



Recognizing a Language Delay/Disorder vs. a Language Difference

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Purpose

- To provide a context for Early Childhood Educators to recognize, understand and better serve the young child struggling to learn two different languages due to some internal, underlying weakness in his or her ability to “do” language.



Organization

- I. Language & communication development in children learning one or two languages
- II. Primary Language Delays & Disorders
- III. Support for ELL with LD from ECE



I. Language & communication development in children learning 1 or 2 languages



“Language is a tool; we use it to do things.”

~ Liz Bates
1947- 2003



Language

- Emerges over time within a social context through interactions of cognitive, neurobiological, and environmental systems.
- It is intertwined with personal, social, and intellectual development.



Developmental Periods & Milestones

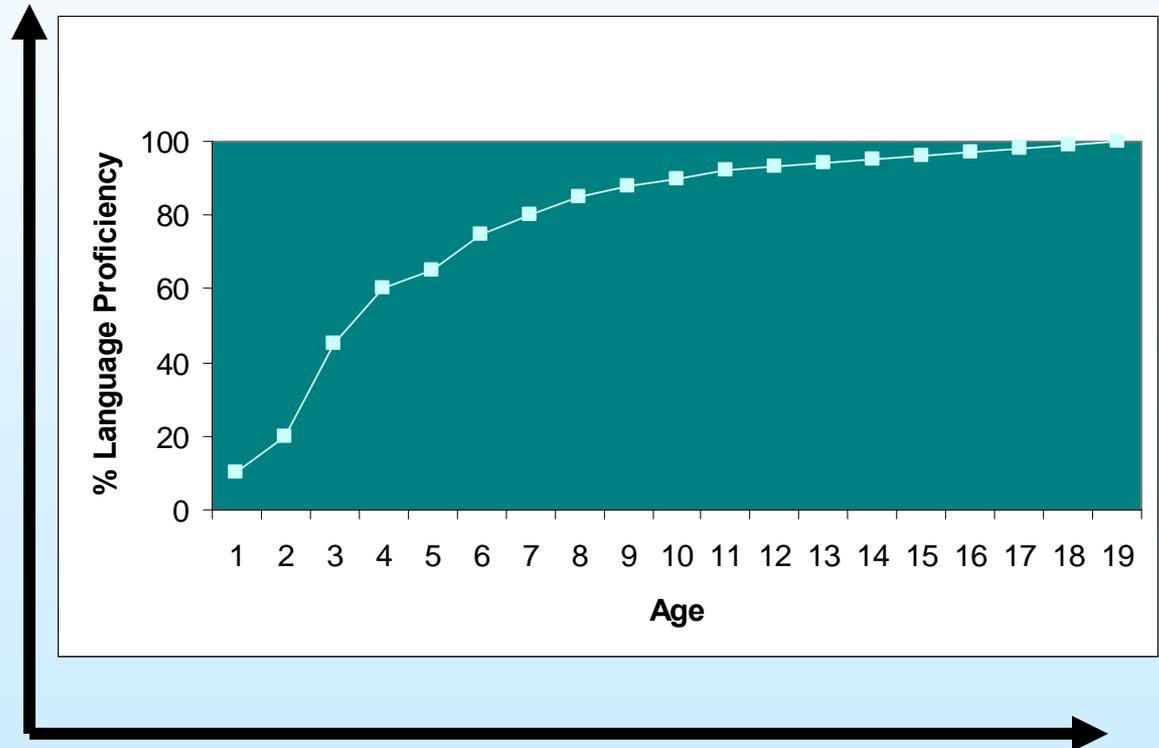
Toddlers & Preschoolers

- 2 year olds
- 3 year olds
- 4 year olds
- 5 year olds

School-age

- Early
- Adolescence

Idealized pattern of Language Proficiency



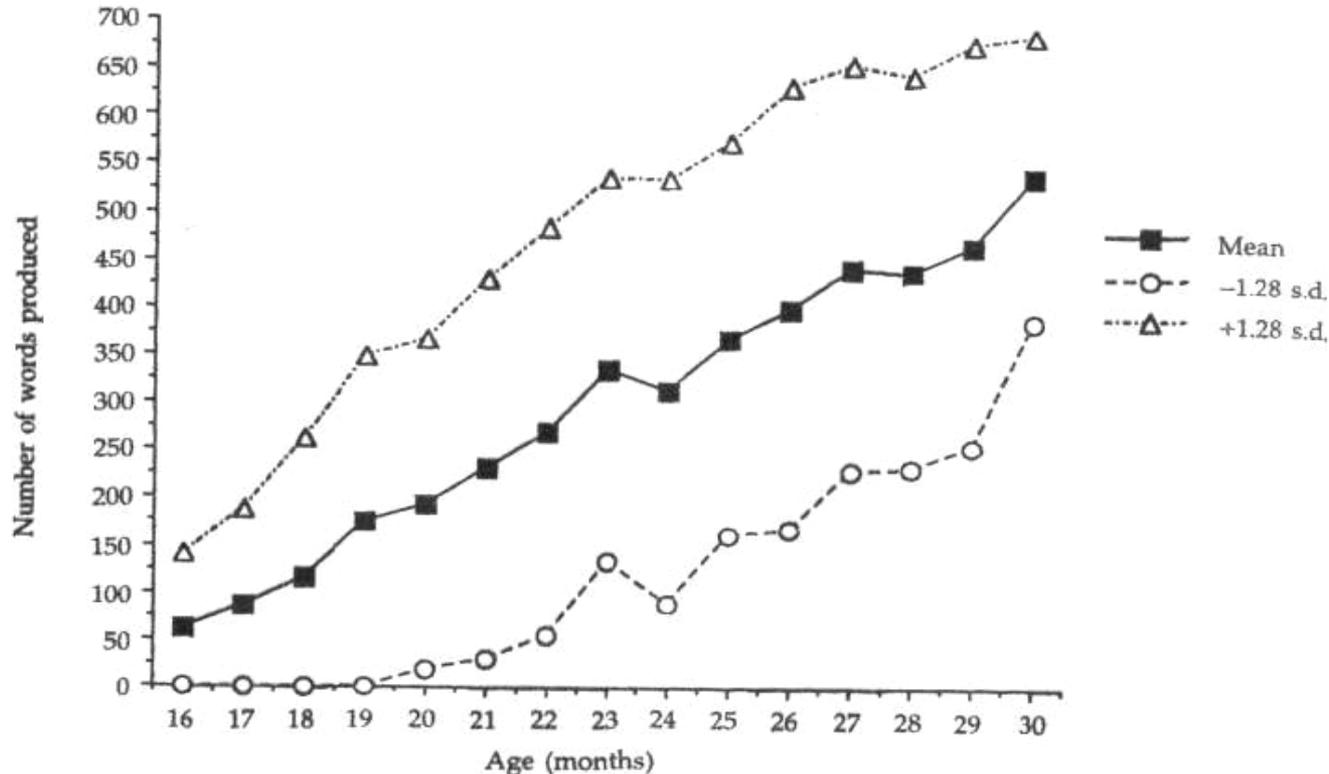




Expressive Vocabulary as measured by MacArthur-Bates CDI

104 Elizabeth Bates, Philip S. Dale, and Donna Thal

Figure 4.3 Word production on the MacArthur CDI Toddler Scale.





STAFF PHOTO BY ELLIS LUCIA





From OWENS et al., 2003 (G & B = 4 y.o)



- G: **And I gonna wear both of these.**
B: At the same time? No, I'm wearing this one.
G: **I'm wearing this one.**
B. And then I do this.
G. **You wear this and I'll wear this.**
B. Two colored cups. You drink out of this one. I drink out of the big one. I'm putting the box up there.
G. **Okay, I will. I have this and you have this.**
B: Stay up there.
G. **She doesn't look too happy.**
B. Uh-oh. Why did I spill it?
G. **Mine will only stand.**
B: Mine sat.
G. **All done with supper. What kind of spoon is this?**
B: A plastic one, what else? Now it's time for me to make my own dinner.
G: **Time for me too. I have to use this. My baby has to go to bed now. We have to first change their diapers.**
B: No we don't.
G. **Come here, look.**
B: There's a button. I want something to drink.
G: **Okay, I'll give you some. Look at this. Watch this. I'm gonna try and make this stand. Do you think this is a girl or a boy?**
B: A boy.
G. **Oh, cause the boy has the pants on and the girl has the dress on.**
B: Happy birthday to you.



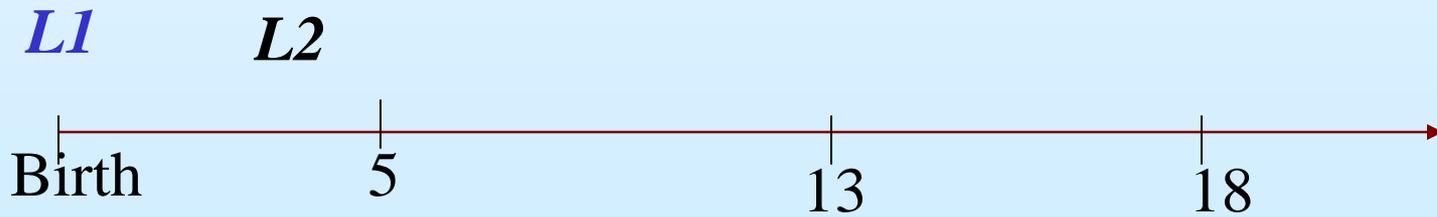
ELL

L1 L2



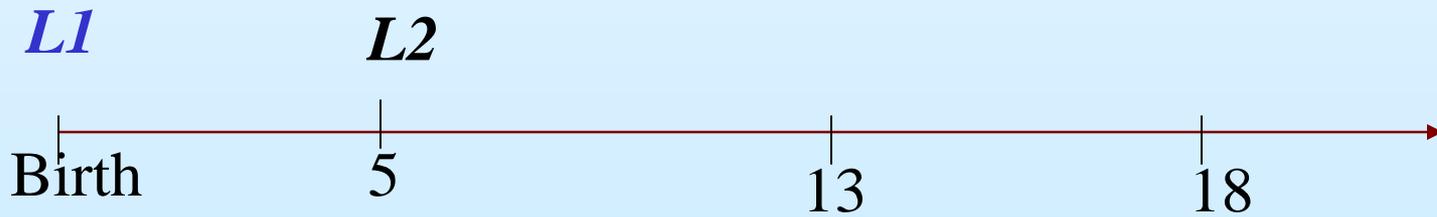


ELL



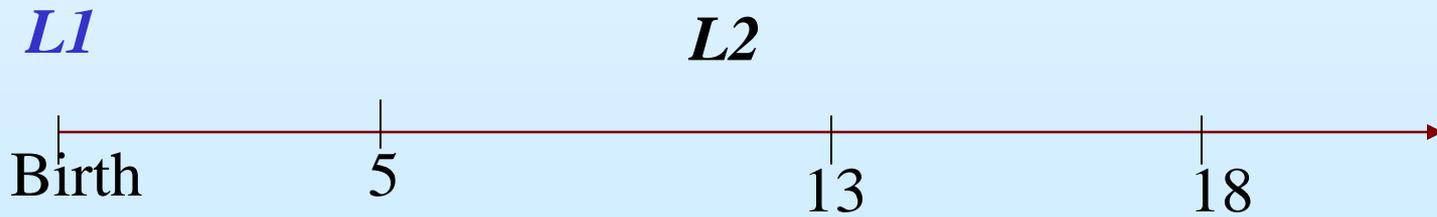


ELL





ELL





Communication milestones for ELL

- ONE language from birth; English (L2) starting at some point during childhood.
- Consider stage of L1 development when L2 is introduced
 - Is child 2, 3, 4, 5, 7, 10 yrs old when systematic L2 learning begins?
 - Different patterns and rates of sp/lang learning depending on L1 development (among other things)
 - Different levels of cross-linguistic transfer, depending on L1 development and continued support when L2 is introduced.
- Variability is a hallmark of sequential bilingualism.



Communication milestones for ELL

- Attainment of “EARLY” sp/language milestones
 - First words, early core vocabulary, 2-word combinations attained at same age as monolinguals.
- Attainment of “LATER” sp/language milestones
 - Once English is introduced, things get complicated.
 - L1-L2 interact with cognitive and social development as well as shifting contexts.
- The literature points to at least three features of ELL in US: Over time (A) a weakening of L1 (B) greater ability in English, with (C) continuing need for both languages.



A. L1 is not static.

- The rate and even direction of L1 change is highly variable.
- L1 may continue to develop at a somewhat slower pace, it may plateau, coinciding with the introduction of L2, or it may backslide or attrite resulting in “language loss.”



Factors that foster “language loss” in typical learners (Anderson, 2004; Kohnert, 2007)

- Early immersion in English preschool programs.
- Low status of minority language.
- Lack of L1 peer interactions.
- Limited contact with L1 speakers outside home.
- Diminished use of L1 across domains.
- Child’s level of minority L1 development at time majority English is emphasized.
- Note: Variable rates and direction of L1 and L2 change negate the use of monolingual norms in either language for the purpose of “ruling in” L1.

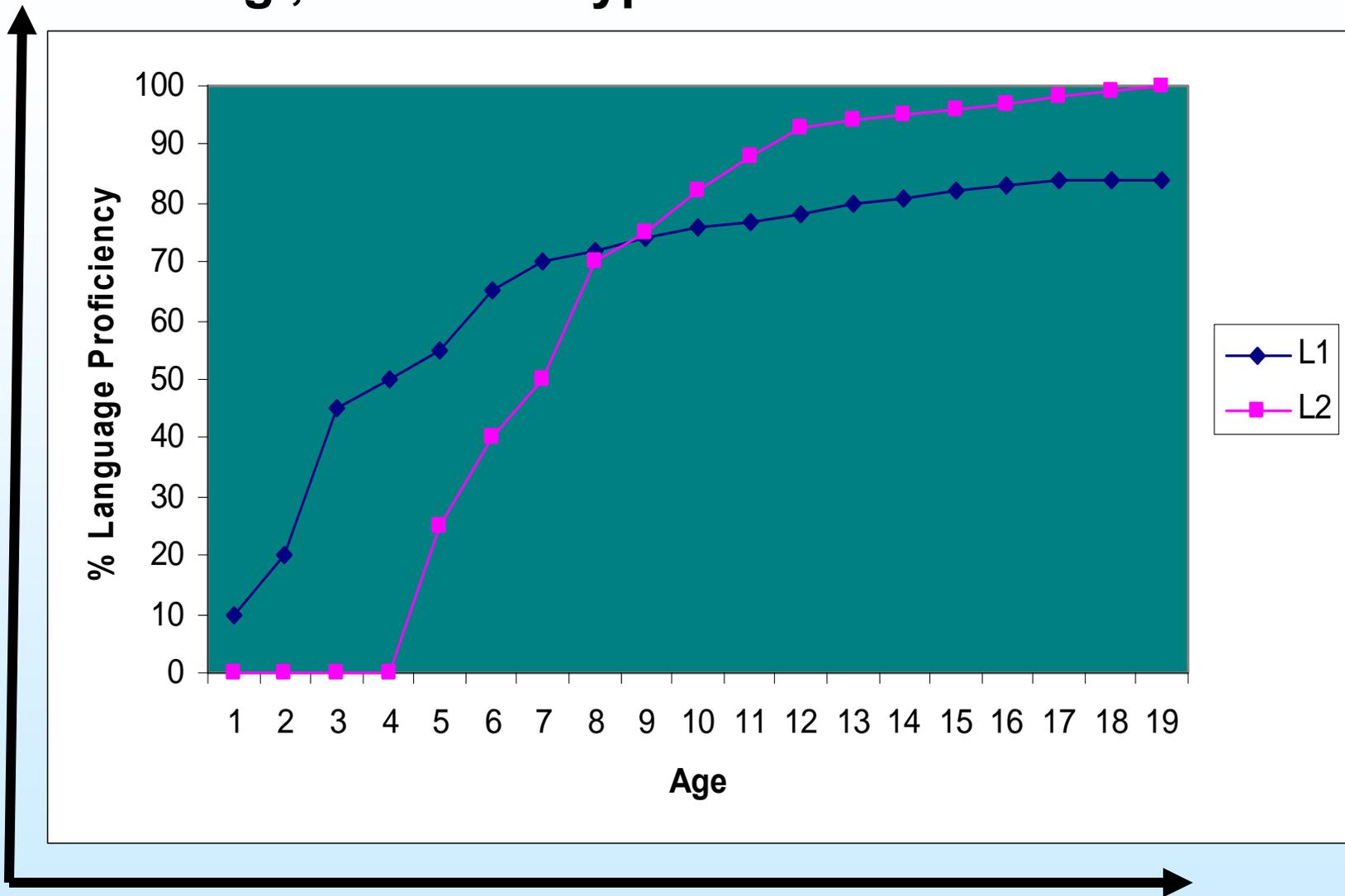


2. Shift Happens: Children in U.S. learn English.

- Children who attend English-only as well as the various types of bilingual education programs learn English (e.g., see Rolstad, Mahoney, & Glass, 2005 for meta-analysis).
- Over time, English becomes the stronger or “dominant” language even when it is not the first (L1) or home language. This often happens by mid-childhood.



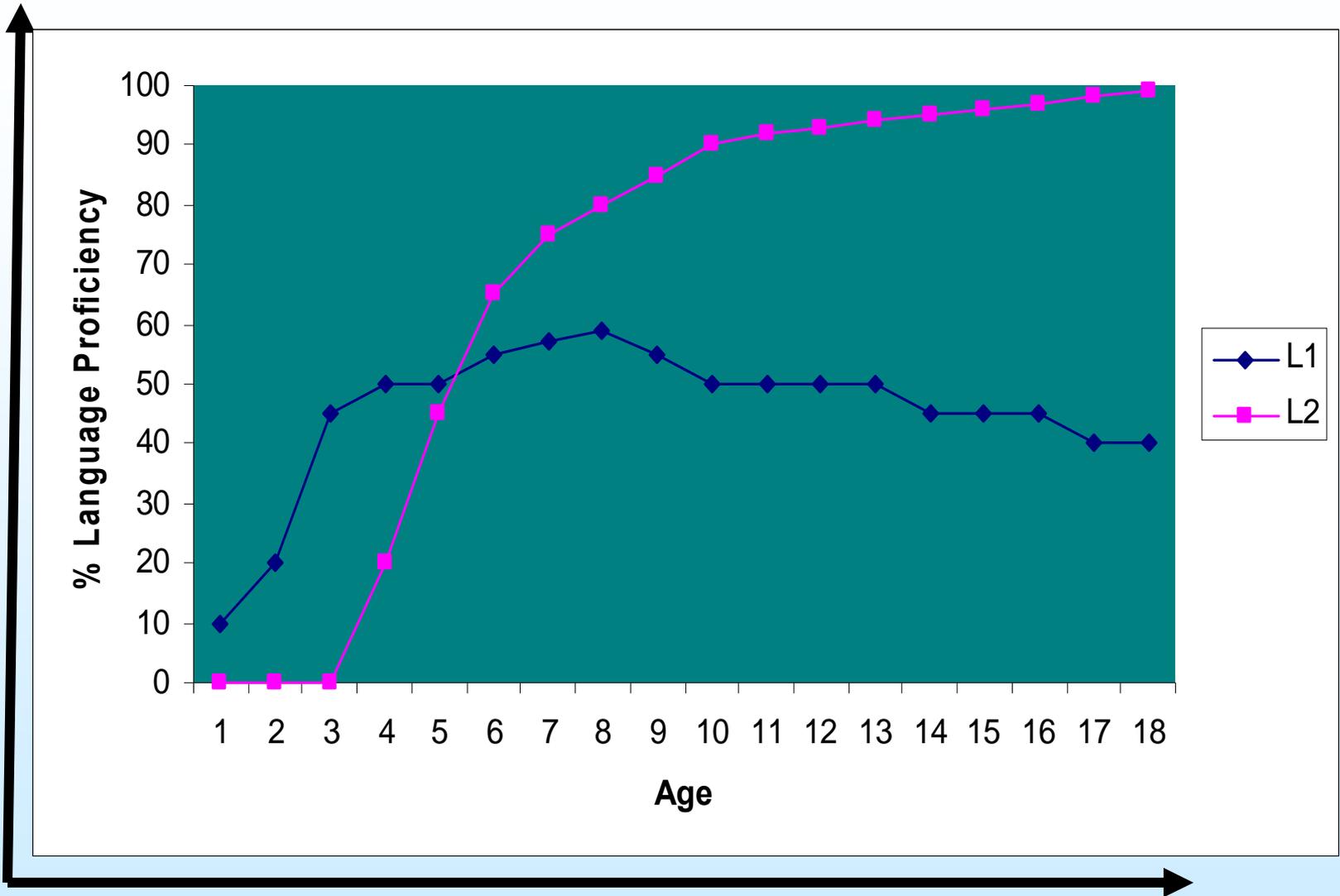
e.g., Potential Typical Pattern



(cf., Kohnert & Bates, 2002; Kohnert et al., 1999)



e.g., Potential Typical Pattern



(cf. Kan & Kohnert, 2005)

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3. Despite shifts in “dominance” L1 relevance persists.

- “Nondominant” is not the same as unimportant, irrelevant or inconsequential.
- Do you need your “nondominant hand?”
- That is, despite greater English dominance , L1 continues to be relevant for typically developing ELL.



In Young Typically developing ELLs

- The “minority” language is needed
 - to maintain & promote family connections, cultural links, and the self-identity necessary for positive social-emotional development and well-being.
- English is needed
 - to develop & maintain positive interactions with the majority community to maximize educational and vocational opportunities and success.



Consider that . . .

- Vietnamese youth in US who are EO speakers are >3x more likely to drop out of school than Vietnamese-English bilinguals (Feliciano, 2001).
- Bilinguals reported higher self-esteem, better relations with family members & greater academic aspirations as compared to cultural peers who spoke only English (Portes & Hao, 2002; Tseng & Fuligni, 2001).
- Maintaining child's home language in the process of learning majority language promotes social development, a strong sense of cultural and personal identity and cognitive-communicative connections (e.g., Kohnert et al., 2005; Wong-Fillmore, 1991).



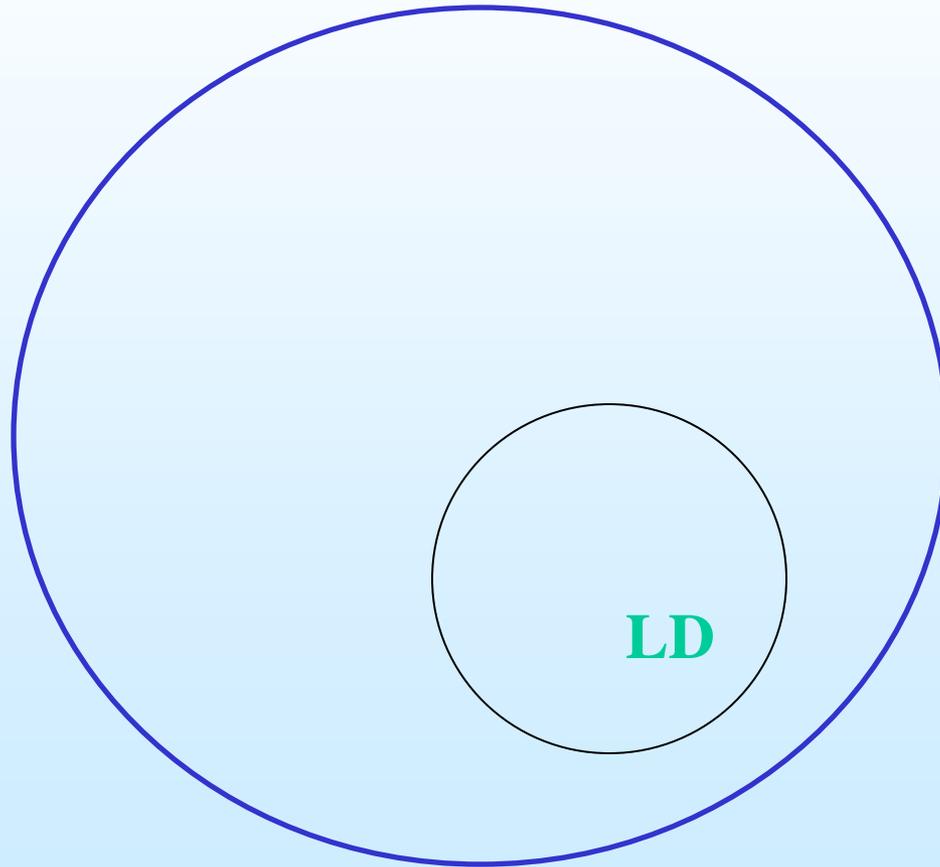
e.g., S.Wastie

<http://www.cfcefc.ca/docs/cccf/00000128.htm>

- *If children are not parented by their parents, but rather, by their siblings and peers, then how will they parent and socialize their own children? When children become aware at an early age that their L2 is more proficient than their parents', will they still show them and other adults respect? Or, will their peers become more respected and influential in their lives?*
- *How do these parents teach cultural and moral values, as well as issues such as safety? How can they negotiate with their children without access to higher level language skills?*



II. Young Children with Developmental Language Delays and Disorders





Developmental Language Delays & Disorders

- A failure to develop some aspect of language: deficits in comprehension and/or production that may involve the form, content and/or function (use) of language in any combination (ASHA).
- Many types, many etiologies, many different profiles, many different associated areas of weaknesses.



Differences ≠ Disorders

- For a delay or disorder to exist, low performance on language tasks is not explained by differences in:
 - Age
 - Culture
 - Number or type of languages/dialects
 - Educational experiences



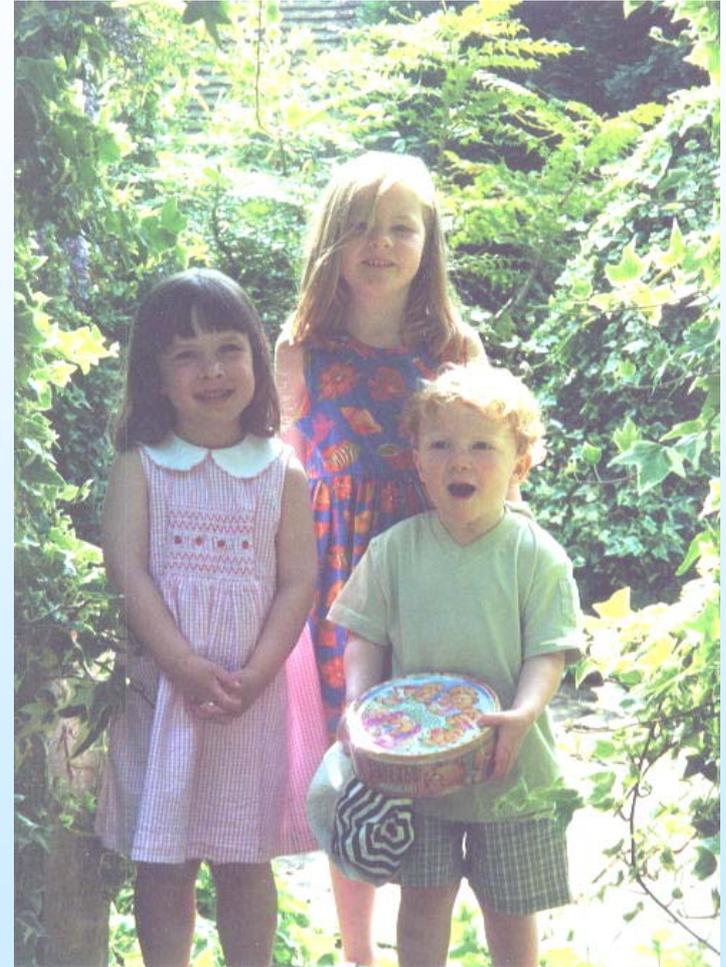
Potential causes of delayed language development

1. Maternal infections.
2. Maternal Drug or alcohol abuse.
3. Difficulties with pregnancy or birth.
4. Genetic & chromosomal abnormalities.
5. Nutritional and metabolic disorders.
6. Hearing loss.
7. Frequent illness or physical disability.
8. Atypical brain development or injury.
9. Abuse, neglect, poor environmental stimulation.
10. IN MANY, IF NOT MOST CASES, CAUSE IS UNKNOWN.



Primary LD

- Developmental difficulty with language not caused by frank neurological, sensory, intellectual, emotional deficit or environmental deprivation (APA, 1994;Leonard, 1998).
- Traditionally identified by comparing child's performance on a range of language measures to that of chronological and mental age peers who have similar educational and social experiences.



The “look “ of children with
Primary developmental LI



E.g., Comparison of monolingual English-speaking children with & without LD

<i>Language</i>	<i>Typical C.A.</i>	<i>LD C.A.</i>
First words	1:1	2:3
50 words	1:6	3:4
MLU 2.0	2:1	4:0
MLU 3.16	3:0	5:3
MLU 4.40	4:0	6:6

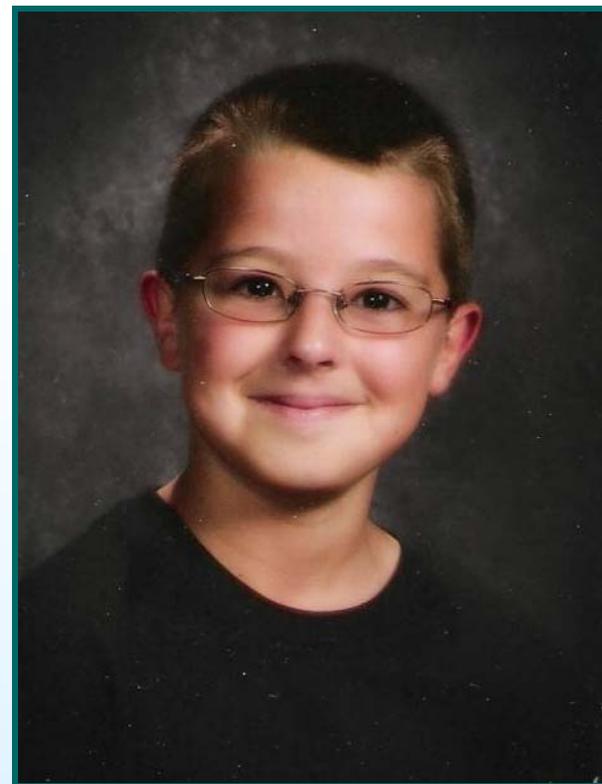
(Table 4-1, Kohnert, 2007)



Developmental LD

- Name Calling:
 - SLI, developmental aphasia, developmental dysphasia, developmental language impairment, language delay, receptive &/or expressive language disorder, speech/language impairment (abbreviated as S/LI), learning disability, LLD
- Common (~5 to 7/100) (e.g., Tomblin et al., 1997)
- Persistent
- Negative academic, social, emotional outcomes
- Severity varies
- Most salient symptoms vary

Changing Face of LD



Same child but different

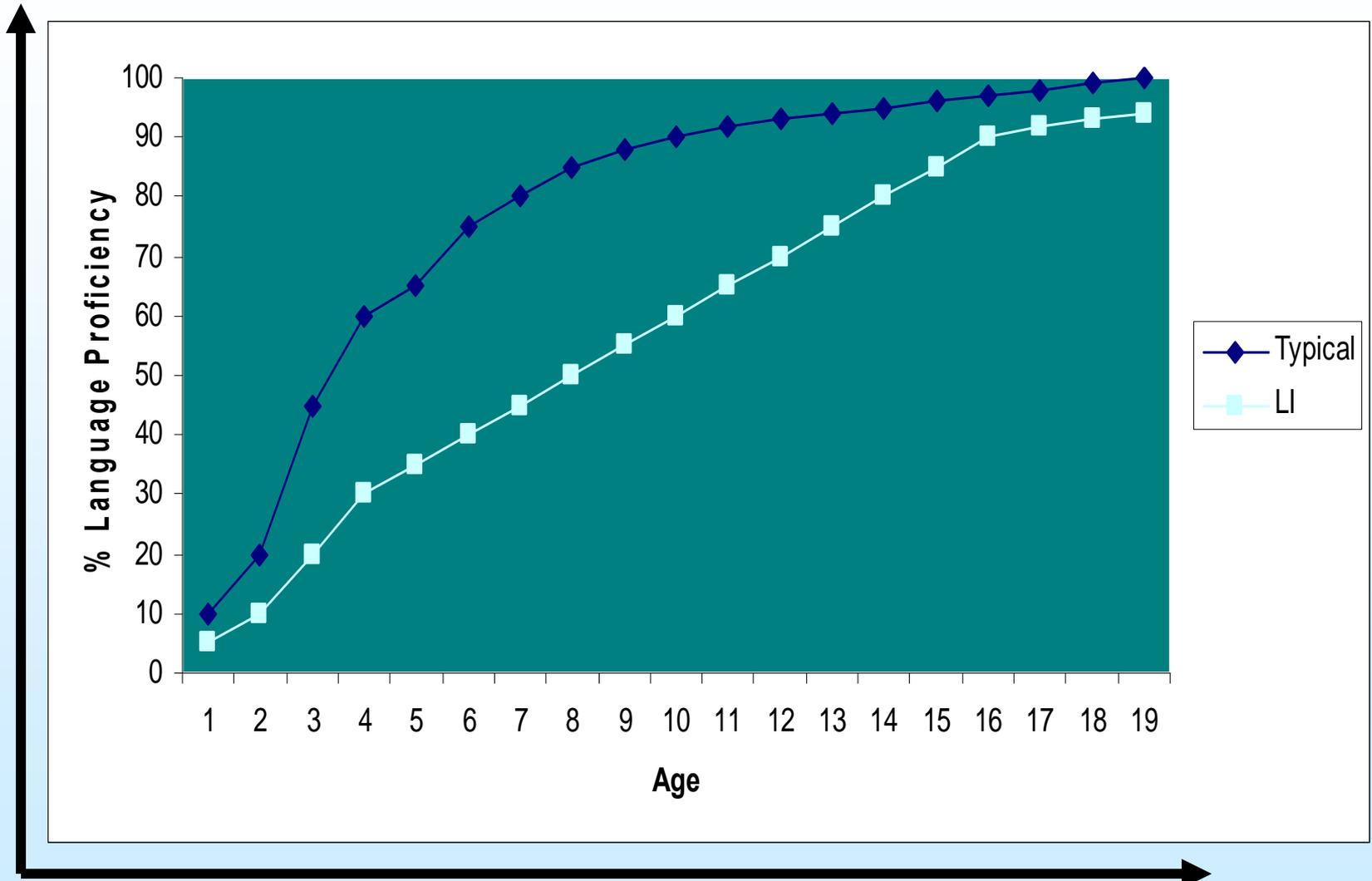
- * Diagnostic category
- * Salient symptoms
- * Environmental demands
- * Assessment techniques
- * Theoretical Perspectives

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E.g., Comparison of English only-speaking children with & without LD



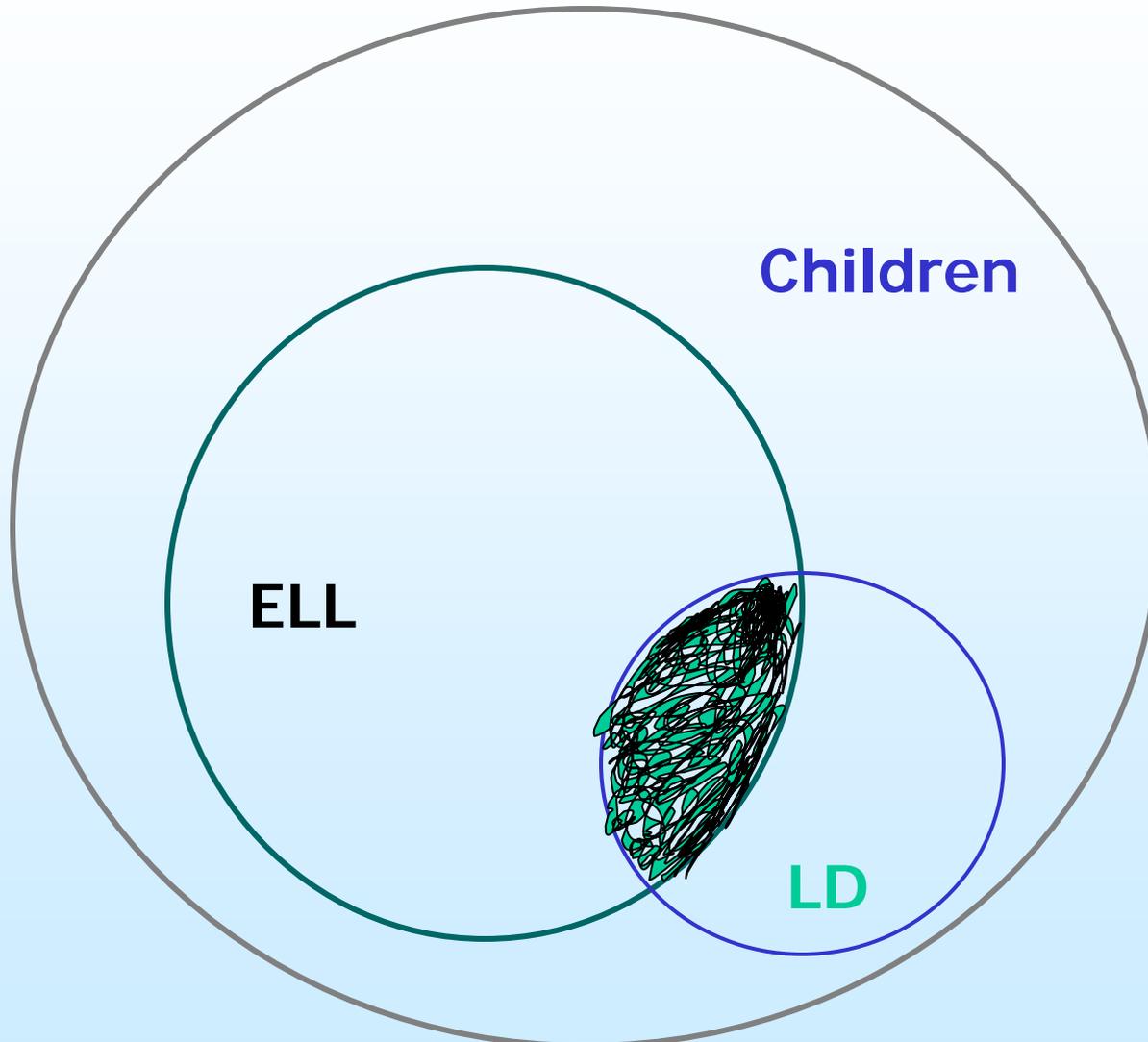


What's it like to have LD?

- “Foreign Language Analogy”
- Caveat- no safe haven
- Expressive
 - Yesterday I (“n”)
 - Tomorrow I (“s”)
- Receptive (“Kathi-speak in Noise”)



Young ELL with Primary LD



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Young ELLs with LD

- Have deficiencies in “language” that manifest in “a language” (x2).
- Changing language of input or even number of languages will not cure LD.



Young ELLs with LD

- By definition monolinguals with LD learn &/or use language at a slower pace or less efficiently than unaffected peers;
- Bilinguals with LD learn two languages more slowly than unaffected peers (but apparently not more slowly than monolingual peers with LD) (Paradis et al., 2003).



Young ELLs with LD

- Have the same backgrounds & communication needs as typically developing bilinguals.
- ELLs with LD more vulnerable to effects of limited language-specific experience, with earlier plateaus or faster loss of L1 than typical ELL peers. (see reviews in Kohnert et al., 2005; Kohnert, 2007).



Difficulty with early identification

- No medical diagnosis
- Overlapping profile with other disorders
- Late bloomers vs. late talkers
- Variability in typical development



Red Flags for persistent LD among “late talkers”

- Poor comprehension skills
- Positive family history of LD or “related” communication disorders.
- History of delayed communication or play development
- Frequent, recurring and difficult to treat ear infections.



10 Questions: Positive Responses → Initiate Referral

1. Are health, developmental or educational risk factors present?
2. Are parents or family members concerned with communication?
3. Are parent-child communicative interactions successful and comparable to those of others of similar ages/backgrounds?
4. Is the child able to communicate various forms and functions with siblings or other cultural and language-matched peers?
5. Is there concern with voice, fluency, hearing, oral motor skills, functional communication, or other “non-language specific” skills?
6. Is the child’s play- with objects or others- comparable to other age peers and/or children with similar cultural, educational and social experiences?
7. Does child seem to be quickly losing L1 and very slowly (as compared to other ELLs) learning English?
8. Does the child get easily frustrated and/or “shut down” during language tasks?
9. Does teacher concern persist or escalate after a “watch & see” period?
10. Is a teacher experienced with young children learning ELL concerned?



Support for ELL with LD from ECE

- 4 Ways Early Childhood Educators Can Help ELLs at risk for LD



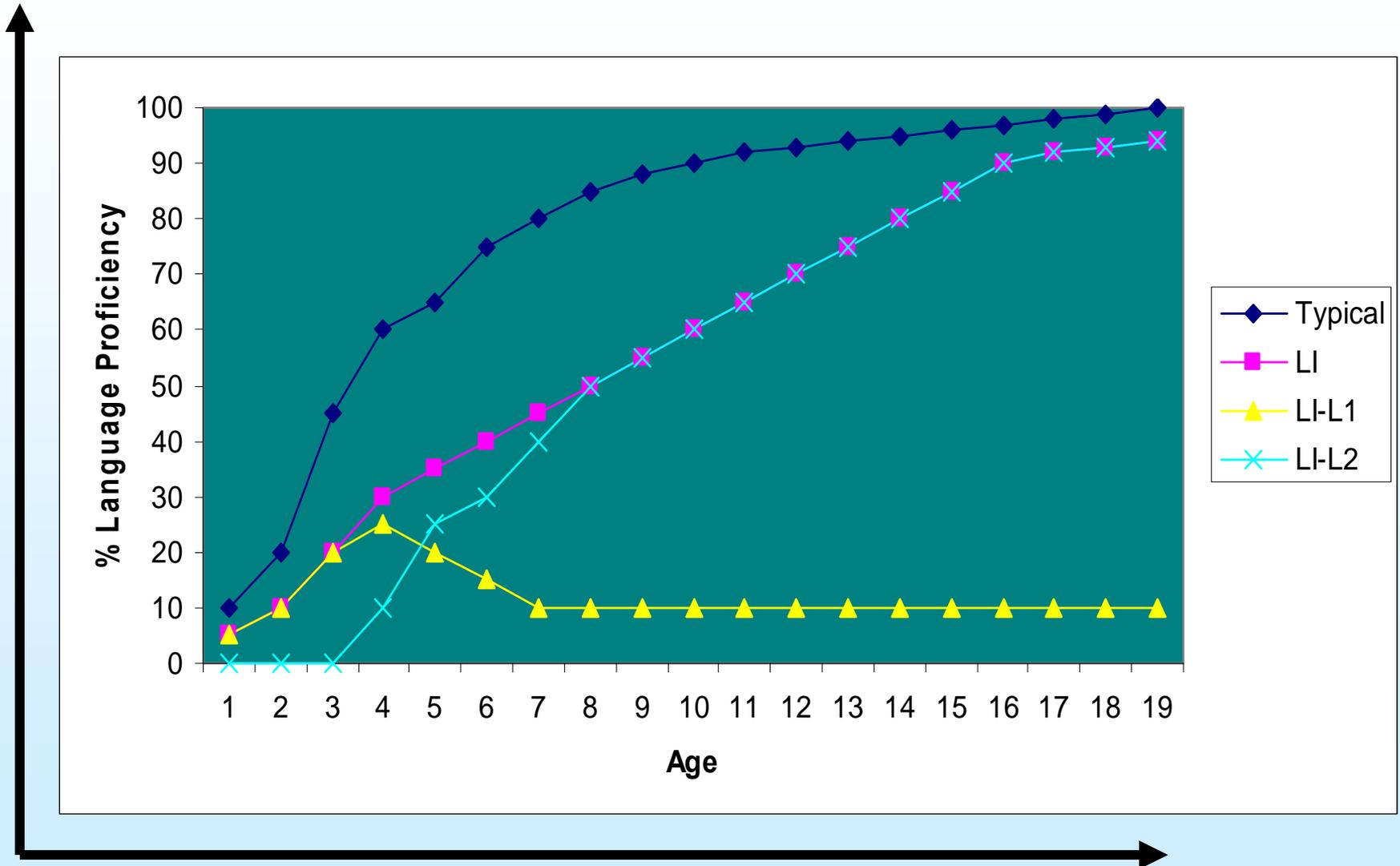
1. Support L1 in ELL with LD

WHY?

- To prevent an exacerbated “*language gap*”. Children with LD are vulnerable for quick “loss” of L1 with slow acquisition of L2.
- Language is used for parenting; more long-term parenting, not less, is needed for children with LD.
- If children do not speak L1 risk factor is potential loss of parental, family and cultural connections because there is no common language available for meaningful communication.
- Improved L1 skills helps, not hurts, English (L2) (e.g., Perozzi & Sanchez, 1992; Thordardittir et al., 1997; see Kohnert, 2007 for review).



When L1 support absent or significantly reduced, potential pattern of language proficiency across time in ELL

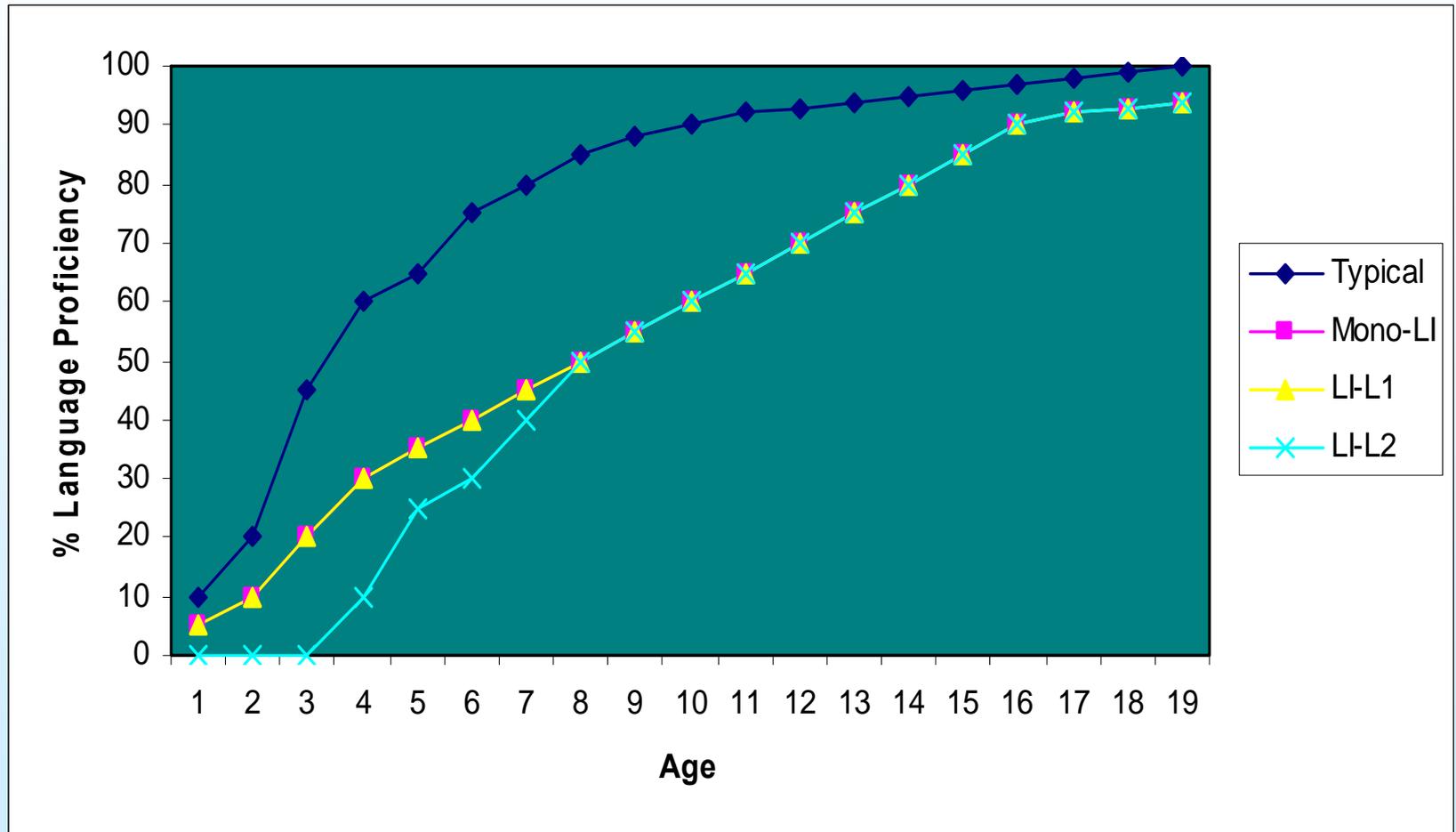


(cf., Salameh et al., 2004;
Restrepo, 2003; Restrepo & Kruth, 2000)

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A BETTER Potential Pattern of Language Proficiency across Time in Developing Bilinguals with LI



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1. Support L1 in ELL with LD

HOW?

- Encourage parents & other family members to talk, sing, play, read with child in L1.
- Help locate L1 community resources (e.g., library programs & materials in L1 etc.)
- Assist families to access and locate on-line language resources (See appendix for examples).
- When possible, provide opportunities for L1 use in ECE setting (with parents, peers, community members etc)
- Refer to SLP who is culturally competent in service delivery to linguistically diverse children with LD.



2. Facilitate “peer play” (in L1 if possible)

WHY?

- Play is good for developing general language proficiency; GLP is needed for academic, social & vocational success.
- Typically developing (TD) children pair rich language with elaborated imaginary play during preschool years.
- Interactions with peers provide ELLs with LD a motivating, language-rich social/communicative context.
- With monolingual children, arranged peer-play between TD and LD children in peer-play setting resulted in significant language gains for child with LD (Robertson & Ellis Weismer, 1997).



2. Facilitate “peer play” (in L1 if possible)

HOW?

- Match child with peer (L1 match if possible).
- Provide creative space, time and just a few instructions (e.g. play together and tell/show each other everything you know about playing house/school/store...





3. Use “language facilitation techniques”

WHY?

- Enriched language input by preschooler teachers has a very positive effect on language for low income “at risk” preschoolers.
- For children with LD, specific types of adult talk have been shown to facilitate language in young children.



3. Use “language facilitation techniques”

HOW?

- Allow child time to listen, to process, to respond.
- Supplement spoken language with gestures, actions, models, examples & encourage nonverbal as well as verbal responses from child.
- Provide frequent, focused, developmentally appropriate language input to child while s/he is engaged in meaningful activities: label, model, describe.



4. Form professional partnerships

WHY?

- Early identification & treatment of LD reduces the negative social, emotional and academic outcomes associated with LD.
- Timely & effective referral, identification and intervention for young ELL struggling to acquire GLP requires a team approach—including partnerships between allied professionals and, critically, family members.
- Team effort: Each team member has a unique and complimentary role to play.



4. Form professional partnerships

HOW?

- Local agencies (Government, non-profit, educational, university training centers)
- Seek in-service from language professionals with expertise at the intersection of ECE, LD AND ELL/bilingualism
- American Speech-Language-Hearing Association **www.asha.org**
- The Hanen Centre **www.hanen.org** (Find a workshop--- Early Childhood Educators)



Final Thoughts

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“We should help these children when they are little, not because if we do they are less likely to get into trouble, although that is true. Not because they are more likely to graduate and contribute to the economy, although that is also true. We should invest in them, in the very early years, because they are all under-4 feet tall, they are beautiful, and we should be nice to them! ”

~ Senator Paul Wellstone

1944-2002



Thank you!

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*(see references posted on my faculty page at
www.ccs1.umn.edu)*



APPENDIX:

Examples of on-line resources with information in various languages for families

1. Colorín Colorado <http://www.colorincolorado.org/about/>
Provides information, activities, and advice in English as well as Spanish for educators and families of ELL, including those receiving special education services.
2. Early Childhood Research Institute on Culturally and Linguistically Appropriate Services (CLAS)
<http://www.clas.uiuc.edu/>
Contains a database with materials that have been evaluated for their use with early intervention and preschool populations from culturally and linguistically diverse backgrounds.



3. Bilingual Mandarin-Chinese and English

<http://home.comcast.net/~bilingualslp/>

Provides information in Mandarin-Chinese and English for parents and professionals regarding communication development and disorders. Developed by Tao-yuan Li, a bilingual speech-language pathologist.

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

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 speech-language pathologist.

5. Vietnamese Language and Culture.

<http://vnspeechtherapy.com/> Provides information for parents and families written in Vietnamese and for educators, clinicians and researchers in English. The site was developed by Giang Tang Pham, a bilingual Vietnamese-English speech-language-pathologist.



6. 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.

7. Spanish Pronunciation and Language.

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

Contains animated examples of production of all Spanish phonemes. The guide was developed as an interdepartmental collaboration at the University of Iowa.

8. Children's books in 76 different languages

<http://www.worldlanguage.com/ProductTypes/Kids.htm>

9. Mama Lisa's World: Children's Songs and Fingerplays from around the world <http://www.mamalisa.com/world/>