GSJ: Volume 10, Issue 8, August 2022, Online: ISSN 2320-9186
www.globalscientificjournal.com

# Checklist on views and experience of speech therapist working with Monolingual and Bilingual client 

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#### Abstract

Speech language therapy for bilingual individuals has become an important issue and concern for speech-language pathologists (SLPs) and researchers in the field of communication sciences and disorders in recent years, as well as for the general public, bilingual individuals seeking services as the population of the India is growing in bilingualism.

As the demand for SLPs and other bilingual service providers has increased, it has become clear that the demand should be appropriately meet the changing needs of the nation demographics. While some of the difficulties in providing and obtaining bilingual services. In the literature review speech language therapy services have been identified and noted. Not all are known or comprehended. The current study's goal is to investigate bilingual SLPs views and experience with mono


## INTRODUCTION

Language mode is the state of the activation of a bilingual's language and language processing mechanisms at a given time (Grosjean, 2000 cited in Bhat and Chengappa, 2005). Bilingual is defined as having or using two languages especially as spoken with fluency. According to Grosjean (2010) "A true bilingual is someone who is taken to be one of themselves by the members of two different linguistic communities, at roughly the same social and cultural level".

Bilingual students are an exceedingly heterogeneous group with diverse backgrounds and experiences. For example, bilingual students are both foreign and native born; some have learned two languages simultaneously, whereas others have learned a second language after a first language was established; bilingual students display variable abilities in terms of listening, reading, speaking, and writing in both their native and second languages (Calderón, Slavin \& Sanchez, 2011).

When one language is present in the society and the social network it is used for all functions, though differentially, as a reflection of the social structure, subsequently when two or more languages are for a contact, their relative functional use in addition shapes relative valorisation of the languages and vice versa. Characteristic of native speakers, a person using two languages especially habitually or with control like that of a native speaker and bilingual as the constant oral use of two languages.

There are many factors crucial to understand bilingualism, like the community in which it takes place or mode of the bilingual speaker. When two languages are in contact in the
society, they may be used to a different extent, in different domains and for different functions in a state of functional equilibrium (Ken 1995). It becomes very important to study the way in which bilinguals interact and integrate their two systems in their day-to-day life.

Bilingualism is not a language issue. Many bilingual children experience many benefits from being able to speak two Languages. Children can usually learn two Languages as efficiently as one. If the child has a language problem in his native Language, there is usually a problem with the additional language as well.

Bilingualism can be difficult to identify due to the number of individual differences demonstrated by people using more than one language. Therefore, terms related to bilingualism often represent an attempt to describe the process of language acquisition and include a speech therapist will consider both native language \& additional languages to determine if a bilingual child has language difficulties.

Pert \& Bradley (2018) assessed clinical guidelines for speech and language therapists working with bilingual clients/patients with speech, language and communication needs and concluded that evidence based professionals, speech language therapists are committed to relating the research on both typical bilingualism and bilingualism in the context of speech , language and communication disorders to clinical practice.

An estimated 5.2 million bilingual children are enrolled in schools in the United States, 61\% increase since 1994 (National Center for English Language Acquisition and Language Instruction Education Programs, 2005). The increasing number of bilingual children has resulted in significant challenges to the provision of assessment and intervention services for speech language $\overline{-}$ pathologists.

Many children around the world acquire one Language as their native language \& then learn another. There are also many children who simultaneously acquire two or more Languages during childhood as natural members of bilingual families and Communities. Because Bilingualism brings advantages to children that influence their future development, understanding differences between monolinguals \& bilinguals becomes a question of interest.

An individual's knowledge of more than one language may be viewed from the point of his/her proficiency in each language skills, various Linguistic components, and use to which each language is put \& the contexts that control the choice \& use of each of these languages.

Dual Language learning in the preschool can occur simultaneously for example parents regularly Use two languages with their child from birth; or, it can Occur Successively when Children are exposed to and speak only one language at home during the first one or two years of Life and then attend day-care or preschool programs in which another language is used.

However, it is not always easy to distinguish between simultaneous and successive dual language learning. Scientifically based understanding of dual language learning in the preschool years is critical for several reasons.

Many people, including parents, general educators, education specialists, professionals who work with young children (eg, speech \& Language Pathologists \& doctors), educational
policy makers have misconceptions \& apprehensions about young children acquiring more than one language during their early formative years (Beardsmore 2003; Genesee 2006).

Lack of understanding of what can be expected of young dual learners may lead evaluation or educational specialists to interpret bilingual child's language performance as symptomatic of delay or even impairment when, in fact, it is typical of dual language learning

Thirumalai \& Chengappa (1986) have given few concepts that are generally found in literature when a definition of bilingual-ism is attempted

1. If language is the property of the group, bilingualism is the property the individual
2. An individual's use of two languages supposes the existence of two different language communities; it need not necessarily suppose the existence of a bilingual community
3. Bilingualism is not a phenomenon of language. It is a characteristic of its use.
4. Bilingualism is also viewed as including the Various stages of incipient bilingualism, such as the ability to give lexical Equivalents, the change from one language to the other.

Bilingual children showed greater number of paradigmatic responses even at the age of 6 years whereas the monolingual children shift from syntagmatic to paradigmatic responses occurred at later stage \& stabilized at 8years.

Tsimpli, Vogelzang, Balasubramanian \& Suvarna (2020) found Linguistic diversity has so far been ignored as a potential factor affecting cognitive skills during their studies on Linguistic diversity on multilingualism \& bilingualism and concluded bilingualism and linguistic diversity can enhance cognitive performance of children in disadvantaged contexts

Calvo \& Rodriguez (2021) studied the monolingual therapists' views \& experience of working with multilingual clients \& study gave reliable conclusion that there is a need of including this topic in counselling training \& do future research.

Warnier, Maillart, Rose \& Macleod (2022) explored word production in 3 year old monolingual French speakers and they concluded that importance of assessing various aspects phonological complexities in word production.

Brice (2022) focused on what is typical development in a bilingual child and concluded that bilingual language developments mirrors monolingual language.

Bilingual children are never exactly the same as an otherwise comparable group of monolingual children except for the number of languages they speak. (Bialystok, 2001) In some inevitable sense, bilingual children live different lives than their friends \& neighbours who may be socially, economically, \& politically similar but speak only language. Bilingual children may spend more time than monolinguals in formal schooling, attending after school or weekend classes in their other language (Bialystok 2001).

## METHODOLOGY

AIM: The aim of the present study was to analyse the views and experience of speech language therapists working with monolingual and bilingual children with objectives.

To determine the issues faced by the speech language therapist during therapy session of bilingual children.

To determine the issues unique to intervention with bilingualism and list the potential tools, procedures, or strategies that could be used in treatment to support both languages effectively in the intervention.

## PHASE 1: PREPARATION OF QUESTIONNAIRE

A questionnaire with 15 closed set (yes/no) questions were prepared keeping in mind the above literature review with respect to views and experience of speech language therapist.

The prepared questions were given for validation process to 7 speech and language professionals who are currently in practice. The corrections and suggestions advised by the speech language professions were incorporated and the final questionnaire was ready which is as below

1. Do you prefer bilingual client for therapy sessions?
2. Do you experience conversational misunderstanding with your client?
3. Does your client mostly prefer his/her native language?
4. Does your client struggle in communicating with second language?
5. Does your client mix up languages?
6. Does your client find difficulty in conversating his/her native language due to exposure to bilingualism?
7. Is bilingualism affecting the academic performance of your client?
8. Do you think your client's pre-linguistic skills are affected due to bilingualism?
9. Do you agree exposure to bilingualism causing any language delay or disorder?
10. Is bilingualism affecting your client's speech intelligibility?
11. Do you avoid speaking in two languages with your client in all situations?
12. Do you think your client's language fluency is worsening due to bilingualism?
13. Do you think your client is forgetting his/her native language due to exposure to more than one language?
14. Does your client expect you to use two languages to carrying out any activities during session?
15. Do you feel bilingualism is hampering your client's socialization?

## PHASE 2: PARTICIPANTS WITH INCLUSION AND EXCLUSION CRITERIA:

50 speech language therapists participated in this study. All the participants were certified Speech language therapists from Karnataka. Participants were currently working and students currently pursuing higher education in speech and hearing field. Participants who were noncertified in speech and hearing field were excluded from the study.

## STATISTICAL ANALYSIS:

The data obtained was subjected to statistical analyses using IBM Statistical package social sciences (SPSS) version 23.0 (SPSS Inc., Chicago). Results were analysed descriptively.

## RESULT AND DISCUSSION

Table 1: Shows the frequency outcome of views and knowledge of the target participants on knowledge in various aspects of bilingual children.

|  | No |  | Yes |  | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Count | Row N \% | Count | Row N \% | Count | Row N $\%$ |
| Q1 | 4 | $8.0 \%$ | 46 | $92.0 \%$ | 50 | $100.0 \%$ |
| Q2 | 6 | $12.0 \%$ | 44 | $88.0 \%$ | 50 | $100.0 \%$ |
| Q3 | 3 | $6.0 \%$ | 47 | $94.0 \%$ | 50 | $100.0 \%$ |
| Q4 | 9 | $18.0 \%$ | 41 | $82.0 \%$ | 50 | $100.0 \%$ |
| Q5 | 3 | $6.0 \%$ | 47 | $94.0 \%$ | 50 | $100.0 \%$ |
| Q6 | 28 | $56.0 \%$ | 22 | $44.0 \%$ | 50 | $100.0 \%$ |
| Q7 | 36 | $72.0 \%$ | 14 | $28.0 \%$ | 50 | $100.0 \%$ |
| Q8 | 37 | $74.0 \%$ | 13 | $26.0 \%$ | 50 | $100.0 \%$ |
| Q9 | 34 | $68.0 \%$ | 16 | $32.0 \%$ | 50 | $100.0 \%$ |
| Q10 | 35 | $70.0 \%$ | 15 | $30.0 \%$ | 50 | $100.0 \%$ |
| Q11 | 13 | $26.0 \%$ | 37 | $74.0 \%$ | 50 | $100.0 \%$ |
| Q12 | 33 | $66.0 \%$ | 17 | $34.0 \%$ | 50 | $100.0 \%$ |
| Q13 | 41 | $82.0 \%$ | 9 | $18.0 \%$ | 50 | $100.0 \%$ |
| Q14 | 20 | $40.0 \%$ | 30 | $60.0 \%$ | 50 | $100.0 \%$ |
| Q15 | 36 | $72.0 \%$ | 14 | $28.0 \%$ | 50 | $100.0 \%$ |

A total 50 participants postgraduate students and professionals who are currently working as speech Language Therapist responded to the survey. When asked about views and experience working with monolingual and bilingual $92.0 \%$ participants strongly agreed that they prefer bilingual client for therapy and $88.0 \%$ participants agreed there is no conversational misunderstanding with their clients. $94.0 \%$ participants strongly agree client mostly prefer his/her native language during therapy sessions and $84.0 \%$ participants accept that client mostly struggle in communicating with second language. $94.0 \%$ of participants strongly agree that clients do not mix up the languages during their sessions. Participants were asked do their client find difficult in conversating his/her language due to exposure to bilingualism $56.0 \%$ disagreed and $72.0 \%$ participants strongly disagree that bilingualism is not affecting the academic performance of the child, $74.0 \%$ disagree that client pre-linguistic skills are not affected due to bilingualism, $68.0 \%$ of participants agreed that exposure to bilingualism is not
causing any language delay or disorder, $70.0 \%$ participants strongly disagree that bilingualism is not affecting the client's speech intelligibility. 74.0\% participant strongly agreed that they intentionally avoid speaking in two languages in therapy sessions and $66.0 \%$ disagree that fluency of client is not worsening due to bilingualism. $82.0 \%$ disagreed that client's native language is not affected due to exposure to second language and $60.0 \%$ participants strongly agree that children expect the use of two languages during therapy session and $72.0 \%$ of participants disagreed that bilingualism is not hampering client's socialization.

Table 2: Explains the significant outcomes on knowledge of bilingual clients.

|  | Yes |  | Testing <br> proportion $=0$ |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | Count | Row N <br> $\%$ | Z value | p |  |
|  | 46 | $92.0 \%$ | 23.98 | 0.000 | HS |
| Q2 | 44 | $88.0 \%$ | 19.15 | 0.000 | HS |
| Q3 | 47 | $94.0 \%$ | 27.99 | 0.000 | HS |
| Q4 | 41 | $82.0 \%$ | 15.09 | 0.000 | HS |
| Q5 | 47 | $94.0 \%$ | 27.99 | 0.000 | HS |
| Q6 | 22 | $44.0 \%$ | 6.27 | 0.000 | HS |
| Q7 | 14 | $28.0 \%$ | 4.41 | 0.000 | HS |
| Q8 | 13 | $26.0 \%$ | 4.19 | 0.000 | HS |
| Q9 | 16 | $32.0 \%$ | 4.85 | 0.000 | HS |
| Q10 | 15 | $30.0 \%$ | 4.63 | 0.000 | HS |
| Q11 | 37 | $74.0 \%$ | 11.93 | 0.000 | HS |
| Q12 | 17 | $34.0 \%$ | 5.08 | 0.000 | HS |
| Q13 | 9 | $18.0 \%$ | 3.31 | 0.002 | HS |
| Q14 | 30 | $60.0 \%$ | 8.66 | 0.000 | HS |
| Q15 | 14 | $28.0 \%$ | 4.41 | 0.000 | HS |

The likelihood ratio test was used to find significant differences in working with monolingual and bilingual among speech language professions. There was a significant difference ( $\mathrm{p}<0.05$ ) for the questions like, is your client forgetting his/her native language due to exposure to more than one language. Other questions show no significant differences.


## DISCUSSION:

Study aimed to examine speech therapists who presents as bilingual for the purpose of providing clinical services is able to speak the first language and to speak at least one other language with native or near native proficiency in lexicon (vocabulary), semantics (meaning), phonology (pronunciation), morphology/syntax (grammar), and pragmatics(use) is learned during clinical management. In addition to language skills, SLP must possess the specific knowledge and skills required for the services provided for bilingual children during clinical interventions.

## CONCLUSION:

Bilingualism is the ability to communicate in more than one language, a continuum of language skills in which proficiency in one of the languages used varies over time, depending on social attitudes, conversational patterns and targets.

Regardless of the clinician's personal culture, practise environment, or caseload demographics, SLPs have a duty to offer culturally and linguistically appropriate services to their clients and patients. SLPs take into account how communication disorders or differences might be exhibited, recognised, or described in the client's or patient's cultural and linguistic community when providing services to bilingual people, and they incorporate this knowledge into all areas of practise, such as assessment, diagnosis, treatment, and treatment discharge.

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