

RESPONSE TO QUESTIONS FROM A TSHA MEMBER REGARDING CLD ASSESSMENT AND TREATMENT

By: Cultural and Linguistic Diversity Committee Members

The 2012-2013 members of the Texas Speech-Language-Hearing Association (TSHA) Cultural and Linguistic Diversity (CLD) Committee are **Lisa Carver**, MA, CCC-SLP (co-chair); **Ivan Mejia**, MA, CCC-SLP (co-chair); **Scott Prath**, MA, CCC-SLP; **Christina Wiggins**, MS, CCC-SLP; **Tracey Gray**, MA, CCC-SLP; **Brittney Goodman**, MS, CCC-SLP; **Kristin Knifton**, MA, CCC-SLP/A; **Sarah Panjwani**, MA, CCC-SLP; **Mary Bauman**, MS, CCC-SLP; **Phuong Palafox**, MS, CCC-SLP; **Marisol Contreras**, BS; and **Alisa Baron**, BA.

Dear TSHA Cultural and Linguistic Diversity Committee Members,

I am going to be evaluating a 7-year-old child who speaks English and Spanish. My Spanish is quite rusty, and unfortunately there is not a bilingual speech-language pathologist (SLP) available to complete the evaluation for me. I will have a bilingual SLP-Assistant with me during the assessment. This will be an initial evaluation. The company I am working for doesn't have a huge assortment of Spanish assessments, but I am planning on bringing the Clinical Evaluation of Language Fundamentals-4 (CELF-4), the Clinical Evaluation of Language Fundamentals-4 Spanish (CELF-4 S), the Goldman Fristoe Test of Articulation-2 (GFTA-2), and the Spanish Articulation Measure (SAM). From talking to mom, it sounds as though articulation is the main concern. Any words of wisdom, advice, or tips would be greatly appreciated. I want to make sure that I provide a solid, ethical assessment. I would also love any advice or leads toward resources on treatment. Are there any good bilingual articulation/phonology treatment resources? Can the treatment be primarily in English if the family is okay with that?

The Cultural and Linguistic Diversity (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, please contact Scott Prath at scott.prath@bilinguistics.com.

Thank you for your questions. The first step to conducting a comprehensive assessment of communication skills for culturally and linguistically diverse clients is to ask about all the languages heard and spoken by the client. Interviewing the parent or caregivers in order to gather a linguistic history about the languages the child hears and speaks in the home, languages the child is exposed to in the educational setting, and the child's patterns of language use provides the evaluators with important insights about how the child communicates. This information will also help determine the assessment tools needed to provide a comprehensive assessment. Some important questions suggested by the American Speech-Language-Hearing Association (ASHA, 2006) to include in a multilingual case history are:

- The age of acquisition of the language(s)
- The language(s) used at home and at school/work
- The length of exposure to each language
- The language of choice with peers

- Progress in receiving English as a second language (ESL) services
- Academic performance
- Languages used within the family

It can also be helpful to ask the caregiver to describe how the communication concern affects the child in these different situations.

A SLP-Assistant who speaks Spanish and English could be very helpful in conducting comprehensive assessments when the speech-language pathologist speaks English and limited Spanish. Depending upon the SLP-Assistant's experience and training, the SLP-Assistant could be a vital member of this assessment team by collecting transcriptions, administering formal testing under the direct supervision of the SLP, gathering speech samples, and interpreting questions for the SLP during the caregiver interview in Spanish. Understanding and interpreting the data collected during the evaluation to determine whether services are needed remains the primary responsibility of the SLP. Familiarity with developmental norms for language and articulation in Spanish may require some research and investigation on the part of the SLP. ASHA provides many resources for both evaluation and treatment; however, specific continuing education and training regarding bilingualism, the second language learning process, cultural competence, and differences in developmental norms between Spanish and English is critical for the clinician to be able to ensure that the results of the data gathered are interpreted accurately and support whether or not the child may need intervention. Continuing education opportunities and further resources can also be found at regional educational service centers across Texas.

The question submitted to the committee also mentioned several formal tests often used to assess English and Spanish communication skills: the CELF-4, the CELF-4 Spanish, the Goldman-Fristoe 2, and the Spanish Articulation Measure. The SAM is a formal test of articulation that can provide valuable data; however, it is not a standardized test and does not result in a score to assist in determining whether the child is producing developmentally appropriate speech. The Contextual Probes of Articulation Competence-Spanish is a formal standardized articulation assessment that will yield a standardized score and a percentile rank for children ages 3.0 to 8.11. The materials and approach used to assess all languages spoken by the client will depend greatly on the responses the parent or caregiver provides during the interview about linguistic history. For example, as mentioned in the question, the parent's greatest concern was articulation, so it would be appropriate to administer formal articulation tests, gather speech samples and phonemic inventories in both Spanish and English, and record a spontaneous language sample in both languages. The SLP would then have to use the information gathered, observations, and clinical judgment to decide whether to next administer a formal language assessment in English or in Spanish and determine how the other language will be assessed (formally or informally). If a disorder

exists, a pattern of communication weaknesses will be present in both languages, although the severity may be more evident in one language based on the client's level of proficiency. Caution when using standardized scores from these language assessments cannot be overstated since the CELF-4 does not include norms for bilingually exposed children. Based on the age of the child in this example, it may be helpful to use the Preschool Language Scale 5 Spanish, which can be administered bilingually and includes a provision that items missed can be administered in the second language.

Resources available for treatment of articulation and phonological disorders among Spanish speakers are more commonly available due to the increased need for clinicians to provide services in Spanish. In addition to commercially available options (such as specific phonological process picture cards, worksheets with Spanish target words by sound, and applications available on technological devices such as smartphones, tablets, and computers), the Internet can be a good source of free therapy materials. ASHA has an easily navigable portion of their website (www.asha.org/practice/multicultural) that is dedicated to providing guidance about working with multilingual and multicultural clients and frequently asked questions to help clinicians find needed resources. Topics such as "Working with Bilingual Clients with Phonological Disorders" and "Working with Bilingual Clients with Autism" are organized and indexed easily in addition to links provided to articles, YouTube videos, and other frequently asked questions. Additional helpful websites with materials in Spanish that are available online and are easily adapted for therapy purposes include:

- www.primeraescuela.com
- www.boardmakershare.com
- www.locutour.com
- www.mes-english.com
- www.bilinguistics.com

When determining how services will be delivered, it is important to assess not only what the parent is comfortable with but also how the intervention will affect the identified disorder. Federal and state laws guide our assessment of CLD clients (all languages of exposure must be assessed); however, treatment is less defined and depends greatly on the communication needs of the client. While research on the language of intervention has shown some level of transference of skills across languages, even when the intervention was provided only in one language (Perrozi and Sanchez, 1992), it is also known that greater improvement is seen in children from Spanish-speaking homes when the therapy is provided in Spanish or bilingually even as English is learned (Prezas, Watson, Muñoz, and Payne, 2011). Research has also shown that while cross-linguistic progress may be observed during language treatment, the same is not true for speech sound disorders when intervention is provided in only one language (McCleod, 2011). In *The ASHA Leader*, the approach to the language of intervention for articulation therapy was discussed in the article "Assessment and Intervention of Bilingual Children with Phonological Disorders"

(Goldstein and Fabiano, 2007), and the following description was helpful in determining the best practice:

“In treating bilingual children with phonological disorders, SLPs typically ask the question, ‘In which language do I treat?’ That question, however, is not the appropriate one, because it mistakenly assumes that phonological development in bilingual children proceeds similarly in the child’s two languages. Because the structure of each language is different (e.g., different phonemes, syllable types, word shapes, etc.) and development is not the same in each language (e.g., Goldstein, 2004),

intervention will need to be tailored to the construct and development of each constituent language. A more precise question is, ‘When do I treat in each of the two languages?’” (Goldstein and Fabiano, 2007)

As suggested by the quote, articulation interventions for bilingual children will most likely need to occur in both languages to address the specific sounds and features that are unique to each language, although the timeline of when the languages are targeted may be more flexible based upon language proficiency, functional use of the child’s languages, and results of the assessment. ★

References

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Goldstein, B. (2004). Phonological development and disorders in bilingual children. In B. Goldstein (ed.), *Bilingual language development and disorders in Spanish-English speakers* (pp. 257-286). Baltimore: Brookes.

Goldstein, B. A. and Fabiano, L. (2007, February 13). “Assessment and Intervention for Bilingual Children with Phonological Disorders.” *The ASHA Leader*.

CONGRATULATIONS

Winners of the 2013 TSHA Member-Get-a-Member Campaign

By: Laura Upton, MS, CCC-SLP, Membership Committee Chair

The Texas Speech-Language-Hearing Association (TSHA) Member-Get-a-Member Campaign has concluded, and we would like to welcome our new 2013 members! The winner of the drawing for the \$100 VISA gift card is **Jeanne Synder**. Our new member drawing winner is **Bailey Bridges**, who will receive a complimentary TSHA 2014 Annual Convention registration. Thank you to the TSHA members who accepted the recruitment challenge.