Multilingualism & language difficulties

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1. Course overview
   • To understand the different parameters involved in bilingualism/multilingualism, the multilingual child & his/her family
   • To become aware of the school’s role regarding multilingual children’s inclusion
   • To understand the constraints in the differential diagnosis of multilingual children.
   • To become aware of different techniques which may be used in the assessment & intervention of these patients.

2. Why is it important for the SLT to know about multilingualism?
   • Difficulties in speech, language and communication development occur equally in children from monolingual or multilingual backgrounds.
   • SLTs in the whole world find that they are often not able or have not got the appropriate competencies to offer the culturally appropriate services to children from multilingual backgrounds (Jordaan 2008, Skaken et al 2007, Stow & Dodd 2003, Williams & McLeod 2012)
   • This may be due to the fact that the therapists and the patients often do not speak the ‘same language’.

3. Who is multilingual?
   • S/he who speaks two or more languages?
   • At whatever level of competency?
   • S/he who has been raised in a multilingual environment?
   • S/he who was schooled in a language other the home language?
   • S/he who may not know another language but uses a different dialect?

4. Multilingualism through history
   • Multiculturalism & with it, multilingualism has been around for thousands of years.
• Ancient civilizations travelled, learnt each other’s languages, honoured each other’s cultures.
  • From the Renaissance onwards, and especially after the 16th century people started migrating.
  • But it is only in the past 50 years that multiculturalism has become a very common phenomenon in Europe.

5. How common is multilingualism?
• Monolingualism is in the minority for most of the world’s people
• Most of the planet is multilingual.
• There are approximately 160 countries in the world and between 5000-8000 ethnic groups, speaking approximately 5000 languages.
• Many countries have more than one official language

5.1 Official languages in Europe
• French is official language in France, Belgium, Luxembourg (and the Aosta Valley in Italy)
• English is official language in The UK, Ireland, Malta & Gibraltar
• German is official language in Germany, Austria, Belgium & Luxembourg (part of Denmark & Italy)
• Italian is official language in Italy (parts of Croatia & Slovenia)
• Greek is official language in Greece & Cyprus
• Language map of Europe

5.2 Multilingualism in Europe today
• In many European countries as many as 50% of the children are from other cultures (in Greece 20%, in Italy?).
• School system often has difficulties including children from different cultures
• The curriculum is not differentiated & usually represents only the majority culture.
• Teachers often do not know what to do when there is a bilingual child who is experiencing learning difficulties

6. What is culture?
• “Behaviour, beliefs and values of a group of individuals who are joined by common points of reference” (Durant 2010)
• Religion, language, customs, traditions & values are some of the components of culture.
• The practices & systems of a culture are passed through the generations and include mate choice & marriage customs, family relationships & obligations, household organization.

6.1 Why is language important to culture?
Language systems and speaking behaviours bind communities
➢ Social life and communication
Social identity
Group membership
Cultural beliefs & ideologies

(Durant 2010)

6.2 Why is culture important in the study of language?
• «System of knowledge through which the brain organizes and creates internal models of reality» (Keesling 1974)
• Since language and culture are interconnected, we cannot understand the communication of a group of people unless we know certain ethnographic, historical and cultural facts which are related to the communication of that group.
• There are cultural rules which are related to the communication of each group on all linguistic & nonlinguistic levels.

6.3 Cultural parameters (Battle 2012)

<table>
<thead>
<tr>
<th>EXPLICIT (visible &amp; observable)</th>
<th>IMPLICIT (not easily observed)</th>
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</thead>
<tbody>
<tr>
<td>DRESS</td>
<td>GENDER &amp; AGE ROLES</td>
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<tr>
<td>LANGUAGE</td>
<td>CHILD-REARING PRACTICES</td>
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<tr>
<td>FOOD &amp; CUISINE</td>
<td>EDUCATIONAL VALUES</td>
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<tr>
<td>CUSTOMS &amp; TRADITIONS</td>
<td>FEARS &amp; ATTITUDES</td>
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<tr>
<td>WAY OF LIFE</td>
<td>VALUES &amp; PERCEPTIONS</td>
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<tr>
<td>FAMILY STRUCTURE</td>
<td>RELIGION &amp; SPIRITUAL BELIEFS</td>
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7. What is «multiculturalism»?
• A new concept developed about 50 years ago.
• Describes a society characterized by diversity: many different cultural groups are included in it.
• «mosaic of cultures» which combine into a whole
• May include different races, ethnic groups, but also disabilities, sexual orientations
• All individuals have a group identity & an individual identity.
• Ideally it is a society in which each individual is respected and valued for his/her contribution to the whole.

8. Cultural stereotypes
• The human mind is programmed to match and categorize that which it perceives.
• This makes it ‘economical’ and efficient, however stereotypes can easily arise from this categorization process.
• A cultural stereotype is a popular belief about a particular social or cultural group, which does not pay attention to individual characteristics.
• These preconceptions may lead to assumptions
• Prejudice is a dangerous result of preconceptions & stereotypes.

9. Is communication possible in a multicultural world?
• Multicultural communication is possible as people have default communication systems
• Since communication is based on cognitive representations of the real world, to a large degree people can find a common ground to communicate.
• Man is a communicative animal & he is usually willing and interested in cross-cultural communication.

9.1 What are the barriers in intercultural communication?
On all levels of communication there may be constraints.
✓ Linguistic barriers
✓ Perceptual barriers
✓ Knowledge of cultural factors
✓ Customs & traditions
✓ Feeling regarding communicative competence.
✓ Willingness to overcome barriers

9.2 Cross-linguistic differences
• Languages differ amongst themselves in phonology, morphology & syntax
• Semantics - word meanings are related to knowledge, perception & internal representations. Culture-specific parameters.
Finally **pragmatics** is almost totally dependent on cultural characteristics.

**Example:**
**Chinese language (Cheng 2012)**
- In China there are 56 ethnic groups
- 80 languages and hundreds of dialects
- Graphically they are represented by the same characters

<table>
<thead>
<tr>
<th>Phonology</th>
<th>Morpho-syntax</th>
<th>Pragmatics</th>
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</thead>
<tbody>
<tr>
<td>No consonant clusters</td>
<td>Non-inflectional</td>
<td>Turn-taking: do not interrupt</td>
</tr>
<tr>
<td>Tonal language</td>
<td>No plural markers</td>
<td>Politeness: be humble, embarrassed when praised</td>
</tr>
<tr>
<td>Limited final consonants</td>
<td>No tense markers</td>
<td>Social distance determined by age, class &amp; marital status</td>
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<tr>
<td></td>
<td>No articles (the/a)</td>
<td>Expression of emotion: no hugging &amp; kissing</td>
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<tr>
<td></td>
<td>Different rules for use of prepositions, pronouns, negatives</td>
<td>Eye-contact: indirect</td>
</tr>
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<td></td>
<td>No verb ‘have’</td>
<td>No direct questions</td>
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**9.3 Pragmatics**

*Language use is determined by*

Who you are?

What you say?

To whom you are saying it?

In what context?

What is your intention?

How does the listener interpret your intention?

**Most speech acts are carried out in context**

The context predetermines «**HOW**» the message is formed: content, choice of words and structures used.

The speech act is determined by to «**WHO**» and to «**WHOM**» we are speaking: relationship between speakers, previous communicative events, what s/he know about the speaker, what knowledge is shared. Dependent on factors
which are independent of the listener: his/her mood, what happened before this discourse, etc.
Determined by «WHERE» the conversation takes place.
And «WHAT» is being communicated.

9.4 Discourse (conversation) has rules:

- Greetings
- Starting a subject
- Information exchange
- How the information is given - how one asks for information
- The amount of information (not too little, not too much)
- Turn-taking, waiting for turn & changing appropriately (not interrupting)
- Appropriate pauses
- The «truth» clause
- Given-new contract
- Checking & «mending» exchange
- Appropriate use of vocabulary & syntax
- Keeping the listener’s feelings in mind (theory of mind)
- Changing subject appropriately
- Polite forms.
- Finishing the conversation

9.5 Paralingual (paraverbal) communication consists of:

- Voice tone
- Speech rate
- Volume
- Intonation
- Rhythm
- Pauses and silence

9.6 Non-verbal communication

A. Eye contact
- Also known as ‘oculesics’
- Involves eye expressions, but also ability to hold gaze.
- Varies considerably among cultures
- Europeans have a direct gaze when communicating, Asians indirect gaze
• How do we interpret a prolonged gaze or stare, eyes that are popping, a wink?

B. Facial expressions
• May be controlled or spontaneous
• Interpretation is dependent on communication context
• Culture-specific, for instance, in Asia facial expressions are more neutral and controlled
• Laughter may be a sign of embarrassment and not of amusement

C. Posture (body movements)
• The interpretation of posture (kinesics)

D. Proximity
• This aspect of communication deals with space and the distances between people
• There are different standards in different cultures as to the acceptable distance when communicating
• People in northern cultures need more space between them when communicating, southern cultures have more proximal distances.
• Space zones

E. Body contact or touch (haptics)
• May create feelings of warmth and trust
• It is a necessary accessory for child development
• In many cultures it is a sign of status, economic power, age and relationship

F. Hand movements (gestures)
1. Spontaneous
2. Coded, eg
• Policeman stopping the traffic
• Hitchhiking
• Pointing
• Waving goodbye
10. The SLT and the patient’s cultural values

On the road to ‘cultural competency’

• When the SLT is required to intervene with an individual from a different cultural and linguistic background, s/he becomes involved in a «multicultural relationship».
• S/he is required to question & reject cultural stereotypes.
• S/he is required to focus on the patient’s individual characteristics.
• S/he must be aware of specifics of the culture, but also of the family.
• S/he must be ready to make individualized decisions which are based on «good practice», evidence-based practice (EBP) and international guidelines regarding the assessment and intervention procedures s/he will implement.

S/he must be trained in the issues involved in multilingualism

11. Bilingualism / multilingualism:

Overview

• Multilingualism & linguistic diversity
• Theories, definitions & terminology
• The linguistic & cognitive characteristics of multilingual children
• Differences in bilingual/multilingual language competence
• The family that is bringing up children ‘between two cultures’

The multilingual has “two or more worlds of experience” (Baker 2008)

• Multilingualism is a universal phenomenon.
• Multilingualism does not concern only language and linguistic factors, but concerns culture as well
• Ideally it builds bridges among nations («a new language opens up a new world»)
• A bilingual person is not just «two monolinguals in one person» (Grosjean, 1994)

12. Definitions
There is a wide range of definitions as shown below:

1. Multilingualism refers only to people who learn a second language at the same time as they are learning their first (Genesee et al 2004)
2. It refers to those who are **functional** in both languages (ASHA 2004, Cruz-Ferreira 2010)

3. It concerns a **continuum** where individuals may have different levels of competency in each language that is being used: this may be from minimum, to functional, to total competence (Valdés & Figueroa 1994, RCSLT 2006)

12.1 **Inclusive definition**

«A bilingual is a person that lives amongst two languages, who has access to, or needs to use two or more languages in different settings. It does not mean that he is equally competent in both languages or that he is literate, able to read & write in both languages» (Hall 1996)

NB. In the literature now the term «multilingual» is used rather than the term «bilingual».

Societies with many multilingual people are characterized as having «linguistic diversity»

12.2 **Consequently, all of the following may be multilingual:**

They refer to many different situations.

- Individuals who are raised in a multilingual home
- Individuals who are raised in a home which speaks a different language than the majority language
- Individuals who learn a second language (L2) during childhood
- People who learn L2 as a second language.

Basic requirements:
- Equal competence in both languages is **not** a requirement
- Expressive skills are also **not** a necessary requirement
- Literacy is also **not** a basic requirement

12.3 **In conclusion: ‘Is there a true bilingual?’**

The answer is that there is no ‘true’ bilingual as:

- There are narrow definitions and inclusive ones
- High or low levels of proficiency in either language is an important factor
- Age of acquisition or context is sometimes referred to
- Receptive competence only may be a form of bilingualism

12.4 **Factors which must be considered**

- Number of languages being acquired
- When they were acquired (at which age)
• Use of each language (settings, contexts)
• Why these languages are useful to the individual
• Competence in each language
• Specific modes: expression/reception, written/spoken/gestural
• Languages in the community (relative status - weak/strong)

13. Typology of multilingualism

• Simultaneous or sequential
• Early or late
• Balanced or dominant
• Compound /coordinate/ subordinate
• Additive or subtractive
• Semilingualism
• Elective or circumstantial

A. With reference to AGE OF ACQUISITION

➢ Simultaneous / sequential

Simultaneous: A child who is learning both/more languages at the same time, from birth, in the family environment. Usually a result of multicultural or mixed marriages.

Sequential: has begun acquiring one language at home & begins to learn another language in another environment eg at school.

➢ Early / late

Early: Bilingual development commenced in childhood before the age of 5 years or later in childhood or even adulthood.

Late bilingualism may be seen in immigrants to a new host country, where language skills may develop at a later age, but do often attain a high level of proficiency.

B. With reference to CONTEXT

➢ Natural or circumstantial

L2 is acquired in the natural environment. Bilingualism is related to the natural way of life of the family.

➢ Elective or elite
L2 acquisition has been chosen by the family for status reasons, either through the school or childminders, etc.

C. With reference to LINGUISTIC CRITERIA

- **Compound/ coordinate / subordinate**
  This describes the way the different language components are organized in the person’s linguistic system.
  It depends considerably on the way L2 is learnt, however in each multilingual person there may be several ways of managing the specific linguistic components.

**Forms of bilingualism** (Weinreich 1964)

- **Compound**: has one semantic system but two linguistic codes. Refers to someone who learns the two languages simultaneously, often in same context.
- **Coordinate**: has two semantic systems and two linguistic codes. The languages are learnt in distinctly separate contexts.
- **Subordinate**: the weaker language is interpreted through the stronger

- **Balanced / dominant bilingualism**
  If both L1 & L2 are approximately at the same level of proficiency, then this is described as **balanced** bilingualism.
  If one of the two languages is more proficient than the other, it is described as **dominant**.
  However there may be dominance in one domain in one language & dominance in another domain in another. It depends on relative exposure.

D. With reference to PSYCHOSOCIAL CRITERIA

- **Additive / subtractive**
  **Additive** refers to whether L1 helps L2 development and vice versa.
  **Subtractive** refers to those cases where the individual is not encouraged to develop L1 and this acts as a hindrance or interference to his/her overall language development.
Refers to the relative status of each language.

- **Semilingualism**

This term refers to those children or adults who have insufficient knowledge of either language, not due to some language development issues, but due to circumstantial, psychological or social reasons.

The term is controversial and not all experts agree on this issue.

**Additional terminology**

- **L1 / L2**: the term ‘mother tongue’ is not used any longer
- **Majority / minority language**: refers to the languages used in a country
- **Strong/ weak language**: refers to the relative status of the language in the country

### 14. Multilingual language acquisition

#### 14.1 Age of first contact with L2 (Grech & McCleod 2012, De Houwer 2009)

- Simultaneous bilingualism- till age 3 yrs.
- Early second language learners- from 1.6-4.0 years.
- Formal second language acquisition (L2)- at about 5 yrs.
- Second language acquisition (eg ESL)- learnt at school.
- Second first language learners- in cases of international adoption

#### 14.2 Acquisition of more than one language

- In sequential bilingualism there may be a slight lag till proficiency is acquired.
- Proficiency in L2 expression may take up to 2 years

Cummins (2003) notes two stages in L2 acquisition:

1. **Basic interpersonal communicative abilities**
2. **Cognitive academic language proficiency**

First stage takes from 1-2 years

Second stage may take 5-7 years.
15. Different forms of multilingual families

- **Language minorities**: Immigrant families or minorities, where the home language has a lesser «value» than that of the host country

- **Multilingual families**: Individuals who grow up between two or more languages within the same family, because parents are from different language backgrounds

- **Language majorities**: Individuals from large language groups who are learning L2 either because the school demands it or because their country has two or more official languages.

- **Bilingualism due to economic or social reasons (elite)**: Parents who for practical reasons or through choice require that their child learn two or more languages.

15.1 Diversity within multilingualism

Umbrella term which consists of many different situations, individual experiences and many levels of competency

- Different levels of language competency in each language
- Different levels of competency even within a family regarding oral comprehension/expression and literacy skills
- Different language use according to whom they are speaking to and the context
- Bilingual competency may change through time within the same person
- Each person in the family has their own unique bilingual competency

16. Multilingual language acquisition

- There may or may not be difficulties in phonology (Goldstein & McLeod 2011). Research shows better skills in some cases (positive & negative transfer) (Fabiano-Smith & Goldstein 2010).
- Lower vocabulary skills: same «volume/mass» vocabulary. There are words which correspond only in the one language and others that have a corresponding translation (Pena et al 2002, Paradis 2003).
- Morphosyntactic acquisition may be influenced according to the language pairs. Acquisition sequence may be the same, but at different pace (Cleave et al 2010).
- Atypical acquisition is usual observed in sequential bilinguals.

16.1 Phonological development in bilinguals (Grech & Dodd 2008)

In Malta there are two official languages: Maltese and English. Most children are bilingual to a greater or lesser degree.
Aim: The effect of language exposure at home on the speed and sequence of phonological acquisition.

Method: 241 children aged 2.0–6.0 years were assessed with a picture naming task to test articulation, phonology and stability of output. 38.6% spoke both languages at home, 56.9% spoke only Maltese, 4.7% only English. Children could chose which language they wanted to use during testing.

Results: Bilinguals were quicker in suppressing developmental errors sooner. Although some phonological models were the same in both groups, there were some further models in the bilingual groups. Conclusion: Early contact with two languages is an advantage in the phonological acquisition of bilingual children. Positive transfer has been noted in other studies as well.

16.2 Code-switching

• One of the multilingual’s controversial linguistic behaviours is called ‘code-switching’.
• This refers to their ability to change from one language to the other without necessarily compromising specific linguistic characteristics of the language.
• When code-switching occurs within the same conversation, it is sometimes considered to be a negative aspect of multilingualism.

Is it «disordered acquisition»?

• For many years it was considered a form of «disordered language behaviour».
• Parents perhaps did not give the right model at home & this led to poor language skills (Kayser 1995)
• Now it is studied in context: may be used for emphasis, for identity, for convenience, or randomly.
• It is «a result of the cognitive process which are part of multilingual competence» (Karrabaek 2003)

Why does this happen?

• «socio-linguistic ability» which reflects an increasing ability of correct language use according to context (Martin et al 2008)
• It represents a specific developmental phase in multilingual development
• If it continues later on, it is used by the individual consciously as a communication device among peers.

17. Cognitive repercussions

There is evidence that:
• Multilingualism may strengthen and enrich academic abilities and have a positive impact on a person’s cognitive abilities
• More creative and have more flexible thinking.
• One language does not develop at the others expense.
• Bilingualism does not arrest thought, but may encourage it.
• Many individual differences in learning styles & this also may be seen in bilingual language learning

(Baker 2007, Bialystok 2001, Martin 2009)

17.1 Advantages of being multilingual
• Greater opportunities for communication
• Knowledge of other cultures
• Greater understanding of difference
• Advantages in thinking: flexibility, creativity
• Ease in learning new languages
• May help reading ability & phonological awareness
• More self-confidence
• Long-term advantages in professional life
• May counteract the symptoms of dementia in early stages

17.2 Constraints
We must keep in mind that:
• At least one of the two languages must be well-developed
• Multilingual children may go through a ‘silent period’
• Sometimes multilingual people respond at a slower rate
• Vocabulary may be smaller in L2 (Hemsley et al 2006)
• Majority language (usually) finally becomes stronger and may inhibit the minority language.

18. Understanding the multilingual child and his family
• The multilingual history
• A language history must be taken to understand the multilingual’s language use and competence
• This history must include cultural information, the family’s status in the host country, education & academic information
• It must also include family attitudes and experiences
• Multilingual history

This must include information such as:
18.1 Themes:

- **Language history**: who speaks what to whom & when?
- **Social parameters**: cultural environment, network, interests, religion, immigration, pressure from the environment
- **Academic history**: schooling: where & when? In what language/s? How does s/he get on at school?
- **Emotional parameters**: trauma, motivation, involvement, ethnic identity
- **Medical history**: possible gaps in medical care
- **Parental attitudes**: about the languages, the host country, school
- **Future plans**: family’s plans and dreams

18.2 The multicultural family

Each family is different:
✓ aims & desires,
✓ needs
✓ world view
✓ ethical & moral codes
✓ communication codes

The multilingual family has one further axis of differentiation
Multilingual history is taken within a ‘multilingual framework’ which concerns the multilingual relationship (therapist-patient)

18.3 Family characteristics

• Attitudes about child-rearing
• Reward & punishment
• Education & health issues
• Thoughts on disability: causes and therapy
• Hierarchy within the family
• Child’s place in the family
• Play & common family activities
• Perceptions about what is wrong with their child & what needs to be done
• Perceptions about the host country and the majority language
• Perceptions about health services in the host country

18.4 Language competence

• Amount of contact in each language is very significant for language competence- about 40% of contact time is needed for language competence
• Competence must be estimated for each language separately
• Note the types of difficulties which occur in each language (in phonology, syntax, morphology etc.)
• Note changes which are made in the languages being used.

18.5 Child’s social characteristics

• Does s/he go to a language class to reinforce L1?
• Friends in the community
• Family’s social life
• Other extracurricular activities
• Need for interpreters
• Bullying
• Monolingual sentiments about multilinguals

18.6 Identity issues
1. Personal identity: personal and unique characteristics of the individual
2. Social identity: ethnic characteristics, gender, disability, professional etc.
3. Cultural identity: the emotional value which a person places on his perception of belonging to a larger group

18. The therapist and the multilingual/cultural family

When working with multilinguals, the therapist must be aware of:

• The different identities of the patient
• The degree to which he is assimilated in the host country
• The degree to which his culture allows him to share information with a ‘stranger’
• His relationship /attitude towards social services

18.1 The multicultural patient- therapist relationship is built on knowledge:

• How to address a person from the particular culture
• How to greet him
• How to begin an interview
• How the patient is expected to interact in the interview, eg. How does he show that he agrees or disagrees
• Eye contact, silence, tone of voice, facial expressions, gestures & posture

18.2 A person from another culture may ask himself:

• How much can I tell this stranger?
• How can I trust him?
• Can I tell him my personal history?
• Will he understand me?
• How can I share my different views on handicap?
• We don’t agree on what is the reason for my child’s difficulties, so how can he help me?
• How can I trust him when he tells me not to use my own language?
• How can I speak to someone so young, who is a woman, whom I don’t know?
19. Strategies for the clinician

- Take the patient’s lead. Observe and follow his communication patterns.
- Make sure that your verbal and non-verbal communication is appropriate.
- Observe client’s non-verbal messages but do not over interpret them.
- Make clear and precise questions—avoid misinterpretation.
- Prepare well for the interview: learn about the culture.
- Proceed with sensitivity and respectfulness.

19.1 Examining the multilingual child

- According to RCSLT (2006) & IALP (2006) multilingual child should be examined in his languages: «good practice»
- It must be determined if he has difficulties in each of his languages and to what degree.
- Attention must be paid to the means which are used for the assessment.
- Observation of child’s behaviour is very indicative.
- Collate the clinical data with the data from the child’s language history.

19.2 Assessment procedures: considerations

- Is the test/procedure standardized for a multilingual population?
- Could there be test bias?
- Is it culturally appropriate?
- If it is translated, what must we watch out for?
- Do we need an interpreter?
- What other information do we need?

19.3 Common Forms of Test Bias

1. Linguistic bias: Can occur when using test items that assess speech sounds and grammatical rules/forms/structures that do not exist in the client’s native language/dialect and/or that exist but operate differently within that language/dialect from the one in which a test is given.

2. Format bias: Can occur when using testing procedures, formats, items, and vocabulary that are not familiar to the client due to differing cultural-linguistic experiences, exposure, and/or socialization influences.

3. Value bias: Can occur when the scoring for test items give more credit, value, or weight/worth to responses that are acceptable/correct in some cultural-linguistic populations but not others.
4. Situational bias: Can occur when the social/situational dynamics of the testing situation affect the responsiveness of clients (e.g., topic initiation or verbal elaboration) from certain cultural backgrounds due to differing sociocultural norms (rules for adult-child conversation)

19.4 Interpreters
Often an interpreter will be needed to facilitate communication between therapist and child or family. The choice of interpreter is very important, as it must be someone who is neutral with regard to the family, must have the right linguistic and interpersonal competencies & be in a position to help the therapist reach a decision concerning the child’s needs.

Consequently, the interpreter’s role in the diagnostic session is something which must be given a lot of thought before the session, during the session and after its completion.

Who is he? What does he do? How does he do it? How does he work with the SLT?

Rules for interpreters
- When possible, use a professional interpreter.
- Inform interpreter of the procedure to be used and what you expect of him.
- Interpreter must not add any information, and must be objective.
- The therapist & interpreter de-brief after the session.
- If professional interpreters are not available, may use reliable person from the community.

20. Helping the communication between therapist & client/patient
- Offer opportunity for interpreter- that way the patient may feel more comfortable.
- Intervention offered must be culturally sensitive
- If parents refuse a form of therapy & then the reasons must be sought in parents’ attitudes to special education, therapy, disability, etc. (Caruso 2005).
- Cooperation with other services, so that there is a common way of dealing with the family.
- Cooperation with school is necessary to sensitize about bilingualism, to talk about good practice, to discuss how the teacher can deal with cultural diversity.
21. ‘Culturally appropriate’ services

- Leaflets in other languages
- Information about culturally diverse communities, networks etc.
- Pictures of people from different countries
- Signs in other languages
- Use of the family’s language
- Careful & appropriate use of titles and addresses
- Use of toys and therapy materials which show cultural sensitivity: clothes, cooking utensils, musical instruments
- Knowledge of feasts or religious festivals of other countries

22. Working with the school

Discuss the stages of bilingual development with the teacher, according to the model (Cummins 1984, 2007)

- basic interpersonal communicative skills (1-2 yrs)
- Cognitive academic language abilities (5-7 yrs)

Note that the child needs strong linguistic skills in L1, so that he may proceed in literacy & other academic skills in L2.

*Literacy skills may be encouraged at school with phonological awareness exercises, matching of letter-phoneme & vocabulary development.*

22.1 How can the school encourage literacy (Roseberry-McKibbin 2008)

- Library and cd s
- The child presents his cultural group: customs, language, etc.
- Give value to the child's home language
- Map with world
- Books about different countries and cultures
- Use volunteers from different language communities to help out in class

*Literacy programmes addressed to multilingual students show significant results (12 weeks x 20 minutes x twice a week)*

(Schuele & Boundreau 2008)
22.2 Strategies which may be used in class
- Do not insist that the child speaks if he is reluctant to
- Speak slowly
- Make appropriate pauses
- Use simple sentences
- Give lots of examples
- Use visual cues and gestures
- Allow more time
- Avoid idiomatic phrases and slang
- Employ a «friends» system
- Encourage the child and make sure he understands instructions & content

23. Working with parents
- Each family is unique so advice & counselling must be individualized
- The initial case history is a very important source of information and must be sensitively taken.
- Through this the therapist may understand strengths and weaknesses, constraints and desires of both the child and his family.

23.1 The social context of multilingualism: Acculturation & assimilation
- Acculturation = process through which immigrant/ minority groups adopt cultural attributes of receiving country (language, values, behaviours)
- Assimilation = their incorporation into the social and cultural networks of host country (work, family, leisure activities)

Refers to the «degree to which one give’s up one’s own culture and takes up the characteristics of another»

23.2 Three social models (Battle 2012) have been proposed to explain cultural diversity:
1. **Conformity model**: Reject the «old» and adopt new culture completely
2. **Melting pot model**: Elements of the «old» are woven with the new culture, forming new cultural variants.
3. **Cultural-pluralism model**: Recognizes diversity within a nation. Individual cultural identity is valued and accepted. Individuals
keep their ethnic identity, foster their own language, customs and cultural values.

23.3 How do people react to immigration? (Cheng & Butler 1993)

- Barriers to assimilation & integration
- Motivation is different for each group (voluntary/involuntary immigrant, refugee, etc)
- Race & «skin colour» (Vigdor 2008)
- Religion
- Social class & economic factors
- Residence of the immigrant community (town/ countryside)

23.4 Methodological issues

- Minority families sometimes do not speak the majority language adequately → interpreter is needed.
- Families do not trust the social services and do not understand their intentions → time and form of the interview should be adjusted.
- Reassure the families about their language’s and culture’s value → encourage them to speak their language at home and to enrich this with other language-based activities: reading and writing, poetry and stories, verses and songs.

23.5 Constraints in working with parents

- Parents may be cautious or not understand therapist’s intentions
- May not understand the procedure to be followed
- May not understand instructions
- May not agree with proposed procedures
- May not be literate in majority language
- May be shy, defensive or angry
- May think they will be discriminated against
- May worry that everything is being written down and filed
- May think that the reason the therapist is asking for their cooperation and help is because he is incompetent

23.6 Study by Simmons & Johnston (2007)

- Investigated differences in child-rearing practices in 100 mothers (Indian or European descent) who lived in Canada.
- Results showed that inclusion in a cultural group could be foreseen with a 97% accuracy according to child-rearing practices.
- Differences were found in the significance of the family, perceptions about education, language use within the family and social interactions.
23.7 Differences in play practices
- Americans believe that play is important for the child’s cognitive and academic development, they encourage play, often themselves play with their children and provide them with toys.
- Asian parents believe that play is not useful and concern themselves more in promoting a child’s academic skills through teaching the alphabet, counting, reading, computers etc.
- Some cultures do not encourage antagonistic games at all.

23.8 Religious practices
Religious practices of the family must be kept in mind as these may be very significant in the contact and compliance of the family with the service.

24. Guidelines for working with multilingual populations

24.1 National Association for the Education of Young Children (NAEYC 2009)
- Recognize that children are part of a family and a community with unique strengths
- Find these strengths so that you may build common objectives
- Understand and incorporate the traditions and history of the families
- Support the child’s development within this cultural context
- Ensure that all decisions respect the cultural environment
- Make sure that the child’s home language is being reinforced
- Recognize that each family knows best whatever has to do with its «home»

24.2 Advice for parents regarding multilingualism
- Speak the language you feel most comfortable in
- Do not follow advice that goes against what you believe in
- Do not make drastic changes in language use
- Home language must be encouraged and reinforced
- Take the child’s preferences into account. Don’t force him to use a certain language, but you continue to use your preferred language.
• Language switching and mixing is a normal situation in multilingual families and there are no negative indications concerning this phenomenon.

24.3 Language reinforcement
• In mixed language families: ‘each person-one language’ approach.
• If majority language is strong and home language is weak - weak language must be reinforced.
• If there is a lot of language mixing in the home – try not to model this behaviour for the child.
• Never undermine the other parent’s language, nor the language of the community or the majority.
• Praise the child for his efforts and his achievement in learning two or more languages.
• Do not correct your child.

24.4 The specialist encourages the parents:
• To underline the similarities, but also the differences
• To make language development fun
• To take advantage of situations where there is multilingual communication
• To have printed material in the home language around the house
• To focus on anything that has a multicultural theme
• To take part in social networks in order that they may be better assimilated in the host country

24.5 Guidelines for successful intervention (Bull et al 2000)
1. Present the goals and objectives clearly
2. Use techniques and methods which are not contrary to the patient’s values
3. Be flexible in choice of activities
4. Be flexible with appointments
5. Interact with the patient in a way that is expected or familiar to him
6. Understand the dimension of the patient’s ethnic identity
7. Be careful and sensitive to seating arrangements
8. Make detailed observations and notes after the session
9. Use language that will be understood by the patient

25. The culturally aware therapist
• The culturally aware therapist may become a culturally competent therapist
• S/he recognizes that at all levels s/he must give value to the cultural values of the patient and his family
• S/he uses good practices to ensure the best possible service delivery

25.1 Necessary competences
• Recognize the value of the cultural environment
• Seeks information to enrich his knowledge
• Assesses the interaction of cross-cultural relationships in the particular patient
• Is aware of issues which concern the dynamics which may arise from cultural diversity
• Adjusts service delivery according to the patient’s particular needs
• Listens carefully, follows the patient’s lead and does not try to impose his ‘agenda’.

25.2 How can the therapist become «culturally competent»?
• Assessment & intervention in the child’s languages with the appropriate means.
• To do this, he must have a network of multicultural workers (SLTs, linguists, teachers, interpreters) (multilingual position paper, 2012)
• To use culturally appropriate tests which have been standardized in multicultural populations.
• Learn other languages, the International Phonetic Alphabet, language development in other languages, norms from other languages.
• To work closely with related fields and professionals.
• To make timely diagnoses of children with developmental difficulties, knowing that multilingualism may be a distracting factor in his and others judgments.

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