

Regional Accents: A Rationale for Intervening and Competencies Required

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ABSTRACT

Over the past 20 years, an increasing number of speech-language pathologists have stepped into the traditional arena of English as a Second Language to address the communication needs of accented individuals. Even with the growing support of ASHA, this continues to foster opposition from fellow professionals who feel that accent intervention falls outside the scope of our practice. This controversy steps up significantly when the accents in question are not foreign, but regional. This article presents a rationale for regional accent improvement training for the adult client, positions the unique demands of regional accents within the global terminology of accent, outlines the prerequisites for trainers, reviews the basics of a valid accent assessment, and addresses some preliminary instructional issues. This author suggests that trainers look outside the field of speech pathology for relevant research. Additionally, practical applications for working professionals require a clearer understanding of the American workplace and the field of human resources (management development).

KEYWORDS: Accent, regional accent, nonstandard English, dialect speakers, accent modification

Learning Outcomes: As a result of this activity, the participant will be able to (1) construct a definition of regional accent; (2) organize testing components that will generate a valid accent assessment; and (3) critique his/her interactive skills and to determine whether they support an adult instructional model, not a therapeutic model.

Since the 1980s, speech-language pathologists (SLPs) have fielded inquiries from those wishing to reduce their foreign or regional accents. This author was part of that first wave of therapists intervening in such endeavors. Interestingly, most of us in that initial

instructor pool did not actively seek this work; those with accents sought us out. These individuals looked to us because they were (generally) dissatisfied with the resources typically available at the time: (1) accent workshops from drama/voice coaches who were most effective in

preparing theater players for roles, (2) communication classes in the workplace conducted by human resource (in-house) personnel that were too generic to have an impact on personal speech skills, and (3) English as a Second Language (ESL) classes (private or academic) that were too limited, too large, or otherwise ill-suited to address the needs of working/professional adults. These referrals accelerated when participants found that our approach to training positively influenced their effectiveness as adult, working communicators. Like any cutting edge developments, difficulties lay in integrating this work with established, traditional, therapeutic intervention. Early trainers had to determine a service model that fit comfortably with our *Code of Ethics*. Most important, we had to invent new materials to support the work and find research avenues to improve service delivery.

Twenty years later, this author proposes several conclusions regarding our professional involvement with regionally accented clients:

1. Foreign and regional accent training is *not* the exclusive domain of speech-language pathology;
2. SLPs should solidify their definition of "accent" as well as their rationale for intervening *prior* to accepting such clients;
3. This definition and intervention strategy should be audience-specific: it must be clear to peers, clients, and other related professionals;
4. With some additional skills, the SLP is uniquely qualified to competently improve speech skills of this client sector;
5. The therapeutic intervention model (especially its usual/customary vocabulary and its typical dynamics), while integral to rehabilitation efforts, is not appropriate for working with language/dialect-different adults;
6. Linguistics, ESL, speech-language pathology, and so on generally remain insular and their practitioners rarely integrate their background research, their service products, or their knowledge bases. Every field has its own research culture, including its own journalistic style. Thus, even when SLPs know where to search outside our discipline for information, surveying the literature is neither user friendly nor productive.

ACCENT VERSUS DIALECT: EVOLVING THE DEFINITION OF REGIONAL ACCENT

One of the problems with engaging in professional dialogue on the topics of accent, regional accent, and dialects is that the terminology is not unilaterally agreed upon. In various position papers addressing the above terminology, ASHA defined "accent" as a "phonetic trait from a person's original language (L1) that is carried over to a second language (L2)."¹ Goldstein (pp. 12–16) also sees an accent as a pronunciation-only issue.² In contrast; ASHA defines "dialect" as "sets of differences" within English that are rule-governed phonological, morphological, or grammatical changes. To distinguish "dialect" from time-sensitive, group-bound speech (i.e., teen slang), Goldstein sees "dialect" as the language of the whole community; street talk/slang are communication forms utilized by a select few in the community.

In reality, however, everyone speaks with an accent: the definition of that accent depends upon who the listener is. Dialect may or may not have phonetic characteristics, yet the average listener would be hard pressed to separate the two issues in a subjective description of someone else's communication.

Standard English (SE) is the prevailing English dialect recognized in the United States. SE is the set of rules from which the subjective impression of an accent is based. SE, or Standard American English (SAE), wins society's official recognition as the dominant form because it is the communication style of business, government, the media, education, and so forth. Ironically, the term SAE immediately generates ire among Canadian and British linguistic researchers who feel that English used in Canada and the United States are "such as to be indistinguishable to most speakers of English from other parts of the world." Thus, they (p. 363)³ prefer the term NAE—North American English—to define the SE dialect in this hemisphere.

As SLPs, we categorically reject the notion that individuals should be discriminated against on the basis of accents or nonstandard dialects of English. More importantly, social dialects are not considered disordered speech and language.⁴ However, an individual's accent

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can be a real detriment to efficient and straightforward communication in the workplace. We also fully recognize that those with accents are vulnerable to stereotyping. Whether the difficulties are real or perceived, the end product is very real: such individuals may suffer the same social and professional "handicap"—the Glass Ceiling—that we freely admit exists for other working adults like the older employee, the severely overweight, the woman vying for the male-only positions, and so on. Employment is not a luxury for most adults; we explore all angles when presenting ourselves for new opportunities or to increase our stature. While professional ability should take the forefront in determining job opportunities, most acknowledge that separating expertise from the persona is much more complicated. Oral communication is integral to personal appearance. Fitch⁵ cites research on interviewer impressions. In particular, one study claims that 40% of a first impression is based solely on oral communication.

We usually approach the accent issue as an "us versus them" paradigm: the SE speaker versus the regional dialect/accent speaker. However, there have been some interesting studies about the perception of regional accents by non-native speakers of English. Those in private practice have also (anecdotally) reported that ESL patients have asked for new therapists based on their perceived accents of their assigned therapists. Alford and Strother (pp. 479–495)⁶ found that ESL speakers were able to detect regional accents and that they rated their favorableness based on pronunciation deviations from SE. In a similar study, Guice found that non-native speakers shared the prevailing US attitudes regarding regional accents as "prestigious" or not. Further studies must be designed to determine whether non-native speakers are picking up existing cultural biases over time, or whether they are forming these judgments from more independent observations.⁷

DEFINING ACCENT INTERVENTION FOR REGIONAL SPEAKERS

Given the diversity of the above terminology and philosophical outlooks, it is essential for

any trainer to devise an acceptable definition of regional accents that logically leads to his or her definition of an appropriate accent-intervention process. It seems relevant to evolve a definition of accent that is broader in scope: a definition that encompasses communicative competence and effectiveness. This author suggests that the term "accent improvement" be considered: "the effort to improve spoken communication in American English with a native-like understanding of the hidden pronunciation and intonation rules, as well as knowledge and application of culturally tied verbal and non-verbal pragmatic rules." For ESL speakers, their non-native accent may hamper comprehension to varying degrees. Regional speakers, on the other hand, may have fewer concerns with sheer intelligibility: linguists generally agree that dialects are (generally) mutually intelligible. Their presenting concerns may have more to do with reducing attention on their communication style and focusing attention solely on the content of their message. What is "distractable" in their message may be a combination of phonetic and grammatical variations. Clearly, the concept of "erasing accents" runs counter to our profession's position statements. More appropriate is the concept of "code switching"—changing one's linguistic style based on situational needs. Berger reinforces this theme in professional and client training: "This is not about losing anything. It's about switching back and forth, learning the appropriate style at that moment."^{8,9} This author feels that the term English as a Second Dialect (ESD) captures the spirit and intent of this training. Other descriptors that instructors may want to consider include "elective bilinguals" or SESD (Standard English as a Second Dialect), although these terms are (admittedly) more cumbersome (p.124).²

Speech Pathologists as the Ideal Instructors

Speech pathologists are ideally suited to carry out regional or foreign accent improvement programs. Our perspectives on sensitivity and inclusion suggest that both promotional materials and intervention strategies will prize cultural diversity. Today, accent services are

routinely promoted as self-improvement options. More importantly, our phonological training and intervention experience give us the ability to shape speech behaviors in small, incremental steps, a process that is time-efficient, laser-focused, and ultimately successful. This is certainly unique, defining expertise within the pool of accent trainers possible. Finally, our background in both normal speech and language and disordered speech and language permits us to differentially diagnose or recognize issues that might masquerade as an accent-related problem. It is this last ability that may (ultimately) be of greatest service to potential clients.

There are, however, gaps in our educational background that should be addressed before pursuing this clientele. The SLP's professional knowledge base does not typically include sufficient perspectives on teaching pronunciation as second language/second dialect. It should be noted that, while our profession has been actively working with accent clients since the 1980s, research and instructional product and testing development have been ongoing in the areas of linguistics, foreign language teaching, ESL, etc., since (at least) the 1950s. Ironically, one would never know it when reviewing the literature in our discipline. This also applies to searches conducted in any of the relevant fields: the research and the experts cited rarely overlap from one discipline to another. Speech-pathologists choosing to teach in this area should augment their knowledge base by going outside their own common research venues to review and survey historical perspectives and current research in linguistics/sociolinguistics/psycholinguistics, modern language learning, and ESL literature (pp. 1–36)³ as well. Initially, SLPs may not get far with information searches. A better tactic is to isolate a few interesting pieces and utilize their references to find specific journal titles in the different disciplines that might yield a more productive search. For example, a review of the references cited in the Alford and Strother (pp. 493–495) article⁶ discussed above reveals 34 authors. Even when dismissing those frequently quoted in ESL research (i.e., Morley or Gilbert), there are easily 25 authors that would not be familiar to speech pathologists.

Numerous journals are cited, most of which are not typical search sites for speech pathologists, including the *Journal of Verbal Learning and Verbal Behavior*, *Journal of Personality and Social Psychology*, *Journal of Cross-Cultural Psychology*, *Language Learning*, *Journal of Social Psychology*, and so on.

Additionally, trainers must augment their knowledge of dialect differences for both speech and language components. Goldstein (pp. 1–57)² and Wolfram¹⁰ are among the numerous references on these issues that are detailed summaries of particular dialects or which take a broader perspective. It is also important that trainers expand their interpretation of regional accents to include not only US geographic options, but English options spoken worldwide. Finally, per Goldstein² and Wolfram and Friday,¹¹ some speech pathologists may need to broaden their understanding of SE phonology to include routine and SE allophonic variations so that they can recognize client differences.

The Typical Client

Another gap in preparedness surfaces in how we address the client. As speech pathologists, our history has culturally bound us to the rehab/medical model. It is only natural that we would unconsciously bring the vocabulary and the caregiver-interactive style of that therapeutic intervention model to our work with accent clients. This, however, is categorically inappropriate. Additionally, the vast majority of SLP professionals working with adult patients rarely get an opportunity to work with fully engaged people in the American workplace. It bears repeating that the typical regional (and foreign-accented) client is a normal adult who often works in fields with which rehabilitation therapists rarely interact. Ironically, these same clients are quite often from salary tax brackets that clearly exceed their trainer's! The majority of regional accent clients are self-referred, unlike ESL clients who are typically introduced by their companies. They routinely provide anecdotal information about their need to add SE as a work-related option; something that they can "turn on and off." They rightfully expect their trainers to see them as peers. Trainers who

acknowledge this (1) set aggressive goals and expectations similar to those that they would impose on themselves; (2) put the onus of responsibility for ultimate success on the participant; (3) remember that work cultures are driven from the top down and can be radically different within the same field; and (4) make it a priority to understand the unique communication needs on the job so that improvements will be clearly seen there. The speech pathologist who chooses to work with both disordered and language/speech different clients must be able to code switch from rehabilitation settings to corporate American. Using mismatched terminology (i.e., "patient" vs. "client," "therapy" vs. "instruction" or "training"), employing report-writing styles that are inappropriate for business settings, or failing to exhibit an interactive style customary in the workplace compromises our credibility with the working professional, especially with regional speakers who solicit our help because they clearly understand their shortcomings within the context of their work milieu. Since businesses will typically pay for their employees' efforts, it is also important to become familiar with trends in human resource management via organizations and publishing entities specializing in this area.¹²⁻¹⁴

COMPONENTS OF A VALID ASSESSMENT

The following elements should be explored in a valid assessment for regional accent:

1. communication needs on the job;
2. attitudes and anecdotal reports by client (and others in the work environment) about their strengths and weaknesses as a communicator at work;
3. a survey of articulation, especially for vowels;
4. a survey of intonational parameters of pitch variability, speech rate, and stress signals within words and within messages; and
5. any motivations expressed by client that prompted the evaluation and the subsequent instruction.

The expected duration of assessment interviews is usually 90 minutes. It is strongly

suggested that, unlike most traditional therapeutic assessments, these assessments should be videotaped. First, it is usual and customary to utilize such equipment in HR training and, thus, it is accepted technology in the workplace. Second, the visual component is vital to capturing articulatory movements and for seeing and rating a client's effectiveness as a communicator. A few key points will be reviewed specifically below.

Articulation Assessment

The final gap in preparing to work with regional or foreign accents occurs in the evaluation strategies speech pathologists often employ. This author feels that evaluating articulation skills should be conducted utilizing narrow transcription options as well as the typical IPA.¹⁵

Narrow transcription symbols are not routinely used by speech pathologists in therapeutic intervention, but they are excellent mechanisms for capturing the rule-governed variations of sound as well as intonational characteristics. Regional accents alter SE primarily by varying vowels. Issues such as lip positioning, reduced diphthongs or diphthongization, and added vowels are essential to capturing the unique parameters of an individual's regional accent.¹⁶

The regional accent assessment should involve a combination of word level, word in context, and spontaneous speech sample reviews. Generally, the focus is on oral language. It may, however, be relevant to the individual's job needs to review selected writing products representative of his or her workplace experiences.

Language Usage Assessment

Language sampling of structured sentences and the spontaneous speech samples should be reviewed in the context of the communication needs on the job. Samples should include those generated within the testing session, and more importantly, evidence of workplace communication (i.e., recorded phone calls, recorded virtual meetings conducted by phone that involve a variety of participants at multiple sites, recorded live presentations).

How much, if at all, an instructor will intervene in grammar code switching is extremely variable with regional accents. Their use of dialect grammar variations may or may not contribute to the subjective impression of their professional expertise. The assessment process should be sufficiently broad to capture a variety of speaking situations so that the instructor can credibly prioritize the roles of language and speech in subsequent training.

PRELIMINARY INSTRUCTION CONSIDERATIONS

The norm for training programs for regional accents is (customarily) individual classes. Since most clients come from corporate settings, it is reasonable to assume that the majority of them would be foreign accent referrals; the relatively small percentage of regionally accented individuals would, logically, be seen as individuals. It may be important to suggest at this point that ESL and regionally accented adults should not be combined in classes. While the approach to instruction may be the same, the nature and extent of their differences from SE are too difficult and inappropriate to address within the same program.

The duration of regional accent programs is usually 25 to 30% (i.e., several sessions) shorter than those of foreign accented clients. Obviously, the extent of the differences versus SE will have an impact on the needed duration of the program. Generally, however, substantive changes in speech behaviors for second language/second dialect acquisition require frequency of practice with repeatable models (CD ROM, cassettes/CDs, videos, etc.) and sufficient length of time to habituate the changes to spontaneous communication. For this author, achieving a 40 to 60% improvement in assessed targets usually requires a 4-month timeline. Practice time for clients includes multimedia assignments and repetitive practice tools that are utilized in short, frequent practice sessions totaling 60 minutes a day. Again, there is a dearth of research that tracks instruction progress and goal-setting more specifically. More studies of instruction efficacy (outside university programs) of individual or group classes are needed.

Underlying Training Principles

Principles of adult learning strategies are essential to orchestrating effective training programs. Before they will be motivated to participate actively, adults must be convinced of the rationale for both *how* to change a behavior and *why* training will change the behavior. With this in mind, it is imperative that speakers learn how their speech output differs from the SE option. Additionally, they must be able to describe *aloud* what they do to vary sounds or grammatical constructs and, conversely, to describe what is utilized in the SE option. Auditory discrimination drills, while helpful, are not sufficient alone to improve discrimination skills in spontaneous communication.

In contrast to foreign accent training programs, regional accent programs should more quickly deal with communication needs on the job (or in the demanded social setting). Though there are exceptions, it is anticipated that regional speakers will more easily recognize and discriminate phonetic and intonational differences unique to American English. They may quite quickly control the required variables in structured drills. It is, thus, imperative that the majority of instructional/interactive focus on *spontaneous* use of the new behaviors.

Where the true breakdowns in functional communication occur is frequently very deceptive. Both the trainer and the client must become expert in finding ways to observe the realities of daily, workplace communication. For example, consider the following scenario. A 45-year-old New York sales executive has been promoted and relocated to the Houston office. This client spends 50 to 60% of his workplace communication on the phone, coordinating the sales staff for the southern offices of the company. He chairs weekly virtual meetings via phone, typically 40 minutes in length, with 10 to 15 participants. Though they feel he is improving the efficiency of the department, people privately complain that they don't understand him, he talks very fast, he "walks over" other participants' conversations, and some feel reticent about suggesting solutions to ongoing concerns. Based on this information from the corporate human resources staff, a trainer would, logically, devise homework assignments to target telephone

clarity. Typically, trainers might suggest the following to monitor improvements:

1. Client will leave messages x number of times a week on the trainer's voice mail on a variety of topics; trainer will rate client's effectiveness.
2. Client will record several phone conversations a week and review them for specific target behaviors; trainer will confirm client's ratings.

These activities may initially result in noticeable improvements, but their effectiveness quickly tapers off: the client's director still doesn't see any improvement in the teleconferenced, weekly meetings. Yet, the trainer's interactions show clear improvements as the weeks progress. There are several possibilities for the discrepancy. The client's voice mails to the trainer are too controllable to trigger the behaviors noted at work. Similarly, the recorded phone calls are too predictable in duration and content to stretch the client's skills. Very quickly, the trainer should either (1) ask to sit in (virtually by phone) on a portion of the weekly meeting or (2) ask the company for access to it as a recorded event. The latter solution is usual and customary for virtual meetings. Until trainers operate more frequently in typical American business settings, that option may not even occur to them.

SUMMARY

Intervention with regional accents is a credible avenue for SLPs. Our background in all aspects of communication, the specificity of our typical assessment processes, and our instructional process approach serve these clients admirably. These characteristics mean that training programs conducted by SLPs should be highly productive and, ultimately, cost-efficient for the consumer. However, trainers within our profession must identify the gaps in their preparedness to undertake such clients by (1) attending posteducational training programs, (2) reviewing literature outside our field, and (3) critically reviewing instructional and assessment products generated within and outside our field.

This author is actively participating in research regarding intelligibility perceptions specific to foreign and regional accents. Certainly, research on all aspects of ESD and the efficacy of accent intervention is encouraged. To facilitate clear understanding of the current state of research, the practicing trainer would appreciate more inclusive research endeavors that acknowledge the findings and professional expertise of the different disciplines actively working on these topics. Moreover, what informed and effective trainers require most are pragmatic research endeavors. We actively encourage designs that focus outside academic environments or simple communicative constraints and explore the realities of fully functioning adults in the North American workplace.

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