Considerations in Early Childhood Assessment and Treatment: Reflections from Professionals within the Trenches

By: TSHA Cultural and Linguistic Diversity (CLD) Committee

"It is not uncommon for clinicians to receive an early childhood student whose home language is not English and, within a few weeks of starting services, the student is observed talking and demonstrating age-appropriate skills. So what does the treating SLP do in these situations?"

The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity. Questions are answered by members of the Texas Speech-Language-Hearing Association (TSHA) Cultural and Linguistic Diversity (CLD) Committee. Members for the 2014-2015 year include **Raúl Prezas**, *PhD, CCC-SLP (co-chair);* **Brittney Goodman**, *MS, CCC-SLP (co-chair);* **Amanda Ahmed**, *MA, CCC-SLP;* **Mary Bauman**, *MS, CCC-SLP;* **Phuong Lien Palafox**, *MS, CCC-SLP;* **Alisa Baron**, *MA, CCC-SLP;* **Raúl Rojas**, *PhD, CCC-SLP;* **Judy Martinez Villarreal**, *MS, CCC-SLP; and* **Ryann Akolkar**, *BA (student representative). Submit your questions to tshacld@gmail.com, and look for responses from the CLD Committee on TSHA's website and in the* Communicologist.

Many regions in Texas are faced with the tough but rewarding challenge of meeting the needs of young children from culturally and linguistically diverse (CLD) backgrounds through early childhood assessment. Establishing rapport with families is critical for all children but particularly necessary when working with young children. Identifying levels of language input and output are important. Case history information (including medical information) is a key component to determining how a child is developing. In the past, it has been reported that monolingual speech-language pathologists (SLPs) have relied primarily on speech assessments in English to assess bilingual children (Skahan, Watson, & Lof, 2007). However, with the advent of new materials, as well as recommendations from bilingual and monolingual SLPs, it is becoming easier to make determinations related to CLD children and their needs. However, it is not uncommon for clinicians to receive an early childhood student whose home language is not English and, within a few weeks of starting services, the student is observed talking and demonstrating age-appropriate skills. So what does the treating SLP do in these situations? That is a question that many school districts in Texas have faced and that the Texas Region 10 bilingual team—led by SLP Consultant to the Region 10 Education Service Center (ESC) **Jyudika Mehta**, PhD—decided to address last year.

The Region 10 ESC, along with Garland ISD, Grand Prairie ISD, and Plano ISD, has been working on developing a comprehensive list of speech-language evaluations for bilingual preschoolers who exhibit speech-language delays. Prior to beginning this process, Dr. Mehta noted that various districts in Region 10 had their own models of assessment and that many children qualified based on the use of traditional standardized assessment, including those students who were culturally and linguistically diverse. Still, some children (like in the example mentioned above) are over-identified for services, which has been a documented occurrence in special education services in recent years (Kritikos, 2003). Dr. Mehta and the Region 10 Bilingual Team worked on studying various models of preschool assessment and subsequently developed a step-by-step process of identifying children who needed speech-language intervention services. One of the key areas of the assessment process was development of a checklist that is provided to the family when the child is brought in for initial assessment. The checklist asks specific questions about the child's overall health status, home language development, and current

speech-language characteristics. The underlying beneficial outcomes include less stress for the child during an assessment, more family involvement, and the collection of meaningful information that can guide intervention services.

Dr. Mehta and her team at Region 10 are just one example of professionals working together to understand and meet the needs of children from diverse backgrounds. Other districts and play-based teams around the state have targeted similar goals. In this article, reflections from four professionals across Texas are featured. They share their experiences regarding early childhood from a cultural and linguistically diverse perspective.

"No Play, No Learning, Know Play, Know Learning"

-Sherry Hutton and Donna Ridley

Kellie Johnson, MEd, Lead Preschool Program for Children with Disabilities (PPCD) Teacher, Round Rock Independent School District

"It's easier to watch your child being evaluated when they're just playing. There are so many emotions going on just about being a parent of a child with special needs. You wonder how they're going to perform, but then immediately my son is over there playing, and they're laughing and they're charmed by him, but then they were able to see his true colors. Then you know that they are capturing your child as what you see, and you're much more comfortable with the results."

This quote from one of our families is very compelling and is one of the reasons that our district, in 1998, began to search for a better way to assess young children. The Transdisciplinary Play-based Assessment (TPBA), Developed by Dr. Tony Linder, (Linder 1993) was chosen because it is a process that encompasses families as active partners, is developmentally appropriate for young children, and requires a team approach. Prior to beginning this process, the program relied on the use of restrictive standardized methods for all 3- to 5-year-olds. Children and families were subjected to unfamiliar, un-motivating toys and materials and had little involvement in the overall process. Many children qualified based on the use of traditional standardized assessment, including those students who were culturally and linguistically diverse. As a receiving teacher, it was not uncommon to receive a student whose home language was not English, and within a few weeks, the student was talking and had age-appropriate skills. So what do you do now? The child clearly does not qualify, but we just told the parent a few weeks prior that their child had a disability. This scenario was played out over and over again throughout the district. Dr. Linder describes her TPBA model as "developmental, holistic, and dynamic" (Linder, 1993). Due to the flexibility in the TPBA model, every assessment is unique and individualized, including the use of interpreters, bilingual assessment staff, and speech-language pathologists.

One of the key team members is the family facilitator. This is the one team member who humanizes the assessment process for families more than any other team member. Families are experts on their children, and it's our job to ask questions that help families share important information. The family facilitator is charged with getting a thorough child history, including the languages spoken in the home, languages spoken by the family, and languages spoken by the child. Specific questions can be asked, such as:

- Which languages were spoken to the child at which ages?
- Who cares for the child during the day, and which language do they speak to the child?
- Did the child have exposure to multiple languages from the beginning, or was another language introduced at a later point?
- Which language do siblings speak, and where is the child in the birth order?
- Which languages does the child understand?

Families tend to overlook the receptive aspect of language development and focus on what the child speaks expressively. By using multiple tools, such as a bilingual checklist, and assessing the child in both languages, the team is able to gather data to determine if the child has a language disorder or a language difference.

A dad recently came to the assessment site to drop off the child information packet. He was quite concerned because he did not understand how to respond to some of the questions. His first language was not English. As we sat down together, I was able to explain what the questions were asking, and I was able to give specific examples. This father clearly knew his child's strengths and areas of concern and was able to provide all the information in a verbal format but not in a written format. As he left the office, he smiled and thanked me for spending time with him. This experience reminded me of a quote from Dr. Brazelton: "People do not care how much you know until they know how much you care." TPBA is truly an authentic assessment model, not only for the child but the family as well. Our jobs are so busy, and we are often in a hurry; however, helping families and children by letting them know how much I care is the reason I do what I do.

The Round Rock ISD is dedicated to differentiated assessments for 3- to 5-year-olds. This dedication has resulted in specialized programs for preschool-age students. In addition to PPCD (Preschool Programs for Children with Disabilities), the district also provides the Articulation/Phonology Preschool Language Experience (APPLE) program. APPLE is a program for children ages 3 to 5 years who have speech impairment eligibility and whose needs are in the areas of articulation, phonology, and expressive language. Services are provided at two locations by a speech-language pathologist and educational assistant. There is also the Preschool Expressive and Receptive (PEAR) Language Program. It is designed to provide an effective service delivery model for preschool-age children identified as

having language impairment. Services are provided at two campuses with a teacher, paraprofessional, and speech-language pathologist in collaboration for 3- to 5-year-olds. One of the PEAR classrooms is also a dual-language classroom providing services in Spanish and English.

Joanna McDonald, MS, CCC-SLP, Bilingual Speech-Language Pathologist, Garland Independent School District

The early childhood assessment process in Garland ISD has been a play-based assessment model for many years. Rather than just having a picture stimulus book and protocol in front of the child, we incorporate the stimulus book into the play-based assessment. Including a variety of toys to use while administering a standardized test, creates an environment for the child to feel most comfortable. The play-based assessment model allows the assessment team to have the flexibility for the child to become relaxed and have fun. Once the child is engaged, the evaluators are able to gather data from the child spontaneously.

Assessing children who are culturally and linguistically diverse presents unique challenges. We meet that challenge by evaluating both languages with the help of a bilingual speech-language pathologist and/or interpreter. Also, gathering information from the parent provides additional information about the child's daily communication with their family members. Explaining the needs and expectations to interpreters, who are not familiar with the testing environment, is essential to gathering of valid data. An interesting situation occurred while using a Vietnamese interpreter on one occasion. Even after meeting with the interpreter before the assessment to explain how the testing environment was set up, and explaining to them to only interpret the words I said to the child, I noticed the interpreter was using gestures and what appeared to be additional words. At that time, I explained again to the interpreter that sometimes we are not using gestures or not saying certain words because of what we are evaluating at that moment. After a second explanation, she was better able to understand her role.

Krista Reeves, MS, CCC-SLP, Speech-Language Pathologist, Grand Prairie Independent School District

When evaluating preschoolers, there is not a one-size-fits-all strategy. The child throwing a tantrum, the child that withdraws, the child that struggles with a fever in the middle of the night, and the child that misses his nap—all of these children arrive to be evaluated at one point or another. Throw in the challenge of testing a child from a different cultural and linguistic background, and the task may seem insurmountable.

My name is **Krista Reeves**, and I am a monolingual speech-language pathologist working as part of the Early Childhood Assessment Team of Grand Prairie Independent School District. In my three years in this position, I have been fortunate to work alongside a bilingual speech-language pathologist, **Dr. Raul Prezas**, who evaluates every Spanish-speaking child who is tested by our team. However, when we are working with children who speak or understand other languages, we utilize an interpreter.

Some of the most interesting situations I have encountered involved using interpreters who were already employed in other positions in our district. On two separate occasions, we encountered children whose families were of Filipino descent. Our district-wide parent trainer, **Jacqueline Banda**, was able to serve as our interpreter. Not only is Ms. Banda a native speaker of both Visayan and English, she also is trained in working with children with special needs. As an added bonus, she is housed in the same building as our assessment team. Because neither of these two situations were times when standardized testing was an appropriate means of assessment and due to limited expressive language and behavioral concerns, we used informal procedures to determine which language was understood best. Within the context of structured play, we were able to assess how well the child could respond to and follow directions in both languages. With the parents present during the evaluation, our interpreter was also able to get more accurate information about home language. This was not the only time we were able to find a qualified interpreter within our school district. We encountered a child of a Nigerian parent who was exposed equally to English and Ibo in the home. Again, due to limited expressive language and behavioral concerns, structured play was the best means of assessment. Once more, we were able to assess how well the child responded to and followed directions in both languages. Our interpreter, **Nkeiruka Dike**, is a native speaker of Ibo and is especially qualified as a teacher of one of our programs for Children with Autism and Related Exceptionalities (CARE). Often we wish we had a teacher as a permanent member of the assessment team, as they bring with them a deeper knowledge of how the child will function in the classroom based on years of experience in working with a variety of children. In this situation, we were fortunate to have both a teacher and interpreter in one person. Ms. Dike was able to help us afterwards in making recommendations for the child as well.

Of course, we are not always able to find qualified interpreters within our district. We contract with Catholic Charities of Dallas to gain access to interpreters of other languages. We have needed Vietnamese interpreters on several occasions, for example. When outsourcing for interpreters, we have sometimes encountered problems in dealing with unforeseen circumstances (e.g., the

family must reschedule, but an interpreter is not available on short notice). Usually, the interpreter and the child's family show up at the same time for the evaluation. This gives our team minimal time for talking with the interpreter to plan for the course of the evaluation. However, the positive side to using Catholic Charities is having access to trained, qualified interpreters from a variety of cultural and linguistic backgrounds. Though we are short on time with them, I do ask interpreters questions anytime I am not sure about a cultural difference or a linguistic feature of the other language. Although I do not speak a second language, I strive to acquire cultural competence. In doing so, I believe I am providing a more thorough and valid assessment.

While I cannot be prepared for every tantrum, every shy moment, or every bleary-eyed child that comes my way, I do feel prepared when working with interpreters as a result of all I have learned from the past few years. I would encourage other monolingual speech-language pathologists not to be intimidated when working with interpreters. Rather, I encourage you to be excited because there is much to be learned about other cultures and other languages, and direct, on-the-job training is the best kind.

Johanna McDonald and Krista Reeves both bring up important points related to the use of interpreters for assessments. Here is additional information on how to best work with interpreters:

- *Communicologist*, CLD Corner, February 2012, "Use of Interpreters: Part 1"
- *Communicologist*, CLD Corner, June 2012, "Use of Interpreters: Part 2"
- ASHA website: www.asha.org/practice/multicultural/issues/interpret.htm
- Course on Working with Interpreters (2.5 hours): http://bilinguistics.com/catalog/speech-pathology-ceus/working-interpreters/

Rebecca Jimenez, MS, CCC-SLP, Bilingual Speech-Language Pathologist, Grand Prairie Independent School District

Imagine being a parent and having a young child who doesn't speak the same language you speak at home. Therefore, you must learn the language your child speaks in order to be able to communicate effectively with him. Not only does this affect communicating with parents but it also inhibits the communication among grandparents and other family members. One day I had a parent approach me and express her frustrations about her child's communication. She reported that her child was receiving speech therapy at home and was making progress in English, but she didn't understand him because he was using English words. She often had to ask her older children to translate in order to understand her child's needs. This student was then evaluated through the school district and qualified to receive speech therapy services. It was recommended he receive speech therapy in Spanish. When the student's parents found out their son would be receiving services in Spanish through a speech and language bilingual program in the school district, they were ecstatic. They now had the opportunity to communicate directly with a bilingual therapist with the hope that their son would be able to directly communicate with them in Spanish too.

Grand Prairie Independent School District meets the needs of our culturally and linguistically diverse students who qualify for speech-language services by offering a unique speech and language bilingual program for Spanish-speaking students. The Spanish Preschool Program for Improving Communication Skills (PPICS) is led by an American Speech-Language-Hearing Association (ASHA)-certified bilingual speech-language pathologist and a bilingual speech-language pathologist assistant. In order to be considered into the PPICS program, the child must be evaluated and qualify for speech-language services demonstrating a speech sound disorder and/or expressive language delay. Moreover, the child must demonstrate a need based on language (e.g., Spanish).

The PPICS program is a preschool program designed to improve phonological skills, early literacy, and language development in children ages 3 to 5. The class meets twice a week for two and half hours for a total of five hours a week. The PPICS program follows a Spanish Cycles Approach (Prezas, 2013) to address the student's speech sound disorder. We begin with early developing phonological patterns and move to secondary patterns when early developing targets are acquired. One phonological pattern is addressed per week, and six production-practice words are chosen for target sounds along with a list of 10 to 12 words used for auditory bombardment. In every session, we review all phonemes in Spanish in conjunction with visuals and hand gestures to represent each sound.

To improve literacy skills, students are presented with a story following the theme for that week. Print referencing is used to enhance emergent literacy skills. Comprehension questions are asked, and opportunities to retell the story are given. Students also participate in arts and crafts to target specific language and/or articulation skills. In addition, students rotate through imaginative play centers (kitchen, blocks, books, dress-up, drill practice, etc.). The students also are provided with several opportunities throughout the class to practice using their social skills. If time permits, students interact with general education students during outside play, library, or gym. More importantly, parents are provided with a handout for target sound/pattern practice at home as well with a note telling what the child did at school.

Because of the bilingual PPICS program Grand Prairie ISD offers and the help from parents, the student described above is now putting words together in Spanish, and his speech is becoming more intelligible. His parents have approached me and expressed that they feel more confident in helping their son achieve his communication

goals and have noticed a big difference in their child's behavior. They report that he is throwing fewer tantrums and seems to be happier. In the classroom, he is participating more, expresses his wants and needs, and shares stories during circle time. Most importantly, both my student and his parents are able to communicate directly with each other in their native tongue.

"Play is our brain's favorite way of learning."

–Diane Ackerman

As emphasized in the responses above, a play-based assessment brings together parents, children, and professionals and gives clinicians the opportunity to assess young children in a natural environment of structured and unstructured play. This model appears to be less demanding for children and less daunting to the parents/guardians of those from CLD backgrounds. The transdisciplinary play-based model encourages play as parents are asked to play with their child in an assessment room that permits the clinician to see the child's communication in natural context. In turn, this allows the clinician to view the totality of socially transmitted behavior, patterns, and beliefs. Therapy programs similar to the ones mentioned by contributors are not only established and implemented in their school districts but also in other school districts around the state. Several models exist, and these programs provide additional services beyond the traditional "walk-in" model.

It is the hope of the TSHA CLD Committee that the perspectives presented above will provide additional insight regarding cultural variables, play-based assessment, and models for treatment. We would like to thank **Dr. Jyutika Mehta, Kellie Johnson, Joanna McDonald, Krista Reeves**, and **Rebecca Jimenez** for participating and providing their knowledge and expertise. If you would like more information about the assessment checklist and project that Region 10 is working on, you may contact Dr. Jyutika Mehta at jmehta@twu.edu.

In addition, we love to hear how clinicians across Texas utilize transdisciplinary play-based assessment for individuals of culturally and linguistically diverse backgrounds. If you are interested, please send us an email at tshacld@gmail.com. ★

References

Kritikos, E.P. (2003). Speech-language pathologists' beliefs about language assessment of bilingual/bicultural individuals. American Journal of Speech-Language Pathology, 12, 73-91.

Prezas, R. (2013, March). Evaluating and enhancing bilingual children's phonological systems: Current trends and recent advances. Invited Focus Topic Speaker Seminar Presentation at the Texas Speech-Language-Hearing Association, Dallas, TX.

Skahan, S.M., Watson, M., & Lof, G.L. (2007). Speech-language pathologists' assessment practices for children with suspected speech sound disorders: Results from a national survey. American Journal of Speech-Language Pathology, 16, 246-259.