Bilingual Children with Language Disorders: A Comparison between Bilingual and Monolingual Therapy
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Introduction

- Bilingual speech-language pathologists (SLPs) are in short supply in the U.S. (Edgar & Rasa-Lago, 2007).
- Many SLPs in schools, hospitals, and private settings have heavy SLP caseloads, which are made up of a large number of bilingual clients with Primary Language Impairment (PLI) and Specific Language Impairment (SLI).
- Monolingual SLPs have limited access to bilingual interpreters in many of these settings. This is important because services should be delivered in the languages the client speaks (Edgar & Rasa-Lago, 2007).
- Unfortunately, there aren’t enough interpreters or bilingual SLPs to serve the bilingual population (Edgar & Rasa-Lago, 2007).
- It is unclear if monolingual SLPs are able to effectively serve bilingual clients if services are in the monolingual SLP’s language exclusively.

Case Scenario

Sarah is a graduate student at the University of Nevada, Reno and she is the only bilingual student clinician in her program for this current year. She has been assigned the majority of the bilingual clients for the semester. But there are more bilingual clients that require therapy then can possibly be assigned to one student clinician. She is working this semester with Jesus, a 4 year old boy with SLI improving his Spanish and English receptive and expressive language skills. Given the lack of bilingual clinicians in the program, he will be receiving therapy from a monolingual clinician the following semester.

It is unclear whether services delivered in English only will yield equal or better receptive and expressive language skills in English and Spanish compared to effective services bilingual for Jesus.

Purpose

Using the PCO (Purpose, Intervention, Comparison, Outcomes) framework (Gilliam & Gilliam, 2008), the following question was developed.

In bilingual children with language disorders (PLI), does therapy delivered in both spoken languages of a bilingual client (EOW) lead to better bilingual receptive and expressive language skills (G3) than therapy delivered in only one of the languages spoken by the bilingual client (E)?

Method

Search terms: bilingual therapy; language disorders and monolingual therapy.

Database: PubMed, ERIC, and PsycINFO.

Appraisal: Ten studies were analyzed using Delglahm’s (2008) modified CATE and CADE forms. Four articles were selected based on relevance to the PCO question and quality of appraisal. The following appraisal criteria were used:

- CATE Form: Compelling (8-10 points) Suggestive (5-7 points) Equivocal (0-4).
- CADE Form: Compelling (8-10 points) Suggestive (5-7 points) Equivocal (0-4).

Results

There was a significant main effect for treatment differences from pre to post (p = .000). G2 demonstrated a significantly lower difference score from pre to post compared to G1 (p = .003). There was no significant difference between G2 and G3 (p = .532). G3 performed significantly better from pre to post on: SSA (p = .017), CELF (p = .017), and SI (p = .000). There was no significant difference between G2 and G3 (p = .527).

Discussion

- External validation: The research studies concluded that bilingual therapy was equally as effective as monolingual therapy in English and Spanish. It should be noted that the description of bilingual therapy is not representative of speech-language therapists who deliver bilingual therapy in both languages.
- Evidential information: This study evaluated the results of bilingual therapy in English and Spanish, under different conditions. It was noted that bilingual therapy is more effective in increasing expressive and receptive skills cross-linguistically than monolingual therapy, however non-linguistic cognitive therapy also results in language skill improvement across languages.
- Children’s family preference was bilingual therapy. However, after discussing the benefits of integrating non-linguistic cognitive therapy, the family agreed that monolingual therapy with cognitive therapy integration would be acceptable.
- What treatment is going to be implemented? Based on External Evidence, Internal evidence to clinical practice, and clinical evidence to the client who provided the therapy, the clinical decision to employ bilingual therapy in English and Spanish was made.

References


