

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.

The CLD Corner was created in an effort to respond to questions on cultural and linguistic diversity. Questions are answered by members of the TSHA Task Force on Cultural and Linguistic Diversity. Members for the 2006-2007 year include **Lynette Austin, Gina Glover, Becky Gonzalez, Dolores Castor, Marie Belgodere, Gail Goodrich-Totten, Cynthia Garcia, Katsura Aoyama, Roxanna Ruiz-Felter and Michele Albornóz**. Submit your questions to slaustin@cebridge.net. Look for responses from the CLD Task Force on the TSHA's 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 additional information, contact **Lynette Austin** at slaustin@cebridge.net.

QUESTION: My bilingual child was diagnosed with a speech and language disorder. The speech-language pathologist recommended we use one language when speaking to our child. My husband speaks Spanish, but I speak English and Spanish at home. What should we do?

ANSWER: When a language-impaired child is being raised in a bilingual home, many clinicians recommend that only one language be spoken to the child. Parents are often advised that in order to be successful in school, children should learn English as quickly as possible. Eventually, these parents may abandon their native language and only use English with their child, even if they have little proficiency in English themselves. Conversely, researchers have documented that bilingual children are successful in school if they have a strong native language and

literacy background (Collier, 1987).

Another common belief among speech-language pathologists is that parents should keep the two languages separated. This strategy has been identified as "domain allocation." Schmidt-Mackey (1971) discussed four types of language separation: one person speaks only one language, one language spoken in one place, one language for a specific time or activity, and the combination of all the others. According to Hammer, Miccio, and Rodriguez (2004), the rationale for this approach is that "if caregivers keep the two languages separate, then the task of separating the two languages will be easier for the child" (Goldstein, 2004, p. 24). Another reason for recommending input in one language is that allows the child to have more opportunities to develop communicative competence if resources are consolidated. However, by separating these languages, parents may expose their children to a socially unnatural environment which may lead to pragmatic difficulties. Over time and through experience, children will increase their ability to discuss context-reduced events and decrease their need for context-embedded cues and cross linguistic associations.

Several limitations have been identified when separating languages at home. In most homes the input of the two languages may not be equally balanced. The amount of time spent by each parent with the child may not be the same, consequently altering the influence of the two languages. Similarly, other family members living at home (e.g. grandparents, cousins, older siblings) may also change the pattern of the input.

Furthermore, Hammer, Miccio, and Rodriguez stated that it is extremely difficult to completely separate two languages (cited in Goldstein, 2004). It has been reported that language switching does not have a negative effect on language acquisition and that children develop age-appropriate milestones (Pearson, Fernandez, and Oller, 1993; Pettito et al., 2001). Garcia (1983)

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found that Spanish-English preschoolers exposed to language mixing had no difficulty maintaining both systems separately. Parental code switching plays an important role in learning to participate in bilingual communities in which code switching is widely accepted.

The parents' strategy for bilingualism is only one factor in determining a child's development and proficiency in two languages (Fishman, 1966; Miller, 1984). Society, individual differences, and innate factors play a major role in the acquisition of language in bilingual children. In spite of the fact that caregivers are the primary role models for language attitudes and experiences, children also learn from their peers, teachers, family, and other community members. In summary, clinicians recommending the "one person/one language" strategy to bilingual children may be "oversimplifying a dynamic and complex process" (Kayser, 1995, p. 191). In order to maximize the individual's potential to communicate effectively, parents should expose their child to both languages at home.

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Better Hearing and Speech Month (BHSM) began in 1927 as a way for audiologists and speech-language pathologists to raise public awareness of hearing, speech, and language disorders that affect people across the country.

This annual event provides opportunities for you to raise awareness about communication disorders and to promote intervention that can improve the quality of life for those who experience problems with speaking, understanding, or hearing. Remember, there are over 42 million Americans with speech, voice, language, and/or hearing impairments.

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