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EASTERN KENTUCKY UNIVERSITY

Dos Idiomas: Concise Recommendations for Bilingual Speech Therapy

Honors Thesis

Submitted

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By

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Dos Idiomas: Concise Recommendations for Bilingual Speech Therapy

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Abstract

Spanish-English dual language learners living in the United States present an incredibly diverse and heterogeneous group. Many members of this community may experience a variety of communication disorders that must be addressed by speech-language pathologists and associated professionals. Currently, these children face many barriers to receiving proper speech and language services and care, including misidentification, miscommunication with caregivers, and inappropriate intervention methods. This thesis project outlines several key differences that clinicians should be aware of in the development of bilingual children and continues to describe key clinical strategies that can be used during identification, intervention, and caregiver involvement. It is incredibly essential that speech-language pathologists are equipped with knowledge about the theories supporting bilingual language acquisition; reliable and valid assessment methods that distinguish disorders from differences for culturally and linguistically diverse populations; the benefits associated with and strategies for implementing bilingual speech therapy; and methods of encouraging and communicating with Latinx caregivers to improve intervention outcomes. Additionally, clinicians should understand that monolingual clinicians are responsible for possessing the skills and knowledge needed to deliver bilingual speech therapy. The research included in this presentation suggests that a converging evidence approach, bilingual intervention, and culturally sensitive caregiver involvement strategies are

among the most effective clinical recommendations in the field for young Latinx DLLs to date.

This project is designed to guide clinical decision making and can be used as a reference for educators, professionals, and students within the field of communication disorders.

Keywords and phrases: Bilingual speech therapy, Spanish-English DLLs, dual-language learners, Latinx caregivers, Spanish-English bilingual children, communication disorders, bilingual speech-language pathologists, monolingual speech-language pathologists.

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Introduction

Clinicians from a variety of disciplines related to special education and therapy services learn extensively about the importance of personalized intervention based on a client's specific needs, skills, and preferences. The importance of this individualized intervention cannot be understated. Even in a population that possesses the same disorder or disability, symptomatology differs greatly between individuals. Without a doubt, this heterogeneity intensifies in a population that is multilingual and multicultural. This diversity is especially present within the United States, considering the current needs of the rapidly growing Latinx community, which is in great need of services that are appropriately tailored to the language, culture, values, and preferences of its members. Many Latino children who grow up in the United States are identified as dual-language learners (DLLs). These children are in the process of learning two languages, Spanish and English, between the home and classroom settings.

Additionally, many of these children can experience communication disorders of various etiologies, including disorders of language, articulation, phonology, and fluency, among others. In the field of speech-language pathology, there is an urgent need to identify and utilize evidence-based practices for the treatment of dual-language learners with communication disorders. While there is already a wealth of research that provides information regarding

potentially effective assessment and intervention strategies for this population, many speech-language pathologists (SLPs) are reluctant to implement these strategies for a variety of reasons, including feasibility, availability of resources, and lack of education on service delivery for diverse individuals, to name a few.

To address the needs of Spanish-English DLLs who have communication disorders, it is essential for SLPs and other clinicians in related disciplines to employ a combination of strategies, deemed promising or compelling by current research, to address the unique challenges presented by this population. Clinicians must adopt strategies that are relevant to key features of service delivery, including appropriate assessment, intervention, and caregiver involvement. Importantly, the gathered research suggests that a clinician is not required to be bilingual to deliver bilingual therapy.

Purpose and Originality

The relationship between new research findings and clinical practice is complicated and often paradoxical. Professional guidance calls for clinicians to utilize evidence-based practice that is well-researched and proven to be effective with a certain population. However, new research and new practices cannot be proven effective until they have been implemented on a broad scale. As stated by Petersen et al. (2017) with regards to dynamic assessment, SLPs are encouraged to use experimental yet promising strategies and identify further issues within them. While there is existing research that considers important questions surrounding bilingual speech therapy, there are fewer sources that call explicitly for the clinical application of these strategies.

There are, however, several resources available that provide explicit information and instruction for SLPs who are involved in the treatment of Spanish-English DLLs. These resources have certainly constructed a foundation of this thesis project; they are especially

beneficial for providing clinical recommendations and implications in the areas of assessment and intervention. However, very few of these articles describe specific goals for caregiver involvement, which is a key component of early intervention. The current project explores scholarly contributions to all three components of service delivery, including identification, intervention, and caregiver involvement. With these varying considerations in mind, SLPs, other professionals, and communication disorders students can gain a multifaceted, deeper understanding of the process of speech and language therapy for bilingual children.

This thesis project closely examines clinical implications from a variety of academic sources and perspectives. I, along with many experts, recognize the importance of structuring intervention around the skills, available resources, and preferences of children and their families. Because this is of such significance, and due to the plethora of findings that make consistent clinical suggestions, the goal of this project is not simply in identifying research questions and areas of future investigation, but in locating promising strategies that must be incorporated into DLL speech therapy, even while research is still being conducted. Because the selection of intervention strategies is often an intricate process, the author is synthesizing study findings that focus on the components of intervention. Additionally, the present study advocates for a multidisciplinary approach that employs a variety of research-based methods. These considerations are used to collect research-based conclusions for future growth in speech therapy for DLLs.

Characteristics of Bilingualism and Communication Disorders

One of the most reliable methods of ensuring appropriate identification and clinical decision making for bilingual populations is to promote knowledge and understanding; in other words, greater clinician education promotes greater intervention success. Ignorance and

misunderstanding often serve as stumbling blocks to the appropriate provision of services in the field of speech-language pathology within the United States. Truly, clinicians must be aware of key differences that exist between monolingual and bilingual populations to grasp the various ways that linguistic background will interact with language skills, cognitive processing, and overall behavior. To encourage education for clinicians in the field, several researchers have identified and presented information regarding key differences in bilingual populations.

One such article written by Hoff & Core (2015), titled “What Clinicians Need to Know About Bilingual Development” achieves this goal remarkably. Throughout the piece, the authors identify several components of bilingualism that SLPs must be aware of when engaged in clinical decision making. In fact, Hoff & Core identify nine concise conclusions to support clinicians in service delivery for bilingual children. These conclusions consider: the falsehood of language confusion and the ability of even young children to learn two languages at once; the influence of environmental heterogeneity and varying language exposure on language proficiencies; the importance of promoting learning and use of the native or first language; and the diagnostic measures (such as total vocabulary measures) that are most appropriate to bilingual children. Resources like this one crafted with the intention of educating and supporting clinicians in the process of service delivery to this incredibly diverse population are treasured resources that can yield greater understanding and therefore intervention success.

In a similar article from the *Journal of Communication Disorders*, Kohnert (2010) examines copious amounts of scholarly literature to craft a research article that serves as a resource for guiding clinical decision making. She explicitly details core targets of intervention for this population, explains how the process of learning two languages differs from that of just one, identifies areas for growth and increased understanding in treating DLLs within the field of

speech-language pathology, and explains different approaches within the areas of identification and intervention for this population. Specifically, Kohnert describes characteristics of typically developing bilingual children and how these characteristics may impact bilingual children with primary language impairment, or PLI. Clinicians must be aware that “a bilingual environment does not, in and of itself, put children with underlying PLI at either an additional advantage or disadvantage relative to monolingual children with a similar disorder,” (p. 461). Truly, this research article forms a strong foundation for continuing research on bilingual speech therapy and provides clinicians with an invaluable guide to bilingual intervention. While resources that provide explicit direction to clinicians are undoubtedly beneficial, SLPs must also be well-versed in the theoretical perspectives and developmental characteristics that justify the need for bilingual intervention.

An important factor to consider when planning intervention for DLLs is the language development of bilingual children. While it is certain that monolingual and bilingual children learn language very differently, there are many misconceptions surrounding the learning of two languages in early childhood. One of these misunderstandings is about a phenomenon called “language confusion,” which is a typically used justification for the learning of only one language. In an article focused on dismantling ideas such as language confusion, Guiberson (2013) presents a theoretical framework concerning the development of language in bilingual children.

While the various hypotheses and theories are incredibly interesting to discuss, the most relevant portion of Guiberson’s work discusses the evidence that counters arguments in favor of language confusion. According to Guiberson, there are several behaviors of bilingual children that reflect the absence of language confusion. First, the ability of infants to distinguish

phoneme systems of two languages indicates that “humans are innately wired to handle two or more languages” (p.8). Previous study within the field of communication disorders has discovered that infants display different nursing behaviors in response to exposure to different phoneme systems, indicating that babies discriminate between different languages and adjust their behavior according to the sounds systems that they hear.

Furthermore, Guiberson (2013) describes research that has determined the ability of bilingual toddlers to separate and use their first and second languages depending on who they are speaking with and the context of the interaction, suggesting that very young children can maintain separate growth and use of two languages. Another behavior, known as code-mixing, involves the use of both languages within a single utterance or phrase. This behavior is typical for bilingual speakers of all ages, and therefore is not a relevant concern justifying language confusion. Rather, code-mixing is a socially beneficial communication strategy that facilitates semantic awareness and bonding with other bilingual individuals. Finally, Guiberson describes cross-linguistic transfer as a bilingual phenomenon that not only dismisses the concerns of language confusion but confirms the benefits and usefulness of bilingual therapy.

Cross-linguistic transfer is a complex process by which bilingual individuals learn linguistic concepts for one language through the use of another language. According to Guiberson (2013), “cross-linguistic transfer is bidirectional” and “is important in the current conversation because it indicates that bilinguals are capable of not only adequately separating and organizing two languages, but they are also capable of coordinating the transfer of knowledge from one language to the other” (p. 9). Importantly, these skills have also been noted in children with disabilities, demonstrating that bilingualism is not restricted to typically developing populations that do not require services from SLPs in the United States. Children

who are exposed to two languages on a regular basis should therefore have access to services in both languages, regardless of developmental progress or age.

The theoretical framework for bilingual development and its application to bilingual speech therapy, while relatively new in the context of the literature, is solid. These developmental concepts are well-researched and provide broad clinical application, despite the incredible diversity and individuality that exist within the population of Spanish-English DLLs. In fact, many of these conclusions apply to bilingual speakers of a variety of languages, making them nearly universal. Guided by adequate background knowledge of bilingual development and characteristics, clinicians are more appropriately equipped to begin the process of identification for DLLs with communication disorders.

It should be noted that the research included in this thesis primarily focused on bilingual children with what is now called Developmental Language Disorder by the American Speech-Language Hearing Association (ASHA). However, certain discrepancies in the terminology used by the literature exists. Within this research, various terms may be used to describe the same symptomatology, which describes a language disorder that occurs in the absence of factors or deficits related to development, cognition, or other skills. In remaining consistent with the research being cited, terminology used in this thesis for this type of language disorder include specific language impairment (SLI), primary language impairment (PLI), and language impairment (LI). While some research focuses on different populations within DLL groups (such as children with speech sound disorders or caregivers of DLLs), studies of language impairments are particularly useful for establishing evidence-based practices in bilingual speech and language therapy because researchers can observe the complex interactions between language input, language impairment, and other deficits that may occur within the population.

Identification

In early childhood intervention, it is essential that children who have communication disorders be identified as such so they can begin receiving treatment as soon as possible. The first step of the identification process is screening, which is typically administered broadly within a population; the results of a screener may warrant the second portion of the identification process, which is assessment. Assessments within the field of speech-language pathology are invaluable resources because essentially, they indicate the presence or absence of a disorder, resulting in a potential diagnosis. Assessment information guides clinical practice and decision-making, and therefore has wide implications within the field. There are three general assessment types: norm-referenced, criterion-based, and authentic. Norm-referenced standardized assessment is a highly reliable measure that compares an individual's scores to the standardized scores of peers. Despite this reliability, this type of assessment is not ideal for the identification of dual-language learners because the "norm" does not account for cultural and linguistic differences. Criterion-based assessment measures a child's proficiency in certain predefined criteria, and while it is not as rigid as norm-referenced methods, it still is not preferred for diverse populations. The third type, authentic assessment, includes a method known as dynamic assessment (DA) and is widely considered adequately culturally appropriate and individualized because it measures a child's ability to learn, or modifiability.

As novel or unconventional as dynamic assessment may be, research has consistently found this method to be reliable and valid for distinguishing differences from disorders in bilingual children with communication disorders. In a qualitative analysis evaluating the effectiveness of the Dynamic Assessment of Preschooler's Proficiency in Learning English (DAPPLE), Hasson and colleagues (2012) justified the use of DA as it is based upon the theory of the zone of proximal development (ZPD) established by Vygotsky. The ZPD is a theory of

child development which proposes that children best learn within a specific range of skills; these skills are not so easy that they are nearly automatic to achieve, nor are they so difficult as to require assistance from others. Vygotsky's work is revolutionary to the study of child development and has influenced several instructional and therapeutic techniques, such as scaffolding. Not only is DA securely based upon a renowned theoretical framework, but it serves as a true measure of a child's modifiability. Concerning bilingual populations, the DAPPLE is considered valid by Hasson et al. because of its ability to determine the presence of a language disorder outside the context of a bilingual environment; in other words, this assessment method is sufficiently sensitive to discern differences from disorders in bilingual populations.

While dynamic assessment is heavily emphasized within research for young Spanish-English DLLs, research about DA advocates for greater usage of general within-child measures. While standardized assessments compare children with their normative peers, within-child measures seek to determine the presence or absence of underlying factors contributing to communication disorders. As explained by Petersen and colleagues in 2020, with respect to standardized vocabulary measures, "norm-referenced and other static vocabulary assessments tend to focus on measuring the words a child already knows. Therefore, these tests do not assess the mechanism whereby children acquire the majority of their vocabulary" (p. 145). Additionally, Petersen et al. (2020) explain that by emphasizing previously known vocabulary, standardized assessments introduce bias that may lead to misidentification, particularly in populations affected by low socioeconomic status or English language proficiency factors (p. 145). While DA and other forms of within-child comparisons are not widely accepted as sufficient evidence for the presence of a communication disorder, clinicians must utilize these

measures to account for individual differences that are not represented in the normed population upon which standardized assessments are constructed.

Despite research concerning DA being well published within communication disorders and special education literature, this form of diagnostic testing is not often used due to its lengthy and labor-intensive process for SLPs. With this problem in mind, Petersen et al. (2017) determined whether it was possible to condense the DA process and create standards, thereby making it more accessible. To make this determination, the researchers created a shortened DA process that employed the essential “test-teach-test” method, recorded data associated with both English and Spanish use, measured participants’ narrative storytelling skills, and based results on standards previously determined in former research. The primary findings of Petersen and colleagues (2017) indicate that a condensed, standards-based version of DA may prove beneficial in identifying and assessing language impairments (and possibly other communication disorders) in children with diverse cultural backgrounds (p. 993). Although the DA process certainly requires further improvements, SLPs are encouraged to utilize this method due to its relevance for DLLs and to identify areas of needed growth.

Although DA is beginning to undergo development into a more feasible and accessible assessment tool, the validity of DA is often questioned by entities such as public schools or insurance agencies. In other words, DA results are often not sufficient to justify the need for speech therapy services. To combat these challenges, Castilla-Earls et al. (2020) published an article detailing recommendations for SLPs in the area of assessment for dual language learners. Among the multiple beneficial pieces of advice is the recommendation of a converging evidence approach, in which “the clinician weighs the different points of evidence based on multiple measures to make a decision in the context language and educational experiences” (p. 1125).

While this method is recommended for even monolingual clients, a converging evidence approach would certainly provide the clinician with information that provides a well-rounded view of the client. Castilla-Earls et al. explain that useful measures included in converging evidence may be formal assessments, learning potential measures, samples of language and speech, and results of interviews or questionnaires, for example (p. 1125).

Utilization of various methods of comparison is appropriate for use within a converging evidence approach. In the previously mentioned research article by Kohnert (2010), dynamic assessment is mentioned as one of two key identification methods recommended for clinical use. Clinicians should be aware that dynamic assessment and limited training tasks, the other method mentioned by Kohnert, are examples of within-child comparisons. Within-child comparisons measure change as a result of explicit instruction. However, there are other approaches that compare bilingual children with their peers. According to Kohnert, these children can be compared with their monolingual peers with PLI, as these groups may experience similar language deficits. Bilingual children with PLI can also be compared to their typically developing bilingual peers; this type of comparison yields understanding of how primary language impairment manifests within bilingual children and contrasts children's existing language abilities. While there is an increased focus on dynamic assessment in the current literature, a converging evidence approach certainly requires the careful and appropriate use of these various types of comparisons.

While formal, norm-referenced assessments are usually preferred in the diagnosis of speech and language disorders, the fact remains that these assessments are often inappropriate for minority populations who possess cultural and linguistic differences. According to Kohnert (2010), static measures consistently fail to consider the varying levels of proficiency across

languages that is a key attribute of typically developing bilingual children. However, one formal assessment measurement, the Bilingual English-Spanish Assessment (or BESA), is designed to diagnose young DLLs who have suspected language impairment (LI). Several researchers have examined the validity and reliability of this diagnostic tool, including Fitton and colleagues in a 2019 study, titled “Psychometric Evaluation of the Bilingual English-Spanish Assessment Sentence Repetition Task for Clinical Decision Making.” The BESA was indeed found to be valid in measuring grammatical abilities of young Spanish-English DLLs and is therefore earmarked for proper use in diagnosing language disorders for this population. This is of great significance, because the BESA provides one of the very few reliable and valid standardized measures currently available for use within the field of communication disorders.

The BESA, fortunately, functions in a similar manner as other assessment measures. Many types of assessment tools include subtests which can be administered independently or with other subtests. Condensing and combining various subtests within one assessment protocol enables a clinician to simplify and individualize the assessment process. One subtest within the BESA protocol is concerned with sentence repetition and is often used independently to make diagnostic determinations. According to Fitton et al. (2019), the sentence repetition task specifically possesses validity in the areas of measuring Spanish and English morphosyntactic skills and provides accurate scoring scales. As such, this is a formal assessment option that can be included within a converging evidence approach, along with dynamic assessment and other measures.

An additional assessment measure that may appropriately serve in diagnosis of Spanish-English dual language learners is a nonword repetition task. Nonwords are typically used in clinical settings to assess or improve a child’s articulation or phonological abilities. This method

is promising because it does not require specific vocabulary or conceptual knowledge to complete. The isolation of phonological and articulatory abilities is particularly useful, as phonology can be identified as a “building block” of language acquisition. Simon-Cerejido utilized nonword repetition tasks using phonemes in English and Spanish to assess bilingual dual language learners (2010). Certainly, this approach may be particularly promising within a converging evidence approach, as formerly mentioned, and highlights the importance of considering differing levels of language proficiency when assessing bilingual children.

Indeed, despite broad usage or widespread clinical knowledge, a variety of appropriate assessment methods have been evaluated or created within recent years. In 2016, Kapantzoglou and colleagues evaluated the sentence-repetition and morphology-elicitation tasks of the Spanish Screener for Language Impairment in Children (SSLIC). The researchers determined that these measures were valid in differentiating Spanish grammaticality skills between typically developing children and children with primary language impairment. While Kapantzoglou et al. examined a screener, which is not an appropriate tool for the formation of a diagnosis, the researchers have demonstrated the usefulness and accuracy of this measure. Therefore, the SSLIC has potential for use within a converging evidence approach, for initial evaluations of grammar abilities, and for screening children who speak primarily Spanish.

Throughout the assessment process, cultural and linguistic considerations are incredibly essential. Clinicians must exercise extreme care when diagnosing individuals from different backgrounds; minority populations are simultaneously over- and under-represented in special education and early intervention due to confusion between a *disorder* and a *difference*.

Differences are simply varying ways of communicating that have no relation to a pathology, while disorders are diagnosable and must be addressed through intervention that prevents future

and further deficits. The complex issue of misdiagnosis is further described in a research article by Kraemer & Fabiano-Smith (2017), which illuminates systematic discrimination in school-based speech-language pathology that leads to the misdiagnosis of language disorders in Latino children (p. 350). While this disparity is likely unintentional, it begins with the education of SLPs and therefore must be amended with specific training and education concerning bilingual speech therapy. Kraemer & Fabiano-Smith contend that SLPs must utilize both languages and a variety of standardized and non-standardized measures to prevent confusion between a lack of English proficiency level and a language disorder.

One resounding recommendation that is emerging from research concerning the assessment of Spanish-English DLLs who have communication disorders is the use of both languages during the assessment process. Theories of bilingual language development (Guiberson, 2013), as well as research detailing unique qualities present in this population (Hoff & Core, 2015; Kohnert, 2010) demonstrate that these children must be assessed differently from their monolingual peers because there are intrinsic differences within the language systems of monolingual and bilingual children. Because bilingual children may have different proficiencies in their different languages, the only sure way to gain accurate insight of a child's true linguistic abilities is to assess both languages. Furthermore, assessment in both languages can immensely decrease the impact of misidentification in this population. Language disorders, cognitive deficits, fluency and voice abnormalities, and potentially even speech sound disorders will exist within both languages used by a bilingual child (Peredo et al., 2018). Therefore, by evaluating a bilingual child's linguistic abilities across both languages, SLPs determine whether assessment results indicate the presence of a true communication disorder or simply a difference or delayed acquisition of the second language.

While much of the existing literature is concerned with the identification of language disorders in the population of young DLLs, these children may also present with speech sound disorders, another type of communication disorder that includes articulation and phonological disorders. These disorders may be more straightforward, to a degree, to diagnose. Yet, clinicians must still have access to clinical recommendations that guide appropriate assessment. In 2019, Scarpino and colleagues identified two separate measurements that may be used to evaluate a bilingual child's phonological abilities in each language in the absence of standardized measures that have been normed on a bilingual population. These measures included phonological mean length of utterance (p MLU) and proportion of whole-word proximity (PWP) (Scarpino et al., 2019). Using these measures, clinicians can identify and diagnose speech sound disorders. Again, the key to appropriate identification is to ensure that the child experiences difficulties in both languages, and in this case, both phonological repertoires. Because Spanish and English are quite similar phonologically, speech sound disorders should rarely be misdiagnosed, given that the appropriate considerations of home language environments and individual language abilities are considered.

SLPs certainly must make several careful considerations in the process of appropriate diagnosis for bilingual children. Clinicians should utilize a converging evidence approach that includes a variety of assessment measures and perspectives of other individuals in the child's life in order to gain both narrow and broad understandings of the child's language abilities. In recent years, several promising approaches have been identified and further developed, including dynamic assessment, nonword repetition tasks in Spanish and English, the Bilingual Spanish-English Assessment (BESA), and other previously mentioned language or phonological-based assessment measures. Assessment should undoubtedly occur in both languages that the child is

exposed to so that proficiencies in each language may be discovered. Finally, clinicians must be cognizant of the various differences that exist in language acquisition for bilingual children as compared to their monolingual counterparts. Indeed, identification is a multifaceted process that requires clinically proficient and culturally sensitive SLPs. Accurate identification, however, is absolutely critical for this population and must be sought to maintain proper provision of services.

Intervention

While individualization begins with assessment methods, it does not stop there. One of the main concerns in service delivery for dual language learners (DLLs) is the language of intervention. For Spanish-English bilingual children with communication disorders, a plethora of evidence has been gathered that suggests a bilingual approach is beneficial. In a 2015 article from *Seminars in Speech and Language*, Simon-Cereijido comments explicitly on the research-based findings about benefits of bilingual intervention for DLLs. The use of both languages in intervention encourages growth in both languages; Spanish instruction maintains the home language while English serves the student in school scenarios. Findings in mean length of utterance in words (MLU_w) and receptive vocabulary scores conducted pre- and post-intervention reveal that instruction in both languages provides support for overall growth in pragmatic, semantic, and lexical skills. Furthermore, Simon-Cereijido encourages English-speaking monolingual SLPs to collaborate with teachers, parents, and other trained professionals that can aid with the Spanish-language aspect of service delivery, demonstrating that bilingual language intervention does not necessarily exclusively require bilingual SLPs.

One concern that is often mentioned in terms of promoting bilingualism is the decreased learning of English. In the United States, most Latino and Spanish-speaking children begin to

learn English as they enter preschool. Additionally English is associated with academic and social success, deeming the language necessary to learn for future achievement. However, research indicates that bilingual intervention not only maintains both languages but promotes growth in both languages. This phenomenon occurs due to cross-linguistic transfer, which was earlier discussed, and demonstrates the concept of interdependence between the two languages.

In 2012, Guiterrez-Clellen and colleagues examined English (or L2) development in bilingual children with specific language impairment (SLI). To accomplish this, the researchers measured progress in children's mean length of utterance in words (MLU_w) and in morphemes (MLU_m), total number of verbs (TNV), and number of different words (NDW) over the course of various interventions. Data were collected from three separate experimental groups, including a control group, a bilingual intervention group, and an English-only intervention group.

Unsurprisingly, Guiterrez-Clellen et al. discovered that the bilingual intervention yielded greater and more rapid growth in the children's English-language abilities. Not only does this study contribute to the growing research base that is establishing bilingual intervention as evidence-based practice, but it also supports theories of cross-linguistic interdependence: "Spanish MLU_m predicted growth in both MLU_w and MLU_m measures in English obtained from the child's spontaneous language samples" (p. 73).

It is certainly true that bilingual speech therapy has well-researched merits for a child's linguistic development. Yet because so few SLPs are equipped to deliver this form of therapy, it is equally important to acknowledge the detrimental effects that may occur due to a lack of support for the native language (Spanish, in this case), or L1. Durán et al. (2016) provide astonishing evidence concerning the dangers of L1 attrition, explaining that "limiting natural communication in a child's home environment can profoundly affect the parent-child

relationship as well as areas of communication” (p. 348). Because the linguistic environment in Latino households is typically composed of Spanish-only usage, bilingual intervention may well be the only method of facilitating in-home communication and involvement in the cultural community (Simon-Cereijido et al., 2013). Furthermore, SLPs who counsel the families to abandon usage of L1 may unknowingly cause further social isolation and poor attachment within the family dynamic. To combat these potentially detrimental effects, Durán et al. explain further that “bilingual or L1 interventions promoted superior home language growth and did not negatively affect growth in English” (p. 367). Additionally, the authors assert that the support of both languages is not mutually exclusive, and that monolingual SLPs must utilize bilingual intervention strategies to best support their DLL clients (Durán et al., 2016).

The question remains as to finding specific recommendations addressing how monolingual SLPs can accomplish goals set forth by bilingual therapy approaches. Speech-language pathologists may not be able to truly attain understanding of the complexities of another language without years of in-depth study. Additionally, because there is incredible diversity of native languages represented in the United States population, it is unrealistic to task all SLPs based in the United States with the learning of the various languages that their clients may use. That said, there is certainly a greater need for bilingual SLPs in the field, as this population most likely will deliver the most effective bilingual services. However, monolingual SLPs can still deliver bilingual therapy, and there are plenty of recommendations set forth by research detailing how this may be achieved.

Many speech-language pathologists are incredibly busy individuals with a great number of clients with an even greater variety of needs represented on their caseload. How can monolingual SLPs reasonably be expected to deliver bilingual services? Peredo (2016) outlined

a few specific goals and standards that should be upheld within the field. It may be necessary for clinicians to secure the aid of an interpreter who will facilitate communication between the client and their families and the clinician. Additionally, while the learning of a new language may not be feasible, clinicians should at the very least learn the basic mechanics of their clients' language(s) (p. 157). "Because all languages are different, appropriate language models for young children may not be direct translations of English," (Peredo, 2016, p. 157). In other words, caregivers cannot learn and facilitate proper language models in the native language if these models are only provided in English by the clinician. Furthermore, providing examples and modeling only in English may send a message to the child and their caregivers that English should be emphasized, and that the first language should not be addressed in therapy, which is the opposite of what research is currently suggesting.

While there is a great presence of scholarly content concerning the issue of bilingual speech therapy, many SLPs do not have the time to investigate these resources individually. This creates a need for resources that detail concise recommendations for intervention. In the absence of these recommendations, Guiberson & Ferris (2019a) conducted a systematic scoping review that examined current literature to illuminate potential intervention strategies. The authors identified common themes in the literature, including the importance of maintaining the first language (L1) or promoting bilingual instruction, the need for more culturally relevant intervention strategies, and the presence of several promising research-based recommendations that can be utilized now for language intervention in this population.

Fortunately, resources such as those crafted by Kohnert (2010) provide simultaneous broad and specific recommendations for clinicians who are engaging in or learning more about bilingual speech therapy. In the section of her essay focused on intervention practices, Kohnert

emphasizes the importance of individualizing intervention approaches to every child, just as what is encouraged practice for monolingual children (2010). Additionally, the author details specific intervention goals: the objective for bilingual intervention is to promote cross-linguistic transfer “by encouraging children to pool cognitive, linguistic, and social resources...simultaneously promoting development in each of the child’s languages,” (p. 468). Kohnert even contends that for very young children, the first months of intervention may be exclusively in the child’s L1, which will create a path for clearer L2 instruction. Of course, not all SLPs can reasonably attain these goals on their own, creating an opportunity for collaboration with parents, caregivers, the child’s siblings or other family members, other professionals, and members of the community. Research points to these general conclusions and guidelines, of course, as well as specific analyses and recommendations for intervention techniques.

Because bilingual speech therapy is a relatively new practice within the field of communication disorders, intervention methods are still being researched and discussed to determine the most appropriate approaches. In 2014, Ebert and colleagues conducted an analysis of three separate intervention methods for Spanish-English bilingual children with language impairments: a monolingual intervention, a bilingual intervention, and a nonlinguistic cognitive processing intervention. Within this research, nonlinguistic cognitive processing methods were defined as those therapy activities that require minimal language and instead focus on improving attention span and processing speed with various stimuli, including colors, shapes, music, and other noises (p. 178). Ebert et al. suggest that there is potential benefit to utilizing nonlinguistic cognitive processing therapy, as cognitive abilities may influence linguistic abilities in children with primary language impairment (PLI). While there is little research at this point, the authors point out that nonlinguistic cognitive therapy may foster growth in cognitive skills that will then

generalize to language skills, therefore allowing the SLP to intervene without the complications of a language barrier.

Shared book reading is another specific strategy that has been identified as an incredibly useful tool during language intervention within a great variety of clients that receive services from speech-language pathologists. Certainly, engaging in literature bolsters several linguistic skills for children with language disorders, such as joint visual attention, vocabulary, decontextualized language, and narrative structure, among many more. These literacy and language strategies can also be utilized in bilingual therapy. In 2015, Ijalba examined the benefits and feasibility of utilizing bilingual literature in the treatment of language disorders for Spanish-English DLLs. The primary research question “asked whether early literacy in the home language would support vocabulary gains in Spanish and English for bilingual children of preschool age with difficulty in language acquisition” (p. 217). The researcher determined that an in-home parent-directed literacy intervention yielded greater vocabulary skills across various measures while utilizing literature written in the child’s first language.

In fact, literacy-based interventions may maximize the effects and benefits of cross-linguistic transfer. Soto and colleagues completed a research study on an adapted Spanish version of the *PAth to Literacy*, or *PAsos de Leer*, which is a literacy intervention specifically designed to target phonological awareness and alphabet knowledge in young children who are struggling with language acquisition (Soto et al., 2020). Because English and Spanish share several phonological similarities, it stands to reason that literacy interventions focused on phonological awareness could contribute to acquisition across both languages. Indeed, the researchers found this to be the case. According to Soto et al., “all the children who made gains in their Spanish PA skills also exhibited gains in their English PA skills,” and “both monolingual

and bilingual children benefit from supplemental emergent literacy instruction that is explicit and systematic and offers multiple response opportunities” (p. 1296). It is necessary to highlight the usefulness of literacy instruction for bilingual children because many SLPs are already familiar with how to format and support literacy intervention, so this approach may be taught to other professionals who speak Spanish and serve on the multidisciplinary team.

Another commonly used intervention method to address language concerns is vocabulary-based intervention. When a child presents with a language disorder, they may experience deficits within any or all domains of language, including morphology, syntax, pragmatics, and, of course, semantics. Vocabulary, or semantic, instruction may be of greater concern for young DLLs as there is greater demand for vocabulary knowledge in this population. In a 2013 study, Restrepo et al. examined the efficacy of a vocabulary-based intervention for young Spanish-English DLLs with language impairment. In their research, the authors created several experimental groups, including English-only and bilingual groups, to determine the type of intervention that would lead to the greatest gains in receptive and expressive vocabulary. Like the results from previously discussed literature, Restrepo et al. (2013) discovered that both the English-only and bilingual instruction groups experienced similar growth in English. These findings indicate that English-only intervention may not have significant advantages over bilingual instruction, which supports growth in both languages rather than the L2 only (p. 760).

Specific intervention methods to aid SLPs in clinical decision making about the approach of bilingual speech therapy are incredible contributions to the existing research. By utilizing these resources, clinicians can develop appropriate intervention plans that address the needs of Spanish-English DLLs with communication disorders during therapy sessions. While many of these intervention strategies do not differ drastically from strategies that have been found

beneficial for monolingual clients, the regular use of two languages within therapy sessions may seem a daunting task for monolingual SLPs. Concerned clinicians should refrain from panicking or feeling unequipped for service delivery for this population, however. Within early intervention, an essential component of service delivery is caregiver involvement. By collaborating with other professionals to ensure clear and concise communication, SLPs can use caregivers and other family members as robust resources during bilingual speech therapy.

Caregiver Involvement and Collaboration

Caregiver comfort and involvement is a considerable factor in intervention success for young language learners. Often, early intervention practices focus more on supporting and teaching parents the strategies that they need to support their child's development. However, SLPs of the mainstream language and culture may have difficulty addressing concerns and needs of Latinx caregivers due to cultural and linguistic barriers. By understanding the perspectives of these parents and caregivers, clinicians are better equipped to reach these clients and understand their multifaceted needs. While there are several perspectives from this population that may differ from common clinical practice at times, professionals should keep in mind that core strategies and goals used for caregivers of the mainstream culture are still applicable in the involvement of Latinx caregivers.

In terms of delivering bilingual speech and language services to Spanish-English DLLs and their culturally and linguistically diverse (CLD) families, one of the most important considerations for this population is to encourage the use of the home language. As stated by Lopez et al. (2020), "there is some clear indication that even those families that report being fluent bilinguals...are still interested in maintaining their children's Spanish language skills by exposing the children to Spanish" (1259). While a clinician may not be able to deliver therapy in

more than one language, SLPs (monolingual and bilingual alike) must teach caregivers necessary intervention strategies so that caregivers are empowered to deliver explicit instruction and language support in their child's native language. Not only can caregivers serve as an invaluable linguistic resource, but their preferences and goals for their children's language usage should be encouraged, respected, and supported.

Bilingualism has many benefits, and the dangers of L1 attrition have already been discussed. The evidence presented greatly details the benefits of bilingual speech therapy. Equipped with this information, clinicians are led to make informed decisions about how to deliver bilingual therapy. Furthermore, this evidence should inform and guide interactions between clinicians and clients' families. First and foremost in communication with Latinx caregivers should be encouragement and acceptance of linguistic and cultural differences. Truly, clinicians must assume that caregivers desire the best possible outcomes for their children, and therefore must also provide accurate information and in-home intervention strategies to promote the home language and generalization of therapeutic concepts. In honoring and utilizing this guiding principle, clinicians can promote caregiver involvement which yields greater intervention success.

Clinicians must also understand that bilingual home language environments may be incredibly heterogeneous, even within one cultural or linguistic group. As stated by Lopez et al. (2020), "understanding the child's language abilities in each of their languages is crucial in developing language experiences in the classroom that continue to build on their home language while developing strong oral skills in English" (p. 1258). As previously discussed, common characteristics of bilingualism include cross-linguistic transfer and the possession of different strengths in different languages. Additionally, these children have multiple different linguistic

experiences that must be considered when analyzing abilities in each of the child's languages (Leon & Rosales, 2017). Clinicians should refrain from relying on single case studies or anecdotal evidence and instead consider the complexity of the child's language environments to devise best methods for supporting home language and second language growth.

Speech-language pathologists must engage with a multidisciplinary team to fully address the needs of every child who is receiving services. In early intervention (EI), caregivers are an essential part of this team. Professionals in the field of communication disorders and in related fields are taught that parents and caregivers often want the best outcome for their child and are typically open to collaboration as a means to that end. While cultural and linguistic differences may exist when communicating with Latinx caregivers, this collaboration is no less important. Clinicians must learn how to construct therapy that meets the diverse needs of individual families within this population. According to Kummerer (2012), "language interventions will be more effective if they are embedded within the cultural and linguistic routines of the child and family" (p. 84). SLPs must cultivate in-home informal language therapy practices that are respectful to family routines, preferences, and customs.

In a 2012 journal article, Kummerer identified eight specific goals and strategies that SLPs can follow when supporting Latino caregivers. Unsurprisingly, many of these guidelines are similar for parents of the mainstream culture and language. There are, however, a few key differences related to language, culture, and immigration experiences. Kummerer highlighted the importance of establishing a trusting relationship with caregivers, acknowledging parents as the experts of their children, mutually constructing a view of the child's abilities and needs, constructing therapy based upon the parents' schedule, promoting and teaching parent-implemented interventions that may present with some variations, expanding upon existing

routines and activities while encouraging use of the home language, educating parents about their child's development and needs while encouraging questions to ensure understanding, and finally, facilitating support between caregivers to foster interaction and advocacy. Immigrant families in the United States may not always be aware of the rights they possess and services that they have access to as caregivers of a child with disabilities. SLPs and other early interventionists must communicate with and support caregivers of young DLLs to promote self-advocacy.

Speech-language pathologists and other early interventionists can best begin utilizing these beneficial practices by tailoring intervention to the individual children and their family. Of course, the best way to understand a family's needs and goals is simply to ask. In a 2016 edition of *Perspectives of the ASHA Special Interest Groups*, Peredo developed an interview that can be utilized during the assessment process to better gauge caregiver goals and preferences within intervention. Early interventionists must explicitly express value towards the culture and language of caregivers, and the included interview methods serve as an excellent means to that end. Within the caregiver interview, SLPs should expect to ask open-ended questions, employ active listening strategies and content- or feeling-related reflective statements, and avoid personal stories or expressing discomfort with emotions displayed by caregivers (Peredo, 2016). Certainly, by utilizing an informal ethnographic interview, interventionists can identify cultural and linguistic practices and family goals and values, while maintaining caregiver comfort in an environment in which the caregivers have control over the information that is shared.

One other important consideration when it comes to caregiver comfort and involvement is understanding parent perceptions of special education-based services. In a 2001 report, Lian and Fontáñez-Phelan evaluated the "Perceptions of Latino Parents Regarding Cultural and Linguistic Issues and Advocacy for Children with Disabilities." The chief findings of the

administered bilingual questionnaire indicated preferences for developing intervention plans with consideration given to the education level and language abilities of caregivers, providing interpreting services so that caregivers can maintain an active role in decision making, more consistent communication with school personnel and intervention professionals, and greater encouragement for parent involvement. Indeed, Latinx caregivers desire active participation, rather than passive participation, in their child's intervention and hope for the removal of language and cultural barriers to improve therapy outcomes. In addition to understanding caregiver perspectives, professionals in the field of early intervention must adhere to existing family routines and dynamics (given these dynamics are not harmful to the child receiving services) so that intervention may best suit a family's preferences and needs.

Every caregiver displays a certain interaction style that informs and guides everyday communication within the home. Researchers Guiberson & Ferris (2019b) described some primary differences in interaction style between Latinx-American parents and European-American parents. By utilizing a mixed-methods design involving surveys, acculturation scales, and interaction style coding, they examined existing interaction style trends and how this information can be used for developing culturally consistent intervention approaches. Two primary types of interaction styles were identified: an independent style and an interdependent style. Characteristics of an independent caregiver style included child-initiated interactions and learning, and this style is more commonly used by European-American families. In contrast, an interdependent style "emphasizes relationships and belonging to the family and group" (p. 239), involves explicit instruction, or *escuelita*, and is mostly associated with Latinx-American caregivers.

Guiberson & Ferris (2019b) identified two key strategies for designing EI for Latinx families, with respect to interaction style differences. First, interventionists should seek to identify and incorporate individual family preferences, beliefs, culture, and routines into the intervention strategy. Secondly, strategies that build upon the interdependent, explicit teaching style preferred by many Latinx caregivers may yield greater caregiver involvement, comfort level, and success in intervention. Truly, the authors assert that these recommendations must be carefully considered, as interventions that do not utilize existing interaction styles “may have cultural inconsistencies and prescribe parenting and teaching activities that are unnatural and unfamiliar to individuals from culturally diverse backgrounds” (p. 240).

In a similar research article, Cychyck & Iglesias (2015) examine cultural, social, and linguistic factors that influence caregiver involvement in early intervention. Rather than focus on specific types of interaction styles exhibited by Latinx caregivers, one relevant aspect of this research is family involvement in the intervention process. Latinx-American families commonly have a different size and structure compared to European-American families, meaning that family units may include extended family members such as grandparents, aunts and uncles, even cousins, as compared to the “nuclear” family model typical in mainstream American culture.

As a result of this varying structure, Cychyck & Iglesias recommend that SLPs “consider training and involving other members of the household who participate in young children’s caregiving routines on language facilitation strategies as well” (p. 148). Not only does this approach guarantee greater support for linguistic development for the child but will also provide intervention support in both English and Spanish. As later described by the authors, family members with varying degrees of proficiency in English and Spanish can aid in the growth of bilingual skills, under the direction and guidance of the SLP (p. 150). While Cychyck and Iglesias

certainly provide excellent direction for involving family and caregivers in language intervention, they also explain that in recruiting family members to develop linguistic ability, monolingual SLPs can administer bilingual speech therapy.

While examining and utilizing the benefits of varying family structures is undoubtedly helpful, research has guided clinicians to other specific conclusions and strategies that involve caregivers and bolster at-home language intervention. The research by Ijalba (2015) previously cited evaluated not only the language gains observed from an in-home literacy intervention, but the home language practices adopted by mothers as a result of the intervention. Often, Latinx caretakers emphasize the importance of learning English due to its mainstream cultural and academic influence. However, as previously discussed, children benefit from the advantages presented by cross-linguistic transfer and on the contrary can suffer from language attrition.

Ijalba (2015) certainly observed vocabulary gains from the children in this study, but a secondary focus of her research was behavior changes of the mothers who participated. “After the intervention, mothers in the intervention group supported the use of the home language, read more with their children, and had more books in Spanish than mothers in the waiting-control group” (p. 217). In other words, mothers in the intervention group modified the home language in contrast with those in the waiting-control group. The evidence supporting bilingual intervention has implications for parent instruction during service delivery. Ijalba suggests that constructive collaboration with parents will cultivate “multiple literacy contexts where the home language and home culture are valued” (p. 217). This collaboration is essential for children who need additional support in learning language, because support is needed in both languages and across a variety of contexts. By encouraging and educating parents and caregivers, clinicians can

certainly improve therapeutic outcomes and overall success for DLLs with communication disorders.

In addition to promoting in-home literacy, SLPs can engage in explicit teaching and training with caregivers to improve early intervention outcomes in the area of language development. In 2018, Peredo and colleagues examined the utilization of an in-home naturalistic intervention for Spanish-speaking caregivers known as *EMT en Español*. EMT is an acronym that stands for Enhanced Milieu Teaching, which is a therapy strategy that essentially integrates language instruction into everyday interactions, play-based activities, and naturalistic contexts. *EMT en Español* has two components: the EMT intervention itself and the adult learning approach, known as *Teach-Model-Coach-Review*, which is used to instruct parents and caregivers in the EMT method (Peredo et al., 2018).

This approach is promising for several reasons. Therapy occurs in naturalistic contexts, which is ideal as established by national education standards such as the Individuals with Disabilities Education Act (or IDEA). Additionally, *EMT en Español* can be adapted to best fit the language, culture, and preferences of the caregivers who are utilizing it. The training of caregiver-facilitated language intervention also promotes generalization, indicating that children will receive intervention for greater amounts of time and in a variety of contexts, further supporting language growth and development. Indeed, the researchers discovered that the teaching and utilization of *EMT en Español* yielded increased spoken language outcomes for children of low-income Spanish-speaking caregivers (Peredo et al., 2018).

Rationale and Conclusion

Within the current context of the growing Latinx population within the United States, speech-language pathologists are in desperate need of resources that equip them with the skills

and clinical expertise necessary to provide appropriate therapeutic interventions. It should be recognized that the current deficiencies in serving this population are not an effect of the unwillingness of SLPs to learn and adapt. Kohnert (2010) provides three general reasons that bilingual speech therapy is not widely utilized within clinical practice: there is a critical shortage of bilingual SLPs that are equipped to provide bilingual speech therapy independently, training in English only is widely believed to be the best intervention for children with language impairments, and clinicians have little access to empirical evidence that justifies the validity and reliability of these new methods (p. 467). While there is certainly a small number of bilingual clinicians in current practice, monolingual clinicians should be empowered and encouraged to administer bilingual therapy by collaborating with caregivers, other family members, and other professionals. While the research certainly must be further developed, the data thus far make a clear statement that bilingual intervention yields greater language gains across both languages for Spanish-English DLLs.

It is essential for the discussed recommendations concerning identification, intervention, and caregiver involvement to undergo broad implementation in the field of communication disorders for a variety of reasons. The utilization of research-based assessment practices (including a converging evidence approach and assessment in both languages, for example) for Spanish-English DLLs will aid clinicians in avoiding misidentification, which causes detrimental educational losses, of Latinx children as needing or as not needing special education services in school settings. Employing proposed bilingual intervention strategies will increase the therapy effectiveness for Spanish-speaking DLLs, contribute to growth in both languages, and prevent first language attrition. Fostering caretaker involvement in the intervention process has also been found to support a child's bilingual language needs while improving the effectiveness of

intervention. As argued by Lormis (2017), the field of speech-language pathology must respond to the needs of this growing population and deliver more clinicians, treatments, and assessment methods that can appropriately serve the various linguistic and cultural needs of this group.

Whether during initial or continuing education, SLPs must devote themselves to addressing the needs of this population.

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