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Bilingual Spoken Language Development for Children Whose Home Language is Not English: Assessment and Intervention Considerations

Michael Douglas, MA, CCC-SLP, LSLS, Cert. AVT
The Center for Hearing and Speech, Houston TX
www.centerhearingandspeech.org

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Introduction
Cochlear America's Commitment to Educational Outreach

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Michael Douglas, MA, CCC-SLP, LSLS, Cert. AVT

Director of Intervention Services, The Center for Hearing and Speech

Adjunct Professor, Communication Sciences and Disorders Dept., University of Houston


- 14 years experience in various settings teaching hearing impaired children to listen and speak
- Recipient of Helen Bebee Scholarship, and Cochlear Americas Clinical Fellow Award
- Emerging Spanish/English Bilingual
- Retired Ballet and Contemporary Dancer







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The Center for Hearing and Speech

- Over 2500 Children Served in 2009
- 185 Zip Codes
- 20 Counties
- 13 Countries





The Center for Hearing and Speech

- Speech Clinic



Melinda Webb



Audiology Clinic




Family Services








Agenda


- Why support Bilingualism?
 - Assessing biases
 - Review of What We Know
- Special Considerations for Bilingualism
 - Assessment
 - Intervention
- Case Examples
- Conclusions
- Discussion





Why Support Bilingualism?



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Why Support Bilingualism?

There were over 40 languages spoken in the US in 2000.

"The Latino population, already the nation's largest minority group, will triple in size and will account for most of the nation's population growth from 2005 through 2050. Hispanics will make up 29% of the U.S. population in 2050, compared with 14% in 2005."

(U.S. Population Projections: 2005-2050, Feb 2008).

"Net immigration remains constant at 880,000 per year. A wide range between the high (1,370,000) and low (350,000)."

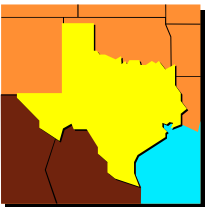
"By 2050, 10 percent of the population would be Asian and Pacific Islander; and about 1 percent would be American Indian, Eskimo, and Aleut."

(U.S. Census Bureau, Population Profile of the United States; www.census.gov/population/www/pop-profile/natproj.html)

US Census is projected to be 392 mil. By 2050!

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Why Support Bilingualism?



HOUSTON.....

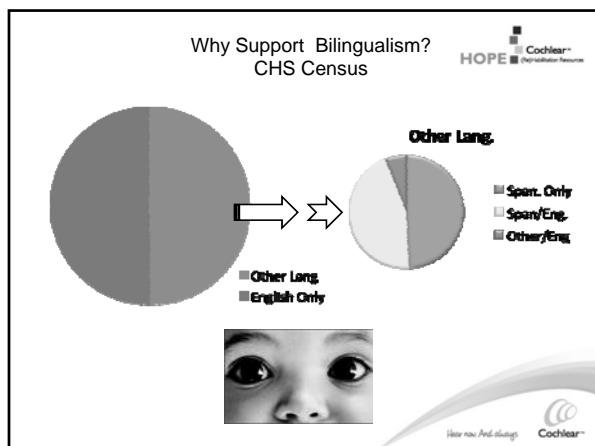
WE HAVE A PROBLEM

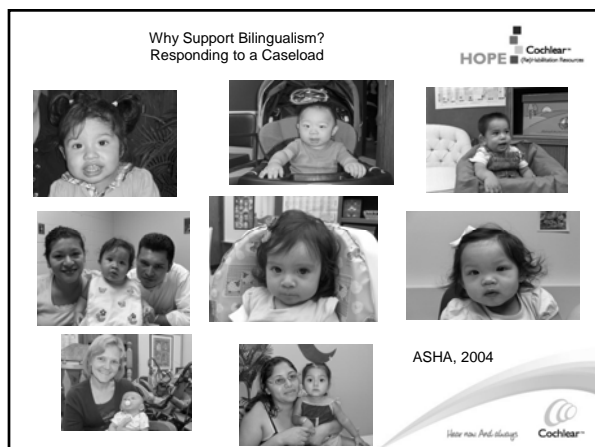
U.S. Census Bureau; Harris County, 2000

Amanda Sue Niskar, Stephanie M. Kieszak, Alice Holmes, Emilio Esteban, Carol Rubin, Debra J. Brody, (1998)

Donald G. Keamy, Roland D. Eavey, and Saral Mehra, (2009)

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Why Support Bilingualism?

Are there potential negative effects to service delivery outcomes because of professional biases?

Zimmerman, et. al, 2009
Genesee, 2003
Hammer, Micio, and Rodriguez, 2004
Rhoades, 2007

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Why Support Bilingualism? Professional Biases



- 7 children – severe-profoundly deaf
- Monolingual minority language home
- All discouraged to speak home language
- Reported parents feelings
- Behavior Assessment Checklist of the children
- Parent Child Interaction Assessment

Never run out of things



Are there Potential Harmful Effects because of Professional Biases?

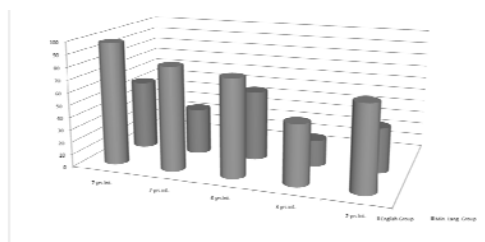


- All parents reported feeling embarrassed and sad about the deafness
- Other feelings: sadness, frustration, depression
- 2 reported being afraid to speak to their child
- 3 had elevated behaviors in the withdrawal domain
- 4 had elevated behaviors in aggression
- 6 had reported "parent child relationship problems"

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Are there potential negative effects to service outcomes because of professional biases?



Never doubt that a small group of people can change the world....


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Why Support Bilingualism?

Review of What We Know...

Thomas, El Kashlan & Zwolan, 2008
Waltzman, Robbins, Green & Cohen, 2003
Montreal Oral School for the Deaf, 2000-2007

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Benefits of Bilingualism

Review of what we know.....

Superior linguistic and meta-linguistic abilities
cognitive flexibility, such as, concept formation,
divergent thinking, general reasoning and verbal
abilities

Improved selective attention and a broader level of
understanding of other perspectives


Increased cultural sensitivity


Higher degree of introspection

Greater access to their cultural heritage and extended
family network

Improved future economic asset in our increasingly
global market

(Rhoades, Perusse, Douglas, & Zarate, 2008)

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Moving Towards Supporting Bilingualism

Assess Personal Biases
We have a responsibility to act!


Engage in Introspection
Ask questions


Create a Family Supportive, and Welcoming CLD Environment
Adopt a family systems approach and decorate with multi cultural pictures


Seek to Understand Before Being Understood
Collect and Share Data

Develop Relationships with Universities
Create a new hiring pool


Rhoades, 2008, ASHA, 2004




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Special Considerations:
Assessment
Intervention


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ASSESSMENT CONSIDERATIONS





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Goals of Assessment


- **GOAL 1:**
Determine the presence of a language/speech impairment or a language/speech difference
- **GOAL 2:**
Determine if the child's impairment is something that has the potential to benefit from intervention and whether or not that intervention can facilitate reasonable change.
- **GOAL 3:**
Determine the best intervention model that will most appropriately & reasonably meet the child's needs.



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Assessment Procedures




I: Trained bilingual speech-language pathologist fluent in the individual's native language and English.


If this option clearly is not feasible, the following options should be considered:

II: Trained monolingual speech-language pathologist assisted by trained bilingual ancillary examiner.

III: Trained monolingual speech-language pathologist assisted by trained interpreter.




Assessment Considerations




No one assessment can make the determination of an impairment vs. a difference. Information must be gathered from a variety of sources.

Assessment must be conducted in the languages the child is exposed to and/or speaks to whatever extent appropriate

Informal assessment should be held just as valuable as formal assessment




Assessment Considerations



If formal assessment is used or used in a way that is not representative of the test sample, it is not appropriate to use standard scores...tests may be used as criterion referenced measures. It is never appropriate to translate a formal test.

Determination of a language impairment cannot be made due to limited English proficiency. There must be impairment in both languages.

Determination of a speech impairment cannot be made if there is no impairment in the primary language.



Interpreting/Integrating Assessment

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Knowledge of Hearing Impairment

Knowledge of Bilingualism

Bull's Eye!
A
Thoughtful
Treatment
Plan

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INTERVENTION CONSIDERATIONS

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Language of Intervention

Dominant Language

Family Language Use

Language Environments


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Language of Intervention

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Clear Dominance = Dominant language



No Clear Dominance = Home language



Bilingual Dominance = Both Languages



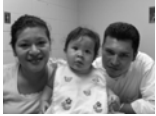
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Intervention Models

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- Bilingual Support Model
- Coordinated Service Model
- Integrated Bilingual model
 - Parent Centered Integrated Bilingual Model
 - OPOL
 - MLAH
 - T&P
- Combination of bilingual support and coordinated model



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First Things first:




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Establish Consistent Use and Develop a Listening Function!

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"IMMERSION is Key"



Rhoades EA. Auditory-Based Therapy when the Home Language is not English: HOPE Online, First given November 2007. Available: www.CochlearAmericas.com/HOPE

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**Place an emphasis
ON STRATEGIES!**



Pearson, 2008

Facilitating Bilingualism through Skilled Intervention – Simultaneous Bilingualism

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<p>Bilingual – Majority and Minority Language Speaking Families</p> <ul style="list-style-type: none"> • Mutual strategizing for home intervention – use English in the community. • Individual therapy in the majority language with active parent participation • English Immersion through a regular preschool or auditory-oral preschool 	<p>Monolingual Minority Language Speaking Families</p> <ul style="list-style-type: none"> • Minority Language is spoken at home and in the neighborhood • Individual therapy in the minority language with active parent/family involvement • Majority language immersion through a regular or auditory-oral preschool
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Regular and Thoughtful Assessment

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Other Considerations for Intervention:

Supporting Factors
&
Possible Contraindications
or
Considering Simultaneous vs. Sequential Development




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Factors Supporting Bilingual Learning

- Early identification and fitting
- Immediate, early intervention
- Early implantation
- Excellent speech perception
- Absence of additional disabilities
- Intact anchor language
- Good parent involvement
- Familial motivation for multi-language learning
- Exposure to rich and complex language models
- Opportunities to practice each language meaningfully




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Possible Contraindications for Bilingual Learning

- Late age of identification/intervention
- Late age of CI with limited auditory development pre-CI
- Poor detection and speech perception skills
- Poor Working Memory
- Presence of more than one disability
- Evidence of a struggle to acquire an anchor language
- Clinical red flags for slow auditory progress post CI
- Lack of family commitment for multi-language learning.

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How long should it take?

BICS and CALPS
Roseberry-McKibben, 2002
Rhoades, 2004

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Bilingual Program

- 40 children
- 21 children come from monolingual Spanish speaking homes where the parents do not know English
- 18 children come from bilingual families - while parents are fluent in English, they provide their children with significant exposure to another language.
 - 14 follow an Auditory-Verbal Model
 - 24 are enrolled in an auditory-oral preschool
 - 2 are enrolled in a Total Communication preschool

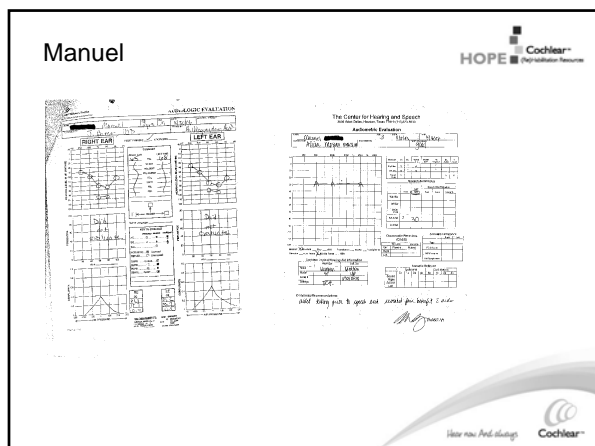
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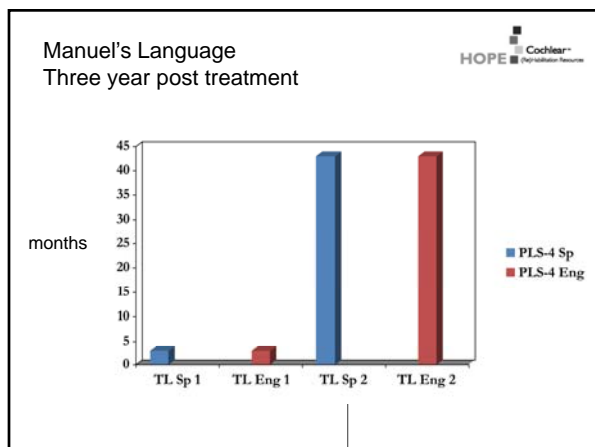
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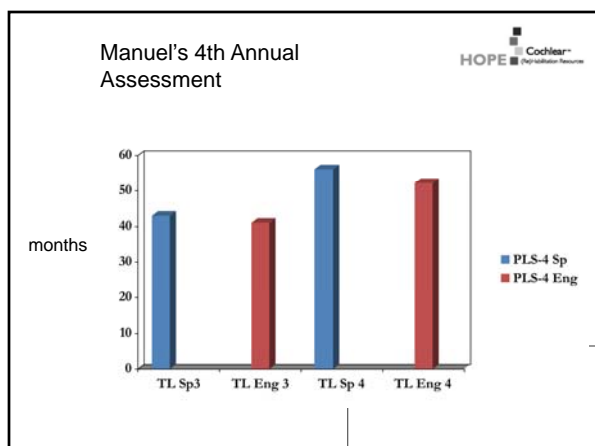
Case Examples

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Manuel - Spanish

Manuel - English





**BILINGUAL SUPPORT MODELS:
WHAT IT LOOKS LIKE**
(FACILITATING SIMULTANEOUS BILINGUALISM)


Roberto – Year 2 Spanish

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Roberto – Year 2 English

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Preschool Immersion
Roberto

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PRELIMINARY OBSERVATIONS
& CONCLUSIONS

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Preliminary Observations


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9 children – severe-profoundly deaf


- Monolingual minority language home
- All encouraged to speak home language
- Reported parents feelings
- Behavior Assessment Checklist of the children
- Parent Child Interaction Assessment

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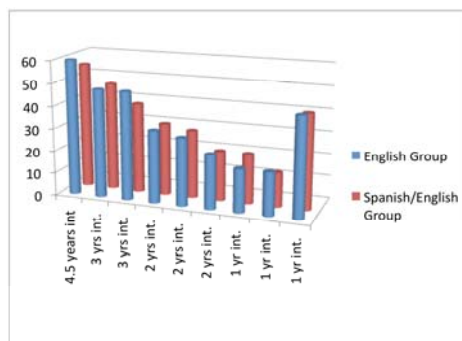
Preliminary Observations

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- All parents reported sadness about the deafness
- Other feelings documented: confidence, self-trust, and acceptance.
- 0 reported fear in speaking with their child
- 8 children demonstrated normal limits on all behavior domains
- All 9 had reported “good parent child relationships”

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Preliminary Observations



Preliminary Conclusions



- With good speech perception, and EARLY intervention and/or immersion in both spoken languages, these young children tend to make monthly gains relatively equal in both languages. Other factors govern the pace of improvement...but they still improve in both languages
- The children demonstrate the same bilingual phenomenon as reported in normal hearing developing bilinguals.



Preliminary Conclusions



- Bilingualism with hearing impaired children is a team effort; at the same time, it is no less difficult than helping a hearing impaired child acquire one language.
- The achievement of bilingualism with hearing impaired children is not necessarily related to parent education level



Preliminary Conclusions



- Bilingualism takes more than a parent's desire. It is their actual pursuit and active implementation of the strategies and processes that make it happen.
- With normal cognition and no other disabilities, duration of deafness, inconsistent use and/or inappropriate amplification seem to be the largest contributing factor (s) to a child's reduced memory for learning any spoken language in a timely manner.



Preliminary Conclusions



- Providing individual services in the minority language while immersing the child in a majority language center based program does not impair the child's ability to learn the majority language.
- Oral deaf preschool teachers play a critical role in the majority-language immersion process for severe-profoundly deaf children who have a mono-lingual, minority language speaking home.



Upcoming Online Sessions



Next Up:

Wednesday, October 19, 3:00 pm ET

Listen and Think II: Take it to Another Level (Professionals)

Ashley Garber, M.S., CCC-SLP, Cert. AVT, Listening and Language Connections

Tuesday, November 2, 11:00 am ET

Beyond Learning to Listen (Parents, Professionals Advising Parents)

Ashley Garber, M.S., CCC-SLP, Cert. AVT, Listening and Language Connections



Contact Cochlear Americas

- For questions about this seminar, contact: michael@centerhearingandspeech.org
- For inquiries and comments regarding HOPE programming, please contact: dsorkin@cochlear.com
- For a Certificate of Participation, please send your completed Feedback Form to: hopefeedback@cochlear.com



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Early Intervention Workshops Nov 2010- May 2011

- Facilitating Spoken Language Development for Young Children with Hearing Loss: One Day for EI Professionals
- Speaker: Donald Goldberg, PhD., CCC-SLP/A, LSLS Cert. AVT
- Four Sites: Valhalla, NY (Nov 5), Albuquerque, NM (Mar 15/16), San Marcos, TX (March 16), Fairfax, VA (May 18)
- For more information, go to www.regonline.com/hopeworkshops or call Sarah Gard at 800.523.5798, sgard@cochlear.com



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Questions?



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Thank you!



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Contact us!


The Center for Hearing and Speech
3636 West Dallas St.
Houston, TX 77019
www.centerhearingandspeech.org
michael@centerhearingandspeech.org
(713)523-3633 X110

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Questions and Discussion

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Upcoming Online Sessions



Next Up:

Tuesday, October 19, 2:00 pm ET

Listen and Think II: Take it to Another Level (Professionals)

Ashley S. Garber, M.S. CCC-SLP, LSLS Cert. AVT

Listening and Language Connections, LLC

Tuesday, November 9, 3:00 pm ET

Beyond Melody: Music and Auditory Skill Development in Young Children (Professionals, Parents)

Greta Gillmeister, MT-BC, Board Certified Music Therapist



Early Intervention Workshops Nov 2010- May 2011



- Facilitating Spoken Language Development for Young Children with Hearing Loss
- One Day Introductory Seminar for Early Intervention and Educational Professionals
- Four Sites: Valhalla, NY (Nov 8), Albuquerque, NM (Mar 15), San Marcos, TX (March 16), Fairfax, VA (May 18)
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