



Bilingual Language Development & Disorders in Spanish–English Speakers

THIRD EDITION

BRIAN A. GOLDSTEIN
FOREWORD BY SONJA L. PRUITT-LORD

Bilingual Language Development & Disorders in Spanish–English Speakers

Third Edition

edited by

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1

The Human Right to Communicate in More Than One Language

Gabriela Simon-Cerejido

Language and communication are essential to being human.

Speech-language pathologists (SLPs) advocate for children with communication and language disorders, that is, with disorders that interfere with comprehension and expression. The American Speech-Language-Hearing Association's (ASHA) mission is to "make effective communication, a human right, accessible and achievable for all" (American Speech-Language-Hearing Association [ASHA], 2017). The right to communication is enshrined in Article 19 of the Universal Declaration of Human Rights (United Nations, 1948). This article protects the right of expression of the individual "without limitation of borders, by any means of expression." Human rights are universal, indivisible, and inalienable (McEwin & Santow, 2018); they apply to everyone, across every home, community, language, and nation.

Article 19 protects individuals who communicate with alternative communication modes and nonmajority languages and dialects (McLeod, 2018). Language choice, an inviolable right, is also included in several United Nations conventions and declarations such as the International Covenant on Civil and Political Rights (United Nations, 1966), the International Convention on the Elimination of All Forms of Racial Discrimination (United Nations, 1965), the Millennium Declaration (United Nations, 2000), the Declaration on the Rights of Peasants and Other People Working in Rural Areas (United Nations, 2015a), and the Declaration on the Right to Peace (United Nations, 2015b). Moreover, linguistic rights are reiterated in several articles of the United Nations Convention on the Rights of the Child (United Nations, 1989). For example, Article 29 (3) asks nations to respect different

civilizations and to direct children's education toward the development of respect for each child's cultural identity, language, and values, including those of the country of residence and the country of origin (United Nations, 1989).

International organizations such as the World Health Organization and United Nations articulated resolutions supporting language diversity and multilingualism. For example, the World Health Organization acknowledges the "importance of respect for the diversity of cultures and the plurality of international languages for improving health policies in the world" (World Health Organization, 2018, p. 30). In 1999, the United Nations proclaimed International Mother Language Day to be celebrated on February 21 every year (United Nations, 2017). Article 5 of the Universal Declaration on Cultural Diversity establishes that:

all persons have the right to express themselves and to create and disseminate their work in the language of their choice, and particularly in their mother tongue; all persons are entitled to quality education and training that fully respect their cultural identity; and all persons have the right to participate in the cultural life of their choice and conduct their own cultural practices, subject to respect for human rights and fundamental freedoms. (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2001)

Access to quality education for children belonging to minority groups is improved when public education uses the home language (UNESCO, 2008). Even respecting the linguistic rights of minorities in health care improves the quality of these services (United Nations Special Rapporteur on Minority Issues, 2017).

In sum, every person has the human right to communicate in the language or languages they want, like, prefer, and use. SLPs play an essential role in supporting the right to develop and maintain home languages and dialects beyond the exclusive national language's use (Simon-Cereijido, 2018). Individual and group language choice decisions, however, are not made in a vacuum. Historical and sociopolitical factors, such as the emergence of nation-states, the impact of natural disasters, migratory movements, and political ideologies, explain the complex linguistic environments that we inhabit now (Siarova and Essomba, 2014; Walter & Benson, 2012). Over the years, it has been challenging for clinicians to adapt to these dynamic and complex environments and respect their clients' home language choices. A variety of professional issues continue to challenge clinical practices. They include a small number of bilingual and racially and ethnically diverse professionals (ASHA, 2020, 2021); lack of confidence in effective work with diverse clients (Gorman, 2015; Hammer et al., 2003; Nieva Ramos et al., 2020); inconsistent quality of bilingual assessments (Kraemer & Fabiano-Smith, 2017); and shortcomings in cultural competence and cultural humility (Daugherty, 2020; Gregory, 2020). There has even been an erroneous belief that living in a bilingual environment may limit the language development of a child with a language disorder (Nieva Ramos et al., 2020). Some of these professional issues are in the spotlight in response to the health and educational inequities revealed by the COVID-19 pandemic and the political upheaval of the last years (Deal-Williams, 2020; Gregory, 2020).

Our discipline has endeavored to improve services for multilingual speakers through scientific research, clinical recommendations from experts, and improvements in professional education in many nations. Professional associations from English-speaking and Spanish-speaking countries have position papers supporting multilingualism and cultural competence (e.g., ASHA, 2004; Nieva Ramos et al., 2020;

Royal College of Speech-Language Therapists [RCSLT], 2007; Speech Pathology Australia, 2016). The bilingual research base—particularly on Spanish–English bilingual children with language disorders as represented by this book—has rapidly grown along with our understanding of the characteristics, variability, and best practices for assessment and intervention for bilingual children with language disorders. Cultural competence is recognized as an essential aspect of clinical competence, and SLP programs require the inclusion of instruction on cultural and linguistic diversity (Crowley et al., 2015; Nieva Ramos et al., 2020).

Language has close ties to culture and identity, and linguistic diversity can simultaneously enrich and challenge communities. In response to this challenge, nations and societies have regulated and managed language practices by creating language policies that may explicitly or implicitly privilege using certain languages over others (Walter & Benson, 2012). Language policy is usually understood as part of a nation's language planning for its inhabitants (Kaplan & Baldauf, 1997). This planning is effected through laws and regulations, ideas and beliefs, and decision-making practices regarding the use of the language. Governments establish language policies based on political ideologies, convenience, colonial history, numerical superiority, social prestige, religion, or nation-building purposes (Walter & Benson, 2012). For example, countries may have no official language, one official language, or several co-official languages. Official languages are constitutionally or legally selected for governmental and educational use (Spolsky, 2012). Spanish is the official or co-official language for about 661 million speakers worldwide in 20 countries, including Spain, Equatorial Guinea, and 18 countries in Latin America and the U.S. territory of Puerto Rico (Caplan, 2020). Although more than 460 million people are native Spanish speakers, the rest speak Spanish as a second language (Eberhard et al., 2019). Approximately 360 million people speak English as a first language and about one billion people in the world speak it as a second language (Caplan, 2020). English is the official language of Canada, Australia, Ireland, and various island nations in the Caribbean Sea and the Pacific Ocean. It is also an official language of India, the Philippines, Singapore, and many countries in sub-Saharan Africa, including South Africa. The United Kingdom and the United States do not have an official language, but English is the *de facto* dominant language. English is also considered a global lingua franca; 28% of the world's books are published in English (Caplan, 2020).

Ethnographic and sociolinguistic studies reveal the complexity of language policies (Spolsky, 2009). In many countries, the official language policy is not unanimously respected. Some minority groups resist the official language's full adoption because they fear that their cultural values—such as their religion, ethnic identity, or power—may be lost. Countries with only one official language may have large numbers of bilingual inhabitants. For example, more than 80% of Paraguay's population speaks Guaraní along with Spanish (Eberhard et al., 2019). The United States is the second country with the highest number of Spanish speakers globally; more than 13% of the population speaks Spanish, approximately 40 million people over 5 years of age (U.S. Census Bureau, 2018).

Migratory movements, at times, test national language policies. From 1970 to 2015, immigration to the United States quadrupled, and immigrants, mostly from Latin America and Asia, shared 13.5% of the population in 2015 (Grieco et al., 2012; Zong & Batalova, 2017). In 2018, more than 67 million U.S. residents (approximately

22% of the population) spoke a language other than English at home (Batalova et al., 2021). The percentage of children with at least one immigrant parent in the United States increased from 6% to 20% between 1970 and 2006 (Capps & Fortuny, 2006), and many U.S.-born children live in mixed-status families (undocumented immigrant parents and citizen children) (Passel & Cohn, 2008). In our globalized and technological world, the notion of immigration has evolved from a “one-way, unilinear process of assimilation,” characterized by the forsaking of home languages and practices, to a complex experience of globalization and transnational identities (King & Rambow, 2012, p. 400). The institutional, educational categories of English as a second language (ESL) student or English language learner (ELL), for example, may fail to represent bilingual children’s multiple and simultaneous cultural, ethnic, and linguistic ties (King & Rambow, 2012). This labeling practice may result in a partial and insufficient understanding of this population’s cultural and linguistic abilities.

Also, as immigration increased in the United States, the attention to language diversity as a human right paralleled the development of a reactive English-only movement. The English-only campaign successfully fought against bilingual education programs at the state and local levels (Spolsky, 2009). For example, in some states, bilingual children with communication disorders attending public schools ceased to receive support in the home language following changes in the school regulations, even though professional organizations and contemporary research recommended bilingual services.

Language policy involves three components (Spolsky, 2004). First, communities, large and small, have *language practices*. For example, many Miami, Florida, residents have the language practice of using both Spanish and English. At the family level, there are immigrant families in the United States that may or may not choose the language practice of using their home language in addition to English (Spolsky, 2009). Second, communities have *language beliefs or ideologies*, that is, ideas and positions about language and its use. In the United States, some individuals believe, without any evidence, that English is threatened by immigrants’ home languages (Wiley, 2005). Teachers and SLPs have language beliefs and attitudes that may or not converge with children’s and families’ language practices. Different beliefs may predispose clinicians to support or discourage bilingualism (Gandara et al., 2005). The third component is *language management*, that is, the planning or regulations affecting language practice. State laws regulating the language of instruction in public schools exemplify language management decisions (Spolsky, 2009).

Most institutions such as workplaces, religious organizations, and the health care system have explicit or implicit language policies, and even individual families adhere to an implicit or explicit language policy (King et al., 2008; Spolsky, 2009). Family and educational policies influence children’s language development and achievement (King et al., 2008; Walker & Benson, 2012). Reaching educational equity (in terms of academic quality, student performance, and educational opportunities) is likely impossible until policy makers, professionals, and communities have acknowledged and adapted to linguistic diversity (Walter & Benson, 2012).

Conflicts between families’ language policies and the educational or health settings frequently emerge. Language practices may not be aligned (e.g., a family

maintaining Spanish as the home language in a mostly monolingual state). Ideologies or beliefs may clash (e.g., a family communicates in a home language while their child is cared for by a speech therapist who considers the home language of less value than the national language, or a bilingual family of immigrants in a monolingual environment whose public opinion is opposed to bilingualism). Bilingual children with language disorders can also attend classrooms in school districts that do not receive any financial support to provide bilingual intervention, even when SLPs recommend bilingual interventions based on contemporary scientific evidence. In these discordant cases, our clients' bilingualism is perceived as an added burden to clinical work, and we are likely to forget that being bilingual is a human right. Then bilingual families are expected to unilaterally adopt the local monolingual policy without considering options that may protect their human right of expression.

Language policies are complex and varied. In every community, all families must have the right to have the opportunity, not the obligation or the prohibition, to raise multilingual children. SLPs must protect bilingual clients from language policies that ignore their human right to communicate (Simon-Cerejido et al., 2020).

To reach this goal, clinicians may follow these recommendations:

1. Become familiar with your work environment's explicit and implicit language policies, including local and national practices, community ideology, and local and state regulations.
2. Frequently reflect on your linguistic ideologies and practices.
3. Explore the language policies of the families and children with language disorders you assess and treat. Children have agency and also have their language policies (Caldas, 2012).
4. Identify areas of conflict and convergence between your client's and the local community's language policies. Consider that family language policy is not developed or practiced in a vacuum. Instead, family language policies emerge in response to social, political, cultural, educational, and economic pressures (Caldas, 2012).
5. Inspect clinical materials and strategies from a psychometric, linguistic, sociolinguistic, and human rights perspective.
6. Provide services from an equity-minded and inclusive perspective, even when delivered only in one language.
7. Be prepared to discuss these issues with colleagues and with your clients and families and serve as a bridge to find the communicative and clinical context with the least conflict and the most significant clinical impact.

Being bilingual is a human right. By acknowledging and reflecting on language policy, we can help children and their families practice their language policies and exercise the human right of communication without limitation of borders by any means of expression.

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