

Home Language Support for English Language Learners with Communication Disorders

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The term *English language learners* (ELL) refers to children living in the U.S. who begin learning English as a second language (L2) through systematic interactions with the educational system and broader English-speaking community. An estimated 85% of the 1.5 million ELL enrolled in the California public school system during the 2004-2005 academic year spoke Spanish as their first or home language (L1) (CA Department of Education, 2006). In addition to Spanish, fifty-five other home languages were reportedly used by families of California school children, including Vietnamese, Hmong and Cantonese. Results from a recent nationwide survey by Roseberry-McKibbin, Brice, & O'Hanlon (2005) indicated that the average percent of ELL on school-based speech-language pathologists (SLP) caseloads varied from 7.12% in the Midwest to 20.10% in the West. The general intervention goal of SLPs is to affect positive change in the communication skills of children in their care, based on the implicit understanding that communication skills are tightly linked to social, emotional, cognitive, academic and vocational achievements throughout life.

Our focus in this article is on support for the home language (L1) of ELL with identified communication disorders. At the outset we emphasize that home language support, as advocated here, is not provided at the expense of English, the primary language of the educational system and broader community. Rather, home language support is offered as a critical complement to English. In the first section we review the literature that motivates this position. In the second section we turn our attention to some of the tools or resources that can be used in supporting a minority home language, particularly when it is one the SLP does not speak.

Making the Case for Explicit L1 Support in ELL

Our starting point is the assertion that it is important to support both home and community languages of ELL children with communicative disorders to achieve the broader, life-long goals of academic and vocational achievement along with social-emotional and communicative health (e.g., Kohnert, Yim, Nett, Kan, & Duran, 2005). The validity of this assertion is worth exploring as it would certainly be easier to focus exclusively on English, as it is the majority language of the school and broader community and one in which all licensed SLPs in California and elsewhere in the U.S. are proficient. It seems much less feasible to ask SLPs to provide systematic support for one of the 56 different home languages spoken by children served in the California public school system. At first blush, it also may seem unreasonable to expect children with speech or language impairments to develop two different systems of communication. So before jumping into the *how*, we will follow the advice of Peter Block (2002) and spend time finessing the “*what matters*” and “*why*”.

In the U.S., it is without question that English is needed to develop and maintain positive interactions with the majority community to maximize educational and vocational opportunities. Indeed, this is a message that is also readily received and integrated by ELL. Research over the past decade has consistently shown that for typically developing ELL, there is a clear and seemingly inevitable shift from relative to strength or dominance in the home language to greater ability in English (L2) at some point during childhood (e.g., Jia & Aaronson, 2003; Jia, Kohnert, Collado, & Aquino-Garcia, 2006; Kan & Kohnert, 2005; Kohnert & Bates, 2002; Montrul, 2005; see review

in Kohnert, 2004). The L2 is acquired and essentially becomes the stronger or “primary” language.

The importance and success of English learning does not, however, negate the continued relevance of the child’s L1. This is particularly the case for children whose parents and extended family members have limited proficiency in English, and the home language is used to “parent.” One general consequence of poor parent-adolescent communication in typically developing mainstream children is an increased tendency to engage in risky behavior (e.g., Klein, Forehand, Armistead, & Long, 1997). Tseng and Fuligni (2000) investigated family relationships in East Asian, Filipino and Latin American individuals from a range of socioeconomic backgrounds. Researchers found that adolescents who continued to speak in the home language (as well as English) reported emotionally closer relationships to parents. Second-generation immigrant adolescents who had limited ability in L1 tended to engage in riskier behaviors than their first-generation counterparts, presumably at least in part because of the language gap between parents and children. Feliciano (2001) found that English-only speaking Vietnamese youth in the U.S. were three times more likely to drop out of school than their bilingual Vietnamese-English peers. Portes and Hao (2002) found that bilinguals reported higher self-esteem, better relations with their family members and greater academic aspirations, as compared to their cultural peers who were fluent, albeit monolingual, speakers of English. The clear implication is that youths who can draw resources from both home and mainstream languages and cultures are more successful in both education and social-emotional development.

Just as access to two languages is necessary for typical ELL for social, emotional, cognitive, cultural, educational or vocational reasons, access to two languages is also important for ELL children with communication disorders. Indeed, perhaps the need is even greater. Consider, for example, that monolingual children with certain communication disorders are at higher risk for academic failure, juvenile delinquency and incarceration than their typically developing monolingual peers (e.g., Zingesser, 1995). For ELL learners with communication disorders, an additional risk factor is loss of parental, family and cultural connections because there is no common language available for meaningful communication. If not systematically supported, a minority L1 may be particularly vulnerable to regression or fail to develop in children with communication impairment (Anderson, 2004; Restrepo, 2003; 2005; Kohnert et al., 2005). Interventions that focus exclusively on English and negate the value of the home language are short-sighted and may have unintended negative long-term consequences that run counter to the SLP mission.

For many ELL with communication disorders, bilingualism is not a choice, nor is it good or bad. The relevance of two languages is simply inherent in the environments in which we want these children to thrive and therefore should be supported to the greatest extent possible. Being “monolingual” in a bilingual family or community may turn a disability into a handicap. On the other hand, by supporting the different languages used in home and school environments (albeit in different ways and for different purposes), we do not restrict the individual’s use of resources nor exacerbate potential communication gaps between children and parents or between home and school. It is also important to note that we do not sacrifice gains in English by providing support for the home language.

To the contrary, the available research suggests that explicit, systematic attention to L1 may enhance L2 gains (e.g., Perozzi & Sanchez, 1992; Thordardottir, Ellis Weismer, & Smith, 1997; see Gutierrez-Clellen, 1999 and Kohnert et al., 2005 for reviews).

In the following section we turn our attention to the “*how*”- identifying potential starting points for SLPs to consider in their efforts to provide speech or language support to ELL with communication disorders. Because SLPs have many tools in their arsenal for facilitating development in English, the L2, we restrict our focus to tools or strategies that may be used to support the “other” language of linguistic minority children.

Resources for L1 Support: People and Virtual Places

From our perspective, support for L1 is intentional and explicit and grounded in a positive professional attitude of encouragement for home language use. L1 support may be direct or indirect and change substantially over time. Due to the relatively small number of bilingual clinicians and the large number of children who speak a language other than, or in addition to English, it is often necessary for SLPs to provide support in a language they do not speak. While this can seem like an overwhelming task as the number of languages represented on many clinicians’ caseloads rises, we believe that culturally competent SLPs who may not share all the languages spoken by their clients can support gains in the “other” language with the assistance of selected resources and creative partnerships.

Virtual Places for Information on Language and Culture

A wide variety of internet resources are available that SLPs can use to find information. We include here a few of our favorite resources along with brief descriptions.

1. International Children's Digital Library <http://www.icdlbooks.org/>

This site can be used to search for children's books for ages 3-13 in a multitude of languages, as well as to view the full-color pages and read them online.

2. Colorín Colorado <http://www.colorincolorado.org/about/>

This site provides information, activities, and advice in English as well as Spanish for educators and families of ELL, including those receiving special education services.

3. CSHA's Diversity Issues Committee website: <http://www.csha.org/diversity/>

This webpage offers a wide variety of links and resources for professionals working with bilingual and ELL clients.

4. Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS) <http://www.clas.uiuc.edu/>.

This website contains a database with materials that have been evaluated for their use with early intervention and preschool populations from culturally and linguistically diverse backgrounds.

5. Speech and Language Materials on the Net.

<http://www.mnsu.edu/comdis/kuster2/sptherapy.html>.

This site is part of Dr. Judith Kuster's extraordinary "Net Connections for Communication Disorders and Sciences website." This particular section contains links to a long list of therapy materials with sections dedicated to specific disorder areas and ELL. It is maintained by Judith Kuster, an Associate Professor at Minnesota State University, Mankato.

6. Bilingual Mandarin-Chinese and English <http://home.comcast.net/~bilingualslp/>

This site provides information in Mandarin-Chinese and English for parents and professionals regarding communication development and disorders. It was developed by Tao-yuan Li, a bilingual SLP in the Saint Paul Public Schools in Minnesota, supported by a grant from ASHA's Office of Multicultural Affairs.

7. Bilingual Therapies: <http://www.bilingualtherapies.com/>,

This site contains current and archived columns from Hortencia Kayser, Ph.D., CCC-SLP and Henriette Langdon, Ed.D., CCC-SLP as well as therapy links specific to Spanish.

8. Hmong. <http://www.tc.umn.edu/~kanx0004/>

This site contains information on the White dialect of the Hmong language, including audio samples of all lexical items and all phonemes. The site was developed by Pui Fong Kan, a trilingual SLP and doctoral student at the University of Minnesota.

9. Vietnamese Language and Culture.

<http://www.seasite.niu.edu/vietnamese/VNLanguage/SupportNS/tableofcontent.htm>

This site contains information on Vietnamese, including audio guides to pronunciation and several simple vocabulary and grammar lessons. The site was developed by the Center for Southeast Asian Studies at the Northern Illinois University.

10. Spanish Pronunciation and Language.

<http://www.uiowa.edu/~acadtech/phonetics/about.html>.

This site contains animated examples of production of all Spanish phonemes. The guide is the result of a collaborative effort between the departments of Academic Technologies, Spanish and Portuguese, and Speech Pathology and Audiology at the University of Iowa.

People: Creative Collaborations

Collaborations with bilingual professionals, family members, peers and community partners are also possible methods for providing meaningful support for L1. We briefly introduce these potential partners then illustrate potential ways to incorporate these individuals into the intervention process.

1. Bilingual SLPs or Bilingual Speech-Language Paraprofessionals:

Language-matched bilingual SLPs can serve as consultants for identifying appropriate L1 targets or methods, for developing training programs for family members or for developing parallel treatment programs in L1 and L2. Local listings of bilingual SLPs, their languages and contact information has proven very helpful in our own state (<http://www.msha.net/committees.asp?p=MulticulturalAffairsCommittee>). Given the relative paucity of bilingual SLPs, collaboration with trained speech-language pathology assistants (SLPAs) can also be very valuable. One example of a program which promotes the training of bilingual SLPAs is ‘The Golden SLPA Project’ from the Los Angeles Head Start Program and can be found at the following website:

<http://www.sonoma.edu/cihs/html/goldenslpa/slpa.htm>.

2. Interpreters/ Translators, ESL, Heritage and Foreign Language Teachers:

Langdon and Cheng (2002) have written an excellent resource for SLP and interpreter collaborations. Interpreters and translators can be invaluable resources for providing either direct or indirect support in the child’s home language. Other avenues to narrow the home-school language gap for ELL are to provide families with information on heritage language (L1) classes for children and community-based English as a second language (ESL) classes for adults. Indeed some schools have implemented ESL classes

for parents of ELL learners in a systematic effort to keep families engaged in the educational process as well as to provide another avenue for continuous parent-child communication in the face of language shift. ESL, ELL and foreign language teachers may be able to provide information about the child's native language. There may also be cultural informants, advocates, or other educators who share the child's cultural/linguistic background who can answer some of your questions.

3. Parents, Extended Family Members, College Students and Community Volunteers:

In some cases, "grouping" parents may be an effective strategy to promote collaborations between families and professionals. When there are two or more children from the same home language background on the SLP's caseload, it may be possible to have family members come together for an informational or training session with the SLP. Often times one of the parents or extended family members is bilingual/bicultural and able to act as a liaison or cultural-linguistic broker to assist with the training. We have also found that it is very empowering for parents and family members to be in the language majority in these cases and it reinforces the clinical message that L1 is important. Service-learning programs through local colleges and universities may be an excellent resource for recruiting language-matched partners for supporting L1. These programs place university students into community volunteer positions as part of their college coursework. We have found this to be an excellent resource for recruiting speakers of Hmong and Spanish to assist with L1 support activities.

4. Peers, siblings, older students

In addition to recruiting support from other professionals and adults in the community, it can be beneficial to utilize the child's peers and older members the child's

cultural/linguistic group for specific intervention activities. For example, Robertson and Ellis Weismer (1997) found that a peer-play based intervention facilitated significant gains in monolingual English-speaking preschool- children with primary language impairment. McGregor (2000) found that peer-mediated narrative intervention facilitated gains in language in African American children with low narrative skills. Although these interventions were done with monolingual children, they provide excellent examples of successful indirect intervention strategies using peers. Kohnert et al. (2005) discuss how these strategies may be extended to linguistically diverse learners. Older language-matched students may also be recruited and mentored to serve as practice partners for certain activities.

Kohnert and Derr (2004) discuss two general, complementary ways to approach the languages of intervention for ELL. Both approaches have as their ultimate goal facilitating communicative gains in L1 and L2. In the “bilingual approach” the SLP focuses on the skills that are common to both languages, or shared skills. In the “cross-linguistic approach” unique or unshared aspects of each language are targeted in separate interventions. Collaborative relationships with the range of partners previously described may be appropriate methods in either the bilingual or cross-linguistic approach. For example, if the child is Fernanda, a 7-year old Spanish-English bilingual with an articulation disorder, the treatment might be delivered using both approaches, varied across time as her skills and needs change. In a bilingual approach the clinician would focus on phonemes that are shared between the languages such as ‘l’, ‘s’, and ‘ch’. The SLP may focus on the shared phonemes, with direct intervention in English. Practice words in Spanish may developed, with the aid of the high school Spanish teacher, to be

used for a parallel home practice program. Using a cross-linguistic approach the targets for therapy with Fernanda would be unshared phonemes such as the 'r' and 'sh' in English and tap and trill 'r' in Spanish. Direct treatment sessions in each language could be implemented. If the SLP does not speak Spanish, for example, a volunteer recruited from the neighboring college service learning program could be trained to oversee the implementation and practice of target Spanish phonemes using a computer-based program, such as the articulation and phonology programs in Spanish available through Learning Fundamentals (<http://www.learningfundamentals.com/products/>).

In the case of Rafael (Paeng), a Filipino/Tagalog-English bilingual 4th grader with a language impairment that is affecting his literacy skills, the people and virtual places resources may also be used to support L1 along with L2. For example, a slightly older peer model could serve as a reading partner for books in English or Filipino/Tagalog. Books can be found at the International Children's Digital Library website mentioned previously. Or, an older Filipino peer mentor, possibly from a local high school, could serve as an electronic pen pal via email. In addition to using peer models, it is also possible and beneficial to involve family and community members in the treatment process to support the home language. For example, in the case of Xia, a Cantonese-English kindergarten client with specific deficits in vocabulary, there are many activities that could be considered with her family members. It can be very simple to make a homework journal with pictures that is brought back and for the between home and school. At school pictures of vocabulary words can be pasted into the book and targeted in English at school and Cantonese at home. At home more pictures can be pasted in the book to discuss in the same method as noted above. Pictures can be cut off of ethnic food

packaging, out of home language newspapers, or taken by a digital camera if available.

In addition, small audiorecorders can also be transported between home and school to record fingerplays and rhymes to discuss in both languages.

In summary, long-term intervention success for the children with communicative disorders must be determined relative to the communicative demands of the environment. For ELL, this means that access to two languages will be needed for communicative success. In order to maintain and continue to develop skills in the home language for ELL with communication disorders, explicit, systematic interventions are needed. This SLP attention to the L1 will be no means prevent gains in English. Just as with typically developing ELL, there will be a shift to relative strength in English for school-age minority language children with communication disorders in the U.S. The SLP's goal is to plan for gains in L1, commensurate with the child's needs throughout his or her lifetime. In this article we have provided a few resources- virtual places for information on different languages for parents and professionals and suggestions for SLP collaborations with language-matched individuals for treatment with linguistically diverse learners. These resources are intended to be starting points. It is our belief that once SLPs commit to what is important and have a clear understanding of why L1 support should be considered a core component of intervention with ELL, the collective creativity of professionals will provide a surge of intervention strategies and resources.

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Some students with severe communication disorders will have deficits with the analytical skills required to read and write. Individual instruction may be necessary to remediate these deficits, but should be provided discreetly to avoid embarrassment and possible resistance. Teachers should constantly model the correct production of sound. Maintain eye contact with the student, then tell her to watch the movements of your mouth when providing direct instruction. Ask her to copy these movements when she produces the sounds. When introducing new vocabulary, help a student with speech impairment p