

Will providing Speech and Language Therapy in a child's home language positively impact their language proficiency?

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Background

- Speech and Language Pathologists (SLPs) aim to help children with speech and language impairments which are “significant delays in expressive or receptive communication” that affect the child’s ability to communicate with others (DC:0-5, 2016).
- The growing diversity in the U.S. population has led to Dual Language Learners (DLLs) being “one of the fastest-growing populations in the United States,” with 60% of children 0-5 in the U.S. identified as DLLs (First 5 California, 2020). According to the American
- Speech-Language-Hearing Association, only 6.5% of SLPs are bilingual and roughly 2/3 of those bilingual SLPs are Spanish speaking.
- To provide adequate speech and language therapy for DLLs, the “assessors need to be able to distinguish between language differences attributable to growing up with two languages and language delays, which may require specialized language interventions” (Governor’s State Advisory Council on Early Learning and Care, 2013). However, this is a challenging task to complete because “most standardized screening tools have not been designed... for young bilingual children,” thus causing serious limitations in the diagnosis and overall quality of care (Governor’s et al., 2013).

Research Question

Will implementing the child’s dominant language as the primary language of intervention in a Speech and Language Therapy setting result in significant improvements in the child’s overall speech development?

Methods

- Over a 10 month period, 135 preschool-aged (3-5 years old) children enrolled in first-time speech and language therapy will participate in a study aimed at tracking their speech and language progress.
- Study participants will be divided in the following manner:
 - Group A, the control group. Made up of English monolingual children receiving therapy services only in English.
 - Group B, consisting of DLLs whose dominant language is Spanish, receive speech therapy only in English.
 - Group C, consisting of DLLs whose dominant language is Spanish, receive speech therapy in Spanish led by a fluent Spanish-speaking professional.
 - The Pre-Kindergarten Language Needs Survey created by the New York City Department of Education will be used to determine what group the child will be assigned to.
 - Pre-assessment: The first Desired Results Developmental Profile (DRDP) assessment will take place in August to compare future progress to the initial assessment.
 - Mid-assessment: In December, the second DRDP will be conducted to track the child's progress halfway through the study.
 - Post-Assessment: The final DRDP will be conducted in May to show the cumulative progress of the child’s speech.

Analysis Plan

- Mean changes scores will be gathered for each group to track progress over time.
- The average progress of each group will be displayed in a line graph to indicate whether or not there is a difference between the three groups in terms of progress of speech and language gains.

Practical Implications

- A successful early childhood program should have “effective interventions [which] address specific developmental challenges” that target the specific needs of the child (California Department of Education, 2015)
- In a country where there is an estimated “22% of children... [speaking] a language other than English at home,” there should be more diverse support available to children (KIDS COUNT Data Center, 2018).
- Even when the bilingual population of children is growing within the country and “despite the evidence that developing bilingualism can be a significant asset, there is no clear consensus on the specific interventions, practices, and strategies that work best to support learning outcomes for DLLs” which is unacceptable (First 5 California, 2020).
- DLLs should have access to culturally and linguistically aware speech and language therapy in their native language.

Future Directions

- Apply for Institutional Review Board (IRB) approval
- Recruit study participants
- Collect DRDPs to track progress of the children
- Interpret findings
- Publish findings

References

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