

# All Abilities 101: Important Information for Parents, Educators, & Medical Professionals about Bilingualism

Henriette W. Langdon, Ed.D., F-CCC-SLP, BRS-CL  
Professor, CD& S , SJSU

Partner and Owner of Sunflower Therapies

Rancho Cucamonga, CA

DOWN SYNDROME ASSOCIATION

North Bay, Santa Rosa

January 12-14, 2017

# Disclosures

- The presenter is reimbursed for all travel and lodging expenses and has accepted a nominal fee.

# LEARNING OBJECTIVES

Participants will:

- Learn and apply 4 myths and current research about bilingualism in children with all abilities.
- Acquire 3 strategies to promote bilingualism in children with all abilities in the school setting.
- Apply the information presented through role-play based on participants' current cases to advocate for children who have special considerations including the use of two languages if needed, for all children regardless of their abilities.

# TOPICS

- 1-How does one become bilingual?
- 2-Factors affecting bilingual language development--  
Myths and Realities about bilingualism.
- 3-Brief overview of evidence-based studies on the development of bilingual skills in children with all abilities.
- 3-Suggestions for parents and home where a language other than English is spoken.
- 4-Role-play of participants' current cases to advocate the use of two languages if needed.

# HOW DOES ONE BECOME BILINGUAL?

## Home

- One parent may speak one language, another may speak the other. Sometimes one of those languages is the same sometimes it is different from the one from the community
- The child may grow up with a caregiver who speaks a different language (may be a nanny or a relative)

# HOW DOES ONE BECOME BILINGUAL?

## Instruction--Different models

Immersion Program (Total-partial; two-way)

Transitional

Maintenance

Private Instruction

Note: Always verify what is meant by a given model cited. The actual program may vary.

# FACTORS AFFECTING THE DEVELOPMENT OF BILINGUALISM

## POSITIVE

- Attitude of the community (additive)
- Influence of the family
- Age (native-like accent)
- Acquisition vs. learning
- Adequate teaching if learned
- Aptitude and Motivation

## NEGATIVE

- Attitude and influence of the community
- Attitude of the family towards the language and its culture
- Mode of instruction

# MYTHS ABOUT BILINGUALISM

- Defining bilingualism is simple
- Children learn another language faster
- Bilingual individuals are more intelligent
- Bilingualism interferes with overall language development
- Bilingualism confuses children
- Code-switching results from ineffective knowledge of the languages
- Individuals with cognitive or language impairments cannot be bilingual



# REALITIES ABOUT BILINGUALISM

- We have an innate capacity to know two or more languages
- There are more bilingual/multilingual than monolingual individuals on this planet
- Language loss/attrition is part of being bilingual
- Proficiency in two languages is never the same in all domains (consider various topics in oral and written language)

# REALITIES ABOUT BILINGUALISM

- We have an innate capacity to learn two or more languages
- There are more bilingual/multilingual than monolingual individuals on this planet
- Language loss/attrition is part of being bilingual
- Proficiency in two languages is never the same in all domains (consider various topics in oral and written language)

# REALITIES ABOUT BILINGUALISM

- Certain grammatical forms may develop at a different time in each language depending on the nature and exposure to a given language.
- Different levels of proficiency need to be considered (BICS-CALP/CILF-FALF)(*Conversational Informal Language Fluency-Formal Academic Language Fluency*)
- If the language is learned through pedagogy, the quality of instruction needs to be considered

# REALITIES ABOUT BILINGUALISM

- “Evidence in children with specific language impairment, admittedly rather limited at this time, suggests that these children can acquire functional competence in two languages at the same time, within the limits of their impairment. Therefore, children with specific language impairment living in families where knowing two, or more language languages are useful and important, should be given every opportunity to acquire two languages.” (Genesee, 2007)

# REALITIES ABOUT BILINGUALISM

- **Examples of studies demonstrating that all children may learn two languages:**
- **SLI** (Bruck, 1982; Genesee, 2007; Simón Cerejido & Gutiérrez-Clellen, 2013)
- **SLD** (Myers, 2009,2011; Genesee , 2007)
- **Autism** (Park, 2014; Seung, Siddiqi, and Elder, 2006); Valicenti-McDermott et al., 2013)
- **Cognitive/Intellectual Impairments** (Kay-Raining Bird (2008); Kay-Raining Bird et al., 2005; Trudeau, N., Kay-Raining Bird, E., Sutton, A., & Cleave, P., 2011).
- **Langdon (2015) wrote a review on these studies .**

# SUGGESTIONS FOR FAMILIES

- When the child is with a parent who speaks a given language, speak in that language with your child. (*One parent-one language model*)
- When the family is together decide which language is preferable for all of you. (Context)
- If both parents speak both languages, choose times when you all speak the same language. The best is the minority language at home and majority language outside (my case to some extent). (*Context*)

# SUGGESTIONS FOR FAMILIES

- Read books in the given language with your child(ren). There are specialized libraries that carry books in different languages and/or bilingual books.
- A child with developmental delays will acquire each language to a certain degree only but he/she can do it.
- You need to be **Patient** and **Persistent!!!**
  - <https://www.youtube.com/watch?v=RIKluiQlksE>

# SUGGESTIONS FOR FAMILIES

- **Make the child feel proud** of his/her knowledge of two languages by “cultivating” the languages.
- If your child responds in the other language like English instead of Spanish or Vietnamese, repeat what he/she said in Spanish or Vietnamese.
- If your child mispronounces something in either language or says it incorrectly, repeat the form correctly in a short phrase “*tato*” for “*gato*”... say “*sí ese gato tiene manchas*”. Same strategy for an incorrect grammatical form like “*yo sabo*”..  
“*Ah sí, yo sé que tu quieres esa pelota*”



# ROLE-PLAY

- Simulations of IEPs about children with various abilities and who are growing up in a bilingual environment, which in itself is diverse.
- Abilities will be varied.
- Languages and use by families and schools will be different.
- Some cases will be brought by the participants, others will be brought by the presenter.
- The IEP team will consist of parents, any professionals we decide upon, a general education teacher and an administrator.

# ROLE-PLAY

- Students determined eligible for special education services must meet **all three** of the following criteria:
- The student must have a disability or disabilities.
- The student's disability/disabilities adversely affect educational performance.
- The student's unique needs cannot be addressed through education in general education classes alone – with or without individual accommodations and requires specially designed instruction (SDI).

# ROLE-PLAY

- **Specific Learning Disability (SLD)** means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental retardation; of emotional disturbance; or of environmental, cultural, or economic disadvantage.
- **Speech or Language Impairment (SLI)** means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance.

# ROLE-PLAY

- **Autism** means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects educational performance. Characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to changes in daily routines or the environment, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has emotional disturbance as defined below. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

# ROLE-PLAY

- **Hearing Impairment (HI)** means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of deafness.
- **Intellectual Disability** means significantly subaverage general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

# ROLE-PLAY

- **Orthopedic Impairment (OI)** means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairment caused by congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).
- **Other Health Impaired (OHI)** means having limited strength, vitality, or alertness, including heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and adversely affects a child's educational performance.

-

# REFERENCES

**BAKER, C. (2014).** A parent's and teacher's guide to bilingualism(4th ed). Clevedon: Multilingual Matters.

**Bruck, M. (1982).** Language disabled children: Performance in an additive bilingual education program. *Applied Psycholinguistics* , 3 , 45-60.

**Feltman, K., & Kay-Raining Bird, E. (2008).** Language learning in four bilingual children with Down Syndrome: A detailed analysis of vocabulary and morphosyntax. *Canadian Journal of Speech-Language Pathology and Audiology* , 32 , 6-20.

**Genesee, F. (2007.).** The suitability of French immersion for students who are at risk: A review of research evidence. *Canadian Modern Language Review*, 63, 655-688.

# REFERENCES

- Hambly, C., & Fombonne, E. (2012).** The impact of bilingual environments on language development in children with autism spectrum disorders. *Journal of Autism and Developmental Disorders* , 42 ,1342-1352
- Kay-Raining Bird, E., Cleave, P., Trudeau, N., Thordardottir, E., Sutton, A., & Thorpe, A. (2005).** The language abilities of children with Down syndrome. *American Journal of Speech-Language Pathology* ,14 , 187-199.
- LANGDON, H. (2015).** For parents raising their children biilingually with an important message for those who have special education needs. *Health Psychology Reports*, 3 (3) 1-9.
- Myers, M. (2009).** *Achievement of children identified with special needs in two-way Spanish immersion programs* . Unpublished doctoral dissertation. TheGeorge Washington University: Washington, D.C.
- Myers, M. (2011).** Achievement of children identified with special needs in two-way Spanish immersion programs . *The Bridge: ACIC Newsletter* (pp. 1-8).
- Paradis, J., Crago, M., Genesee, F., & Rice, M. (2003).** French-English bilingual children with SLI: How do they compare with their monolingual peers. *Journal of Speech, Language and Hearing Research* , 46 , 1-15.



# REFERENCES

- Park, S. (2014).** Bilingualism and children with autism spectrum disorders: Issues, research and implications. New York State *TESOL* , 1 , 122-129s.
- Seung, H., Siddiqi, S., & Elder, J. H. (2006).** Intervention outcomes of a bilingual child with autism. *Journal of Medical Speech-Language Pathology* , 14 ,53-63
- Simón-Cereijido, G., & Gutiérrez-Clellen, V. (2014).**Bilingual education for all: Latino dual language learners with language disabilities. *International Journal of Bilingual Education and Bilingualism* ,17 , 232-254.
- Trudeau, N., Kay-Raining Bird, E., Sutton, A., & Cleave, P. (2011).** Développement lexical chez les enfants bilingues ayant le syndrome de Down. *Enfance*, 2011(3), 383 - 404.
- Valicenti-McDermott, M., Tarshis, N., Schouls, M.,Galdston, M., Hottinger, K., Seijo, R., Shulman, L., & Shinnar, S. (2013).** Language differences between monolingual English and bilingual English-Spanish young children with autism spectrum disorders. *Journal of Child Neurology* , 7 , 945-948.

# REFERENCES

**PEARSON, Z. B. (2008).** *Raising a bilingual child. A step by- step guide for parents* . NY: Random House

**Yu, B. (2013).** Issues in bilingualism and heritage language maintenance: Perspectives of minority-language mothers of children with autism spectrum disorders. *American Journal of Speech-Language Disorders* , 22 , 10-24.