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

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**Background**

Trouble differentiating between what is real and not real

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

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)

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 system
- Not all Black Americans use AAVE and some can switch between AAVE and Standard American English

**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)\(^6\).

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

**Control Condition:**
Actor portrays the client using Standard American English and clinicians score client using the SIPS.

**Experimental Condition:**
Actor portrays the exact same client using African American Vernacular English (AAVE) and clinicians score client using the SIPS.

**Methods:**
An African American male actor who is bicultural 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.

**Pilot Data**

**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 the dataset

**Table 1: P5 Scores by Race**

<table>
<thead>
<tr>
<th>Race</th>
<th># of Clients</th>
<th>Mean P5 Score (Disorganized Communication 0-6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>116</td>
<td>2.02</td>
</tr>
<tr>
<td>Black</td>
<td>27</td>
<td>1.89</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>143</strong></td>
<td><strong>1.99</strong></td>
</tr>
</tbody>
</table>

**Table 2: ANOVA results; P5. Score by Race**

<table>
<thead>
<tr>
<th>CA, SIPS, P5: Disorganized Communication</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>381</td>
<td>1</td>
<td>381</td>
<td>182</td>
<td>0.39</td>
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<tr>
<td>Within Groups</td>
<td>314.632</td>
<td>141</td>
<td>2.331</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>314.933</td>
<td>142</td>
<td></td>
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</tr>
</tbody>
</table>

**Helpful Links**

1. Misunderstandings of AAVE occur in many settings and could translate to clinical interviews, including psychosis risk assessments
2. Clinicians may not be trained to understand speech differences which could lead to racial biases
3. Lack of familiarity with AAVE may impact quality of care and client comfort seeking care
4. Important to create diverse specialized care teams who can recognize and understand linguistic differences
5. Important to conduct research with diverse populations to minimize barriers to care

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