Oral Narratives and Emergent Literacy Skills in Low-SES African American Preschoolers with Speech Delays

Research Proposal

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Introduction

Research shows that there is a strong relationship between a preschooler’s oral narrative skills and emergent literacy skills (Curenton, 2011; Gardner-Neblett & Iruka, 2015; Brown, Garzarek & Donegan, 2014); however, while development of emergent literacy skills is emphasized in preschool curriculum and standards (VDOE, 2003), the development of oral narrative skills is less likely to be a priority for this age group. Oral narration, or storytelling, involves a combination of complex communicative, cognitive, and social-emotional skills. As children develop in these areas, their stories grow in from illogical groupings to a sequential linking of actions to consciousness-based stories with intentional actions and an awareness of the psychological state of the characters (Curenton, 2011).

Recent research on race and oral narrative skills found that preschool oral narrative skills are a strong predictor of emergent literacy skills in Kindergarten for African American kindergarteners of various SES backgrounds (Gardner-Neblett & Iruka, 2015). Studies have shown that despite the various factors that put low-SES African American children at risk, they tend to be able to tell more complex and detailed stories (Gardner-Neblett & Iruka, 2015). A study by Curenton (2011) reveals that African American preschoolers in Head Start significantly outperformed their European American peers in retelling and comprehending consciousness-based content. These findings suggest that in this otherwise disadvantaged group of children, there exists a unique learning advantage.

While there is research linking oral narrative and language skills and emergent literacy skills, research is limited in addressing the preschool population and is largely limited to middle-class European Americans (Gardner-Neblett & Iruka, 2015). Of the studies that examine
oral narrative skills in preschoolers, few utilize the development of oral narrative skills to enhance emergent literacy skills and these studies have been small.

Whereas emergent literacy skills are shown to affect oral narrative skills, it is unclear whether oral narrative development will work to develop oral narrative skills. Researchers have attempted to use story grammar intervention to directly teach elements of story grammar to improve comprehension and story telling and retelling. Findings from Brown, Garzaek and Donegan (2014) suggest that a story grammar intervention with African Americans at risk for speech/language delays worked to improve language skills and develop more complex and cohesive language, but this study was limited to a few participants. Findings from Wright, Diener, and Kemp (2013) suggest that a dramatic storytelling intervention increased participation and language in children with speech/language and social delays and led to more spontaneous creative language use, but this study was conducted in with children from middle-class families in an atypical learning environment. While findings regarding the effectiveness of oral narrative intervention are limited, development of oral narrative skills could work to build on emergent literacy skills in a way that is targeted to build on the unique strengths of African American preschoolers. Based on this assumption, I hypothesize that in an African American 5 year old with speech/language delays, oral narrative development intervention will positively affect oral narrative and emergent literacy skills. My research will attempt to explore the question: How does an oral narrative development intervention affect emerging literacy skills in an African American low-SES preschooler with speech/language delays? In my study, the teacher will purposely develop oral narrative skills in this population by teaching narrative elements and structure and embedding story-telling practice in classroom routines.
Methodology

This study will investigate the relationship between oral narrative intervention, emergent literacy skills, and early language skills in African American preschoolers with speech/language delays. The goal is to determine if emergent literacy skills would be positively affected by oral narrative skill development. The student’s emergent literacy and language skills will be tested before and after the intervention. This is a single-case study with a pretest-posttest design, utilizing both quantitative and qualitative data.

The dependent variables are early language skills and emergent literacy skills of the student. These will be measured by the PK PALS and AEPS social-communication tests, as well as data collected from the child’s IEP, and anecdotal information from the child’s speech/language practitioner, parents, and teachers. The independent variable is the child’s exposure to oral narrative intervention. By completing this study, the researcher is hoping to show that developing oral narrative skills can increase early language skills and emergent literacy skills. By demonstrating the importance of oral narrative development, preschool curriculum could include more storytelling opportunities and enhance the unique skills of African Americans to better prepare them for Kindergarten.

Participant

The purpose of this study is to examine how an oral narrative development intervention affects oral narrative and emergent literacy skills in an African American preschooler with low-SES background and speech/language delays. The subject is a 5 year old African American boy in a Head Start classroom. This participant qualifies for free/reduced lunch, has an IEP, and is
receiving one hour per week of speech/language services. The child scored below average on the Brigance and PreK PALS test in the beginning of the 2015-16 school year. Results of this test demonstrate very low emergent literacy skills, including name writing, alphabet knowledge, sound awareness, and print awareness. The child’s IEP includes specific language goals including articulation, sentence formation, and increasing expressive language. The interventions will include two peer participants from the child’s inclusive classroom to serve as peer models. Of the 16 students in the class, the peer participants will be rotated in each session in order to differentiate peer input. Peers will be selected randomly, and will be excluded only if they exhibit behaviors that would disrupt the process or if they are resistant to join the intervention.

Materials/Equipment

This intervention requires a quiet work space, an IPad as a recording device, picture cards, storybooks, paper and drawing instruments, and assessment materials. The IPad will be used to record audio and play back student stories. Although this could be done on a simple device, Brown et al. (2011) reported that use of the IPad in their study increased student engagement and excitement. A variety of diverse storybooks will be provided to the children in the beginning of the intervention to help mine for examples of story elements. Paper and drawing materials will also be provided for children to draw pictures before they tell their stories. The picture cards include clear visuals for who, what, where, and why and are borrowed directly from the participant’s speech/language pathologist’s materials for consistency.

Intervention and Setting

In my literature review I investigated two intervention techniques to develop oral
narrative skills: story grammar intervention and dramatic storytelling. Story grammar intervention directly teaches elements of story grammar (characters, setting, action, conclusion) and has students tell stories based on picture books or retell a story they heard. The intervention that I intend to conduct is a simplified version of a story grammar intervention as used by Brown, et al. (2014), with creative elements of the dramatic oral narrative intervention conducted by Wright et al. (2013). My proposed oral narrative development intervention is similar to the story grammar intervention used by Brown et al. (2014), as it is conducted in a small group of mixed peers, and has students record and listen to recording of their stories. However, to simplify this intervention and make it more relevant to my research interests, the students will learn story grammar in terms of simple Wh- questions (Who, what, where, why) and use picture cues for these questions (see Appendix ). Finally, the students are not retelling a story, but telling their own creative story, with storybooks and drawing materials available for inspiration and brainstorming.

The intervention will take place in a quiet meeting room during small group time (following story time) in a group of 3, with the participant and two peer models (rotated from a pool of 16 classroom peers). The group will meet with the teacher/interventionist at a table with six diverse storybooks (these change after each session), paper, and drawing instruments. They are told “I want you to tell me a story. First, you can look at some pictures and draw a picture.” The children have five minutes to look at and interact with the materials in front of them. Before the next phase, the students will take a 1-minute teacher-guided stretch break.

Next, the students will be shown 5 picture cards depicting WHO, WHAT, WHERE, and WHY with a short explanation of each element related to a brief look at a storybook. Then, one
student will tell a story as it is recorded on the IPad. The teacher will replay the story to the
group and point to the picture cards as they relate to the story. For example if the student says
“The frog went to outer space” the teacher would point to WHO for frog and WHERE for outer
space. The students will be encouraged to point to the cards during the next retelling.
Afterwards, the teacher will point out or prompt other to point out what card was missing (WHY
was the queen mad? Where did the pig go? etc.) Each student will take a turn telling a story,
listening to their story, and discussing the picture cards. At the end, the students will give and
receive compliments and return to class (ideal total time 20 minutes). The intervention will be
conducted once or twice a week, for five weeks (minimum 6 sessions in all).

**Data Collection Procedure and Analysis**

During the baseline data collection phase (two weeks), the subject’s emergent literacy
skills and language skills will be measured using the PK PALS, AEPS language assessment, and
interviews with the child’s family, teachers, and speech/language pathologist. The child will be
retested on the PK PALS test, as results are likely to vary between September and the beginning
of the intervention in January. The PK PALS includes a simple assessment of preschool
readiness, which is already a part of the child’s curriculum. This assessment is a good measure
of emergent literacy skills, as it includes alphabet, print, and phonemic awareness, nursery
rhymes, rhyming words, and other related skills. The AEPS social-communication and social
assessment is ideal for monitoring the child’s natural oral language. This assessment, used in a
pre- and post-test evaluation, will help to inform if the intervention worked at improving the
child’s oral narrative ability as well as their overall oral language in a natural environment. The
researcher will collect natural language using AEPS during center time play, when the child is
engaging in imaginative and communal experiences with peers. Finally, the researcher will
conduct two sessions under similar conditions of the intervention session to collect a storytelling
sample and make observations.

During the intervention, the researcher will record and save the stories and pictures after each session and the researcher will record anecdotal notes on how it went and what was done, along with any noticeable differences in the environment, behavior, or protocol. After each session, the researcher will fill out a Yes/No checklist that answers the following questions and can be given a total score of 1-8:

1. Did the story have characters (WHO)?
2. Did the story have a location (WHERE)?
3. Did the story have action (WHAT)?
4. Did the characters have motives, emotions (WHY)?
5. Did the story have a beginning, middle, and end?
6. Did the story use 4+-word sentences?
7. Could the child answer 1 WH questions about a peer story?
8. Did the story include original/imaginative elements (not imitation from other student examples)?

In the two weeks following the intervention phase, the child will be retested using the PK PALS assessment, and the AEPS language observation for natural language and oral narrative. The child will tell an oral narrative in a similar intervention setting to see if skills were retained. Observations and anecdotal notes will be recorded and synthesized with notes from the family, teachers, and SLP.

**Data Analysis**

A visual graph will be created to show data collected from the oral narrative checklist, including three sessions from the baseline phase, six from the intervention phase, and one from
the post-intervention phase. These results will demonstrate whether the child’s oral narrative skills increased over the course of the intervention. A second graph will be used to compare pretest and posttest results from the PK PALS and AEPS assessments. This will show whether emergent literacy skills and language skills developed over the course of the intervention. A comparative analysis of these graphs will be conducted to demonstrate whether there is a causal relationship between oral narrative skills, emergent literacy skills, and early language skills. Finally, a narrative account of the child’s present level of performance, reaction to intervention, and behavior during and following the intervention from a synthesis of accounts from teachers, parents, SLP, and participants will provide a more rounded and specific insight into if and how the intervention worked or did not work.

Potential threats to internal validity include the student’s willingness to participate in the intervention, their articulation and intelligibility, and comprehension of directions. The subject will receive a sticker as incentive to participate and will hopefully be drawn to the use of the iPad in the process. The subject’s articulation and intelligibility are a challenge in peer and researcher understanding of the story. As the researcher has spent extensive time with the child and is familiar with the child’s word approximations, this is not likely to affect the intervention, but if another researcher were to conduct the session there could be different results. As the measurement of the child’s oral narrative does not include measures of articulation or grammar, and all testing will be conducted by the researcher, this should not be a factor that affects validity. Finally, the student’s disability affects their comprehension of directions. The researcher will use the accommodations in the child’s IEP to give clear directions with visual supports and multiple cues. This exercise is limited to simple language and concepts that the
child has discussed in the past.

External validity is threatened as a single-subject design is difficult to generalize to other children that do not meet the same conditions. The targeted nature of this sample is aimed to address a small subgroup of students and may not carryover to other similar groups such as students in other preschool settings, with different speech/language delays, older or younger children, or children with different racial or SES backgrounds. As the purpose of this study is to examine a child with specific qualifications and is conducted by a student researcher, generalization is not the end goal.

Collaborative Teamwork

This intervention requires collaboration between the researcher, teachers, speech/language practitioner, family, and child. The researcher is a co-teacher in the participant’s classroom and therefore has a number of responsibilities throughout the day which will need to be worked out with the instructional assistants and collaborating teacher. The speech/language pathologist has extensive data on the child’s present level of performance and will be a useful collaborator in the process of gathering data and finding relevant resources. Input from the family and other adults in the child’s life is crucial in understanding the child’s present level of performance and monitoring potential growth during this process.

This research will be useful and relevant to my collaborative team at work and could help inform intervention for other children in the same population (low-SES African American preschoolers with speech/language delays). As there is so little research on the topic of oral narrative development to build emergent literacy skills and language skills, this study could help to inform further researchers of the need to close the research gap. A cumulative report,
including the data reports, narrative summary, and description of process will be developed to promote more interest in the topic.

References


Appendix: Question Word Chart