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HEATHROW AB – SESSION 6

DUAL LANGUAGE LEARNING REVISITED: HOW DID THEY DO THAT?

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>> MICHAEL DOUGLAS: Good afternoon. Welcome, everyone. My name is Michael Douglas. I am a speech‑language pathologist, a Cert ABT. I'm a Consumer Engagement Program Manager for MED‑EL and I kind of have the nation as a region, so I'm everywhere. I'll give you my contact information at the end. I'm also a volunteer Editor‑in‑Chief for ASHA [Indiscernible]'s perspective which is a scholarly peer review journal for ASHA.

I work for MED‑EL. Our mission statement is to overcome hearing loss as a barrier to communication and quality of life. This is our CEO. She designed the first implant. We have the talk today on dual language as part of our comprehensive rehabilitation support program. So if you're interested in our materials, you can go on to medelbridge.com. We have lots of materials in over 40 different languages. We have our Little Ears Auditory Questionnaire, our diary activities, A Child's Journey, which is recently new, only in English right now, and then our Auditory Skills Checklist which is also in multiple languages.

I see the interpreter. I'm going to slow down. I'm sorry I'm going so fast. Yeah.

And then here's what the book looks like if you're interested in going online and getting that to refer to later.

So we have only a little bit of time today. My aim for you all is that by the end of the session you'll have some things to think about. There really is no gold standard for teaching a child more than one language. And by more than one language, I'm talking about spoken languages today. You can apply this to manual languages. So all of these things I think need to be thought about.

Going back to there is no gold standard for this. I want us to have some discussions today and ask some pertinent questions about a couple of cases and maybe discover together as a group what were some of the active ingredients for these kids that made it happen. And that's what we need to be thinking about. I've been all over the place, so many different programs. So many different children are speaking English and another different language. They are doing it again and again and again around the world. But they're all doing it completely differently. So what do we do? What do we need to be thinking about to help that happen for them?

The active ingredients objective. And the final one is through that. I might share with you a couple of support models that will help facilitate that that have been done around the world.

All right. So the questions come up often for me. Can it be done? What do I need to consider? How should I do it? What exactly do I do? Let's take a look at a few things that I've learned along the way and then we'll apply those to some cases.

First one: Can it be done? Simply, the answer is yes. Ok? The idea is to differentiate the myths that we tell ourselves in our head that come in kind of like a wrecking ball and destroy what the reality is for these children and what possibility could be opened up for them just by realizing what their reality is. The reality is that they have a hearing loss. The reality is that parents have chosen maybe spoken language or spoken language and a manual language. The reality is, is that we have evidence, mounting evidence, that demonstrates children can learn and do more than one spoken language quite fluently. They are also demonstrating no difference between monolingual children and their English speaking skills. And in some studies they're showing advantages in certain awareness skills, vocabulary skills, and overall language as well. One study even demonstrated an acceleration in learning through dual language intervention compared to monolingual intervention.

So as monolingual therapists or monolingual teachers sometimes create these stories in our head, I don't know how they're going learn more than one language, it's going to be hard enough to learn one, why would I do that, those are myths and stories that wreck possibility.

So what should we be considering? Initially I think it's important to think about the process by which the child becomes bilingual in the family that they come from. So by process, I'm talking about when do they become bilingual. A simultaneous dual language learner will learn two languages before the age of 3. A sequential dual language learner learned a language already by the age of 3 and is now learning a second language after the age of 3. You can be 12 and 13 and still learn a second language fluently, maybe even a third and fourth.

The type of family, bilingual meaning fluent in English and another spoken language or maybe they're fluent in written English and sign language -- we don't have mandates for dual English learning in the United States. But for families where there's a monolingual other language that's not the language of the country or the language of business or school, bilingualism is a necessity for these children because they have to be able to communicate with their family and they have to be able to communicate at school. And if they want to get a job later.

I want to tell you a story about a lady I met in Toronto when I was doing this talk. She was probably in her 60s or so. She was profoundly deaf. She was benefiting from the CART material. She's a teacher of the deaf herself and she lost her hearing when she was 18 months old. And she came up to me and said, “I'm so glad you're talking to professionals about this. I'm a first generation Italian American and I lost my hearing at 18 months. And when my parents found out about it all the professionals told them you cannot speak Italian to her, only English.” So there she was at dinnertime with her siblings who were speaking Italian and only speak English to her. And she said, “I remember that.” She said, “That wasn't fair.” And she said later down the line her mother got Alzheimer's. And as her brain started to go, she reverted back to Italian. And she was the one left to care for her. She goes, “I lost the last two years of connection with my mom.”

So I know we're in early intervention and we're thinking about next steps like preschool but we really need to be thinking about way down the line, like way down the line, like when they're taking care of their parents.

You can also have someone who is fluent in one but limited proficient in another. They're still bilingual but maybe they've come to this country from another country and they're fluent in Arabic, per se, but they don't necessarily know English. It's not a problem linguistically. It's just a proficiency issue.

In the interest of time ‑‑ this is a full‑day workshop really but in the interest of time we're going to cover simultaneous dual language learning. What do we do? Best practice is to assess and treat in both languages to the extent that you are capable of doing it and it is feasible to do so. More often than not your informal assessments, language samples, counting the number of words they have, those types of assessments are going to give you more meaningful information than formal assessments. Besides, formal assessments are designed for monolingual children not for bilingual children.

The other thing is to make and agree on a plan. When you look at all of the studies that are out there now that compare bilingual children to monolingual children, of all the studies where the children were successful, they have one theme in common; there was a plan, a language plan that everyone agreed upon and followed.

And then think it through. Think it through. Get a thinking partner. Think it through. What we need to be thinking about when we're thinking about languages or language of intervention is, Is there the presence or absence of a dominant language? What is the language that the family uses? And what are the language environments that the child is going to be going in?

Whatever languages land in that center circle is the languages that the intervention should be in.

And then it will be, Who takes the first language? And who will you enlist? Because you can't do it all. You can't move in with these families. Who are you going to enlist to take care of the first language and then who are you going to enlist to take the second language and when? And then maybe if the possibility of a third language is in the scene, who and when will take that one?

Setting up the language learning environment is a very important thing because in order for dual language learning to occur it has to be set up to make improvements in both. Right? And especially if spoken language is in the mix. The hearing needs to be enhanced to a level that's going to allow that to occur. If you want to get good at playing baseball and soccer, you could watch it, could read about it but you're not going to be very good at it. You have to play both. If you want to be good at playing the piano and the flute, you have to play both. If you want to be able to speak English and Spanish, you have to speak both. You have to have opportunities to practice.

And you can do that through professional or compensatory support. If you have professionals that meet the majority of the population that you're seeing, that mesh that language, you can provide professional support in that area. But it will always be impossible for us to have the number of Deaf educators, SLPs, audiologists to match the hundreds of different languages that are spoken in the United States. So in those cases you have to compensate. Right?

>> So in conclusion, when designing intervention ‑‑

>> MICHAEL DOUGLAS: Ok. Whoa.

>> Instruction must be in the languages the child needs to be successful in his or her life. This can be done through a continuum of services implemented by a team of professionals, including family who take particular roles in developing each language.

>> MICHAEL DOUGLAS: Ok. What I said there was that the idea is to enlist people that can take both languages. That was obviously a slide I used for a teleseminar that was recorded. Maybe the parents take the home language and the speech pathologist supports that but then they might provide intervention as well in English. Or, maybe the therapist takes Spanish and the Deaf educator takes English. Enlisting others to take particular roles can help set up an environment to make improvements in both languages.

The key with professional support is to be consistent. This takes time. It's very easy to get intervention freak-out because they don't progress as fast as monolingual children right out of the gate. It takes a little bit of time for their brains to cook over this a little bit. So stay consistent. Stay focused.

Some compensatory strategies that are in the literature. One is called the tag team approach. And this is where for bilingual families you might say something in English, the parent follows suit in the home language. You can either do it tag team utterance by utterance or there's professionals who have done the entire activity in English, the parent observes, and then they repeat the activity in another language. It does not confuse the child. All of the children that have been in studies that have followed this approach, after five years have achieved typical language scores.

You can also do that ‑‑ you can also work with interpreters with the family. And you can also use written materials as a resource. And I'm thinking of something that MED‑EL has where it says "Why MED‑EL?" On one side of the page it's all in English, all the bullet points to consider MED‑EL. You turn it over, it's in Spanish and it's all of the same bullet points. You could use those bilingual resources as your interpreter, as a way to compensate.

With compensatory support it's also key to stay consistent. I've talked to many people that are trying this. They might try for a few months and then can it or they give up. It takes longer. There's no double clicking to dual language.

You can also combine regular preschool and auditory‑verbal therapy with Heritage Language programs. You look on Google, Heritage Language Programs. Across the United States there are programs that have half‑day programs in a variety of different languages. They have full‑day programs. They have weekend programs. It might be worth looking at those. And then coordinating your services with those groups and help them understand the impact hearing loss might have on their rate of learning.

Ok. So those are just some really quick examples. So let's talk through a couple of cases. What I'm going to do is I'm going to share a case with you. I'm going to show you some questions. Did I skip a case? Ok. The first one I'm going to have to tell you about.

The first child, she was born at 16 months ‑‑ wow. She wasn't born at 16 months anything. She was born and her hearing loss was identified at 16 months. She got her implant very shortly after that. Her parents only spoke Spanish so they were a monolingual other family. They only spoke Spanish. Mother had a high school education. Dad was a migrant farmer. She got implanted on her right ear. She had a hearing aid in her left ear. She had access to a full range of services: audiology, individual speech therapy, and auditory oral preschool. There were bilingual, SLPs on the team, there were bilingual audiologists on the team.

So when you think about that, these are some of the questions that are important for you to consider when designing intervention. And the goal is to land somewhere at the final question of, ok, this is what we're going to do, will this make improvements in both languages and if the answer is no, that's ok, just start over. Just start over.

So the first one. Based on the story that I just told you about this child, is this a bilingual Spanish‑English or monolingual other family? Monolingual other.

Ok. Then you have to determine, Is this child limited English proficient or linguistically delayed? She's linguistically delayed. She's 16 months old, just got her Cochlear Implants. Limited proficient would be fluent in English, just hadn't had a chance to practice Spanish yet. That's not the case.

Does she need to develop two languages? Yeah. Why? Family only speaks Spanish. And English is in school. She lives in the United States.

How could she do it? Simultaneously or sequentially?

Simultaneously and she could also do it sequentially. Right? Why not do that? Why not do simultaneous now when it's early and you can capitalize on the brain?

So by which process, knowing what's going on in that school? So, professional or compensatory?

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: Professional support is when you have the staff to support the languages and the family in a way where it's a clear Spanish session versus a clear English session.

I know I'm going fast because of our time restraints ‑‑

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: Ok. So compensatory is where you figure it out pretty much. [Laughter] You find other ways. So professional support. Right?

An example of compensatory support would be the tag team approach that I suggested earlier where one does one language, the parent does the other or maybe do English at school, send them to a Heritage Language Program somewhere else. You start to get creative and figure out how can I set up their environment to make improvements in both languages.

I think I heard everyone say professional support. Right? So in that case ‑‑ ok, we're going to do professional support. Who is doing what?

>> The individual session with the family because of the bilingual [Inaudible; off mic]

>> MICHAEL DOUGLAS: Yes. You could have the bilingual SLP work with the family in Spanish and then as she's old enough for school, have the Deaf Educators work with her in English.

Yes?

>> Is this ‑‑ would we use English as a second language? Would you supplement ELL specialists?

>> MICHAEL DOUGLAS: Absolutely. Why not? Right? I mean, nobody would argue that more intervention is going to harm a child than less.

So the language of individual intervention would be?

Everyone, are you with me?

>> Spanish.

>> MICHAEL DOUGLAS: Spanish. I think like a third are with me. Are we all in agreement? Spanish. Ok. Then the language of school? English, yeah.

So if you think about that, does that make improvements in both languages? Would that theoretically make improvements of both languages? Yeah, it would.

Ok. You know what they? They put my handouts as the slide so I don't have any of my videos on here. And that's not what I turned in. So we need a tech person. Because I have a video of this child ‑‑ thank you. I have a video of this child speaking in Spanish and then I have a video of her in the language lesson in English with one of her classmates who also has Cochlear Implants and only knows English.

>> So this is a child who has access ‑‑

>> I'm sorry. We need you to speak into the microphone for the captioning.

>> MICHAEL DOUGLAS: I can repeat what she said.

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: Like a full school year.

>> What age?

>> MICHAEL DOUGLAS: There's the school ‑‑

>> Michael, can you repeat the question for the captioner, please?

>> MICHAEL DOUGLAS: Yes. The question ‑‑ there's a lot going on.

>> [Laughter]

>> MICHAEL DOUGLAS: Will you repeat the question or just pass the mic?

>> I'm just a little confused. At what age did the child start getting classroom services?

>> MICHAEL DOUGLAS: They could enter our preschool classroom at age 3.

[Live Captioner Standing By]

>> MICHAEL DOUGLAS: Ok. Thank you for waiting.

So here she is speaking in Spanish. Do we want to answer the question ‑‑ did we get the question answered before we started? Are we ok?

>> I guess I'm confused because the way it works where I live, home services are before age 3 and school services are after age 3. So you keep talking about as if she's getting both home services and school services at the same time.

>> MICHAEL DOUGLAS: Well, just consider that it's different everywhere around the United States. Right? So it's ‑‑ here in this center she could have home services and there's also a center‑based services. So in this case she was getting all of it. She was getting all of it.

>> At all ages.

>> MICHAEL DOUGLAS: Yeah. Yeah.

Ok.

[Captions paused for Spanish language video]

>> On the popsicle

>> Under. Try again.

>> Put it under the popsicle?

>> No.

>> Ok. No.

>> I did not put it under the popsicle.

>> Did you put a stick under the apple?

>> No. I did not put it under the apple. I didn't put a ‑‑

>> Under the strawberries?

>> No.

>> MICHAEL DOUGLAS: Ok. So at the age of 4, on her CELF‑P in Spanish she got a 96, in English a 67. So in this instance, if there's a problem with language learning, it will show up in both languages. Right? So she's a little more proficient in Spanish than she was English. So the SLP team dropped the Spanish individual sessions and maintained the English with the Deaf Educators in the school and individual therapy in English. And in one year that's what they did with her. She got an 86 in English and a 96 in Spanish spoken language.

So with that in mind, what would you say were some of the active ingredients in place that allowed this learning to occur?

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: What's that? A plan. A plan?

>> Supporting the home language from the start so the parents could be practicing with her throughout her daily routines at home before she started school, for the good foundation in spoken language to build upon.

>> MICHAEL DOUGLAS: Yeah. The parents don't have to learn a language that they don't know and they can use the language of their heart that connects them to their child and build a strong foundation.

Only a couple more minutes. I have so many different languages to share with you. I only have time for one more. Here it is.

Good? Yeah? Ok.

So I don't think it's mentioned in here. Spanish is only spoken at home but the parents were educated and both work in the United States. So we can assume that they are bilingual. They do speak Spanish and English fluently. He had a severe loss, as indicated by his audiogram there. And there it is aided.

All right. So are we talking about a bilingual or monolingual other family? Bilingual. Is this child linguistically delayed or limited English proficient? Yeah, delayed. Theoretically hearing ‑‑ if it were to start in the womb, he comes out delayed. And he's also at risk.

So does he need to develop two languages? Yes? Why?

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: Family desire, their outcomes. How could they do it?

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: Or simultaneously or sequentially?

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: You could do either one. Could do either one? Yeah? But why not simultaneously? Right?

Ok. By which process? Ok, compensatory. Yeah. We don't know anything about the center where he's going. Maybe it could be compensatory. So then who is doing what? Could it be professional? Yeah. It could be.

>> What about trilingual situations? What about a situation with trilingualism?

>> MICHAEL DOUGLAS: What about it?

>> If a family ‑‑ if parents have a hearing loss themselves, that means they need three languages not just the two. So is it possible to do that?

>> MICHAEL DOUGLAS: Yes. But that's not what this family is facing, is it? If you were to enter that, you would go through the same process. Right? It's important to focus, right, on the issue at hand for each individual family.

So by which process? We said compensatory. Could it be professional? Yes, it could be professional. So who would be doing what?

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: Who is available, exactly. Who is available to take what language.

Here's the case. Think about this. You need a thinking partner to think this through. So both parents work. Spanish is only spoken at home. How is he going to become bilingual? Both parents work and only Spanish is spoken at home.

>> [Inaudible; off mic]

>> MICHAEL DOUGLAS: We have daycare. Yeah. So this merits a conversation with the family. The environment is not set up for dual language learning. Yeah?

>> It's over time. I'm really sorry. I have to get ready for my presentation.

>> MICHAEL DOUGLAS: Are you the speaker for the next one?

>> Yeah. And you are over time. We have to get ready. She was supposed to cut you off.

>> MICHAEL DOUGLAS: Ok. Sorry, everybody.

>> Sorry about that.