CLD Corner: Q&A for the CLD Experts

The CLD Corner is a regular column written by members of the TSHA Task Force on Cultural and Linguistic Diversity (CLD).

The CLD Corner was created in an effort to respond to questions on cultural and linguistic diversity (CLD) and is answered by members of the TSHA Task Force on Cultural and Linguistic Diversity. Members for the 2008-2009 year include ***Lynette Austin, Gina Glover (Co-Chair), Katsura Aoyama, Ellen Stubbe Kester (Co-Chair), Nelcy L. Cardenas, Catherine Carrasco-Lynch, Benigno Valles, Julia Peňa, Erica Dinkins,*** *and* ***Jacqueline Lopez.*** *Submit your questions to ginamglover@yahoo.com. Look for responses from the CLD Task Force on the TSHA website and in the Communicologist.*

The CLD Task Force is now offering half- and full-day trainings for school districts, education service centers, university programs, and other agencies on ***Assessment and Intervention with CLD Populations****. For information, contact Gina Glover at ginamglover@yahoo.com.*

Q: How do we determine language dominance in bilingual clients? How does language dominance affect our practice?

It is important to realize that bilingual speakers are often not equally fluent in both languages in all domains of language (speaking, understanding, reading, and writing). Most bilingual speakers are more comfortable or more proficient in one language than another (Kayser, 1995). Fluency can also vary according to topic or setting; for example, a bilingual speaker may have greater proficiency or fluency in the home language for topics related to home and family but have greater proficiency in the school language for academic topics (Langdon, 2007). Generally speaking, the language in which a bilingual speaker feels more comfortable is often called his or her "dominant" language.

In recent research on bilingualism, we can identify at least two ways to determine language dominance. One method is based on the external or social aspects of the bilingual speaker's life, such as amount of exposure to each language (Argyri & Sorace, 2007). Using this method, you could determine your client's dominant language by examining which language s/he is using more.

The second method is based on the bilingual speaker's proficiency in each language. This could be determined by self-reported use and proficiency in the two languages (e.g., Basnight-Brown & Altarriba, 2007; Flege, MacKay, & Piske, 2002) or by actually measuring some aspect of language skills (Flege et al., 2002; Yip & Matthews, 2006). For self-reported use or proficiency, the speakers rate themselves on their abilities (e.g., on a scale from 1 to 10) in each language. Some researchers used measures such as mean length of utterance (Yip & Matthews, 2006) and sentence durations (Flege et al., 2002) in each language to determine dominance.

Public schools use formal measures of language proficiency to assess levels of fluency in the languages of bilingual speakers (when tests are available in the first language) and then compare results in each language to see if language dominance can be determined by the scores. Proficiency scores are utilized in psychoeducational assessment to determine in which language(s) students should be tested.

Regardless of the method by which language dominance is determined, studies showed some effects of the dominant language on the non-dominant language. For example, Basnight-Brown and Altarriba (2007) found that language transfer often occurred from the dominant language to the non-dominant language, and Yip and Matthews (2006) found that young bilingual Cantonese-English speaking children experienced "silent periods" only in the non-dominant language (English in this case).

It is clear that there is no single, easy way to determine which language is one's dominant language. It is also important to remember that the dominant language may change over time depending on the environment (Basnight-Brown & Altarriba, 2007). For example, a child from a Spanish-speaking home in an English-speaking community may be dominant in Spanish until s/he goes to school. After attending school, the child becomes English-dominant.

What is the clinical relevance of the concepts of language dominance and proficiency? Information on best practices in speech-language pathology indicates that language skills in both or all languages of a multilingual individual (not just the "dominant" language) should be addressed in assessment (Langdon, 2007). However, performance in each language will likely be addressed differently depending on proficiency in each language; for example, it may not be appropriate to administer formal language tests in the language(s) in which a bilingual client has limited proficiency.

When formulating an assessment plan, the clinician should collect information about previous and current patterns of language use. Knowing about the bilingual client's history of language use and exposure will assist the clinician in determining appropriate performance expectations in each language. For example, if a child has had limited exposure and limited opportunities to use the family language for an extended period of time, then it is reasonable to expect limitations in receptive and expressive skills in the apparently non-dominant language. Other measures of use and proficiency will also help the speech-language pathologist (SLP) formulate expectations for performance in each language; these can include parent/family report of skills, teacher reports, language sampling, and formal proficiency testing outcomes. Any available data regarding language proficiency can help the SLP decide what assessment measures will be most appropriate for a given case.

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CLD Corner: Q&A for the CLD Experts (continued)

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Consideration of language dominance is an important factor for determining the language of intervention. This issue is summarized in the document, "Linguistically Diverse Populations: Considerations and Resources for Assessment and Intervention" (TSHA, 2005):

> In most cases, services initially should be provided in the dominant language if clear dominance can be determined (Langdon & Saenz, 1996). In cases where no clear dominance can be determined, services should be provided in the home language (L1). This approach will promote the development of first language skills (skills that may be transferred to the second language) and facilitate family involvement (Kiernan & Swisher, 1990; Perozzi, 1985; Perozzi & Sanchez, 1992). Another option is based on the bilingual model where content is addressed in both languages. This model stresses the transfer of knowledge and skills between languages and emphasizes that both languages are valued and valuable (Kohnert & Derr, 2004). The decision to provide services in the client's first language or in both languages is based on current understanding of intervention environments and outcomes. Recommendations intended to promote maximum therapeutic benefit (e.g., L1 intervention, bilingual intervention) may or may not align with the current language of instruction and/or parental preference, but should be based on the client's current language profile.
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> Since a client's needs and skills are dynamic and evolving depending on his/her exposure to each language, the language of intervention requires careful and regular evaluation and may change over time.

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