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Comprehensive Assessment of Foreign-Accented Speech: Test Battery and Model for Assessment

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Moderated By:

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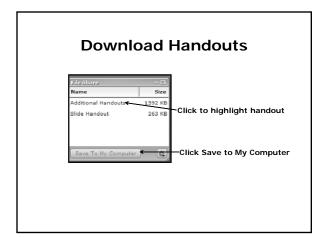
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Comprehensive Assessment of Foreign-accented Speech: Test Battery and Model for Assessment Amee P. Shah, Ph.D., CCC-SLP Associate Professor, Program of Speech & Hearing Director, Speech Acoustics & Perception Laboratory Cleveland State University Email: a.shahlol@csuohio.edu Websites: http://academic.csuohio.edu/shah.a/ http://academic.csuohio.edu/shah.a/risap/index.htm

Today's agenda

The following major sections will be covered today:

□ What is an SLP's role with accents and dialects?
Knowledge of basic terms and concepts
□ Understanding the theoretical background to assessment
□ Broad goals of assessment of foreign-accented speech
□ Areas of assessment of foreign-accented speech, and methods to assess each area
□ Methods to score and record results in each area of assessment
□ Creating a Diagnostic Profile of Scores, with degree of severity in each assessed area
□ Learning to prioritize goals with the help of the Diagnostic Profile.

What is an SLP's role with accents & dialects?

Accent Modification as Evidence-Based Practice

Speech-Language Pathology & **Accent Modification**

- ASHA introduced dialect- and accent-related concerns in the scope of practice in 1983 (see ASHA 1983, 1985, 2007).
- Incidence in population (recent census data → nearly 43% of diversity in national population, and growing by 1.5 million every year!! (Camarota, 2001)
- All speech-language pathologists will encounter referral due to dialect and accent-related communication concerns; proportion and frequency in the caseload may vary (Shah, 2005).
- Dialect- and Accent-related concerns need to be better understood, studied, researched, and addressed in evidence-based manner

Accent-modification: EBP?

- Nationwide Survey (Shah, 2005)
 - Based on results of 237 accredited graduate programs surveyed, results indicated poor representation of information, resources, and data in the literature to help clinicians with EBP in accent-modification
 - Lack of statistically-validated assessment tools
 Lack of proven assessment methods

 - Lack of proven therapy "Implementation" approaches
 Limited literature; mostly theoretical

 - · Questions remain about evaluations, intervention, resources
- Shah, A. P. Research Program (2005-present): Evidence-based practice of <u>Evaluation</u> and <u>Implementation</u> (Therapy) in Accent-modification.
 - Speech science perspective,
 - Bridging the theoretical & clinical fields
 - Change subjective/impression-based nature to objective, data-based, scientific

Recent work on evidence-based research in accent-modification from my research laboratory:

- Development of a comprehensive, objective, test battery (CAAI, Shah 2007)
- Assessment Model: Systematic protocols & procedures to do testing (Shah, 2007a, 2009a)
- · Standardization studies: Reliability Measures (Shah, 2009b)
- Normative data to base decisions on (in progress; Shah, 2009e)
- Case studies as working models (Shah, 2009c; 2009d).

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Existing assessment tools used typically by SLPs, based on reports of the Shah (2005) survey. Speech/Articulation: • Phonological Assessment of foreign accent (Compton, 2002) Proficiency in Oral English Communication (POEC: Sikorski, Psycholinguistic Aspects of foreign accent approach (Dato, 1986) Fisher-Logemann Test of Articulation Competence (Fisher & Logemann, 1971) Goldman-Fristoe Articulation Test (GFTA, Goldman & Fristoe, 2000) Khan-Lewis Phonological Assessment (Khan & Lewis, 2002) Photo Articulation Test (Lippke et al., 1997) Speaking Proficiency English Assessment Kit (SPEAK: Educational Testing Services ETS). Assessment of Intelligibility of Dysarthric Speech (Yorkston, Beukelman, & Traynor, 1984) • Sentence Intelligibility Test (Yorkston, Beukelman, & Tice, 1996) يوسوو. Proficiency in Oral English Communication (POEC: Sikorski, 2002) • Psycholinguistic Aspects of foreign accent approach (Dato, 1986) Phonological Assessment of foreign accent (Compton, 2002) · Limitations of these tests: Not evidence-based, normed, or statistically-tested for use. Not sufficiently comprehensive • Most of these are not developed directly for use with accent/dialect related problems (e.g., Goldman-Fristoe); clinicians simply adapted their use for accent/dialect conditions Response to Need: Comprehensive Assessment of Accentedness & Intelligibility (CAAI: Shah, 2007). Knowledge of basic terms & concepts

Understanding basic terms & concepts

- Accent Modification (versus "reduction", "correction", "improvement", and such).
- Pathology-related terms not applicable → replaced by:
 - Clients versus patients
 - Therapy/ Treatment versus Implementation (Shah, 2010)

Accented-speech: Types, severity, proficiency

- Dialect versus accent
- Accent Types:
- Regional-accented (e.g., Southern-accented American English)
 Foreign-accented, native: e.g., British-accented English
 Foreign-accented, nonnative: e.g., Chinese-accented English
- Severity: Mild, Moderate, Strong
- Accentednes versus Intelligibility
- Proficiency: Knowledge of English + Severity of accentedness+ Intelligibility (e.g., newly-immigrated international student versus long-residing medical doctor)
 - See next slide with contrasting audio samples to understand these concepts

Putting it all together:

Proficiency, Severity, Intelligibility, Accentedness

Let's compare two foreign-accented samples in the variables discussed in the previous slide

	•	ı.

Conclusions

- Sample A:
 - Low proficiency (words appear to be unknown to her)
 - Low intelligibility (no. of words unintelligible)
 - Strong accent (C, V, Prosody including stress, intonation, slow rate)
- Sample B:
 - High proficiency
 - High intelligibility & fluency
 - Moderate accent (more of prosodic issues than segmental ones)

The CAAI ASSESSMENT TOOL & MODEL FOR ACCENTED SPEECH

The Assessment Tool
Comprehensive Assessment of
Accentedness & Intelligibility
(CAAI)

Developed and published by Amee P. Shah, 2007.

CAAI: What does it look like?



Unique Aspects of the Test

- Comprehensive
- Assesses prosody at all levels
 Assesses auditory discrimination
- Detailed grammar guide
- Distinguishes between accentedness and intelligibility
- Includes examples of specific errors patterns associated with accents
 Individual, customized predictions of phonetic errors and grammatical errors within specific language types (e.g., Asian, Indian, East European, French, German, etc.)

 Individual customized predictions of phonetic errors and grammatical errors within specific language types (e.g., Asian, Indian, East European, French, German, etc.)
- Diagnostic: Quantitative (scores and severity) and qualitative assessment (accent or intelligibility)

 Prognostic
- Helps sets Implementation (therapy) goals in a numerically-guided
- Helps measure success: pre- and post-score comparison
 STANDARDIZATION & NORMATIVE DATA

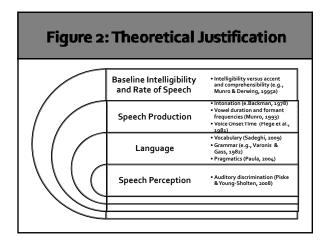
THE CAAI ASSESSMENT MODEL Shah, A. P. (2009).

The premise of the model

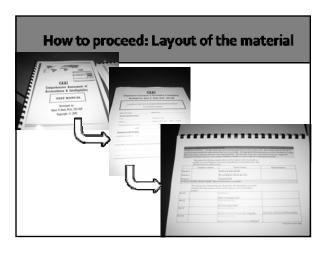
- What to assess?
- Why assess those areas?
 - Theoretical justification
- How to assess?
- How to track scores?
- How to develop diagnostic labels?
- How to prioritize goals in Implementation (therapy) based on assessment scores?

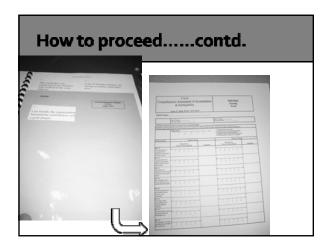
*Accent/intelligibility rating Baseline intelligibility score Rate of speech Rate of speech *Auditory discrimination (pairs) *Auditory discrimination (single-word labeling) *Auditory discrimination (single-word labeling)

Understanding theoretical background to assessment of accented speech



How to assess: Section-by-section methodology & Scoring procedures

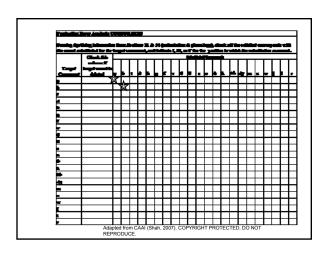




	CAAI Section Title/ Communication area to test	Example	Scoring
Specific Areas to Assess	SECTION 1: INTELLIGIBILITY RELATIVE TO ACCENTEDNESS	"The committee was composed of ten members"	I= Negligible difference from SAE 2- Some trace of accent but completely melligible 3- Distinct accent but completely intelligible 4- Significant degree of accent, often not understood. 5- Very strong accent, impossible to understand
c Area:	SECTION 2: INTELLIGIBILITY SCORE & RATE OF SPEECH ON NARRATIVE PASSAGE	Rainbow Passage	Percentage; total no. of words correctly understood Rate: Syllables per Minute
ecifi	SECTION 3: SENTENCE LEVEL INTONATION	"Are you coming today? "	Correct (1) or incorrect (0)
Sp	SECTION 4: WORD LEVEL INTONATION	("I passed the test!.") "Good!" ↓	Pitch changes as correct or incorrect (one syllable, pitch drop)

(Contd			
ssa	CAAI Section Title/ Communication area to test	Example	Scoring	
Asse	SECTION 5: LEXICAL STRESS IN SINGLE, MULTISYLLABIC WORDS	"Re <u>pel</u> lent."	1 or 0; mark stressed syllable.	
Specific Areas to Asses	SECTION 6: DERIVATIVE STRESS IN MULTISYLLABIC WORDS	"de <u>mo</u> cracy/demo <u>cra</u> tic"	l if underlined syllable stressed & phonological change made	
Are	SECTION 7: CONTRASTIVE LEXICAL STRESS		l if underlined syllable stressed	
ecific	SECTION 8: EMPHASIS	("Which one was it?") "I made the <u>pumpkin</u> pie."	Loudness and pitch change on underlined word	
Sp	SECTION 9: SENTENCE PHRASING	"I need milk, eggs, and bread from the market."	Pause and pitch drop at boundaries	
	SECTION 10: CONTRASTING SENTENCE PAIRS		Pause and/or pitch change as shown	
Adapted from CAAI (Shah, 2007) COPYRIGHT PROTECTED, DO NOT REPRODUCE.				

Contd		
CAAI Section Title/ Communication area to test	Example	Scoring
SECTION 11: CONSONANTS WORD LIST	Initial position /p/ in 'pan.' (n=65)	l or 0, error type, non-target errors to be noted (fill grid)
SECTION 12: CONSONANT CLUSTERS WORD LIST	/r/ blend in " <u>br</u> ush." (n=60)	same
SECTION 13a: VOWEL WORD LIST	/i/ in "m <u>ea</u> t." (n=17)	Same
	Souvenirs Typical error patterns: $ '' \rightarrow /i / $ $ u \rightarrow o , '' \rightarrow /i / $ $ u \rightarrow o , '' \rightarrow /i / $	1 or 0, identify pattern
Adapted from CAAL (Shah. 2)	I 107). COPYRIGHT PROTECTED. DO NOT REPRO	DUCE



CAAI Section Title/ Communication area to test	Example	Scoring
	Adding a schwa: e.g., price> "perice",	
PROCESSES	film>"fil <u>u</u> m" or please>"p <u>e</u> lace" e.g., "The price of this film was cheaper at the other place ".	Score: √ if process is deter (n=11 processes)
	Hearing the difference between pairs e.g., /tiff/-/tip/	1 or 0
		1 if correct target phoner spelling errors disregard
SECTION 16: PREPOSITIONS	"I live Ohio." (in)	1 or 0
SECTION 17: COLLOQUIAL/IDIOMATIC USE OF PREPOSITIONS	Are we still ontonight? (for)	1 0r 0

CALI Section Title/ Communication area to test Table as "s. "Index on." Table as "s. "Index on	•	Contd		
SCTION S. AMNANZED MACHINER CONTRIBUTION MICHINER MI				Scoring
SCTION IS ADVANTID NO. SHALTON TO NO. SHALTON		SECTION IS CONTRACTING	"hold on" vs. "hold out."	1 or 0; note patterns
Creating a Diagnostic Profile		SECTION 18: CONTRASTING IDIOMATIC PHRASES	sentence fill-in (comprehension of phrases)	1 or 0
Creating a Diagnostic Profile Added from CAM (Stat). 2007. COPYRIGHT PROTECTED DO NOT REPRODUCE Creating a Diagnostic Profile Creating a Diagnostic Profile Diagnosis: Individual Diagnostic Profile (see table on next slide) Quantitative scores translated to degree of severity in each		SECTION 20: ADVANCED VOCABULARY	Defining a word given four choices.	1 or 0
Creating a Diagnostic Profile Diagnosis: Individual Diagnostic Profile (see table on next slide) Quantitative scores translated to degree of severity in each		SECTION 21: CONVERSATIONAL GRAMMAR	e.g., omitting final "s" in "two apple <u>s</u> "	following details in
Creating a Diagnostic Profile Diagnosis: Individual Diagnostic Profile (see table on next slide) Quantitative scores translated to degree of severity in each		SECTION 22: PRAGMATIC PROBLEMS	e.g. problems with voice loudness, eye contact, conversation etc.	Indicate presence of any pragmatic issues
iagnosis: Individual Diagnostic Profile (see table on next slide) Quantitative scores translated to degree of severity in each		Adapted from CAAL	(Shah 2007) COPYRIGHT PROTECTED	DO NOT REPRODUCE
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severity in each	Dia •	gnosis: Individual Diagr next slide)	nostic Profile (see t	able on
Diagnosis should include degree of severity, accentedness rating, and degree of intelligibility; e.g., "Mild-moderate foreign	•	Quantitative sco severity in each	ores translated to <u>d</u> า	legree of
	•	Diagnosis shou accentedness r intelligibility; e.g	ald include degree of cating, and degree of g., "Mild-moderate f	of severity, of foreign

Individual Diagnostic Profile Comprehensive Assessment Complete Diagnostic Report Amee P. Shah, Ph.D. SECTION 1: INTELLIGIBILITY "The committee was composed of ten members..." RELATIVE TO ACCENTEDNESS SECTION 2: INTELLIGIBILITY SCORE & RATE OF SPEECH ON NARRATIVE PASSAGE SECTION 3: SENTENCE LEVEL INTONATION SECTION 4: WORD LEVEL I got promoted! "Tuesday comes af Monday.") "Good! INTONATION SECTION 5: LEXICAL STRESS IN SINGLE, MULTISYLLABIC WORDS SECTION 6: DERIVATIVE Re**pel**lent. STRESS IN MULTISYLLABIC WORDS "de<u>mo</u>cracy/demo<u>cra</u>tic Adapted from CAAI (Shah, 2007). COPYRIGHT REPRODUCE.

Summary of procedure

- Enter all scores in the last column of the Individual Diagnostic Profile, and estimate degree of severity for each section by comparing with numeric ranges provided
- Identify broad groups of severity of function: e.g, all mild ones, all moderate ones, and so on.
- Make your overall diagnosis by including a statement of intelligibility and one of accentedness (e.g., Mild accent with preserved intelligibility)
- Tabulate the qualitative errors (e.g., the types of segmental or prosodic errors; varied intonation pattersn, issues with perception of sound-pairs etc.)
- Look at the broad groups of severity to determine priority of setting goals for Implementation

An example shown..

Summary of client's findings:

The client had a mild accent that did not appear to affect conversational intelligibility (2 on a scale of 1-5) and was labeled to have a "Mild Foreign Accent with preserved intelligibility".

- Qualitative notes:
 Mild errors: (low priority for intervention): suprasegmental aspects such as sentence-level intonation, word emphasis, sentence phrasing, and contrasting sentence phrasing.
 Moderate errors: (high priority for intervention):
 Prosody: derivative stress, and contrastive lexical stress.
- Segmental: consonants (IrI, IBI, III, I≥I, and I?I), all blends of IrI, and a variety of vowels (I°I, III, IaI, I¬I, and IŶI). Four phonological processes were noted, including, final Işfor IzI deletion, addition of intrusion schwa, vowel reduction, and de-aspiration of initial voiceless consonants.

Learning to Prioritize Goals with the Help of the Diagnostic Profile	
Setting goals for Implementation (therapy)	
 Numeric scores taken from the Diagnostic Profile help to establish a hierarchy of severity across the different communication areas Currently, no research base to determine what goals to work on, and in what order, however long-term experience and intuition can be brought into the decision-making. I recommend the following: 	
Moderate areas as the highest priority, as lend well to change (compared to severe ones), and directly influence intelligibility (compared to mild ones) Working on severe ones can be frustrating to client as progress will be slow Consider client's preference, experience, and need in determining priority of goals for implementation	
Conclusions: Evidence-based assessment	

- Evidence-based assessment tool and model: Reliability tested and proven (Shah, 2009b)
 - High Sensitivity & Specificity
 - Stong Interrater reliability: Correlation coefficients ranged between 0.68-1.00
 - Strong Inter-item reliability (internal consistency): Cronbach's alpha correlation ranged between 0.70-0.90
 - Test-retest reliability: Pearson Correlation Coefficient ranged between 0.75-1.00

Further Information

- ASHA web seminar:
 - Working ittle "Comprehensive Assessment of Foreign-Accented Speech"; A national web seminar, upon invitation from the national office, American Speech & Hearing Association's Professional Development office, offered for ASHA CEUs.
 - Detailed step-by-step with lots of auditory examples; a client model from case history, assessment, diagnostic profile, and complete Implementation work-up. Measuring progress, transfer and generalization.
 - Presentation will be recorded at the national office, and the recorded presentation will be available in ASHA bookstores and advertised in ASHA catalogs. See www.asha.org/profdev.
- Questions , feedback , and additional information: Contact Amee P. Shah a.shah101@csuohio.edu

Website: http://academic.csuohio.edu/shah_a/

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Thank you for your attention!



And now.... Q & A....