

Difference vs. Disorder:

**Evaluation for Communication Disorders in
Culturally and Linguistically Diverse Populations**

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Disclosures

- I am an employee of the University of Minnesota. I am receiving an honorarium. I have no significant non-financial relationships to disclose.

Overview

- I. Second Language Acquisition
- II. Difference Vs. Disorder
- III. Alternative Assessment

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I. How Second Languages are Acquired

- Myth, Fact, or Matter of Opinion

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Second Language Acquisition (SLA)

- Fact, Fiction, or Matter of Opinion
- 1. Learners' errors should be corrected as soon as they are made in order to prevent the formation of bad habits.
- 2. Most of the mistakes which second language learners make are due to interference from their first language.

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Fact, Fiction, or a Matter of Opinion, cont.:

3. Learning more than one language at a time is too confusing. It may contribute to language delay or disorder.
4. The United States is a melting pot.
5. Students should be mainstreamed out of ESL classes after 2-3 years. They should have enough English at that point to make it in the regular classroom.

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Fact, Fiction, or a Matter of Opinion, cont.:

- 7. Parents should be encouraged to use English with their children to speed rate of learning.
- 8. Children are better at learning 2nd languages than adults.
- 9. Milestones in language development are the same across language and culture groups.

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Second Language Acquisition: Things to Consider

- Language Proficiency
- Language Choice
- Changes in language usage patterns

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Language Proficiency

- Language proficiency is a person's level of skill in the use of a language. (Roseberry-McKibbin)
- It reflects the type of bilingualism a person has developed (e.g.: additive vs. subtractive) (simultaneous vs. sequential).
- A person may have varying proficiency levels based on linguistic context.

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Basic Interpersonal Communication Skills (BICS)

- Language skills needed in everyday face-to-face communication
 - pronunciation, grammar, vocabulary
- Not related to academic achievement
- Very contextualized
- Attained after approximately 2-3 years in the host country (Cummins)

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Cognitive Academic Language Proficiency (CALP)

- Language skills needed to function in academic settings
- Skills needed outside of the immediate interpersonal context
- Literacy skills
- Attained between 5 to 7 years in host country (Cummins)

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BICS Vs. CALP

- A person with good BICS skills may still have significant difficulty with CALP.
- Low CALP could affect school performance.
- Those exposed to input only in the second language will take 7 to 9 years or longer to develop CALP.
- Though the concepts of BICS and CALP are useful for illustrating different types and levels of language proficiency, professionals should be careful not to over-apply them.

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Limitations of BICs/CALP

- Not a standardized measure; shouldn't use the time frameworks to replace assessment.
- Developed within a specific context
- BICs and CALP are not necessarily independent or sequential to each other and do not develop within a vacuum. There are other factors and more to language acquisition than just these concepts. (Kohnert, 2007)

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Language Dominance

- Language dominance: the language spoken most fluently by the client (Roseberry-McKibbin).
- The dominant language may change if changes in usage occur.
- The primary language/first language/home language is not necessarily the dominant language.

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Differences in Language Exposure: (Crowley, C.)

- Exposure to stories and books
- Assumptions re: narrative structure and content
- Responses to questions with known answers
- Exposure to labeling tasks

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Language Choice

- Ideally, with children, school should occur in the dominant language. (Often not practical; encouraging clients to use the L1 at home and elsewhere may help.)
- Language preference should also be considered. Keep in mind that the client may prefer different languages with different people.
- Communication with the client and family about language choice is ideal.

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Language Choice, cont.

- Maintenance of the primary language will facilitate development of English.
- Families should be encouraged to continue using the primary language at home.
- If the client is receiving services, families should be encouraged to participate in a home program in the primary language, particularly if the therapy program does not occur in the primary language.

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Language Loss

- Language loss refers to the loss of the native language across generations and/or the loss of proficiency in a language across one's lifetime.
 - Generational loss follows a typical pattern
 - Young immigrants learn L2 w/in a single generation (Kohnert, 2008)
 - means that the primary language may not be the dominant language
- Loss of proficiency in the primary language may affect CALP.
- It may also affect assessment determinations.

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Avoid Over-Identification

- As usage patterns change, a person may lose some proficiency in the L1 before gaining adequate proficiency in the L2
- Avoid making assumptions about language learning abilities based on current level of English. Look at the client's overall development, rate of learning, exposure to the language, etc.

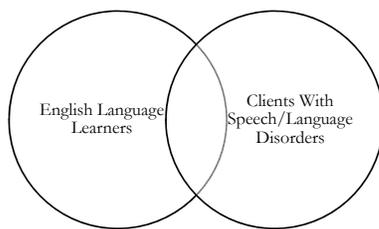
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Language Influence

- Influence of the first language on the second language
- Can exist across generations
- **Code switching:** Normal activity that entails blending language in a rule-bound way to convey meaning; signifies membership in a group; speakers choose when to use it and with whom.
- **Dialect:** A language system that varies from some standard; not better or worse than the standard; important to consider when working with interpreters (e.g.: Green Hmong vs. White Hmong)

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II. Difference vs. Disorder



THE BIG QUESTION:

How do we tell what is normal in second (or third or fourth...) language learners and what is considered 'pathological' or a 'language disorder'?

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DIFFERENCE VS. DISORDER

- A language disorder affects the client's ability to learn any language. Exposure to a second language is not the cause of the disorder.
- The client must have speech or language problems in his/her native language/s in order to meet eligibility criteria for services.
- A client should be assessed in all the languages they speak.

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"Is this normal?"

- Person exhibits a lower level of English proficiency than monolingual peers.
- Person has lost proficiency in the first language.
- Person experiences dysfluencies associated with lack of vocabulary, word-finding, and/or anxiety/tension.
- Person "borrows" words from the first language.
(Mattes, L. & Omark, D.)

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Commonalities in Behavior between ELL & LD persons (Ortiz, A.A. & Maldonado-Colon, E.)

- speaks infrequently
- uses gestures
- speaks in single words or phrases
- refuses to answer questions
- doesn't volunteer information
- comments inappropriately
- poor recall
- poor syntax/grammar
- poor comprehension
- poor vocabulary
- difficulty sequencing ideas
- difficulty sequencing events
- unable to tell or retell stories
- confuses similar sounding words
- poor pronunciation

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Characteristics that may indicate a disorder (Roseberry-McKibbin)

- difficulty learning language at a normal rate
- deficits in vocabulary*
- short mean length of utterance
- comm. difficulties at home
- comm. difficulties with peers
- auditory processing difficulties*
- lack of organization, structure, and sequence*; difficulty conveying thoughts
- slow academic achievement despite adequate academic English proficiency
- family history of LD
- slower development than siblings
- heavy reliance on gestures*
- inordinate slowness in responding to questions
- general disorganization and confusion
- difficulty paying attention
- need for frequent repetition
- need for more structure
- inappropriate grammar and sentence structure*
- imprecise vocabulary
- inappropriate social language*
- poor sequencing skills*
- overall comm. skills that are substantially poorer than peers

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III. Alternative Assessment

- It is best not to use norms/standardized tests with bilingual individuals. What can we use instead?
 - Alternative assessment tools
 - Will vary by setting (e.g.: pre-referral interventions in schools)

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Alternative Assessment: Considerations

- General areas to consider:
 - family history and parent report
 - difficulty acquiring first language
 - physical problems (e.g.: cleft palate)
 - level of general functioning among peers
 - other factors
 - Pre- and post abilities if client has experienced an illness or accident
- Increase our own knowledge of norms of the client's community, of the first language, and of alternative assessment techniques.

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Alternative Assessment: Tools

- Comparison to "typical" peer models
- Use of an interpreter; test separately in each language
- Use of imitative articulation screening tools
- Family interview (rate of learning, comparison to other family members, performance pre- and post-illness or injury)
- Client interview (problem solving, information recall, procedural tasks, story re-tell, etc.)
- Language/speech/writing samples
- Portions of standardized assessment tools (w/o the scores!)
- Portfolio assessment
- Measures of modifiability (dynamic assessment: test, teach, re-test)
- Classroom observation if in schools
- Teacher or clinician-designed assessment measures (e.g.: curricular-based assessment) if in schools
- Etc.

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Multicultural Modifications

1. ID the culture group, languages, dialects (by whom? Starting when?)
2. Find and train an appropriate interpreter
3. With interpreter, gather history
4. Evaluate speech/language in native language
5. Evaluate speech/language in English (even if it's the weaker language)
6. Interpret results considering normal bilingual factors and without using scores
7. Intervention: Support all languages

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Modification 1: ID culture group, languages, dialects (by whom, when)

- Why?
 - Determine which ones need to be evaluated
 - Determine whether an interpreter is needed
 - IDEA states communication to parents must be provided in the language of the parents.
 - Children must be evaluated in the languages they speak.
 - Simultaneous vs. sequential bilingualism, primary, dominant and preferred language
 - Cultural considerations (e.g.: eye contact, family views re: disability)

Modification 2: Find and train appropriate interpreter

- Why?
 - Help with interview, case history
 - Help evaluate speech and language (**qualifier)
 - Help inform re: culture
 - Prepare interpreter ahead of time re: what will be tested, how not to provide too much assistance, what you're looking for, etc.

Modification 3: With help of interpreter, gather history

- Why?
 - Determine course of acquisition of primary language and subsequent languages
 - Does family have difficulty understanding the client?
 - Determine primary concerns of the client and family

Modification 4: Evaluate speech and language in the native language

- Why?
 - IDEA states child must be tested in the language he/she speaks.
 - In MN, no single procedure can be used to determine eligibility– Is this true in Indiana?
 - Delays must be present in both languages
 - If primary language is not delayed, it's a difference, not a disorder
 - Evaluation will show where areas of difficulty are
 - Be aware of cross-linguistic transfer and code-switching

Modification 5: Evaluate in English, even if it's weaker

- Why?
 - Look for normal behaviors associated with bilingualism and second language acquisition
 - Look at levels of proficiency in diff contexts
 - Be aware of silent period and code-switching, which are normal in second language speakers

Modification 6: Interpret results considering normal bilingual factors

- Why?
 - Avoid standardized test scores unless the client is part of the normative sample
 - Scores cannot be reported if tests were translated or interpreted
 - Deficits must be present in both languages

Modification 7: Intervention

- Support all languages the client needs to function at school, at home, and in the community
- A strong L1 helps to develop a strong L2!
- Be culturally responsive in selection of therapy activities and materials
- Remember that being bilingual does not cause speech or language delays. Encourage families to continue to use the L1.

Resource

- Talk with Me-Revised
 - Written and compiled by members of the MSHA Multicultural Affairs Committee; designed for early childhood, but resources can be used with all ages
 - Online resource manual, free to access
 - Contains background info, resources in other languages, culture-specific info, articulation screeners, info on s/l in int'l adoption, etc.
 - http://www.msha.net/?page=talk_with_me_manual&hhSearchTerms=%22talk+and+revised%22

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Case Study Activity

- In pairs or groups, pick a case study to examine.
- The Multicultural Modifications list shows “WHY” we make changes. Go through the case studies and discuss “HOW” you would change the evaluation procedures based on what you know about the client.

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Case Study #1

- 1. Rachel
 - 4 year old female from Mexico
 - Began attending English-speaking Head Start program at 3,8
 - Failed screening tests b/c refused verbal items (could do nonverbal)
 - Teachers referred her due to concerns that, after 4 months in school, she was not yet talking

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Case Study #2

- 2. Monica
 - 20 year old Somali woman, immigrated to U.S. 2 years ago
 - As she entered her 2nd year of formal education in the U.S., teachers expressed concern with her academic performance and limited requests for assistance when compared to peers of similar history and age
 - She was reluctant to participate in testing, asking the SLP, “Do you think I’m crazy or something?”
 - Not readily modifiable on testing tasks; required extra instruction, but then did okay

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Case Study #3

- Chandler
 - Preschool-aged male from the U.S., Spanish and English balanced bilingual home environment
 - Referred due to parental concerns with limited expressive output in both languages and poor intelligibility
 - Initially showed resistance to testing and book reading activities
 - Frequently code switched b/t Spanish and English

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Case Study #4

- Ross
 - 18 year old Hmong male, born and grew up in Thai refugee camp, moved to U.S. around age 13
 - Referred by teachers because of quietness in class, low intelligibility, academic difficulties when compared to peers of similar age and background
 - Speech errors in English are found to be typical for a Hmong speaker learning English as a second language (e.g.: omits final consonants, difficulties with sounds like “th”)

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Case Study #1: Rachel

- Parent interview with interpreter: Spanish spoken in the home, daycare in Spanish; Maria is sequential bilingual
- Parents have no concerns. Milestones WNLs. No health concerns. No early feeding difficulties. Cousin with speech issues.
- Observed at school; uses Spanish with a Span-spking peer
- Imitative artic test in Spanish, no expressive English
- Exhibits articulation delay in Spanish; began services in Spanish, encouraged parents to continue speaking Spanish, found volunteer bilingual EA to work with her in the classroom

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Case Study #2: Monica

- Conducted classroom observation, teacher interview, student interview (with interpreter)
- Assessed receptive and expressive language using portfolio, non-standardized language interview, and portions of standardized tests (with interpreter)
- Initially, did not appear readily modifiable, but performance improved as comfort level improved. (Had to build rapport and trust; culturally based discomfort with SPED)
- Did not recommend services; teachers reported improved performance during the 2nd year in school; student left school early to start a family

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Case Study #3: Chandler

- Interviewed parents and gathered history; no relevant medical history; family history of learning difficulties and late talkers
- Tested articulation and language in both Spanish and English with interpreter; used Spanish versions of tests, but did not report scores
- Modified the assessment procedures due to resistance to book-related activities
- Gathered a language and speech sample in both languages
- Began intervention in both English and Spanish
- Client responded well to intervention, expanding MLU in both languages, growing to LOVE book-reading activities, and improving intelligibility in both languages

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Case Study #4: Ross

- Conducted classroom observation, teacher interview, student interview (with interpreter)
- Assessed receptive and expressive language using portfolio, non-standardized language interview, and portions of standardized tests (with interpreter)
- Assessed articulation through use of imitative screeners in Hmong and English; English results WNLs, Hmong results discrepant. Re-admin with an interpreter whose dialect and early history were more similar to the client's. Some articulation errors noted, but interpreter said these may have been attributable to language change/loss among the client's generation.
- Did not meet eligibility criteria for articulation. Met criteria for language, though consideration of culture was also relevant (e.g.: quietness in classroom typical for students similar in age and background to this student)

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