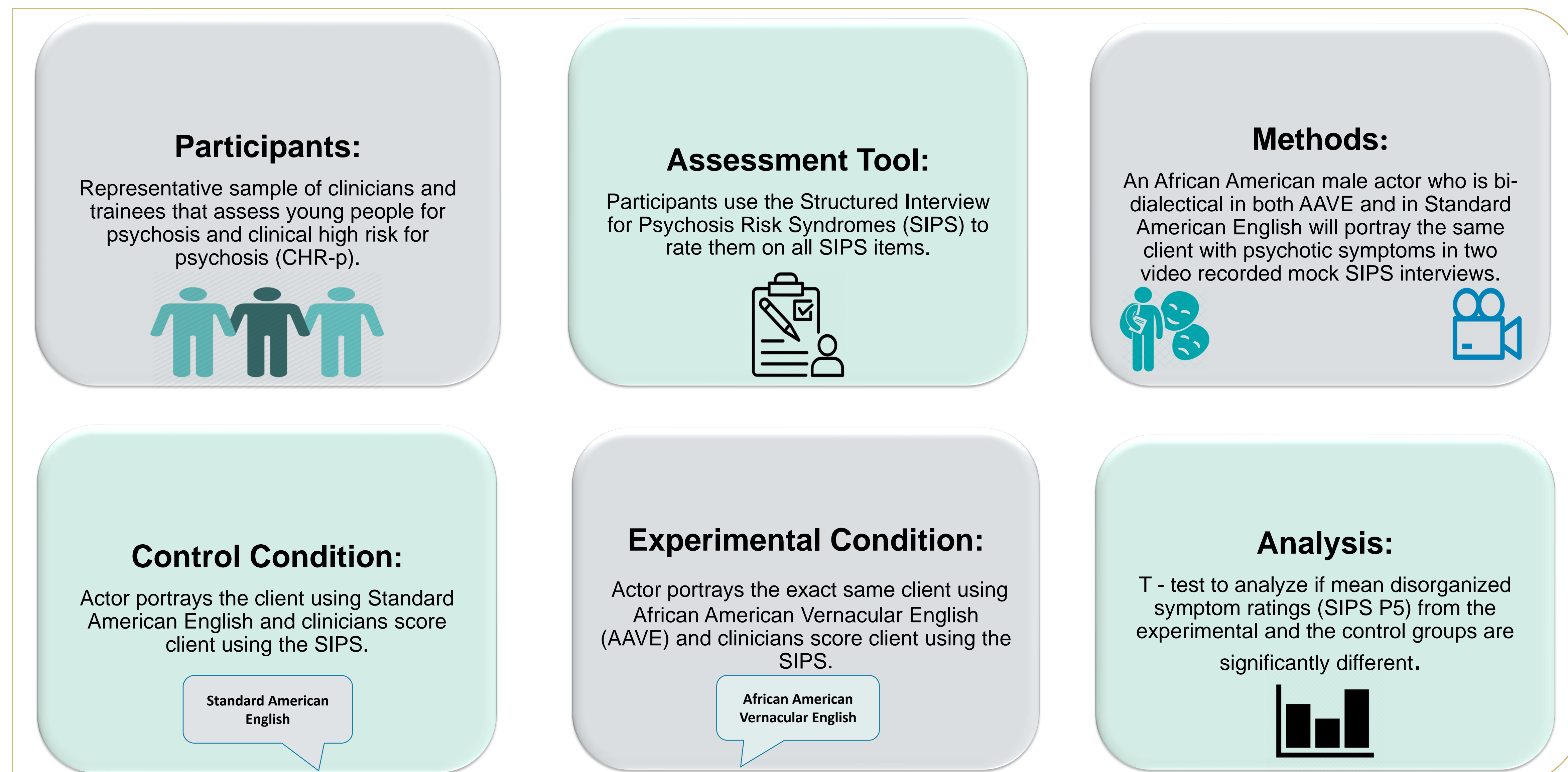
Research Question

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



Pilot Data

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.

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

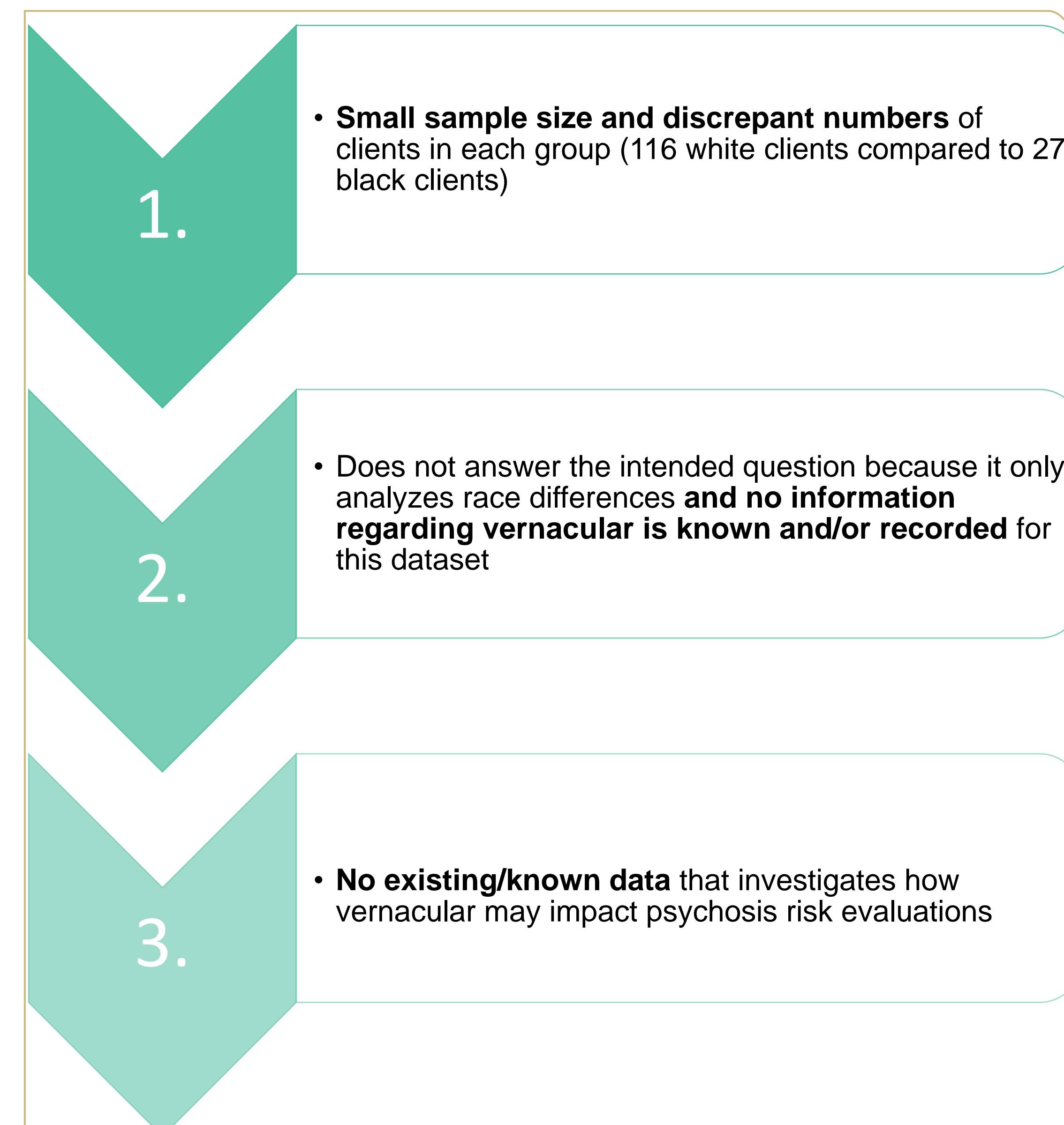
Table 1: P.5 Scores by Race

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

ANOVA					
CA, SIPS, P5: Disorganized Communication					
	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



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](#)

Acknowledgements

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