2014

Speech-Language Services for Bilingual Students: Relevant Issues and Concerns

Mary Scott

Speech-Language Services for Bilingual Students: Relevant Issues and Concerns

Abstract
Speech-language pathologists (SLPs) are ethically responsible for providing the best possible therapy to their clients. As the number of non-English-speaking homes is increasing in the United States, so is the need for SLPs with a thorough understanding of how to appropriately service multilingual clients,. This project is intended as a primer for speech-language pathologists facing the complexity of servicing linguistically--and culturally-diverse populations. It includes an in-depth analysis of language development in bilingual children compared to monolingual children, types of assessments used to differentiate between a language difference and a language disorder, and cultural factors that should be considered when providing speech language services. All of these aspects are crucial in determining whether a bilingual student has a communication disorder, delay, or simply a difference, as well as providing speech-language services in an appropriate, culturally considerate, and ethical manner.

Degree Type
Open Access Senior Honors Thesis

Department
Special Education

First Advisor
Jennifer Desiderio

Second Advisor
Carole Gorenflo

Third Advisor
Janet L. Fisher

Keywords
speech-language pathology, bilingualism, assessment, multicultural

Subject Categories
Special Education and Teaching

SPEECH-LANGUAGE SERVICES FOR BILINGUAL STUDENTS: RELEVANT ISSUES AND CONCERNS

By

Mary Scott

A Senior Thesis Submitted to the

Eastern Michigan University

Honors College

in Partial Fulfillment of the Requirements for Graduation

with Honors in the Department of Special Education

Approved at Ypsilanti, Michigan, on this date April 15, 2014

Speech-Language Services for Bilingual Students: Relevant Issues and Concerns

Mary K. Scott

Eastern Michigan University

Speech-Language Services for Bilingual Students: Relevant Issues and Concerns

Speech-language pathologists (SLPs) are ethically responsible for providing the best possible therapy to their clients. This can become very difficult when servicing clients who speak a language other than English. Because of the blossoming Spanish-speaking population in the United States, there is an evident need for SLPs who are qualified in English and Spanish to serve both monolingual and bilingual students (Parmon, 2010). Many homes in which the parents speak a language other than English are accumulating in both rural and urban areas with parents who send their children to English-speaking schools, which evidences the necessity for linguistically and culturally sensitive professionals in the educational arena (Parmon, 2010). It is impractical and unethical for an SLP with no background in diverse language or culture to service a child who speaks Spanish, and the dilemma is more significant than simply learning to speak the language. The SLP must have a thorough understanding of the nuances of the client's language in order to provide the best possible therapy to the client. According to a survey by Hammer, Detwiler, Detwiler, Blood, and Gualls (2003), approximately one-third of their sample that represented non-diverse rural, non-diverse urban, and diverse urban areas had not received any training in multicultural or multi-linguistic issues in their education, and throughout all areas the SLPs expressed a lack of confidence when assessing bilingual Hispanic students. This is a relevant concern because even in areas with a relatively small population of bilingual students, such as Michigan, many monolingual SLPs will encounter the challenge of servicing a child who speaks a language other than English and is from a diverse background (Caesar & Kohler, 2007).

At a national level, approximately 10.8% of school-age children are English language learners (ELLs), which includes bilingual students whose primary language is not English (National Clearinghouse for English Language Acquisition, 2011). As compared to English

speaking peers, ELLs have lower literacy skills (Klinger, Artiles, & Mendez Barletta, 2006) with 71% of ELLs reading below the basic proficiency level for English by the fourth grade (National Assessment of Educational Progress, 2009). The majority (73.5%) of ELLs who perform poorly on literacy tasks speak Spanish as their first language (Batalova & McHugh, 2010a, 2010b). These figures indicate a relative prevalence of non-English speaking students who are likely candidates for speech/language therapy as low literacy rates indicate late phonological awareness as well (Schuele & Boudreau, 2008).

This project is intended as a primer for speech-language pathologists facing the complexity of servicing linguistically- and culturally-diverse populations. It includes an in-depth analysis of language development in bilingual children compared to monolingual children, types of assessments used to differentiate between a language difference and a language disorder, and cultural factors that should be considered when providing speech language services. All of these aspects are crucial in determining whether a bilingual student has a communication disorder, delay, or simply a difference, as well as providing speech-language services in an appropriate, culturally considerate, and ethical manner.

Part I: Language Development in Bilingual Children

Language acquisition and development in monolingual children is an incredible process. The amount of information that human beings process, organize, and learn to produce in such a short span of time is remarkable. Bilingual children have the added challenge of acquiring two languages simultaneously. Current research studies suggest that bilingual language acquisition can be explained by the Interactional Dual Systems Model. Former language models included the Unitary System Model that presumed children develop one phonological system that separates over time, and the Dual Systems Model that conversely states children develop

separate systems for each language that do not interact. The current Interactional Dual Systems Model explains that the bilingual child processes separate phonological systems for each language, but there does exist interaction between the two languages as both systems develop (Goldstein & Fabiano, 2007). The interaction of these systems causes features of the languages to cross-over and mix as the child develops.

As a byproduct of mastering two or more languages simultaneously, bilingual development typically displays a different time table and unique attributes due to code switching or mixing. Code *switching* is the change between the two languages at marked phrases or sentences, while when code *mixing* the child will use an isolated term in the second language within the phrase (Grosjean, 1982). A series of longitudinal studies have ascertained that code switching is a frequent phenomenon in bilingual subjects aged between one- to four-years-old, and the syntactic elements that subjects mixed most commonly were subject and object nouns, then prepositional phrases, verbs, and describing words (adjectives and adverbs) (Pfaff, 1979; Poplack, 1980; Brice & Absalom, 1998; Brice & Anderson, 1999). Shifts between the two languages may superficially appear to mean the child cannot differentiate between languages, but there is in fact no warrant for concern when code switching or mixing occurs. Language cross-over is a normal aspect of bilingual development and actually may facilitate more advanced linguistic development and growth as bilingual children mature (Brice & Anderson, 1999). Kayser (as cited by Brice & Anderson, 1999) advocated that rather than discouraging bilingual children from mixing the languages they acquire, family and educators should accept code mixing as an acceptable and appropriate form of communication to enable the children to grow their linguistic abilities. It follows that clinicians must be aware of the differences in the language acquisition of bilingual clients due to code-switching/mixing when determining

whether speech language services are appropriate or not for the individual (O'Toole & Hickey, 2013).

Bilingual children also display differences in speech rhythm, otherwise defined as the variability of intervals containing vowels and intervals between vowels (Bunta, 2005). The English and Spanish languages have very different rhythmic structures. English is a stress-timed language, shifting between 'stressed' and 'unstressed' parts of words, while Spanish is a syllable-timed language which yields a more flowing, romantic sounding language (Pike, 1945). Speech rhythm is not an empirical measure, but rather a perception of pulses and pitch changes within a language. Roach (as cited by Bunta, 2005) explains that these perceived differences shed light into the development of bilingual language, for the stress-timed characteristics and syllable-timed characteristics are products of the speaker's intuition rather than objective measures of the language. Even as early as six months, babies use speech rhythm to predict word and phrase boundaries in order to acquire language (Werker & Vouloumanos, 2000). Bunta's study (2005) found that the speech rhythm of bilingual subjects who spoke both English and Spanish differed from monolingual English-speaking peers as well as monolingual Spanish-speaking peers. Bunta quantified the difference by measuring the variation of vocalic intervals that contain vowels and intervocalic intervals that fall between vowels. The differing speech rhythms from both languages influenced the speech rhythm of the bilingual speakers who spoke with a distinct rhythm pattern from both English and Spanish, thereby influencing their language acquisition as well.

The unique language acquisition for bilingual children also implies an added challenge of differentiating between a delay that the child may outgrow and an impairment which requires services for a population in which early intervention is crucial (O'Toole & Hickey, 2012;

Verhoeven et al., 2011). The complication increases in settings where the bilingual child receives unstable input in one language or the other because a lack of language exposure is also unique from actual speech language impairment. The factors that determine whether a bilingual child has a Specific Language Impairment (SLI), language difference, language delay, or lack of input are complex and can be very difficult to examine objectively. SLPs must identify consistent errors, which may be difficult to perceive and vary depending on each client's individual linguistic abilities, and categorize the patterns correctly to avoid misdiagnosis (American Speech-Language Hearing Association, 2012). The variability of factors to consider when assessing a bilingual child underlines the importance for SLPs to be qualified, culturally sensitive, and thorough professionals (Kritikos, 2003; Caesar & Kohler, 2007).

Phonological and vocabulary acquisition of bilingual children, particularly English-language learners (ELLs), also differs from monolingual English-speaking children. When learning English, bilingual children often process the language by transfer, or influence due to similarities and differences from previously (or in this case, simultaneously) acquired languages. For example, Spanish and English language speakers transfer cognates in both languages (such as *la computadora* and *computer*) when learning new vocabulary. Transfer between English and Spanish is especially common because of the many cognates and phonetic similarities the two languages share (August, Carlo, Dressler & Snow, 2005; Fabiano-Smith & Goldstein, 2010). To further investigate the nature and significance of transfer along with deceleration, or the slower rate of acquisition of syntax and morphology for bilinguals, as compared with acceleration, or a faster rate of acquisition of grammatical structures for bilinguals, Fabiano-Smith and Goldstein (2010) performed a study with eight bilingual Spanish-English speaking children, eight monolingual Spanish speaker, and eight monolingual English speakers. Their results indicate

that 25% of the bilingual children demonstrated a low-frequency of transfer between both languages, thus maintaining a separation of the two language systems. The study also demonstrated some evidence that bilinguals display a slower syntactic and morphological development than their monolingual peers (deceleration hypothesis) and did not show evidence of bilingual children developing grammatical structures faster than their monolingual peers (acceleration hypothesis). Coupled with other research, this study demonstrates that for transfer to be an effective process in acquiring vocabulary, children should be deliberately taught the strategy to identify cognates and infer meaning; furthermore, with instruction, the ability to use cognates strategically increases with age (August, Carlo, Dressler, & Snow, 2005).

Despite the benefit that transferring vocabulary can provide, bilingual children still lag behind monolingual peers in vocabulary recognition and comprehension. Greater vocabulary knowledge helps with phonological recoding, that is, appropriately switching from one language to another, and boosts reading skills, so the limited vocabulary that bilingual clients typically display also affects their performance in phonological awareness and reading tasks (Gottardo, 2002). A study performed by Umbel, Pearson, Fernandez, and Oller (1992) compared the receptive vocabulary reading abilities between English-speakers, Spanish-speakers learning English, and bilingual English- and Spanish-speakers. The receptive English vocabulary scores were significantly lower in bilingual and ELL populations regardless of socioeconomic status. A second study confirmed through the Peabody Picture Vocabulary Test - Revised that there is a large gap between ELL and monolingual English-speaking students in the breadth, or recognition, of vocabulary and a greater deficit in the depth, or meaning, of the words, even when re-tested after a year of English vocabulary instruction (August et al., 2005). Even with the large phonetic overlap between Spanish and English, bilingual English-Spanish children's

exposure to both English and Spanish was found to result in a higher phoneme error rate than monolingual English children. Preschool-aged bilingual children also over-transferred Spanish phonemes to English speech, such as using the /r/ rather than / ɹ/ displaying a tendency to apply Spanish phonological properties to English. However, as language continues to develop, error patterns like these diminish (Gildersleeve-Neumann, Kester, Davis, & Peña, 2008).

Part II: Appropriate Assessments to Distinguish between Language Difference, and Disorder

There are many assessments that speech-language pathologists use to determine whether or not a client does have a language disorder, but there are unique circumstances when assessing a bilingual child. The primary concern when considering a bilingual child for speech/language services is whether the atypical language patterns are a language difference or a language disorder. SLPs must be cautious in distinguishing between these possibilities because not only would it be inappropriate and unethical to provide services for students who do not have a disorder, but it would be equally problematic to deny services to a student who does in fact have a language disorder. It is immensely important, therefore, to use assessments that are appropriate for determining whether the language pattern is a difference between English, and Spanish or a language disorder that requires therapy.

To maintain best practice, clinicians must assess all clients equally when determining a possible disorder, which requires interpreting assessments accurately for all clients. However, many SLPs consider themselves to either under- or over-refer bilingual children for speech language services due a lack of knowledge in assessing bilingual clients. Kritikos (2003) interviewed SLPs across five states with large multilingual populations in distinct regions of the country to gather information about the attitude of professionals toward bilingual children. She

found that 40% of the 811 participants would not be as likely to refer a bilingual client as a monolingual client for services. In fact, 40% of monolingual SLPs, 40% of those who learned language through academic study, and 38% of those who learned language through cultural experience felt they may under-refer bilingual students for speech therapy services. Less commonly, SLPs who had learned a second language through academic study (16%) or cultural experience (11%), as well as 10% of monolingual SLPs suspected they may over-refer bilingual students.

To accurately assess a client, speech-language pathologists follow a procedure to identify any language errors and correctly categorize the errors as *difference*, *delay*, or *disorder*. As described by Goldstein and Fabiano (2007), first the SLP must consider the language environment of the client which includes the language(s) spoken at home and other common environments (i.e., school), and the amount of language input and output the client experiences daily. The SLP then collects language samples from all appropriate languages to break down the client's common language patterns. The samples are analyzed for independent (i.e., word and phrase) and relational (i.e., overall structure and content) components to identify what, if any, errors the client makes consistently. Once errors are identified, they are analyzed to determine the type and severity of any speech-language disorder present in the client.

One primary difficulty in the assessment of bilingual children is the differing performances between bilingual children with SLI and monolingual children with SLI (Verhoeven et al., 2011; O'Toole & Hickey, 2012; Hasson et al., 2012). In fact, several studies indicate that bilingual children generally perform more poorly on standardized speech-language assessments than monolingual children (Verhoeven et al., 2011; O'Toole & Hickey, 2012; Hasson et al., 2012; Kapantzoglou et al., 2011; Gray, 2003). Because of the discrepancy

between monolingual and bilingual children's performance, assessing for SLI becomes more difficult. A specific study performed by Verhoeven et al. (2011) examined the impact of bilingualism coupled with speech language impairment on language development. The researchers divided 1108 children into four groups: one group of bilingual children with SLI, a group of monolingual children with SLI, a third group of bilingual children with no impairment, and a final group of monolingual children with no impairment. They found that on practically all language tests bilingual children with SLI performed poorest over all, but that the group performance was very similar between monolingual children with SLI and bilingual children with no impairment. This trend implies that deciphering whether or not impairment exists between bilingual children with no impairment and monolingual children with SLI can be challenging.

An additional concern is the linguistic and/or cultural mismatch which commonly exists between the clinician and the bilingual client. Because of this discrepancy, SLPs may implement outdated methods for assessing bilingual children without researching current best practice. Linguistic differences between the SLP and client may result in an inappropriate selection of assessments. On many occasions, clinicians assess bilingual children with standardized tests designed and normed for monolingual children, only test them in English, their acquired language, or give them examinations that are imperfectly translated from English when native language assessments are available (Caesar & Kohler, 2007; O'Toole & Hickey, 2012). These practices do not give the bilingual child an opportunity to be assessed accurately because the native language is being under-assessed. The language of the assessment becomes a confounding variable that would cause bilingual children to score artificially low because the

attributes of the assessment may be incomprehensible based on the child's abilities in the acquired language.

Even discarding biases, however, distinguishing between a language difference and a speech-language disorder is still very difficult for SLPs. As explored in the previous section, every language contains linguistic structures that emerge differently and at distinct times developmentally (O'Toole & Hickey, 2012). These individualities make the determination of whether the child has SLI unique to the language being assessed. Different language markers indicate abnormal language development in the different languages which is one difficulty the SLP must overcome to accurately assess a multilingual child (O'Toole & Hickey, 2012; Kritikos, 2003; Caesar & Kohler, 2007). When a disorder is present, it is present in all languages and causes problems with similar aspects of the respective languages. For example, when confusing morphemes for pluralizing words, in English the child may drop the 's' to say "those lion roar" rather than "lions" and in Spanish the child may say "*el* leónes" instead of "*los* leónes" and/or "ruge" (singular verb form) rather than "rugen" (plural verb form). In this manner, the child will display the same difficulty in both languages, but the listener must understand the syntactic structure of both languages to distinguish the error (Fabiano-Smith, 2013; Konnert, 2013).

While many controversies and complexities surround the assessment of bilingual children, there are research-based methods to accurately assess bilingual clients. One method of determining the presence of an SLI is a child's fast-mapping ability (Gray, 2003; Kapantzoglou et al., 2011; Hasson et al., 2012). Fast-mapping is the process in which children learn novel words, and retain the significance long enough to build the meaning of the word from other language experiences (Gray, 2003). While clinicians consider weak fast-mapping a reliable measure of speech-language disorder, they must keep in mind that children with poorer

vocabulary knowledge will be less able to learn, and retain novel words. Bilingual children struggle with word retention because they develop vocabulary while learning two languages; thus, their vocabulary knowledge for either language would be worse than a monolingual child (Hasson et al., 2012). Fast-mapping levels the playing field because the novel words chosen in a fast-mapping task are not specific to one language but are new for any language-speaker, providing equal opportunity to monolingual and bilingual clients.

Selecting standardized or norm-referenced assessments to use with bilingual children is another source of controversy among professionals in speech-language pathology. When assessing monolingual children, SLPs traditionally use standardized tests in the native language of the child to determine the presence of an SLI. They also have a tendency to apply this method when assessing bilingual students which is problematic because standardized language tests are overwhelmingly normed based on the majority culture and language which almost definitely does not apply to a bilingual subject (Caesar & Kohler, 2007). Often the reason clinicians use standardized tests is to meet educational standards and service eligibility requirements, when in fact the use of standardized tests with bilingual populations risks over-identifying speech-language impairments (O'Toole & Hickey, 2012). Current research indicates that dynamic assessments are much more effective in determining SLI in bilingual subjects but are still largely unused by modern SLPs (O'Toole & Hickey, 2012; Hasson et al., 2012; Caesar & Kohler, 2007; Kapantzoglou et al., 2012; Gray, 2003). Dynamic assessment incorporates the test-teach-retest method of assessment which determines the child's ability to learn linguistic structures and vocabulary (Gray, 2003). This method of assessment avoids focusing on only one of the bilingual subject's languages.

Furthermore, dynamic assessment provides standards that can be universally applied because culture and language background do not interfere with determining whether or not impairment is present (Kapantoglou et al., 2012; Hasson et al., 2012). Multiple studies have demonstrated the efficacy of dynamic assessment in determining the presence of an SLI regardless of whether the subject population is monolingual or bilingual, but there exists some discrepancies of which areas are best indications of impairment (O'Toole & Hickey, 2012; Caesar & Kohler, 2007; Kapantzoglou et al., 2012; Gray, 2003). A study by Gray (2003) concluded that word production is the most accurate indicator of whether or not the subject has an SLI, while a different study by Kapantzoglou et al. (2012) determined that the word identification and learning strategies of the subject were better indicators for identifying the presence of impairment. While dynamic assessment accurately distinguishes between difference and disorder, this type of assessment should be primarily used as a screening tool, as a more in-depth testing procedure is required to identify specific linguistic errors (Hasson et al., 2012). Despite this growing body of evidence favoring dynamic assessment, many SLPs have not yet transitioned from standardized to dynamic assessments when dealing with bilingual clients (Caesar & Kohler, 2007; O'Toole & Hickey, 2012). Clearly, more progress must be made to raise awareness of this problem to ensure effective speech-language assessments for bilingual students.

Part III: Relevant Cultural Factors in Providing Therapy

When providing therapy to any client, SLPs explore strategies that effectively address the language disorder to achieve communicative goals. However, many additional factors must also be considered when electing a treatment for clients, such as their age, language environment, familial involvement, and schedules. Olivares and Altarriba (2009) suggest that to provide

effective services to clients from minority cultures (e.g., ethnicity, religion, socioeconomic status), the therapist should take into account the psycho-emotional facets of the clients to anticipate a positive response to therapy. These features are best addressed through collaborative communication between mental health professionals and SLPs to enhance understanding of the interconnections among emotion, culture, and language in minority populations. Cooperation with other professionals is an integral element of effective therapy in both clinical and educational settings, but the really critical piece in the process is the partnership between client and therapist when making decisions on therapy procedures (Centeno & Eng, 2009).

Specifically, bilingual clients present a vast array of different variables that affect their disposition toward language practices. Sociolinguistic patterns and environments of the language include which language(s) are spoken at home and at school, how often the child receives language input, and how expressive the child is, all of which influence the frequency and quality of language use. Frequency and quality also reflect how often the client is in contact with the homeland of his/her language, such as a Spanish-speaking client who takes extended visits to Mexico as opposed to a Spanish-speaking client who never leaves the United States. Additionally, the client's response to therapy is influenced by their socioeconomic status, access and exposure to language experiences, and personal factors such as attitudes toward speaking one language over the other (Centeno & Eng, 2009). Centeno, Anderson, and Obler (2007) highlight the necessity of speech-language therapists' being aware of the interaction between language, culture, societal attitudes, and the motivational disposition of the individual. Considering the client and his/her specific cultural and societal context is how SLPs can determine, for example, whether providing treatment in English would be a positive step for a client or unintentionally offend the family's cultural identity.

Once the therapist has examined all aspects of the client's language that surround *how* to proceed with treatment, the SLP must develop the actual treatment plan. Bilingual clients present the challenge of determining the appropriate language to focus on when strategizing how to correct linguistic errors. While the language disorder will affect both languages in the same manner, because of the linguistic elements of the distinct languages the bilingual child acquires, the errors will present with different frequency or manner (Goldstein & Fabiano, 2007). For example, if the client has the error of final consonant deletion, the final consonants in both languages would be affected, but since final consonants are different in each language, the frequency of errors will differ. In English, final consonant errors are much more evident, such as saying "ma" rather than "map." In Spanish, many words end in vowels or dialectically the final consonant is dropped without being considered an error. If the client does delete final consonants, he or she would still present the error when saying, for example, "el *pla*" rather than "el plan," but the error would occur with lower frequencies.

The two main approaches in providing intervention to bilingual clients are the bilingual approach and the cross-linguistic approach (Yavas & Goldstein, 1998; Kohnert, Yim, Nett, Fong Kan, & Duran, 2005). These approaches are a response to the question of *what* to treat *when* in which language. The bilingual approach examines error patterns that are shared in both languages with consistent frequency. This approach would be helpful when the errors do present similarly when languages overlap, such as how adding 's' to pluralize objects is a common morpheme in both English and Spanish. Alternatively, the cross-linguistic approach isolates errors that require therapy in only one of the languages. This approach is used when the error cannot be produced in the other language due to different linguistic components. Often both

approaches are used in therapy, but the SLP must select the appropriate method given the type of disorder and the individual language errors that it causes (Yavas & Goldstein, 1998).

The approach being considered, the SLP must select the appropriate language of intervention for the client (Kohnert et al., 2005; Goldstein & Fabiano, 2007). The language of intervention is primarily informed by the individual goals the therapist creates for the client. There are numerous methods to approach goals, such as one goal at a time, several goals at once, or a cyclical pattern of goals. Regardless, to select the language of intervention, the general guideline is that errors that are common to both languages should be treated in both languages, whereas errors that are unique to the features of one language should be treated in that language (Goldstein & Fabiano, 2007). While SLPs may be partial to providing services in the language of the school setting, Kohnert et al. (2005) advise that the home language also plays a key role in language practices. Neglect of the home language in therapy may have negative consequences not only in the child's speech and linguistic development, but also in social, emotional, and academic areas of life, and may place stress on family dynamics. To incorporate the home language, treatment plans often include training the parent(s) in how to monitor and correct errors at home or incorporating peer-mediated models in which other speakers of the same language create social opportunities to practice language (Kohnert et al., 2005).

The interplay between speech-language services and the client's culture is crucial in effective treatment plans. Incorporation of culture can be a motivator for successful therapy, and if activities, materials, or procedures conflict with cultural practices the client will be less motivated to participate and may even terminate services. It is critical, therefore, that SLPs educate themselves in the cultural practices of the clients and, as bilingual children almost always come from multicultural homes, the culture of their family (Battle, 2002; Centeno,

Anderson, & Obler, 2007; Goldstein & Fabiano, 2007; Centeno & Eng, 2009). Culture is not always a straightforward issue and may be overgeneralized, so each individual must be considered within his/her specific context and environment. Aspects of culture include psychosocial dispositions toward each language, as in how each language makes them feel; societal relationships, particularly conflicts between minority and majority cultures; and emotional connections the client maintains toward each culture and language, which may suggest which language the client prefers in particular environments. In order to enhance communication keeping the cultural context of the client, SLPs should ideally conduct a sociolinguistic interview to examine practices, preferences, and attitudes toward each language (Centeno, Anderson, & Obler 2007).

Battle (2002) proposes several guidelines that SLPs should observe to provide culturally sensitive therapy. First, explain objectives clearly so that the client understands the purpose of the activity and what is expected of him/her. Therapists should be mindful to avoid any violations of cultural beliefs and to present information so that the client and the family accept therapy as welcoming and desirable. While there should be a plan, it is important that SLPs are flexible in materials and activities they use so clients can feel free to participate how they feel comfortable and learn best. Additionally, to make clients comfortable, interactions should be based in their terms and expectations as much as possible, so therapists should keep in mind how they perceive actions and attitudes. There should be flexibility with scheduling as cultural views on time may influence when the client arrives or missing an appointment altogether. SLPs must balance being professional and task-oriented with encouragement and praise, so clients understand that a session has clear objectives that are meant to support their language growth. In any learning situation, it benefits the client to provide many opportunities to learn and use

multiple levels of discourse; with multicultural clients, therapists should attempt to relate language activities to their cultural customs and patterns so they are motivated and empowered to learn. Finally, SLPs should review and preview lessons to repeat material with clients to reinforce learning and provide an opportunity to clarify if necessary.

Another important piece of providing therapy to bilingual clients is monitoring language progress in both languages. There has been research to support that interventions in one language will generalize to the other language, even if therapy is only provided for one (Paradis, 2001; Goldstein & Fabiano, 2007). Because of the interactional nature of bilingual language development, some studies have indicated therapeutic progress and phonological development in one language may affect the other as well. Monitoring language allows the therapist to determine how to appropriately proceed with goals and whether or not intervention in the second language is also necessary (Goldstein & Fabiano, 2007).

Conclusion

The importance of speech language pathologists who are qualified to provide services for bilingual English-Spanish speaking populations is evident in the United States today. It is important for SLPs to be educated in the issues and concerns that bilingual children present before considering whether they should receive services or not. This decision requires efforts to recognize the language development, practices, environments and attitudes that the client has fostered in the past coupled with proper and accurate assessment. If services are warranted, the therapist must identify culturally relevant and linguistically appropriate goals that keep in mind the specific social and cultural context the client brings into therapy sessions. While this may superficially appear to be extra work on the part of the clinician such considerations should be

made with every client, but multicultural and multilingual factors are especially influential in the speech-language therapy process.

The differences in how bilingual and monolingual children develop language and perform on language assessments, coupled with current biases and the types of assessments that reflect best practice provide SLPs with many intricate and complex factors to address when assessing bilingual children for speech-language service. While complications exist, the need for well-educated and linguistically- and culturally-sensitive speech-language professionals is immense (Parmon, 2010). Every individual, regardless of monolingual or bilingual background, deserves a guarantee from SLPs to receive the best possible assessment and determination of whether speech-language services are appropriate or not. Monolingual SLPs are responsible for becoming more educated in this area as bilingual homes become a common sight in the United States (Caesar & Kohler, 2007; Parmon, 2010). The ignorance that leads to over- or under-referring bilingual children with subpar assessments must be addressed, and current best practices must replace bad habits. The research points to solutions, but professionals must take advantage of the current knowledge and implement these findings into their own practice in order to ensure an equal footing for every person.

The major implication of issues and challenges related to servicing bilingual clients is that SLPs must educate themselves with best practice procedures in multicultural and multilingual speech-language therapy. As previously explored, the reality is that many SLPs do not feel confident or well-qualified to service clients from non-English backgrounds. The best way to combat that discomfort is with knowledge and understanding. As this is a currently growing concern, such learning should occur more commonly at the university level as well as in continuing education settings (Kritikos, 2003; Caesar & Kohler, 2007). While not all

professionals must become bilingual, it is crucial that they use an interpreter when necessary (American Speech-Language Hearing Association, 2012), provide fair assessment without bias, and provide culturally sensitive and linguistically appropriate therapy for all clients.

References

American Speech-Language Hearing Association. (2012). Bilingual service delivery. *ASHA Practice Portal.* Retrieved from http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935225&section=Overview

August, S., Carlo, M., Dressler, C., & Snow, C. (2005). The critical role of vocabulary development for English language learners. *Learning Disabilities Research & Practice, 20*(1), 50-57. doi:10.1111/j.1540-5826.2005.00120.x

Batalova, J., & McHugh, M. (2010a). *Number and growth in the US schools in need of English instruction.* Washington, DC: Migration Policy Institute.Batalova, J., & McHugh, M. (2010b). *Top languages spoken by English Language Learners nationally and by state.* Washington, DC: Migration Policy Institute.

Battle, D. E. (2002). *Communication disorders in multicultural populations* (3rd ed.). Woburn, MA: Butterworth-Heinemann.

Brice, A., & Absalom, D. (1998). *Code switching and code mixing in the ESL classroom: A study of pragmatic and syntactic features.* Paper presented at the Australian Linguistics Society, Brisbane, Australia. doi:10.3109/14417040008996783

Brice, A., & Anderson, R. (1999). Code mixing in a young bilingual child. *Communication Disorders Quarterly, 21*(1), 17-20. doi:10.1177/152574019902100103

Bunta, F., & Ingram, D. (2007). The acquisition of speech rhythm by bilingual Spanish- and English-speaking four- and five-year-old children. *Journal of Speech Language and Hearing Research, 50*(4) doi:10.1044/1092-4388(2007/070)

Caesar, L., & Kohler, P. (2007). The state of school-based bilingual assessment: Actual practice versus recommended guidelines. *Language, Speech & Hearing Services in Schools, 38*(3), 190-198. doi:10.1044/0161-1461(2007/020)

Centeno, J. G., Anderson, R. T., & Obler, K. O. (2007). *Communication disorders in Spanish speakers: Theoretical, research and clinical aspects.* Tonawanda, NY: Multilingual Matters Ltd.

Centeno, J., & Eng, N. (2009). Bilingual speech-language pathology consultants in culturally diverse schools: Considerations of theoretically-based consultee engagement. *Journal of Educational and Psychological Consultation, 16*(4), 333-347. doi:10.1207/s1532768Xjepc1604_8

Fabiano-Smith, L., & Goldstein, B. A. (2010). Phonological acquisition in bilingual Spanish-English speaking children. *Journal of Speech, Language, and Hearing Research, 53*(1), 160-178. doi:10.1044/1092-4388(2009/07-0064)

Gildersleeve-Neumann, C. E., Kester, E. S., Davis, B. L., & Peña, E. D. (2008). English speech sound development in preschool-aged children from bilingual English-Spanish environments. *Language, Speech & Hearing Services in Schools, 39*(3), 314-324. doi:10.1044/0161-1461(2008/030)

Goldstein, B., & Fabiano, L. (2007, February 13). Assessment and intervention for bilingual children with phonological disorders. *The ASHA Leader*. Retrieved from www.asha.org/Publications/leader/2007/070213/f070213a/.

Gottardo, A. (2002). The relationship between language and reading skills in bilingual Spanish-English speakers. *Top Language Disorders 22*(5), 46-70. doi:10.1097/00011363-200211000-00008

Gray, S. (2003). Word-learning by preschoolers with specific language impairment: What predicts success? *Journal of Speech, Language and Hearing Research, 46*(1), 56-67. doi:10.1044/1092-4388(2003/005)

Grosjean, F. (1982). *Life with two languages: An introduction to bilingualism.* Cambridge, MA: Harvard University Press.

Hammer, C. S., Detwiler, J. S., Detwiler, J., Blood, G. W., & Qualls, C. D. (2004). Speech-language pathologists' training and confidence in serving Spanish-English Bilingual children. *Journal of Communication Disorders, 37*(2), 91-108. doi:10.1016/j.jcomdis.2003.07.002

Hasson, N., Camilleri, B., Jones, C., Smith, J., & Dodd, B. (2013). Discriminating disorder from difference using dynamic assessment with bilingual children. *Child Language Teaching and Therapy, 29*(1), 57-75. doi:10.1177/0265659012459526

Kapantzoglou, M., Restrepo, M. A., & Thompson, M. S. (2012). Dynamic assessment of word learning skills: Identifying language impairment in bilingual children. *Language, Speech & Hearing Services in Schools, 43*(1), 81-96. doi:10.1044/0161-1461(2011/10-0095)

Klinger, J. K., Artiles, A. J., Mendez Barletta, L. (2006). English language learners who struggle with reading: Language acquisition or LD? *Journal of Learning Disabilities, 39*(2), 108-128. doi:10.1177/00222194060390020101

Kohnert, K., Yim, D., Nett, K., Fong Kan, P., & Duran, L. (2005). Intervention with linguistically diverse preschool children: A focus on developing home language(s). *Language, Speech, and Hearing Services in Schools, 36*(3), 251–263. doi:10.1044/0161-1461(2005/025)

Kritikos, E.P. (2003). Speech-language pathologists' beliefs about language assessment of bilingual/bicultural individuals. *American Journal of Speech-Language Pathology, 12*(1), 73-86. doi:10.1044/1058-0360(2003/054)

Levy, S., Langdon, H.W., & Rhein, D. (2012). Bilingual Spanish/English–speaking children's sentence reading comprehension. *SIG 14 Perspectives on Communication Disorders and Sciences in Culturally and Linguistically Diverse (CLD) Populations, 19*, 58-65. doi:10.1044/cds19.2.58

National Assessment of Educational Progress. (2009). *Nation's report card: Reading 2009.* Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Retrieved from http://nationsreportcard.gov/reading_2009/state_g4.aspx?subtab_id=Tab_11&tab_id=tab1#tabsContainer

National Clearinghouse for English Language Acquisition. (2011). *Growing numbers of English learner students*. Washington, DC: U.S. Department of Education, Office of English Language Acquisition, Language Enhancement and Academic Achievement for Limited English Proficient Students. Retrieved from http://www.ncela.us/files/uploads/9/growing_EL_0910.pdf

O'Toole, C., & Hickey, T. M. (2013). Diagnosing language impairment in bilinguals: Professional experience and perception. *Child Language Teaching and Therapy, 29*(1), 91-109. doi:10.1177/0265659012459859

Paradis, J. (2001). Do bilingual two-year-olds have separate phonological systems? *International Journal of Bilingualism, 5*(1), 19-38. doi:10.1177/13670069010050010201

Parmon, P. (2010). Educating immigrant children: Bilingualism in America's schools. *Social Sciences Journal, 10*(1), 1-3. Retrieved from http://repository.wcsu.edu/ssj/vol10/iss1/14

Pfaff, C. W. (1979). Constraints on language mixing: Intrasentential code switching and borrowing in Spanish/English. *Language, 55*, 291-318. doi:10.2307/412586

Poplack, S. (1980). Sometimes I'll start a sentence in Spanish *y termino en español:* Toward a typology of code-switching. *Linguistics, 18*, 581-618. Available from http://yorkspace.library.yorku.ca/xmlui/bitstream/handle/10315/2506/CRLC00161.pdf?sequence=1

Pike, K. (1945). *The intonation of American English.* Ann Arbor, MI: University of Michigan Press.

Schuele, M. C., & Boudreau, D. (2008). Phonological awareness intervention: Beyond the basics. *Language, Speech and Hearing Services in Schools, 39*(1), 3-7. doi:016-1461/08/3901-0003

Umbel, V. M., Pearson, B. Z., Fernandez, M. C., & Oller, D. K. (1992). Measuring bilingual children's receptive vocabularies. *Child Development, 63*(4), 1012–1020. doi:10.2307/1131250

Verhoeven, L., Steenge, J., van Weerdenburg, M., & van Balkom, H. (2011). Assessment of second language proficiency in bilingual children with specific language impairment: A clinical perspective. *Research in Developmental Disabilities, 32*, 1798-1807. doi:10.1016/j.ridd.2011.03.01

Werker, J. F., & Vouloumanos, A. (2000). Who's got rhythm? *Science, 288*(5464), 280-281. doi:10.1126/science.288.5464.280

Yavaş, M., & Goldstein, B. (1998). Phonological assessment and treatment of bilingual speakers. *American Journal of Speech-Language Pathology, 7*(2), 49–60. Available from http://planospeechtherapy.com/!virtualroot!/Resources/405/Bilingual_Assess_And_Treat_Phonological_Disorders.pdf