CLD CORNER—Evidence-Based Practice and Second Language Learners: Considerations for Language of Intervention

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*The CLD Corner was created in an effort to provide information and respond to questions on cultural and linguistic diversity submitted by members from across the state of Texas. Questions are answered by members of the TSHA Cultural and Linguistic Diversity Committee. Members for the 2015-2016 year include **Raúl Prezas**, PhD, CCC-SLP (co-chair); **Phuong Lien Palafox**, MS, CCC-SLP (co-chair); **Amanda Ahmed**, MA, CCC-SLP; **Mary Bauman**, MS, CCC-SLP; **Alisa Baron**, MA, 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*.*

The following question was received via email from a speech-language pathologist (SLP) practicing in the school setting after an initial evaluation indicated that the student would qualify for services.

Hello CLD Committee: I'm a SLP who practices in the school setting in a large urban district, and I typically serve children from a variety of backgrounds. Recently, I have noticed an increase in the numbers of children attending my school who are exposed to more than one language at home and who are learning English as their second language. There are no bilingual classes/education offered at my campus at this time, although English as a Second Language classes are available. I'm writing to you because I recently received a folder for a 4-year-old child who attends a local Head Start who has been evaluated and needs an Admission, Review, and Dismissal (ARD), and I would be responsible to provide any speech therapy services on a walk-in basis. According to the evaluation, which was completed in English and his first language of Vietnamese, he qualifies for therapy due to a severe articulation disorder with several active phonological processes. As a clinician, I feel like I am at a loss to know where to begin to plan therapy or interventions for this child as I don't speak Vietnamese and know very little about the sound system of Vietnamese. Since the child is in an English immersion classroom at Head Start, would it be most beneficial to conduct all therapy in English in order to help him be best understood in the school environment and to help him learn English? Who decides the language of intervention? What is the best practice for SLPs who encounter clients needing services who do not speak the same language of the clinician?

Thanks in advance,

Paula L.

Dear Paula,

Thank you so much for your question about planning for intervention for clients who speak a language that is different than the therapist, as this situation is increasingly common for many SLPs in Texas and across our field. There are several factors involved in every case, and this response will summarize approaches that are commonly observed in the field of bilingualism and then provide a brief review of the evidence-based research that will help guide the discussion as therapy begins for your client who speaks English and Vietnamese. The CLD Committee has formulated a response that will hopefully assist with your specific situation and has also printed the response here for other clinicians who are facing similar challenges when going to ARD and planning for intervention for students with exposure to more than one language.

In addition to serving as a communication expert during ARDs, SLPs are often called upon to make recommendations about educational placement that often have an important impact on other ARD

team members, whether it be parents, administrators, or educators who ultimately plan the education of a student. For students who are exposed to more than one language, the recommendations from the SLP are not uncommonly also used to justify or assist with making decisions about the language of instruction and most certainly will result in a discussion about the language in which intervention will be delivered. When making recommendations to meet the needs of culturally and linguistically diverse students, it is critical that the clinician lead the way by making sure that cultural, personal, and scientific factors have been part of the discussion. This response aims to provide a starting place to begin to have that dialogue professionally in order to confidently represent what is accepted and known about bilingualism, second language acquisition, and the applications to therapy expectations.

Gutierrez-Clellen (1999) discussed how considerations for determining languages of intervention for CLD students would include a discussion of inherent biases that could have an impact on decision-making, a discussion of approaches and beliefs commonly held about bilingualism, and a discussion of what is known by communication professionals about how to maximize language performance and achievement among second language learners. The CLD Committee provided an in-depth investigation into the effects of bias and how to avoid it in an article published in the October 2013 edition of the *Communicologist* detailing the different effects bias can have on evaluation and how to acknowledge and avoid it during the therapeutic process.

The assumptions made by all ARD members who are participating in planning intervention for a child will have an impact on therapy progress and educational success. The presence of internal personal biases is often observed in the approaches, attitudes, belief systems, and personal experiences of second language learners and ARD team members involved in the decision-making process. The family's cultural identity and value of a minority language and a perceived or desired identity to a cultural group also will have an impact on the recommendations for intervention. In order to determine the internal biases that may be present in a given situation, it may be helpful to consider how team members view the second language learning process.

There are two major spectrums of thoughts and beliefs about how multiple languages are acquired that result in personal biases and opinions that may need to be addressed. The first approach to bilingualism supports the idea that languages develop as unrelated or autonomous systems as a response to environmental stimuli. In this view, bilingualism is seen as a process with the end goal to be gradual replacement with the majority language. The educational aim is to promote the acquisition of English, and maintaining the first language is not seen as a priority or a goal. This approach is referred to as subtractive bilingualism (Gutierrez-Chellum, 1999). A clinical implication of this approach would be when the use of English (second language) is encouraged as often as possible for education and intervention. Family members are encouraged to only speak English with their child. English becomes the only linguistic code that is supported in all environments.

The second approach to bilingualism alternatively supports the idea that the development of multiple languages is a result of interrelated language learning processes, and the learning of two languages is seen to be enriching to the child's overall development. Interventionists who use this bilingual approach may often use a variety of service models to encourage development in all languages even if the clinician does not speak the first language of the client. Clinical implications using this approach could include a scenario in which the parent is encouraged to mediate skills taught in therapy using the home language and interventions occur in English with the SLP selecting targets that are common to both languages. Another scenario might include intervention in the first language while instructional placement could be English as a Second Language (ESL).

Upon examination of research about second language learning and bilingualism, several ideas are accepted and generally agreed upon among communication sciences and disorders professionals including:

- The idea that there are common cognitive mechanisms underlying the learning of skills in the first and second languages (Bruck, 1982; Cummins, 1991; Kohnert, 2013)
- Language performance and achievement can be maximized when the language of instruction matches the child's languages (Cummins, 1993; Paradis, Genesee, & Crago, 2011)
- When a child's first language is utilized as an organizational framework to learn a second languagem there is transfer of skills to both languages (Perrozi & Chavez Sanchez, 1992)

As the intervention process begins, it is important to emphasize that supporting the development of all languages spoken by a child is valued and supported by the SLP professional. There is ample data available to demonstrate that a bilingual approach is more effective than a second language-only approach. The culturally competent clinician typically employs a variety of bilingual approaches to facilitate improved communication skills that include home practice activities that can be completed by parents in the first language.

To address the concerns of how to plan for articulation therapy for a Vietnamese and English speaking preschool student, the same recommendations about using a bilingual approach would apply. It would be most beneficial to find common phonemes and word shapes that are shared by both languages to choose as initial targets for therapy. In order to accomplish this, it will be important to become familiar with the basic sound system in Vietnamese. For your reference, the CLD Committee produced an article on Vietnamese phonology, syntax, and semantics in the August 2011 edition of the *Communicologist* that could serve as a helpful guide and starting point ("Highlighting Communication Contrasts between Vietnamese and English"). If at all possible, it is recommended that the SLP attempt to select target words in both languages and include parents in the home practice.

The aforementioned cited research demonstrates that a bilingual approach includes treatment in both English and Vietnamese, and this will lead to an optimal therapeutic outcome. Demonstrating to the client and family that the home language is valued and its use is encouraged will show that the child's cultural identity is supported and respected (Gillam & Gillam, 2006). In saying this, we also acknowledge that there are fewer than 10 bilingual Vietnamese speech-language pathologists in the state of Texas. As a result, best practices for a SLP who does not speak all the languages of the client is to learn and prepare to meet the needs of a CLD client by encountering resources about the first language, choosing targets that will maximize shared language features or sounds, and using both languages during therapy activities. Serving our diverse populations is a challenging task for our monolingual SLPs; however, it is possible to effectively serve our clients and students in a way that honors their native language and culture.

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