

7

Assessment Guidelines for Children

In this chapter we present guidelines for the assessment of narrative discourse that are applicable to children across diverse cultures. The focus is on personal narratives because they are the most functional of the discourse genres we consider. Elicitation guidelines for personal narratives are presented in Chapter 1. First, however, we consider the variety of discourse genres that clinicians might want to use, from the simplest to the most difficult. We recommend, for example, that clinicians begin with personal narratives and then, if a child cannot complete a personal narrative, drop back to scripts or procedures. If a child cannot complete a script or procedure, clinicians might want to drop back to conversation, which is even easier because it is the most listener-supported genre. Note that although we have chosen to name our approach *narrative assessment profile*, we will proceed to demonstrate that the six dimensions we track are relevant to many different genres of discourse.

Genres of Discourse

The first task of assessing discourse capability is choosing from numerous genres of discourse. What follows is a brief typology of these genres, along with the virtues and drawbacks of each.

Genres That Are Easier Than Personal Narrative

Conversation. Conversation consists of vocal exchanges between two or more participants. Conversation is the easiest genre because the listener can offer maximum support. For the same reason, it is not an optimum means of assessing more advanced children. The example that follows is an elicited conversation, one in which the interviewer has to ask many specific questions.

Example of conversation with a 9-year-old boy with specific language impairment (SLI) (from our files)

Adult: What are you going to do in Colorado?

Child: (1) . . . a lot of stuff, go to the mountains, throw rocks at the sea . . . (2) It's warm there (3) 'cuz it's summer there too, (4) but their only summer is only fourteen weeks . . . in the summer.

Adult: Who all is going?

Child: (5) . . . my sister, unless she doesn't want to go. (6) I don't want her to go.

Adult: So you're going by yourself?

Child: (7) No . . . my dad's . . . flying on a plane here (8) and then we're flying there . . .

Adult: You're going to fly to Colorado?

Child: (9) Mmmm hmmm . . . but we're gonna drive back.

Adult: Where are you going to get the car from?

Child: (10) My dad rents one from . . . his . . . his boss. (11) He's got all these . . . RVs. (12) Last time when we went, we drove back. (13) We drove over to Colorado (14) and we flew back (15) but this time we're flying there then back.

Adult: Tell me about the RV.

Child: (16) . . . It was . . . double times that it was supposed to be (17) and it had, it had a . . . gas oven. (18) We had soup (19) and and I slept on the bed. (20) It was so high. (21) That's where I slept. (22) My sister slept on the couch, where I slept (23) and my dad slept um. . . . in the bed. (24) I slept in my area with a window (25) so you could see outside. (26) There was this one girl who stayed up. (27) She, she wanted to to go to get there faster instead of stopping. (28) My dad didn't stop, only for gas. (29) We got food. (30) We buyed about twenty bags of food. (31) We made like a lot of stops, (32) I mean, think about . . . California and back. (33) That's how far we went.

Some key points about this conversation are:

Topic Maintenance: Appropriate.

Event Sequencing: Not much in this excerpt; however, event sequencing is not necessarily an aspect of conversation.

Informativeness: Appropriate.

Referencing: Variable. The interviewer specifically asks "Who" and whether the narrator is going "by himself," so appropriate referencing is scaffolded. Comment 26 includes an unspecified reference: "this one girl."

Conjunctive Cohesion: Appropriate. A variety of conjunctions are used appropriately (e.g., 14, 15, 25).

Fluency: Inappropriate. There are hesitations (see . . . above in 1, 4, 5, 7, 9, among others) and repetitions are frequent (19, 27).

Intervention Goals. The child's conversational discourse is adequate, but he needs help with narrative discourse. The clinician should attempt to increase the child's discourse coherence by having him construct short personal narratives, increase referencing in his narratives, and increase planning and self-monitoring of his personal narratives.

Scripts or Procedural Discourse. A script consists of a brief description of a routine activity. It is characterized by the present tense, second-person perspective (e.g., *you*, although first- and third-person pronouns can be used if the activity is routine), explicit temporal sequencing, and simple sentences (Hudson & Shapiro, 1991). Three-year-olds can produce scriptal discourse for familiar events (Hudson & Shapiro, 1991). Scripts are elicited by asking a child a question about a routine activity. The general form of a prompt is "What do you do when you . . . (go to the doctor, go to a birthday party)?"

One characteristic of scriptal discourse is that it is a relatively easy genre because it represents a form of discourse heavily structured by repeated experiences. The order of events is unambiguous, only one tense is involved, and there are few options for the speaker. It poses limited cognitive challenges because minimal effort is required to produce a clear message (Hudson & Shapiro, 1991). Scriptal discourse is appropriate for children who cannot produce long or complex texts. It enables professionals to obtain information regarding a simple text level form of discourse. The focus is on actions and ordering of events rather than descriptions, settings, feelings, and evaluations. The disadvantage of the genre is that scripts are too simple for more advanced children. Elicitation of scripts from advanced children does not provide enough information regarding textual features that are required in narrative, for example.

An example of a script elicited from an 8-year-old boy with specific language impairment (SLI) follows (from our files). He responded to the prompt "Tell me what you do at Burger King™."

(1) We eat (2) and then sometimes we get like a little toy and in the . . . the in the bag. (3) We play with the little toy (4) um then we go back to our house (5) and then and then and then I go play with my friends.

Topic Maintenance: Appropriate. The speaker focuses all utterances on one topic.

Event Sequencing: Appropriate. Events are sequenced chronologically.

Informativeness: Inappropriate. There is missing information such as how to order, payment, how the child gets the toy, and how the food is removed from the table.

Referencing: Appropriate (note the use of *we*: this pronoun is acceptable because the speaker is describing a routine activity, his transition to *I* in utterance 5 departs from a script).

Conjunctive Cohesion: Appropriate. The speaker uses *and then* (2, 5) appropriately. Generally, more complex conjunctions are not found in scripts.

Fluency: Variable. Most utterances are fluent; however, there are repetitions in utterances 2 and 5.

Intervention Goals. The clinician should focus on informativeness by encouraging the child to provide more details. Scripts can be varied in complexity by having a speaker describe a relatively routine procedure (e.g., checking out a library book) or an unfamiliar or abstract procedure (e.g., describing how to make a friend).

Personal Narrative

As we detailed in Chapter 1, personal narratives are descriptions of past events that have occurred to the narrator or someone else (Peterson & McCabe, 1983). Key features are past tense, use of setting, first and/or third person, explicit temporal sequencing (depending on the cultural values of this feature for the speaker), and inclusion of a high point (Labov, 1972; Peterson & McCabe, 1983). Chapter 1 gives details on how to elicit personal narratives successfully.

An advantage of a personal narrative is that this genre is complex, requiring much cognitive and pragmatic effort. A narrator must plan, sequence, and organize events without having been given a prior structure. A speaker must also determine how to describe the event so that the listener understands the message. This task requires social perspective taking; the listener must distinguish between what the listener already knows and what the listener needs to know and then relate a meaningful story. The complexity involved enables professionals to assess the discourse abilities of a speaker in organization and ordering of events, word retrieval, and fluency. Another advantage is its functionality. Speakers relate personal narratives frequently in their daily discourse. Five- to 7-year-old children use personal and vicarious narratives more than other types of discourse in their conversations with peers (Preece, 1987). Narratives are also commonly used in educational settings (see Chapter 2).

The complexity of the personal narrative genre can also be a disadvantage. Some children with language impairments will not be able to produce a personal narrative because of the cognitive and discourse challenges it poses. For such children, a simpler discourse genre, such as conversation or scripts, will need to be evaluated.

Genres That May Be More Difficult Than Personal Narrative

Prompted Story Retelling. This genre is present on several language assessment tests (e.g., the CELF, Semel, Wiig, & Secord, 1995; the *Goldman Fristoe*, Goldman &

Fristoe, 2000) and requires the speaker to repeat a story to a listener. It is a highly structured task that does not require creativity by a speaker.

Three procedures have been used to elicit story retelling. In one procedure, the clinician tells a story to a child and asks the child to repeat or retell the story. A second procedure requires the child to view a videotape and then to retell the story. A third procedure has the child view a wordless picture book and retell the story. The stimuli in this case are pictures, which differs from the first procedure. It is considered to be story retelling because the pictures depict a preconceived story, meaning that the child is required to retell the story illustrated in the pictures rather than to create one. Whether the pictures are viewed by the child during the task will vary with examiner.

In story retelling, sometimes the child shares knowledge of the story with the clinician, sometimes not. In a shared context, the clinician and the child both hear (or view) the same story. The child repeats known or shared information back to the adult, which many children find strange and which can spur summarization from some children and embellishment (to keep from boring the listener) from others. In an unshared context, the child retells the story to a listener who has not participated in the initial part of the retelling task. The child presents new information to a listener. Stories are more complete and longer in an unshared context (Liles, 1987; Menig-Peterson, 1978).

The advantage of story retelling is that it is associated with a relatively high interscorer reliability rate because the original text is available to the scorer. Fewer dysfluencies and word retrieval deficits are evident in this genre than in spontaneous stories because the material has been presented to the child (Merritt & Liles, 1989). Length of retold stories is greater than that of spontaneous fictional stories because the task is easier (Merritt & Liles, 1989). Retelling a story is a relatively simple task because events do not need to be ordered; they are already sequenced. Thus, 4-year-old children should be able to do this task (Hedberg & Westby, 1993; McKeogh, 1987).

A disadvantage of story retelling is that it is not a demanding or sensitive task (Hedberg & Westby, 1993; Merritt & Liles, 1989). Knowledge of story structure will not be revealed in this genre because the story has already been provided for the child. Deficits in fluency, word retrieval, and event sequencing may not be evident with this task.

The following story was used by Culatta, Page, and Ellis (1983, p. 73):

(1) Tommy was 5 years old. (2) His birthday was coming soon. (3) He wanted a puppy for his birthday (4) but his mother said that he was too little to take care of it. (5) Tommy didn't think that he was too little. (6) He decided to show his parents that he was big enough to have a puppy. (7) He bought a leash and dog food. (8) He told his parents that he would always take care of the puppy. (9) When his birthday came, Tommy had a party. (10) Five of his friends came to his house. (11) They played games, ate animal crackers and cookies. (12) Tommy opened his presents. (13) He got a GI Joe, a fire truck, some comic books, and a baseball bat. (14) He liked the presents (15) but he was disappointed (16) because he didn't get a puppy.

(17) All of Tommy's friends were getting ready to go home, when his daddy brought out another present for him to open. (18) Inside was a little black puppy. (19) Tommy was really happy (20) because he got the present he wanted. (21) Tommy promised to take good care of the puppy. (22) The end.¹

The following story retelling was elicited from an 11-year-, 3-month-old boy with SLI (from our files). The numbers of the utterances in the original story are presented at the end of each utterance.

(1) One day Tommy wanted a puppy [3] (2) but his parents said that he's too young to have a puppy [4] (3) so he showed his parents that he could take care of the puppy by showing them a leash and.....a leash and.....a.....uh dish [7] (4) so his party came [9]. (5) Um his five friends came to the party [10]. (6) They ate..... animal crackers, chips, and um...punch [11] (7) but he got a GI Joe, a fire truck, some comic books and a.....cards [13] (8) so his but his friends were about to leave [17] (9) but his dad come with a present for him to open [17]. (10) Inside was a black puppy and um.....[18]. (11) He said that he that he will promise to take care of the puppy [18]. (12) The end [19].

Topic Maintenance: Appropriate. All the utterances are focused around a central theme.

Event Sequencing: Appropriate. Comparison of the order of events in the original story to the order of events in the retold story reveals that the child's story is in the same chronological order.

Informativeness: Inappropriate. Information is missing about orientation (original utterances 1 and 2), internal feelings, and reactions (original utterances: 5, 6, 14–16, 19–20).

Referencing: Appropriate. The speaker identifies the main characters (e.g., parents and friends) and objects; his pronoun usage in 6, 7, and 9 refers to referents appropriately identified in previous utterances; the pronoun *he* in utterance 18 is understood by the context. There was no opportunity for spontaneous use of referents because of the nature of this genre; all referent information was presented in the story.

Conjunctive Cohesion: Variable. *But* is used correctly to denote adversative meaning in 2, while *so* is used correctly to denote causality in 3. Pragmatic use of *so* in 4 to denote slight change of focus is apt. On the other hand *but* in 7, *so ... but* in 8, and *but* in 9 are neither semantically nor pragmatically apt.

Fluency: Inappropriate. There are several lengthy pauses (6, 7, 10).

¹Culatta, B., Page, J., & Ellis, G. (1983). Story retelling as a communicative performance screening tool. *Language, Speech, and Hearing Services in Schools, 14*, 73. © American Speech-Language-Hearing Association. Reprinted by permission.

Intervention Goals. We would not use this genre as a basis for intervention because it is not functional communication. After children master personal narratives, clinicians can use story retelling as one aspect of an intervention hierarchy in order to enable children to produce a text. If this genre is incorporated in therapy, the unshared context should be used since it maximizes discourse performance.

Spontaneous Fiction Retelling. A type of retelling that falls between prompted retelling, just described, and spontaneous fiction that follows consists of describing a familiar movie or book plot. Clinicians can simply ask a child to tell about a movie or book with which the speaker (and, preferably, the clinician) is familiar. An advantage of this type of narrative is that it has less structure than prompted retelling and is more spontaneous than the other forms. It is more structured than personal narratives, in that the story was already composed by someone else. The fact that this type of fiction has an existing structure (either with a prompt or a description of a familiar story) may enable some children to show abilities beyond the simple genres discussed previously. The disadvantage is that it may be too difficult for some children.

An example of a fictional retelling of the movie *Poltergeist* follows. A 9-year-old child with SLI described this movie in response to the prompt "Tell me about *Poltergeist*; I haven't seen the movie yet."

(1) That and the g . . . girl comes up and (2) he's the going on and off, on off (3) 'cuz there's like these Martians in the TV and um and (4) the girl goes, "Ah." (5) She goes, she goes, "They're here" (6) and um next thing hear a noise going "poof" like a tornado (7) and wakes up (8) and then the girl's still standing there and the TV. (9) It was really a cute movie (10) and you should see it. . . . (11) The girl monster was eating the boy and was like a tree (12) and they boy was . . . (13) This clown was about to choke him like it's like a doll (14) but it's coming to life (15) and um this tree, he was looking at the tree (16) 'cuz it look like it had a mouth (17) then when the tornado come, it had a mouth (18) and it ate him up. (19) Yeah, but they got him out . . . (20) All blood all over him (21) and they hadta wash him off. . . . (22) You know what? (23) The girl's just standing here with (makes a facial expression of astonishment) looking (24) then she was just standing there.

Topic Maintenance: Appropriate. All utterances focus on the movie, including the two direct comments to the listener (utterances 9 and 10).

Event Sequencing: Inappropriate. This type of narrative is called leapfrogging because the speaker jumps around and leaves so many key events out that someone who has not seen the movie would make very little sense of what was said. Note that the description of the girl is presented in the beginning (utterances 1, 8) and at the end (utterances 23–24). The other events do not appear to be described in chronological order.

Informativeness: Inappropriate. There is not enough information for the listener to understand the story. The speaker does not provide details about the setting, characters, main events, and resolution. There is also no ending.

Referencing: Inappropriate. The speaker has not sufficiently identified the characters (e.g., the girl in utterance 1; the boy, utterance, 11; the clown, utterance 13). Pronouns do not have sufficient prior identification (e.g., *it* utterance 14; *he* utterance 15; *him* utterances 18, 20, 21; and *they* in utterances, 19, 21). There is one erroneous referent, *he* for *it* in utterance 2.

Conjunctive Cohesion: Appropriate. The speaker uses *and*, “*cuz*,” and *but* appropriately for semantic conjunction.

Fluency: Variable. There are segments of fluent productions (utterances 3–10 and 13–19). There are repetitions that may be used by the speaker for emphasis (utterance 2). But there are also pauses (utterances, 10, 19, 21) and one abandoned utterance (12).

Intervention Goals. The speaker needs to improve most aspects of narration. We would begin with an easier form of discourse, such as scripts and procedures, in order for him to master basic event sequencing and informativeness. We do not know whether there would be generalization to a more complex form, such a fictional retelling. We doubt it because of the complexity of the latter genre. We would then ask him to tell a personal narrative, and work with him to ensure that he was capable of telling a fully developed one. If, after the speaker developed the ability to tell an adequate personal narrative, fictional storytelling were also a goal (due to classroom requirements), we would proceed with relatively simple fictional stories with few characters and events. Gradually, we could increase length and complexity by adding optional elements, additional characters, and internal states.

Spontaneous Fiction. This genre consists of two forms. One type is production of a fictional story, usually with a prompt (e.g., Nicole was lost in the woods. She found a house. What happened to her?). Another type involves asking the child to make up a story without an initial story stem.

Length and complexity will vary depending upon the abilities of the narrator. This genre is more complex than scripts or procedural discourse because there is less structure given to the child. The child must develop the narrative from the beginning.

The features of this genre are setting, characters, temporal sequencing of events, problem resolution of a situation, and ending (Hudson & Shapiro, 1991; Stein & Glenn, 1979). There can be optional features that serve to elaborate a story such as additional characters, inclusion of internal states, different perspectives of the characters, and embedded events.

This genre is difficult for children with language disorders because of the absence of provided structure; that is, speakers need to develop their own organization and plan their message (Purcell & Liles, 1992).

Issues Pertaining to Multicultural Narrative Assessment

The purpose of this section is to address issues that pertain to the assessment of narrative discourse that are relevant for speakers from multicultural backgrounds.

1. *Ask about, don't assume, cultural background, especially language exposure.* Professionals should not assume that they can determine a child's culture by looking at the child or even by hearing that the child seems to have a typical American accent. Recall the Haitian child whose narratives opened Chapter 1. Numerous children whose discourse may be very much influenced by the culture of origin of their parents look and sound like children whose families have been in the country for decades, if not centuries. Nonetheless, their discourse often differs upon close scrutiny, which is a key point of this book. Professionals should always inquire as to a child's cultural background. We recommend asking the questions in Box 7.1.

BOX 7.1 • Determining Child's Cultural/Linguistic Background

1. What is the language background of people who live with your child? Include both parents, brothers and sisters, grandparents, babysitters, and anyone else who spends a lot of time interacting with your child.
2. It is important that adults interact with children in the language with which they are most familiar and in which they feel most comfortable. What language do the people who spend a lot of time with your child use with your child?
3. How long have these people been in the United States?
4. Some people like children to talk a lot about the experiences they remember, other people prefer children to be brief. When you ask your child about a past experience, how much do you want him or her to talk? What are you most interested in hearing about?

2. *Test results versus narrative abilities.* Formal testing is a basic component of assessment protocols used by speech-language pathologists. Test results are needed to justify a child's placement in remedial services and to demonstrate improvement and treatment efficacy. Test data do not always reflect narrative abilities, however, and this discrepancy is especially likely in the case of children for whom English is a second language, children for whom tests have often not been sufficiently normed. For example, a child who is inattentive, distractible, or poorly motivated may not do well on a standardized test. However, this same child may show appropriate narrative discourse. In contrast, a child may perform within age limits on a test but perform poorly on a narrative discourse task because the latter is more demanding and challenging. In short, behavior elicited on a structured test could differ from performance found in an unstructured context, such as narrative discourse.

An example of the difference between performance in two contexts is evident with the child below. He is a bilingual 10-year-old Spanish-speaking child who

failed two standardized language tests, one in English and one in Spanish. He provided the following narrative in English:

Adult: Have you ever been to the hospital?

Child: My friend has. He has a broken arm.

Adult: Tell me about it.

Child: Some other kid, he was fighting with him. Then he dropped his arm and he sat on it and he broke it.

Adult: He broke it?

Child: And they had to put a cast on him and he was crying until he went to the hospital.

Adult: What else happened?

Child: Um they they telled his mom and that kid got in trouble. He's grounded forever uh until they take the cast off him. Then he could start playing with his friends but he can't go to his house and his dad doesn't want him there.

This child produced a well-organized and coherent narrative. He sequences events and provides a consequence to his story. He does well with the six dimensions of NAP. In spite of poor test scores, this child is able to produce a coherent narrative.

In other cases, students may pass standardized tests and yet flounder in producing narrative. In fact, Biddle, McCabe, and Bliss (1996) document the case of one such individual with traumatic brain injury who was struggling in school writing assignments despite having passed a battery of standardized tests. Her narration revealed the problems that made writing so difficult for her even though the tests of vocabulary, syntax, and so on did not reveal problems.

3. *Interpreters.* Interpreters may be used in situations in which professionals do not have sufficient knowledge of a child's first language. The use of interpreters in assessment can be controversial. While they have knowledge of a speaker's first language, they are not trained to assess language behavior. If they must be used, interpreters should be trained to carefully provide the clinician with the exact utterances that a speaker has produced. It is a common tendency for some adults to fill in missing words or correct the grammar of children. Interpreters need to be trained not to unconsciously correct a child's production when interpreting the child's utterances.
4. *Judgments by members of a child's community.* Differences in cultural background influence the interpretation and judgment of the adequacy of narratives. Michaels (1991) showed that African American and European North American judges differed in their assessment of the quality of the narratives produced by an African American child. The evaluations ranged from coherent to jumbled. We had a similar experience with different interpretations of a narrative as shown in the sample that follows. It was elicited from a 4-year, 7-month-old African American child who was diagnosed as language impaired:

Adult: 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?

Child: No . . . when I get some pets, they be, they be using it in our house.

Adult: Uh huh.

Child: Because we be taking them outside and they don't be move because they don't need to move. Ain't no need to use the bathroom though.

Adult: Can you tell me more?

Child: When they come in there, they use it. We be going outside quickest. We be running outs . . . out the door.

Adult: You be running out the door?

Child: Ummmm. We be on the door and we run out through it and our pappy in the back uh and she . . . uh he use it. He got a big cage for all of them.

Adult: A cage for one of them?

Child: Uh huh, we got lots of dogs.

Adult: You got lots of dogs?

Child: Once when we have five dogs and none ran away.

Adult: You have five dogs and none ran away?

Child: Then we played with them. We brought them some chew toys and they chew them when they hungry. That's the end of my story.

Two different interpretations were made of this narrative. An experienced African American speech-language pathologist understood this child's narrative. Specifically, she explained, the child related that he did not experience a pet running away from home. Instead, he described difficulties in training the family dogs to go to the bathroom outside. Because the dogs could not be trained, the father put them outside in a big cage. The narrator and his siblings had fun playing with those dogs. They bought toys for the dogs, who chewed these toys when they were hungry.

On the other hand, two European North American professionals, who are experienced with narratives, viewed this narrative as exhibiting somewhat reduced coherence. The meaning of the child's narrative was not clear to them.

This example highlights the impact of cultural influences on the judgment of narrative coherence. Clinicians may make the same types of misperceptions when assessing the narratives of children from other different cultures. For example, clinicians might mistake the conciseness of Japanese narratives for an impairment in referencing or informativeness, specifically elaboration, when the narrative may be reflecting the culture of the speaker. Children may come to school without knowing expectations for the types of narratives expected in an academic environment (Gutiérrez-Clellen, 1996). Their narratives may reflect such a lack of knowledge and experience of what is expected of them rather than a narrative deficiency per se (Gutiérrez-Clellen, 1996). For this reason, the quality of narratives needs to be judged by members of a speaker's community.

Analysis of Narrative Discourse

We have described different approaches to the analyses of narratives (Hedberg & Westby, 1993; Hughes, McGillivray, & Schmidek, 1997; Chapter 1). In this chapter we will focus on two efficient procedures that will enable professionals to obtain a comprehensive view of a child's abilities.

Narrative Structure: Phase I

Once a narrative sample has been transcribed, a high-point analysis can be completed in order to describe the structure of a child's narrative (McCabe & Rollins, 1994). Note that this phase is most appropriate for children from African American or European North American homes, or children from other backgrounds for whom English is the first language. The purpose of this analysis is to identify discourse-level abilities with respect to overall narrative structure, which also requires a close look at the basic components of narration (which will be required for Phase II, as well). The clinician places a narrative into one of several different categories that have been described from a developmental framework (Peterson & McCabe, 1983). A brief summary of the categories is presented in Box 7.2.

McCabe and Rollins (1994) suggested a series of questions for clinicians to answer to determine the type of structure a child's narrative represents. Table 7.1 illustrates a format that can be used (McCabe & Rollins, 1994, p. 49).

BOX 7.2 • Phase 1: High-Point Structure

Two-event narrative: a sequence that involves two actions; generally produced by children under 4 years of age.

Leapfrog narrative: a narrative about a single experience that consists of more than two events that are not presented in logical or chronological order and that is characterized by omission of salient information; generally produced by 4-year-old children with typical language development.

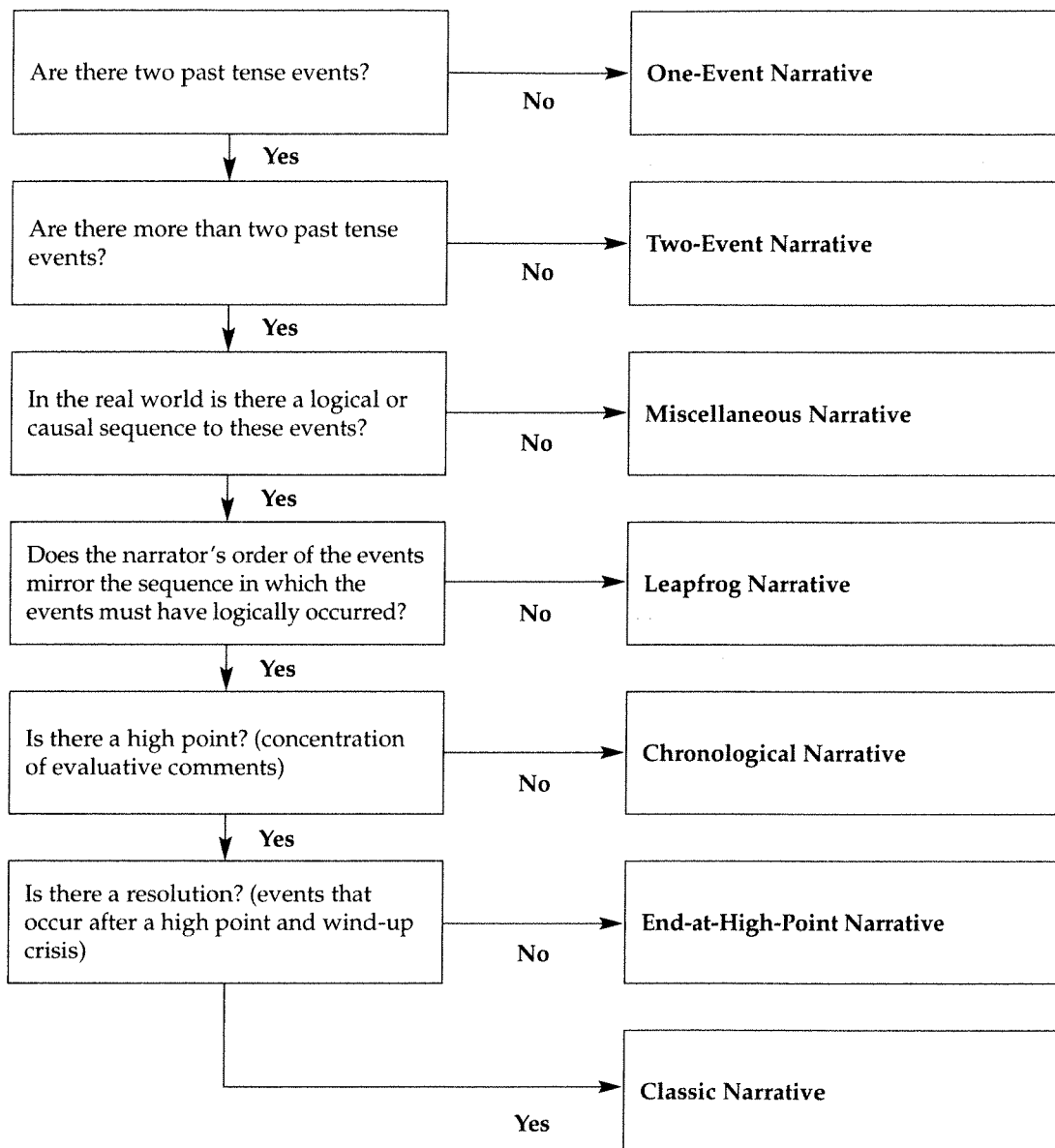
End-at-high-point narrative: a narrative that includes all of the necessary information except the consequence or resolution of an experience; generally produced by 5-year-old children.

Classic narrative: a narrative that contains all of the necessary information for a coherent story; generally produced by 6-year-old North American European and African American children with typical language development.

Chronological narrative: a narrative that is characterized by lists of actions that are not causally related, generally produced by children of all ages and even adults. A typical example is a travel itinerary.

Miscellaneous narrative: a narrative that cannot be placed in one of the above categories.

TABLE 7.1 Phase 1: High-Point Scoring Guidelines



McCabe, A., & Rollins, P.R. (1994). Assessment of preschool narrative skills. *American Journal of Speech-Language Pathology: A Journal of Clinical Practice*, 3, 45-56. © American Speech-Language-Hearing Association. Reprinted by permission.

The narrative produced by the child with specific language impairment in Chapter 3 will be used to show an example of high-point analysis. The answer to the first three questions in Table 7.1 is yes. That is to say, (1) yes, there are two past-tense events; (2) yes, there are more than two past-tense events; and (3) yes, in the real world we have every reason to believe there was a chronological order to those events. However, the answer to the fourth question is no, the narrator's order of the events does not mirror the sequence in which the events must have logically occurred. Thus, his narrative represents a leapfrogging structure; the child skipped around in his description of events and omitted critical information. He began by talking about the hospital and then described his bike accident and then returned to the hospital situation. It should be noted that leapfrogging narratives are used by some 4-year-old children with typical language development. Older children should be able to sequence events. Additional examples of high-point analysis are presented in Peterson and McCabe (1983; McCabe & Rollins, 1994).

Narrative Structure: Phase II

The second step in narrative assessment is to identify the specific dimensions that are appropriately and inappropriately used. In this way, a profile of abilities and deficits can be used as a basis of intervention. The narrative analysis profile (described in Chapter 1) was developed to meet this purpose. We have used it to describe the narratives elicited from speakers throughout this book.

Following are guidelines for implementing the NAP:

1. Score discourse according to whether it is appropriate, variable, inappropriate, or in need of further study (see Chapter 1).
2. Establish profiles of strengths and weaknesses among dimensions. Children with language disorders do not exhibit a homogeneous grouping of symptoms. Different patterns of impairment of narrative abilities are identifiable for individuals bearing the same diagnosis despite the fact that general tendencies for people with that diagnosis exist and have been documented (Miranda, McCabe, & Bliss, 1998). For example, one child with specific language impairment may be characterized by impairments in topic maintenance, event sequencing, and informativeness with strengths in conjunctive cohesion and fluency; another child with SLI might exhibit excessive dysfluencies and referencing impairments with strength in the other dimensions (Miranda, McCabe, & Bliss, 1998). One frequent pattern of children and adults with traumatic brain injury is impairments in fluency and informativeness, as well as substantial redundancy, although event sequencing is appropriate (Biddle, McCabe, & Bliss, 1996).
3. Use a form such as the Narrative Assessment Protocol on page 121 to identify different profiles of narrative ability. This form enables clinicians to assess narrative abilities efficiently.

In Chapter 1 (p. 41), we demonstrated how to use the Narrative Assessment Profile. At the end of this chapter (p. 122), we use NAP to score narrative discourse

produced by a child with a language impairment. This child showed considerable impairments in topic maintenance, event sequencing, informativeness, and fluency. He was variable with respect to referencing and conjunctive cohesion. This protocol enables us to see the broad reductions in his discourse coherence with respect to narratives.

Working for the First Time with Children from a Cultural Group Unknown to You

The United States is rich in the variety of individuals who immigrate here, so many cultures have not been researched carefully. What should educators and clinicians do when they confront a child from a culture about which they know very little? We recommend that educators and clinicians proceed much as researchers do at the outset of an exploration:

1. Keep an open mind about the quality of the narratives you hear or read.
2. Look for patterns in those narratives; do *not* look first to see how well these narratives match our cultural expectations for a good story (embodied in Phase 1, high-point scoring in Table 7.1).
3. Seek help from full participants in the child's culture.
4. Perhaps expand your definition of what makes a good story. Use what you have learned about other cultures to assist you in this.

We put those principles to work consistently. Recently, for example, David Colby, Keith Erwin, and the first author (Colby & Erwin, 2001) began studying the personal narratives of 6- to 10-year-old Cambodian English bilingual children. The children attend a trilingual education program, where instruction is offered in Kmer, Spanish, and English. We were hampered by many factors, including the lack of a collaborator from the Cambodian community, access to a small number of children varying in age, and limited resources. We elicited narratives in English using the procedure outlined in Chapter 1. The Cambodian children were not inclined to be talkative, but all contributed several narratives and seemed eager to do so. Among the best of the thirty narratives we obtained from ten Cambodian American children were the following from two different boys:

Narrative: 9-year-old Cambodian boy (from our files)

Interviewer: . . . I cut my knee pretty bad. Have you ever hurt yourself?

Child: Yes. (1) Once I ran up the stairs so fast that I slipped (2) and I hit my leg. (3) And one time I went down a big hill, (4) and I made a jump, (5) and then I landed and crashed into a car. (6) And once at the skate park, I went down the hill and crashed into some boards, (7) and then I crashed into my fence, (8) and I flew off my bike.

Interviewer: What happened after that?

Child: (9) I had a lot of Band-Aids on myself.

Narrative: 10-year-old Cambodian boy (from our files)

Interviewer: . . . I cut my knee pretty bad. Have you ever hurt yourself?

Child: Yes. (1) When I was riding my skateboards, I rode it down the hill, (2) and I was going into the street, (3) So I just let it go, (4) And the car ran over the skateboard.

Interviewer: What happened after that?

Child: (5) I was so mad, (6) So I said (with emphasis denoted by italics), "*You should watch where you're riding!*" (7) And the last time when I was riding my bike I rode down the hill, (8) I lost control, (9) so I stopped the brake and turned, (10) and I went all the way into the trashcan.

Interviewer: . . . What happened?

Child: (11) I had to go to the doctor.

These were two of the most fluent of the thirty narratives we collected, and you will note that both are concise narrations of two- or three-injury experiences. We were reminded of Japanese children's narration in this regard. Note that neither one exhibits a classic narrative structure (Phase I), but because we knew so little about Cambodian storytelling, we had already decided to set that analysis aside.

We have developed a number of hypotheses about Cambodian storytelling preferences. We suspect that, like all the other cultures the first author has studied to date except for the European North American culture, Cambodians prefer narratives about several related experiences. That is, their notion of topic development would be quite different from the European North American one. Event sequencing is logical in both narratives, so we suspect that is an emphasis, at least for children. Informativeness is, as always, a key issue. Here we again are inclined to believe that Cambodians value conciseness over extensive elaboration. Both narratives contain action and evaluation, but not much description. We wonder whether this is a value of Cambodian narration or due to the fact that these are child narrators speaking English as a second language. Referencing is appropriate in both narratives with the slight exception that a car is introduced as "the car" the first time in the second narrative. Conjunctions are used aptly in both. Both are fluently produced. We look forward to hearing more from such children.

To summarize the main points about assessment, clinicians need to consider the cultural and linguistic backgrounds and the communicative values of children's communities. Narrative discourse should be evaluated with respect to high-point analysis, in some cases, and the narrative assessment profile (NAP) in any case. The NAP is useful for comparing a child's strengths and weaknesses and identifying directions for intervention.

NARRATIVE ASSESSMENT PROTOCOL

Name of Client: _____ Date of Birth: _____

Narrative Elicitor: _____ Cultural/Linguistic Background: _____

<i>Narrative Aspect</i>	<i>Appropriate, Variable, Inappropriate, Needs Further Study</i>	<i>Description of Narrative Discourse</i>
Topic Maintenance		
Event Sequencing		
Informativeness		
Referencing		
Conjunctive Cohesion		
Fluency		

Conclusions and recommendations: _____

A completed NAP will be found on the next page.

NARRATIVE ASSESSMENT PROTOCOL

Name of Client: _____ Date of Birth: (9 years 3 months) _____

Narrative Elicitor: _____ Cultural/Linguistic Background: European North American

<i>Narrative Aspect</i>	<i>Appropriate, Variable, Inappropriate, Needs Further Study</i>	<i>Description of Narrative Discourse</i>
Topic Maintenance	Inappropriate	Intermingling of topics
Event Sequencing	Inappropriate	Leapfrogging narrative
Informativeness	Inappropriate	Insufficient information Reduced elaboration Minimal description Uses action
Referencing	Variable	Some omissions and unspecified; family members identified correctly
Conjunctive Cohesion	Variable	Mostly has appropriate use of semantic and pragmatic functions; two errors
Fluency	Inappropriate	Excessive dysfluencies of false starts, internal corrections, repetitions, fillers

Conclusions and recommendations: Impaired narrative abilities for his age. Intervention with goals to improve topic maintenance, event sequencing, and informativeness.

*Patterns of Narrative
Discourse*
A Multicultural, Life Span Approach

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