Assessing the Narratives of African American Children

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Oral narrative skills play a major role in children’s academic achievement and communicative functioning. Narration is a precursor of literacy development for both African American and European North American children (Bishop & Edmundson, 1987; Dickinson & McCabe, 1991; Feagans, 1982). Literacy achievement can be predicted by the ability to tell a coherent story (deHirsch, Jansky, & Langford, 1966; Feagans, 1982; McCabe, 1996), and the ability to recall a short story reflects language maturity (Bishop & Edmundson, 1987). Therefore, narratives are a rich source of information for speech-language pathologists.

Cultural variations in narrative discourse are evident among speakers from different communities (Battle, 1996; Hester, 1996). Clinicians who are unfamiliar with narrative styles that are different from their own may have difficulty understanding them and may misdiagnose them as impaired (Battle, 1996). A similar situation might occur with dialectal speech production, such as African American English Vernacular (AAEV). Clinicians need to be aware of the features of AAEV so that they do not judge its features to be signs of impairment. Guidelines have been presented to assist clinicians in distinguishing AAEV from an impairment (Seymour, Bland-Stewart, & Green, 1998). In this article, a similar distinction will be made between African American Narration (AAN) and impaired narration. Clinicians need this information in order to avoid misdiagnoses and to make valid assessments. We do not want to judge a child’s narrative erroneously; we also need to make sure narrative ability is identified as impaired if it truly is.

Narratives may vary in different cultures. For example, the narratives of some Japanese speakers are succinct and unelaborated (Minami & McCabe, 1991). In the narratives of children from Latin American communities, the sequencing of events is not highlighted (Rodino, Gimbert, Perez & McCabe, 1991). The narratives of African American speakers from working class families are characterized by accounts (e.g., spontaneous narratives that allow the speaker to share information with the listener); those of European North American speakers from similar backgrounds consist of recounts (e.g., elicited descriptions of past experiences) and event casts (e.g., descriptions or explanations of events) (Heath, 1986). African American children use more descriptions and subjective and evaluative comments; European North American children produce

ABSTRACT: The purpose of this article is to describe the narrative styles of African American speakers. Topic-associating and topic-centered narratives produced by children with normal and impaired language development are presented. Narrative deficits are distinguished from impaired language processing. The former refers to deficiencies in narrative structure; the latter includes word retrieval deficits, disfluencies, echolalia, and perseveration. Normal and impaired narrative abilities are contrasted. The results are discussed in terms of assessment and intervention.
factual and objective statements when describing filmed events (Hicks, 1991). Selection of a narrative style reflects cultural values as well as individual preferences, task demands, and experiences (Battle, 1996; Gutierrez-Clellen & Quinn, 1993; Hester, 1996).

The narratives produced by African American children have a complex organization and structure (Champion, Seymour, & Camarata, 1995; Kernan, 1977). Champion et al. (1995) studied the narratives of 6- to 10-year-old African American children from a low-income community. Most of their narratives were produced in a classic pattern, which represents the highest developmental level in high point analysis (Peterson & McCabe, 1983). It includes a climax and resolution of an event. In addition, almost three-quarters of the narratives were classified as either complete or complex episodes, which shows their complexity.

Clinicians need to distinguish between a narrative that reflects a speaker’s cultural style from one that reflects disordered communication (McCabe, 1995). This distinction is critical in order to make a valid assessment of a child’s abilities and to plan an effective intervention program. Two types of deficits may be evident in children’s narratives. The first deficit represents a linguistic processing impairment, located at the sentence or utterance level of discourse. Word retrieval deficits, disfluencies, perseveration, and echolalia limit sentence production. However, they do not impair narrative structure. In contrast, a narrative deficit represents an impairment in the production of a narrative. Some speakers are so impaired that they are unable to produce one narrative event. Another type of narrative deficit is the inability to produce a coherent narrative, even though there may be some narrative structure. The speaker cannot provide sufficient or clear information for a listener to understand the narrative.

Scores on standardized language tests do not reflect a child’s narrative abilities (Biddle, McCabe, & Bliss, 1996). Children may fail a standardized test that evaluates syntax or semantics and still produce coherent narratives. Also, children may pass such a test and fail to produce a coherent narrative, which will negatively affect socialization and school performance. Because of the possible discrepancies between test performance and narrative ability, both need to be evaluated.

The purpose of this article is to provide clinicians with narrative assessment guidelines that are relevant for speakers from African American cultures in order to judge narrative discourse abilities accurately. It should be noted that African American children are heterogeneous in their use of AAE and AAN. However, their communication skills need to be assessed on an individual basis. The use of a dialect or a cultural narrative pattern is independent of each other and cannot be predetermined.

Examples of topic-associating and topic-centered narratives produced by children with normal language (NL) development and with language impairment (LI) are presented. Narrative deficits are contrasted with linguistic processing impairments. Finally, assessment and intervention guidelines are presented.

**TOPIC-ASSOCIATING AND TOPIC-CENTERED NARRATIVE STYLES**

Speakers from African American cultures may use topic-associating and/or topic-centered narrative styles (Hyon & Sulzby, 1992; Michaels, 1991). In a topic-associating narrative, events are linked by covert semantic or thematic associations. The speaker relies on the listener to infer associations between events. Conversationalists collaborate in order to construct a narrative by asking and answering questions instead of presenting a monologue form of a narrative. Frequent shifts in temporal, locative, and character references are evident as multiple experiences are told in one story (Hyon & Sulzby, 1992).

In topic-centered narratives, component events are linked more or less by explicit chronological or logical sequencing (Hyon & Sulzby, 1992; Michaels, 1991). The listener is not expected to infer information. The narrator must provide all the information that the listener needs to understand the message. There is a constancy of temporal, locational, and character references. Beginnings and endings are clearly marked.

The difference between these two styles may have an impact on a child’s success in school (Battle, 1996; Gutierrez-Clellen & Quinn, 1993; Michaels, 1991). Michaels described the narrative discourse of a 6-year-old African American child during a sharing time experience in class. The child used a topic-associating style, whereas her teacher was accustomed to a topic-centered discourse genre. The teacher did not understand what the child was saying and often interrupted her in order to ask clarifying questions. The child was frustrated because of the frequent interruptions by the teacher. The communication breakdown between the child and teacher appeared to be the result of different cultural expectations and values with respect to sharing information. The teacher was unaware that the child’s narrative reflected the oral storytelling tradition of her culture.

There may be negative consequences that result from the mismatch between speakers and listeners who are accustomed to different narrative styles. According to Michaels (1991, p. 325–326),

> Mismatches in narrative style and expectations also resulted in misevaluation of children...as less capable of producing organized, well-planned texts. These negative evaluations, over time, may in turn have influenced the teacher's expectations and treatment of and attitudes toward...children as learners.

The results of three studies of the narratives of African American preschoolers (Manavathu & Bliss, 1998), kindergartners (Hyon & Sulzby, 1992), and elementary school children (Champion et al., 1995) are presented in Table 1. The data reveal that topic-centered narratives are used both by children with NL and by children with LI. Although the topic-centered narrative style is preferred, the topic-associating style does not constitute an impairment. African American young children, like European North American children, use both topic-associating and topic-centered narrative styles (Peterson & McCabe, 1983).
Table 1. Percentages of African American children with normal language (NL) and language impairment (LI) producing topic-centered and topic-associating narratives.

<table>
<thead>
<tr>
<th>Children</th>
<th>Topic-centered</th>
<th>Topic-associating</th>
</tr>
</thead>
<tbody>
<tr>
<td>NL (2–5 years)</td>
<td>58</td>
<td>33</td>
</tr>
<tr>
<td>(Hyon &amp; Sulzby, 1992)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NL (3–4 years)</td>
<td>80</td>
<td>20</td>
</tr>
<tr>
<td>(Manavathu &amp; Bliss, 1998)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NL (6–10 years)</td>
<td>89</td>
<td>11</td>
</tr>
<tr>
<td>(Champion, Seymour &amp; Camarata, 1995)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LI (3–4 years)</td>
<td>60</td>
<td>40</td>
</tr>
<tr>
<td>(Manavathu &amp; Bliss, 1998)</td>
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Flexibility is evident in the narrative production of many African American children. In the Manavathu and Bliss study (1998), there was at least one child in each group who produced both types of narrative genres. Hester (1996) found that children switch narrative genres according to discourse task, such as conversation, story retelling, and fictional story formulation. Similarly, Hicks (1991) reported variations in narrative style based on genre.

In the following section, narratives will be presented that have been elicited from African American children who exhibit either NL or LI. The samples have been elicited from clinicians who were familiar with the children. Intact narrative structure can co-occur with symptoms of language disorders.

INTACT NARRATIVES PRODUCED BY CHILDREN WITH NORMAL AND IMPAIRED LANGUAGE DEVELOPMENT

Narrative 1

An example of a topic-centered narrative produced by a 5-year-old child with NL is presented below.

A: Last year I broke my leg. Have you ever broken anything? Tell me about it.
C: 1. I broke my leg 2. and I had to go to the doctor 3. and they gave me a shot 4. and I didn’t even cry 5. and I got a sticker 6. and I went home.

This narrative is topic-centered because one event is described. The actions are chronologically ordered and references to time, people, and places are constant.

Narrative 2

In the narrative below, a topic-associating narrative was produced by a 5-year-old child with NL:

C: 1. My friend, Hershey and David. 2. They work with Daddy 3. and then they spilled... they spill... 4. Herschel... Herschel spilled milk. 5. David don’t spill nothing. 6. Some of my friends get tied up like this (gestures). 7. The shoe kinda like that. 8. Then they fall. 9. Hurt and hurt his head. 10. They had to put a bandage on his head.
A: What happened?
C: 11. And then and then he had a puppy, named Roxy. 12. I had a puppy named Roxy. 13. ’Though but but he ran away ‘though. 14. Some dogs run away ‘though.

This narrative reflects a topic-associating style because it consists of a series of events that are semantically linked. References to locations and people frequently shift.

Narrative 3

The topic-centered narrative below was elicited from an African American child aged 9:7 (years:months) with LI. This child failed several standardized tests of language development. He exhibited scores that were at least one standard deviation below the mean for his age level. He was enrolled in a language remediation program.

A: Two weeks ago, I had to go to the hospital to have some x-rays taken. It took a long time. It was scary. Have you ever been to the hospital?
C: 1. Yeah.
A: Tell me about it.
C: 2. Because I got so sick. 3. Because I had asthma.
A: Uh huh.
C: 4. An’ then they took surgeries on my stomach.
A: They took surgeries on your stomach?
C: 5. Of my chest.
A: Your chest?
C: 6. Then I had to go to the room.
A: Uh huh.
C: 7. Then the doctor came 8. and he checked my heart 9. and he checked my heart 10. then I went to the other, uh, then I went... 11. I had to take another surgery.
A: You had to...?
C: 12. I had to take um another x-ray.
A: Take another x-ray?
C: 13. Then I went back to the room 14. and we had to... 15. We had to wait there for a while 16. and then we had to go back there.
A: Uh uh.
C: 17. And then we had to uh...18. Every time I'd get sick, uh, every time I get sick, I get asthma 19. so I had to take it. 20. I had to take it.

This narrative is topic-centered because the child describes one topic (his medical experiences). He sequences events by using the conjunction, then. The overall structure adheres to the topic-centered format even though there are linguistic processing impairments, such as disfluencies (repetitions in utterances 9 and 18 and an abandoned utterance in utterance 17) as well as word retrieval and referencing deficits (utterances: 4, 6, 11, 13, 19, 20).

**Narrative 4**

The topic-associating narrative below was elicited from a child aged 4:11 with LI. This child failed the Preschool Language Scale (Zimmerman, Steiner, & Pond, 1992) by exhibiting scores that were more than 1 year below his chronological age. He was enrolled in a language remediation program.

A: Yesterday I spilled a glass of milk while I was eating dinner. The milk went all over the floor. I had to clean it up. Have you spilled anything?
C: 1. No.
A: You’ve never spilled any juice?
C: 2. No, I spilled my food.
A: You spilled your food? Tell me about it.
C: 3. I spilled 4. and I cleaned up.
A: Then what happened?
C: 5. I got some more 6. but I didn’t drop it.
A: You didn’t drop it?
C: 7. Uh huh but when the dog wants some....8. Said I don’t get none.
A: Don’t get none?
C: 9. Yeah, tell this....10. That was so Teddy....11. He ate some 12. and he got sick.
A: He got sick?
C: 13. We didn’t take him to the doctor. 14. He just slept with his mama. 15. We got...16. He, she sleeps upstairs.
C: She sleeps upstairs?
A: 17. She up now. 18. She gone home.
C: She’s gone?
A: 19. She not coming back.

This narrative is topic-associating because the child links events semantically. A naive listener would be unable to understand the associations between the topics. Referents shift abruptly. There are some disfluencies in the form of abandoned utterances (utterances: 7, 9, 15) and word retrieval and referencing deficits (utterances: 6, 8, 10); they do not impair the child’s ability to construct a narrative.

**IMPAIRED NARRATIVES**

**Narrative 5**

The sample in this section represents a deficit that is characterized by the inability to construct a narrative. The speaker cannot describe more than one past event. African American adults have commented that this narrative does not reflect a pattern that would be found in their community. In this sample, a boy aged 8:2 with LI attempted to produce a narrative. This child was diagnosed as exhibiting specific LI. He failed standardized language tests and was enrolled in a language remediation program.

A: Two weeks ago, I had to go to the hospital to have some x-rays taken. It took a long time. It was scary. Have you ever been to the hospital?
C: 1. No.
A: Do you know anyone who went to the hospital?
C: 2. No....my gramma.
A: Your gramma? Tell me about it. What happened?
C: 3. Nothing.
A: What happened?
C: 4. She has surgery.
A: She had surgery?
C: 5. Yeah.
A: Tell me more.
C: 6. No.

In this topic-centered narrative, the child is barely able to produce at least one narrative event in that he does not describe any actions. This narrative reflects the best effort of the child. This impairment constitutes a narrative construction deficit, in this case, an inability to formulate a narrative.

**IMPAIRED LINGUISTIC PROCESSING**

Linguistic processing deficits are evident in the following samples that reduce narrative coherence. These impairments include word retrieval deficits, disfluencies, perseveration, and echolalia. They result from impairments in producing sentences. They reduce the coherence of a narrative although they do not necessarily interfere with overall narrative structure.

**Narrative 6**

In the following narrative, the linguistic processing deficits of word retrieval and, to a lesser degree, fluency, are evident. This topic-centered narrative was elicited from a child aged 9:3 who was diagnosed with specific LI. He is enrolled in a language remediation program on the basis of his failed test scores on a variety of measures and limited spontaneous language production. He scored at least 1 year below his chronological age for expressive and receptive language functioning.
A: Once I broke my arm. It hurt a lot. I had to go to the doctor's office. He put it in a cast. Have you ever broken anything? Can you tell me about it?
C: 1. No, I never broke anything. 2. but my sister has.
A: Can you tell me about it?
C: 3. She broke her foot.
A: Her foot?
C: 4. We were playing. 5. They thought...my sister's friends, they thought...my friends, they, me and my other friends, we ran down there and helped 6. then my other friends picked her up. 7. and she hit her knee thing in the ground.
A: She hit her knee thing in the ground?
C: 8. No, no, no, her foot thing.
A: What happened?
C: 9. She to to the hospital 10. then they put, wrapped, white stuff around um her foot.
A: They wrapped the white stuff around her foot?
C: 11. I don't know what it's called. 12. but they put that stuff around it 13. then they tied it. 14. They couldn't get the stuff off. 15. They put the cast thing. 16. I don't remember no more. 17. That's enough.

We should accept the terminology white stuff (utterance 10) because it is likely that many children of this age do not know the word, plaster. However, there are word retrieval deficits evident in the child's narrative. For example, the child overuses the word thing (utterances 7 and 8). He also uses stuff in utterance 10 in a general sense. The use of tied it in utterance 13 may also be a strategy to avoid a specific word. There are also some disfluencies: word revisions (utterances: 5 and 10) and repetitions (utterances: 5, 9) are evident.

Narrative 7

In the narrative below, a child aged 8:7 with LI produced a topic-centered narrative in which there is an impairment in linguistic processing that consists of perseveration. This is also a child with specific LI who has scored two standard deviations below the mean on at least two standardized tests of language development. He is enrolled in a remedial program.

A: My neighbor had his car stolen last night. He went outside and it was gone. He was really mad. Have you ever had anything stolen?
C: 1. Didn't...2. I was big. 3. I was...I was a baby. 4. I didn't want speak.
A: Do you know anybody who had something stolen?
C: 5. My daddy.
A: Tell me about it.
C: 6. Him, my, our car...7. and him got it back.
A: He got it back?
C: 8. Him car got stolen 9. and him got it back.
A: What happened?
C: 10. Him got it back..11. It, it, it was a hole. 12. When him got it back, there was a hole.
A: There was a hole?
C: 13. Yeah, when him got it back, there was a hole. 14. Him got it back.
A: What happened?
C: 15. He took the speakers in their hole. 16. There was a hole for the speakers.
A: For the speakers?
A: Tell me more.
C: 18. It was...it was a speaker right here and a speaker right there. 19. and...when it got stolen now, him got speakers back. 20. Go through here.
A: He put the speakers back?
C: 21. No, him got them back.
A: Oh he got them back?
C: 22. Yeah, but he didn't put them here.

There are two perseverative utterances, Him got it back (utterances: 7, 9, 10, 12, 13, 14, 19, 21) and There was a hole (Utterances: 10, 12, 13, 16). These perseverative utterances reduce narrative coherence. This sample shows both a linguistic processing deficit, with the perseverative utterances, and a narrative deficit, as seen in an inability to construct a narrative. The child uses mainly descriptive statements and not actions.

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ASSESSMENT GUIDELINES

The assessment of narrative ability depends in part on the cultural background and experiences of speakers and listeners. Differences in cultural background will influence the interpretation and judgment of narratives. An example of this point was made with the following narrative produced by a child aged 4:7 who was diagnosed with LI and failed at least one standardized test of language development.

Narrative 8

A: I used to have a dog. He was big and brown. I really liked him. One day he ran away and never came back. Have you ever had a pet run away?
C: 1. No...when I get some pets, they be, they be using it in our house.
A: Uh huh.
C: 2. Because we be taking them outside 3. and they don't be move 4. because they don't need to move. 5. Ain't no need to use the bathroom though.
A: Can you tell me more?
C: 6. When they come in there, they use it. 7. We be going outside quickest. 8. We be running outs...out the door.
A: You be running out the door?
C: 9. Umm. We be on the door 10, and we run out through it 11, and our pappy in the back uh 12, and she...uh, he use it. 13. He got a big cage for all of them.
A: A cage for one of them?
C: 14. Uh huh, we got lots of dogs.
A: You got lots of dogs?
C: 15. Once when we have five dogs 16, and none ran away.
A: You have five dogs and none ran away?
C: 17. Then we played with them. 18. We brought them some chew toys 19, and they chew them when they hungry. 20. They get...they, we, be seeing they full. 21. That's the end of my story.

Two different interpretations of this narrative were made. The second author, who is an experienced African American speech-language pathologist, immediately understood the child's narrative. She had no difficulty in describing what the child was saying. The child related that he did not experience a pet running away from home; he described the difficulties in training their dogs to go to the bathroom outside. Because the dogs could not be trained, the father put them outside in a big cage. He and his siblings had fun playing with the dogs. They bought toys for them; the dogs chew them when they are hungry.

On the other hand, the other two authors, who are European North American (the first author is an experienced speech-language pathologist and the third author has had considerable experience in narrative research), viewed this narrative as exhibiting some reductions in coherence. The meaning of the child's message was not clear to them. They could not understand all of the child's references. Despite their familiarity with narrative research, they drew an erroneous conclusion that this narrative was impaired in coherence. However, members of this child's culture could understand him. This example highlights the impact of cultural influences on the judgment of narrative coherence. Clinicians need to be aware of their limitations in narrative analysis when they assess children from cultures that are different from their own.

Another issue in assessment is the use of African American English (AAE). It is distinct from narrative style. AAE represents phonological, syntactic, semantic, and pragmatic features. Speakers of AAE may use either a topic-centered or a topic-associating style. Because a child uses AAE does not mean that a topic-associating style will be evident. Many speakers use AAE features in topic-centered narratives (Champion et al., 1995; Hyon & Sulzby, 1992; Manavathu & Bliss, 1998).

Clinical decisions regarding the assessment of narratives are presented in Figure 1. This figure is based on the clinical and empirical experiences of the authors. It was developed to assist clinicians in assessing narrative discourse. It represents the range of narrative abilities exhibited by African American children, regardless of dialect usage. The clinician first decides whether there is impaired or normal narration. This decision is based on the structure of a narrative. Signs of impaired narration are the inability to construct or produce a coherent narrative. The second decision concerns the nature of linguistic processing. Indications of impaired linguistic processing are: word retrieval deficits, disfluencies, echolalia, and perseveration. As indicated in Figure 1, topic-associating and topic-centered styles may be associated with either normal or impaired linguistic processing.

The following guidelines should assist the clinician in assessing narrative abilities:
- One child may use both a topic-centered and a topic-associating narrative style. African American and

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**Figure 1.** Possible narrative genres from African American children.

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African American children

Normal narration

- Normal linguistic processing
  - Topic-centered narrative #1
  - Topic-associated narrative #2,8
  - Topic-centered narrative #3
  - Topic-associated narrative #4

Impaired narration

- Normal linguistic processing
  - Topic-centered narrative #5
  - Topic-associated
  - Topic-centered narrative #6,7
  - Topic-associated
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European North American children shift their narrative styles according to different tasks (Hester, 1996). More than one narrative and more than one narrative genre should be collected in order to determine a child’s preferred narrative style and scope of abilities (Hadley, 1998; Hester, 1996). McCabe and Rollins (1994) recommended that a minimum of three narratives should be elicited from a child.

- Narrative abilities may not always reflect conversational skills. Narrative skills are more difficult than conversational exchange because a listener can support a speaker by asking clarifying questions and directing a conversation. Narratives are mainly monologues and are, therefore, less structured by listeners. They do not provide discourse support for a speaker. Narratives are challenging for children with language disorders because of their complex structure and organization (Craig, 1991). Therefore, clinicians need to assess narrative skills separately from discourse.

- Members of a child’s community are good judges regarding the coherence of a child’s narrative. Michaels (1991) reported on the differences between African American and European North American judges regarding the coherence of a narrative spoken by an African American child whose narrative was in a topic-associating style. The comments of the seven European North American college student judges regarding the narrative were “uniformly negative” (p. 312). They felt that the story was incoherent and difficult to follow. Some referred to the speaker as having “language problems” (p. 312) that would decrease the speaker’s potential for academic success. The African American judges (also college students) were more varied in their evaluations. Most felt that the story was well-formed and coherent. All of them noted the topic shifts but felt that this attribute did not diminish the quality or coherence of the story. The majority of the judges predicted that the speaker would have success in school. One commented on the “good language skills” of the child (p. 313). These findings highlight the differences between judges of narratives. For this reason, it is critical to have community members, such as parents, siblings, other relatives, and friends, evaluate the coherence of children’s narratives.

**INTERVENTION GUIDELINES**

Clinicians need to determine the goals of therapy based on the occurrence of narrative and discourse processing deficits. A type of triage can be used to make intervention decisions. The features that limit coherence the most should receive primary focus, and those that are more specific may be relegated to a secondary status. Children’s deficits vary; clinicians will need to decide intervention targets on a case-by-case basis.

Another issue in remediation is the appropriateness of eliciting a topic-centered style from an African American child who mainly uses a topic-associating form. One argument against teaching a topic-centered style is that some of the child’s peers and members of the community may be more used to a topic-associating style. The imposition of a topic-centered style may be regarded as alien to the child and some members of the community. There are two arguments against this position. First, African American children with NL and LI use mostly a topic-centered narrative style (Champion et al., 1995; Hyon & Sulzby, 1992; Manavathu & Bliss, 1998). Therefore, this style would not be foreign to a child. Second, many teachers expect a topic-centered narrative style from their pupils. This style may be necessary for success in schools and effective communication with teachers who are not aware of the two types of narrative styles (Michaels, 1991).

If a clinician decides to elicit topic-centered narratives, a code switching approach can be used. Terminology, such as “home stories” versus “school stories,” can be used (Delpit, 1988). The child can learn to make contrasts between the two contexts and communicative settings and can learn to switch between the two styles. This approach has been used in eliciting Standard English forms from speakers who use AAE (Adler, 1979; Delpit, 1988). It is an approach borrowed from secondary language-learning techniques.

A variety of narrative genres should be targeted in intervention. The goal is to facilitate flexibility of narrative skills. Personal narratives, retelling, and story formulation can be incorporated in intervention programs. Children can become aware of differences in narrative styles and communicative needs (Gutierrez-Clellen & Quinn, 1993). Clinicians can encourage telling stories in different contexts, such as to a familiar versus an unfamiliar listener or in a formal, school-type context versus an informal social experience. Examples, cues, and models can be provided for the children and rules can be given to the child regarding how narrative styles vary in different contexts (Gutierrez-Clellen & Quinn, 1993). More informal conversational procedures for narrative and discourse processing have been presented previously (Bliss, 1993; Bliss, McCabe, & Miranda, 1998). The techniques should be adapted to fit individual children, communicative intents, and their cultures.

Clinicians should work with parents in order to increase the narrative ability of their children (Peterson, Jesso, & McCabe, in press). A successful intervention program with preschool children and their parents from lower class backgrounds has been described (Peterson, Jesso, & McCabe, in press). Parents were taught to elicit narratives from their children by asking leading questions, listening, and following the child’s lead. The parents were taught specific skills that could be used to augment their child’s narrative skills. Family meetings and phone calls were held in order to encourage the parents to maintain their narrative elicitation strategies. The investigation showed that parents were successful in improving the narrative abilities of their children. Parents are more successful than school-based intervention programs because they spend more time with their children and because personal narrative conversations form an important basis of the relationship between parents and children. Thus, parents need to be trained to elicit and foster narrative abilities.
SUMMARY

Clinicians can use the guidelines presented in this article in order to distinguish between normal and impaired narration. Most African American children use a topic-centered narrative style; however, a narrative that is presented in a topic-associating genre does not indicate a language impairment. The distinction between narrative deficits and impaired language processing is important for clinicians in order for them to form an appropriate intervention strategy. Parents are important in facilitating narrative growth.

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