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?

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 2005)

“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/prof-proj.html)

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

Why Support Bilingualism?

HOUSTON......

WE HAVE A PROBLEM
Why Support Bilingualism?

CHS Census

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
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

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"

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

Never doubt that a small group of people can change the world…
Why Support Bilingualism?
Review of What We Know…

Thomas, El Kashlan & Zwolan, 2008
Waltzman, Robbins, Green & Cohen, 2003

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

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
Special Considerations:
Assessment
Intervention

ASSESSMENT CONSIDERATIONS

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.
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.
Knowledge of Hearing Impairment

Knowledge of Bilingualism

Bull's Eye!

A Thoughtful Treatment Plan

INTERVENTION CONSIDERATIONS

Language of Intervention

Dominant Language

Family Language Use

Language Environments
Language of Intervention

- No Clear Dominance = Home language
- Clear Dominance = Dominant language
- Bilingual Dominance = Both Languages

Intervention Models

- 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

First Things first:

Establish Consistent Use and Develop a Listening Function!

Facilitating Bilingualism through Skilled Intervention – Simultaneous Bilingualism

Bilingual – Majority and Minority Language Speaking Families
- 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

Monolingual Minority Language Speaking Families
- 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

Regular and Thoughtful Assessment
Other Considerations for Intervention:

Supporting Factors & Possible Contraindications

- Considering Simultaneous vs. Sequential Development

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

(McConkey Robbins, 2007)

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

(McConkey Robbins, 2007; Rhoades, Perusse, Douglas, Zarate, 2008)
How long should it take?  
BICS and CALPS  
Roseberry-McKibben, 2002  
Rhoades, 2004

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

Case Examples
Manuel

Manuel’s Language
Three year post treatment

Manuel’s 4th Annual
Assessment
BILINGUAL SUPPORT MODELS: WHAT IT LOOKS LIKE
(FACILITATING SIMULTANEOUS BILINGUALISM)
PRELIMINARY OBSERVATIONS 
& CONCLUSIONS

Preliminary Observations

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

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”
Preliminary Observations

- 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 severely-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 15-26), 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?
Thank you!

Contact us!
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(713)523-3633 X110

Questions and Discussion
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)
• For more information, go to www.regonline.com/hopeworkshops
or call Sarah Gard at 303.524.6848, sgard@cochlear.com

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References

- ASHA (2004). Knowledge and skills needed by speech-language pathologists and audiologists to provide culturally and linguistically appropriate services. ASHA Supplement 24.


- Individuals with Disabilities Education Act (IDEA; 2004), Federal Register, Volume 71, No. 156 Part V. Department of Education, 34 CFR part 300.

References


References


References

