

Program and Abstract Book

August 24th and 25th, 2017

The 5th International Composium on Communication Disorders
in Multilingual and Multicultural Populations



We wish to thank our main supporters



WOLFGANG RITTER-STIFTUNG
BREMEN

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Welcome

Welcome

from the Senator of Science, Health and Consumer Protection

Dear participants of the 5th Composium,

it is a great pleasure for me to welcome you on behalf of the Senat of Bremen to the "5th International Composium on Communication Disorders in Multilingual and Multicultural Populations" focusing on multilingual issues associated with communication disorders of refugees and migrants.

Bremen as this composium's venue has a long history of both immigration and emigration. People from foreign countries founded the city in the 8th century; the medieval boom of the Hanse is another example of transcultural exchange as is the Gastarbeiter era of the 1960ies and 1970ies. On the other hand, in the 19th and early 20th century over 7 Million people from Europe emigrated to overseas destinations via the port of Bremerhaven. Considering this historical background, the citizens of Bremen have a genuine awareness of the chances and challenges represented by the diverse aspects of migration.

Faculty of speech is one of the most important skills for social participation and self-development. But what if the inability to master a foreign language is not due to the structural lack of language development programs or the individual's absence of sufficient motivation but to physical or psychogenic reasons? In this case, those affected are confronted with the almost unbearable void of communication space not to be acquired.

The growing proportion of people with a migrant background amongst the younger population entails new challenges for the treatment of children, adolescent and adult patients with communication disorders. Cultural competences are vital components of the expert knowledge of clinicians, researchers, speech-language therapists/logopedics and other health and educational professionals. To facilitate both knowledge transfer and the provision of services as well as to promote research and education to diverse populations and their needs of communication are vital both for the individual and for our societies.

The activities of speech and language therapists and logopedics in this field of medical research cannot



be overemphasized. Therefore we established an academic degree program for Applied Therapeutic Sciences with the subject Logopedics at the Hochschule Bremen in 2015. As the Senator of both Science and Health it is a great pleasure to host this academic composium at the City University of Applied Sciences in Bremen.

As a representative of the Senate of Bremen I would like to invite you to get to know more of the city of Bremen: its history and the diverse and colorful population of people who live here. In the course of the 5th Composium I hope you will find not only inspiring interdisciplinary exchange but also enjoy the intercultural exchange with the other participants coming from all over the world.

Prof. Dr. Eva Quante-Brandt
Senator of Sciences, Health and Consumer Protection,
State of Bremen

Welcome

from the Rectress of the Hochschule Bremen, City University of Applied Sciences

Trendsetter for the regional and personal development

Dear Ladies and Gentlemen,

I am pleased about your interest in the „5th International Composium Disorders in Multilingual and Multicultural Populations“ at Bremen University of Applied Sciences.

Two aspects underline the significance of this meeting for Bremen University of Applied Sciences:

Along with the course Applied Therapeutic Sciences in Speech and Language Therapy (SLT), the City University of Applied Sciences is broadening its profile oriented towards the demands of international standards. The degree program has been implemented in 2015 and confirmed that there is a clear demand for SLT services taking into account multicultural requirements.

The current curriculum is unique in Germany as it delivers more advanced topics such as diversity, multilingualism and clinical intercultural competences.

Hence, this attractive and professionally accredited academic degree equips already qualified speech and language therapists for a highly rewarding career in the modernized health service that can significantly improve patient's quality of life.

Moreover, it facilitates the development of skills and expertise that are highly needed at the intersection of clinical health care and educational contexts, while facing considerable challenges due to increased immigration including refugee children. That will also be shown in that event according to my opinion. The goal is clear: Linguistic ability means communicative capacity which in turn enables participation, integration and finally inclusion.

The expert conference exemplifies the profile of City University of Applied Sciences Bremen as a trendsetter for regional and personal development and tackles a politically and socially current topic. The associated challenges and opportunities are also reflected in the numerous contributions from science and practice. I



am looking forward to the professional exchange and the promotion of cooperation with our partners and guests from more than 15 countries.

The scientifically founded and application-oriented speech and language therapy is now represented with the study course ATW at the scientific location of Bremen and therefore, the expert conference at City University of Applied Sciences Bremen is in the right place. I wish the event many innovative and interdisciplinary impulses and our guests a pleasant stay in Bremen.

Sincerely

Prof. Dr. Karin Luckey
Rectress of the Hochschule Bremen,
City University of Applied Sciences

Welcome

from the President of the International Association of Logopedics and Phoniatrics (IALP) and the Chair of the Multilingual Affairs Committee (MMAC)

Welcome to the 5th International Composium on Communication Disorders in Multilingual and Multicultural Populations from the Multilingual and Multicultural Affairs Committee (MMAC) of the International Association of Logopedics and Phoniatrics (IALP).

This composium consists of presentations that address communication disorders in underserved populations, including refugees and migrants.

The goal of this composium is to create a forum for presenting evidence that benefits researchers, educators, and speech-language therapists who provide services to refugee and migrant populations with communication disorders.

This composium is hosted by the Hochschule Bremen, City University of Applied Sciences, in Bremen, Germany of August 24th and 25th, 2017.

The International Association of Logopedics and Phoniatrics (IALP) has a vision, mission and goals that further the need to provide evidence-based research and support to address the needs of a global population with communication disorders.

VISION

IALP has a global vision to facilitate better understanding, knowledge and care of all those with communication and swallowing disorders.

MISSION

The mission of IALP is to improve the quality of life of individuals with disorders of communication, speech, language, voice, hearing, and swallowing.

THE GOAL OF THE IALP IS TO:

Facilitate science, education, and clinical practice through international cooperation and collaboration;
Create and share knowledge, skills and information;
Provide a platform for international networking and advocacy.



Dr. Li-Rong Lilly Cheng



Prof. em. Dr. Sandra Levey

The IALP also works in collaboration with the World Health Organization (WHO).

The Multilingual and Multicultural Affairs Committee includes members from Brazil, Canada, Cyprus, Finland, Germany, Hong Kong, Israel, Malta, Morocco, South Africa, Sweden, and United States.

We welcome you to Bremen.

Dr. Li-Rong Lilly Cheng
President of the IALP

Prof. em. Dr. Sandra Levey
Chair of the MMAC

Welcome from the Local Conference Organizer

Dear colleagues, participants and friends,

on behalf of the organizing speech and language therapy program at the Hochschule Bremen, City University of Applied Sciences, as well as the deputy chair of the IALP Multilingual-Multicultural Affairs Committee, it is my great pleasure to welcome you to this international compositum in Bremen.

We have an exciting program covering a wide range of topics and featuring keynotes by Yasemin Karakosoglu, Helen Grech, and Elin Thordardottir, along with many other distinguished clinical and educational scientists and practitioners in the field of multilingual communication disorders.

Attending the compositum means you also will experience Bremen, a beautiful city renowned for its internationality and inspiring diversity. The Hochschule Bremen (HSB) is ideally located in the center of the city and a very short distance of a 10-minute walk to the riverside, numerous restaurants at the Schlachte embankment and the entrance to over 1200 years of history to explore. Sessions will take place in the newly refurbished Sky Lounge on top of the AB building, offering an amazing view over the city of Bremen. The gala dinner on Thursday evening will take place at the Bremen's Ratskeller, located right beneath Bremen's UNESCO World Heritage town hall, directly on the market place, the heart of the city. That is a wonderful opportunity to come together to share and discuss recent research findings, and educational and professional advances, that will enrich our work, and enable our thinking to transcend geographic and cultural boundaries. While you are in the city, I hope you can enjoy some of the sights and activities Bremen has offer. Stroll along the Weser river or in the public gardens like the Buergerpark, visit the Schnoor quarter, the Boettcherstrasse, the Viertel quarter, St. Peter's Cathedral and the Roland Statue on the market place. There are many museums worth being visited.

Bremen enjoys a reputation as a cosmopolitan town in which cordiality and tolerance reign. "Come with us to Bremen!" is the famous invitation from the four Bremen Town Musicians, immortalized in Grimms' fairy tale. The conference's themes of multilingualism



and diversity can be attributed well to the diverse composition of the Bremen Town Musicians, and their long and arduous journey looking for safety and peace at their final destination.

This compositum will be an exceptional conference for sharing the latest academic insights as well as experiencing the unique culture of Bremen. I would like to thank the IALP to decide on the Free Hanseatic City of Bremen as the place to hold this international compositum.

Willkommen!

Prof. Dr. Wiebke Scharff Rethfeldt
Local Conference Organizer

Diversity is
the **key**



General Information

OPTIONAL SOCIAL PROGRAM

OPTIONAL TOUR

Wednesday, August 23rd, 2017

Visit Mercedes Benz in Bremen

The Mercedes-Benz cars with the famous three-pointed star are manufactured in the company's world's second largest state-of-the-art factory in Bremen.

Take a look behind the scenes and witness at close hand the production of the SL, SLK, C-Class, E-Class Coupé and the GLK, all of them roll off the production line here. You can watch at close quarters as the body shell is put together and the car goes through final assembly.

Furthermore, you will be given the chance to test drive their latest SUV at the outdoor course.



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Fee: € 55,- per person

Start: 2.00 pm at Hochschule Bremen, City University of Applied Sciences, Neustadtswall 30

End: 8:00 pm at Hochschule Bremen, City University of Applied Sciences, Neustadtswall 30

OPTIONAL CONFERENCE DINNER

Thursday, August 24th, 2017

Gala Dinner at the Bremen's Ratskeller

Located right beneath Bremen's UNESCO World Heritage town hall, the Ratskeller is one of Germany's oldest and most famous cellar taverns. German wines have flowed freely here since 1404, and the Ratskeller still holds the largest collection of German wine throughout Germany.

Enjoy a four-course dinner in the magnificent Ratskeller restaurant. The dinner will be a typical Bremen Hanseatic meal.

Drinks are included with the course.



© Andre Schütt

Fee: € 69,- per person

Start: Meet at 7:00 pm (sharp) at the Roland Statue in front of the town hall.

LANGUAGE

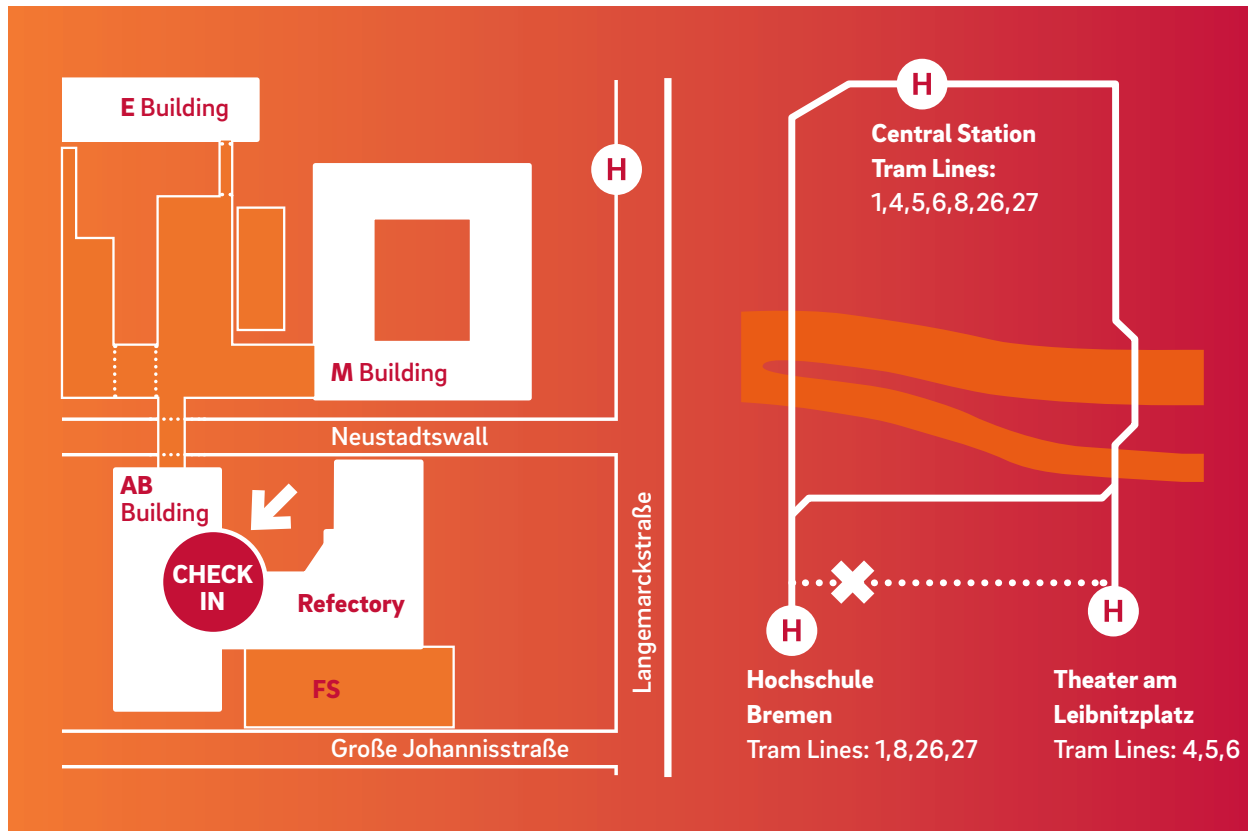
The official language of the conference is English.

CURRENCY

The official currency in Germany is the Euro (€). You can exchange foreign currency in several banks and Currency Exchange Businesses. Bank checks are usually not accepted. Master cards are very common, and credit cards are common in the urban areas. Shops and restaurants that normally accept credits cards display a list of these cards on their shop windows. It is advisable to carry some cash with, since for small purchases, shops do normally prefer to be paid cash. Please note that the university's refectory does not accept payment by credit or debit card but cash only.

CONFERENCE VENUE & VENUE PLAN

The 5th International Composium on Communications Disorders in Multilingual-Multicultural Populations will be held at the Hochschule Bremen, Neustadtswall 30, 28199 Bremen, Germany.





BREAKS DURING THE CONFERENCE

Coffee will be offered during the coffee breaks, according to the time schedule mentioned in the program. If you wish to have a coffee or a snack any other time, please note that there is a cafeteria and refectory at the ground level of the AB building.

LOST AND FOUND

During the conference, any lost property should be brought to the attention of the registration desk.

SMOKING POLICY

Smoking is not allowed inside the university buildings, at the venues for the social functions and in all public buildings and restaurants in the city. Smokers are kindly required to smoke outdoors or in the smoking areas.

Please note that smoking is strictly prohibited on the panorama terrace.

SECURITY AND EMERGENCY

It is agreed that the MMAC and HSB organizing committee and the HSB secretariat, and their agents and officers, reserve the right to cancel at any time any, or all, of the programmed or other activities if this should appear necessary as a result of events which are beyond their control or which they cannot reasonably be expected to influence or for which they are not responsible. Without limiting the generality of the foregoing, such events shall include force majeure, government or other official regulations, natural disasters, strikes of any kind whatsoever, civil, international or other crises, or any other unforeseen occurrence. Decisions regarding the necessity for such cancellation shall be taken by the conference secretariat, or their agents, at their sole discretion and shall be final.

The MMAC and HSB organizing committee reserves the right to refuse admission to the conference, or participation in any other MMAC activities to any delegate who is considered by the MMAC and HSB organizing committee to be a security risk and/or a disruptive influence on the orderly conduct of all aspects of the conference.

Do not accept packages from strangers or leave personal belongings unattended. Report unusual behavior and suspicious packages to the registration desk. During the conference, in case of an emergency of any kind, please contact the registration desk. At the beginning of the conference, please familiarize

yourself with the venue and locate your nearest fire exit doors which are indicated by the green exit signs, until the ground level, which will be clearly indicated. All participants must evacuate the building as soon as the fire alarm is sounded. The organizing staff will help evacuate and clear the building. We encourage disabled participants to make themselves known.

In the unlikely event of our fire alarms sounding, please adhere to the following instructions:

- Please leave immediately through the nearest fire escape.
- There are two exit routes from the Sky Lounge, the rooms on the top of the AB building: the stairway inside the building and the stairway at the north end of the terrace outside the building. Please gather a safe distance from the building near the main street.
- Please proceed to leave the building while alerting all the people in the immediate area of the danger.
- Please assist disabled persons.
- If there is sufficient time and human life (including one's own) would not be endangered, one may attempt to extinguish the fire with whatever equipment is available, such as fire extinguishers.
- Never use the elevator during a fire emergency!

Phone numbers in case of emergency:

Ambulance	112
Fire Department	112
Police	110

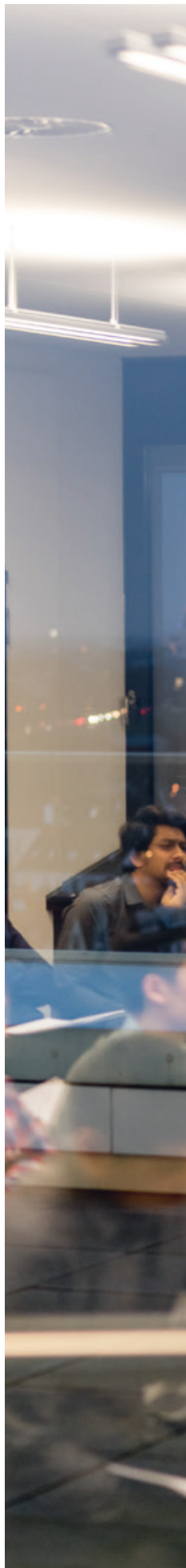
BADGES

All participants, including speakers and presenters as well as accompanying persons are kindly requested to wear their badges during all conference activities and social events.

Entry will not be permitted without a badge. In case you lose your badge, please proceed directly to the conference registration desk.

MOBILE PHONES

Participants are reminded to ensure that all mobile phones are switched off during the session times.





PHOTOGRAPHY AND RECORDING

Participants are advised that no audio and/or video recording of the conference presentations and sessions is allowed.

Please note that there will be a group photo taken on Thursday at noon – place to be announced.

WI-FI AND CONFERENCE NETWORK

The HSB City University of Applied Sciences is Wi-Fi enabled allowing conference participants to use a guest account in order to connect to the internet and stay in touch with their office, search for useful information and post and share new insights and information of the conference.

Please ensure to switch your Wi-Fi on and choose “Hochschule-Bremen” or visit wlc.hs-bremen.de to connect using the following credentials:

Benutzername / Guest User Name: fk3-tagung
Passwort / Password: e8AaEZ1B

By using the network of the HSB, guests understand and acknowledge that the HSB exercise no control over the nature, content or reliability of the information and/or data passing through the HSB network.

OFFICIAL CONFERENCE MEDIA PLATFORM

Twitter is a familiar presence at conferences these days to interactively share and enhance scientific communication. Scientists mainly use Twitter to follow discussions, to post work content, to discover peers, to learn about recommended papers, and to comment on research.

Conference tweeting is also used in a functional way. That is why we encourage you to use Twitter at this conference as well and tweet live. When you are tweeting about people's work, be sure to give them credit. Besides, Twitter may be a tremendous boon to develop your professional network.

The official account of this conference is
@HSB_logo_ATW

Please ensure to use the conference hashtag
#MultiCult2017

Program

THURSDAY 24TH AUGUST

07:45	Registration
08:30	Welcome Prof. Dr. Karin Luckey <i>Rectress of the City University of Applied Sciences Bremen</i> Senator Prof. Dr. Eva Quante-Brandt <i>Senator of Science, Health and Consumer Protection, State of Bremen</i> Dr. Li-Rong Lilly Cheng and Prof. em. Dr. Sandra Levey <i>President of the International Association of Logopedics and Phoniatrics and Chair of the Multilingual-Multicultural Affairs Committee</i> Prof. Dr. Wiebke Scharff Rethfeldt <i>Conference Organizer</i>
Moderator: Dr. Eva-Kristina Salameh, SWEDEN	
09:00	Keynote Intercultural Competences and Strategies in Institutions and Professional Trainings – What is Needed? <i>Prof. Dr. Yasemin Karakaşoğlu, GERMANY</i>
09:45	Underserved and Unserved Populations: A Collaborative Model <i>Prof. Dr. Li-Rong Lilly Cheng, USA, Prof. Dr. Sandra Levey, USA, Prof. Dr. Benjamin T'sou, HONG KONG</i>
10:05	Diversity and Health Care Professions: Wake up Call to Consciously Widen Our Professional Scope when Dealing with Clients from a Minority Language Background <i>Dr. Antje Orgassa, NETHERLANDS</i>
10:25	Coffee Break
11:00	A Paradigm Crisis in Culturally Sensitive SLT Service Provision: The Underestimated Role of Social Evidence <i>Prof. Dr. Wiebke Scharff Rethfeldt, GERMANY</i>
11:20	The Bilingual Parents' Questionnaire (BIPAQ) Diagnosing Language Impairment in a Clinical Setting <i>Hadar Oz, ISRAEL</i>
11:40	Strategies for SLPs Working Effectively with School-Age Children in Migrant Communities <i>Dr. Lemmietta McNeilly, USA</i>
12:00	Group photo (Meet in Lobby, Ground Level)
12:15	Lunch Break
Moderator: Sini Smolander, FINLAND	
13:15	Keynote Global Health and Communication Issues of Migrants: Malta as a Case Study <i>Prof. Dr. Helen Grech, MALTA</i>
14:00	Barriers to Accessing Speech Pathology Services for Culturally-Linguistically Diverse Clients <i>Prof. Dr. Nidhi Mahendra, USA</i>
14:20	Breaking Barriers to Treatment Access and Adherence for Immigrants in a Country with an Universal Health System: Thoughts About Brazil that Could Be Applied Abroad <i>Dr. Bárbara Niegia Garcia de Goulart, BRAZIL</i>
14:40	Multilingual Assessment of Language Impairment and Medical Education – The Vienna Model <i>Prof. Dr. Brigitte Eisenwort, Dr. Anna Felnhofer, PD Dr. Claudia Klier, AUSTRIA</i>
15:00	Poster Exhibition <i>Moderator: Prof. em. Dr. Sandra Levey, USA</i>
16:00	Closing

FRIDAY 25TH AUGUST

07:45	Registration
08:30	Welcome Dr. Li-Rong Lilly Cheng and Prof. em. Dr. Sandra Levey <i>President of the International Association of Logopedics and Phoniatrics and Chair of the Multilingual-Multicultural Affairs Committee</i>
	Moderator: Dr. Lemmietta McNeilly, USA
08:45	Keynote Speech Language Therapy for Bilingual and Migrant Children - What Works Best? <i>Prof. Dr. Elin Thordardottir, CANADA</i>
09:30	Second Language (L2) Performance in Typically Developing and Language Impaired (LI) Children <i>Sini Smolander, FINLAND</i>
09:50	A Tool for Assessing Grammatical Development in a Second Language <i>Dr. Eva-Kristina Salameh, SWEDEN</i>
10:10	Coffee Break and Poster Exhibition
11:00	Speakaboo: A Cooperative Project to Improve Bilingual Speech Assessment <i>Mirjam Blumenthal, NETHERLANDS</i>
11:20	Challenges for Multilingual Roma Pupils in Primary Education – Implications of Findings from the UK and Germany <i>Christina Haupt, GERMANY</i>
11:40	Supporting Indigenous Children's Early Communication Development through the Co-Creation of Community-Led Services <i>Dr. Sarah Verdon, AUSTRALIA</i>
12:15	Lunch Break and Poster Exhibition
	Moderator: Dr. Bárbara Niegia Garcia de Goulart, BRAZIL
13:00	Multiliteracies: Strategies for Educating Immigrant/Refugee Children <i>Dr. Carol Westby, USA</i>
13:20	Humanitarian Migrants' English Language Proficiency, Self-Sufficiency and Integration <i>Helen Blake, AUSTRALIA</i>
13:40	Neuro-Cognitive Assessment of Communication Disorders in Migrant Population from Moroccan Background <i>Mohamed Taiebine, MOROCCO</i>
14:00	Evaluating Personal Narratives from Bilingual Greek–English Immigrants with Aphasia <i>Prof. Dr. Maria Kambanaros, CYPRUS</i>
14:30	Conference Closing Good-bye Bremen – See you in Taipeh 2019! <i>Prof. Dr. Wiebke Scharff Rethfeldt and Dr. Li-Rong Lilly Cheng</i>

Keynote Abstracts

Intercultural Competences and Strategies for the Profession in Institutions and Training - What is Needed?

Prof. Dr. Yasemin Karakaşoğlu
University of Bremen
GERMANY

There have been several attempts to define what 'intercultural competence' really was about, both theoretically and empirically. Scholars mainly agree on a heuristic model of four core dimensions of 'intercultural competence': knowledge, attitude, skills, awareness. There is also a common understanding of the possibility to teach intercultural competence in the sense that it could be achieved by learning and training. But yet the model hasn't been proved its empirical evidence. Thus little is known in on how success in teaching or fostering intercultural competence could reliably been measured (Straub, 2010). Still the belief in the concept of intercultural competence is strong. Fantini and Tirmizi (2006, Center of Intercultural Competence, Kloten Switzerland) and others define 'intercultural competence' quite similar as „the ability for successful communication with people of other cultures“. Intercultural competence would then require „sensitivity and understanding for other values, views, ways of living and thinking, as well as being self-conscious in transferring one's own values and views in a clear, but appropriate way. 'Intercultural competence' helps understanding others and achieving goals.“ Other than in this quite essentialistic and utilitarian approach the UNESCOs' (2013) definition of 'intercultural competences' is led by a more flexible model of culture and a foremost pedagogical explanations for the need of intercultural competence because of an „increasing diversity of cultures, which is fluid, dynamic and transformative“. This would imply „specific competences and capacities for individuals and societies to learn, re-learn, and unlearn so as to meet personal fulfilment and social harmony.“

In this respect no less is expected from the acquisition of 'intercultural competences' than to „constitute a very relevant resource to help individuals negotiate cultural boundaries throughout their personal encounters and experiences.“ From this understanding of 'intercultural competence' even fighting intolerance, stereotyping, discrimination, hate speech and violence is expected.

Biography



Yasemin Karakaşoğlu, Professor of Intercultural Education at the University of Bremen since 2004, Vice President for International Affairs and Diversity since 2011. Amongst others: Member of the Foundation Board of the University of Hildesheim, and Chairwomen of the University Council of BAU International University of Applied Sciences in Berlin. Since 2016 she is a member of the Board of Directors of the German Academic Exchange Service (DAAD).

In a postcolonial critique of intercultural education the call for intercultural competences as key competences for pedagogues and other teaching and counseling professions in a plural society marked by migration moves, the concept of 'intercultural competence' is criticized sharply. The concept is blamed for essentializing culture as a seemingly main category of difference in (im)migrant societies, blinding out existing societal hierarchies and hegemonies which derive from persisting socio-political and socio-economic inequalities.

Also in the light of discourses on inclusion, intersectionality and diversity management the concept of intercultural competence as a key factor for the functioning of pluralistic societies is questioned. The paper will shed a light on the controversial scientific discussion and its implications for the Profession in Institutions and Training.

Fantini, A. & Tirmizi, A. (2006). Exploring and Assessing Intercultural Competence. World Learning Publications. 1. http://digitalcollections.sit.edu/worldlearning_publications/1

Wiedemann, A., Straub, J., & Nothnagel, S. (2010). Wie lehrt man interkulturelle Kompetenz? Theorie, Methoden und Praxis in der Hochschulausbildung. Ein Handbuch.

UNESCO (2013). Intercultural Competences. Conceptual and Operational Framework <http://unesdoc.unesco.org/images/0021/002197/219768e.pdf>

Global Health and Communication Issues of Migrants: Malta as a Case Study

Prof. Dr. Helen Grech
University of Malta
MALTA

The needs and values of migrants have been the concern of politicians, religious leaders, the media and the general population, particularly in the past decade. This presentation will focus on 3rd country migrants who are asylum seekers or seeking refugee status, taking those arriving in Malta as a case study.

The services offered to these migrants, particularly related to health and communication will be reviewed in the light of attitudes and expectations. Professional perceptions and competences to work with these populations are discussed and perceptions of migrants about services offered to them are taken into consideration. Concerns about equitable professional practice and the education and training of health care professionals to address needs of this cultural and linguistic diverse population are discussed and aspects that require attention are highlighted.

A conceptual framework that could be considered to enhance services, particularly speech and language therapy, to this diverse population is provided. Strategies to implement the conceptual framework are suggested.



Biography

Prof. Dr. Helen Grech is Deputy Dean and Head of the Department at the Faculty of Health Sciences, University of Malta. She is a registered audiologist and speech-language pathologist. Her research interests and involvement are related to speech/language acquisition and disorders in multilingual/multicultural populations. Helen Grech has published in the related field.

Correspondence

helen.grech@um.edu.mt

Department of Communication Therapy
Faculty of Health Sciences
University of Malta



Speech Language Therapy for Bilingual and Migrant Children – What Works Best?

Prof. Dr. Elin Thordardottir
 McGill University and CRIR – Centre de recherche
 interdisciplinaire en réadaptation du Montréal métro-
 politain
 CANADA

In the spirit of Evidence Based Practice, clinical decisions in language therapy are ideally based on a combination of solid clinical expertise and the best available research evidence. A fairly large and growing body of research studies have been published on the efficacy of various intervention methods that target language impairment in children. Only a very small portion of these studies have targeted bilingual children specifically. In many ways, the clinical practices that work best for monolingual children can be expected to be appropriate for bilingual children as well.

After all, the number of languages spoken or being acquired is only one aspect of these children's lives, and not necessarily a central one – a fact that should always be kept in mind. Bilingual children are first of all children, with the same basic abilities and needs that characterize all children. Bilingualism is not their principal defining factor. In fact, individual bilingual children may resemble monolingual counterparts more than they do bilingual counterparts, whereas the reverse may be true for other individual children. Just like monolingual children, bilingual children need interventions that make them better communicators in their social and academic settings, that fit their learning styles, and that are motivating and rewarding. In general, we need to be careful not to lump all bilingual children into the same group and we need to be careful not to let the children's bilingualism blind us to other more general factors. In some cases, well intended 'bilingual modifications' may not be efficacious and can get in the way of good therapy practices (see Thordardottir, 2006).

That said, the fact that two or more languages are being learned and used does create certain unique situations and needs, and possibly in some ways different learning styles. In addition, depending on the particular circumstances of individual children and families, cultural differences may exist that affect, for example, the way that children are used to being talked to and how they are expected to talk. This may have an impact on the appropriateness of certain language stimulation methods which may become odd or out of place when



Biography

Elin Thordardottir, BA, MS and PhD, University of Wisconsin-Madison, professor at McGill University in Montreal, Canada, since 1998. Her research is in the area of language development and disorders in monolingual and bilingual children, with a focus on underlying causes, assessment and intervention. Clinically certified in Quebec and in Iceland.

Correspondence
 elin.thordardottir@mcgill.ca

School of Communication Sciences
 and Disorders
 McGill University
 2001 McGill College Avenue
 Montreal, QC, H3A 1G1

used in cultural settings other than those in which they were originally created. Cultural differences may also exist in how language impairment is viewed by the children's caregivers, whether and how parents believe it should be treated, and how parents view the extent and manner in which they should be involved in the treatment (see van Kleeck, 1994). Cultural differences may be more pronounced for migrant children than for bilingual children who have resided for a longer time in their community. Importantly, bilingual children are not a homogeneous groups. Their circumstances vary widely, as does the extent to which they are functionally bilingual, the extent to which bilingualism is and will be a necessity or a reality in their everyday lives, and the extent to which they differ from the mainstream culture in which they currently reside.

Oral Abstracts

Underserved and Unserved Populations: A Collaborative Model

Li-Rong Lilly Cheng¹, Sandra Levey², Benjamin Tsou³

There are estimated to be a growing number of asylum-seekers across the world, with the expectation that this number will exceed 60 million during 2016 (David, 2016). An estimated 15% of the entire world population experiences some form of disability, (World Health Organization, 2011). These figures likely represent an underestimate of the prevalence of disabilities, given that the method of conceptualizing disabilities differs across the globe and that many surveys were conducted more than a decade ago (McPhillips, 2016). There is a lack of equity across populations in the Majority and Minority Worlds that require services, along with a disparity and large gap between countries in the delivery of services for populations with communication disorders. According to the International Migration Report (United Nations, 2015), the number of international migrants worldwide has reached 244 million in 2015, up from 222 million in 2010 and 173 million in 2000. The underserved and unserved populations are those that lack service availability, service accessibility, or live in remote areas. These are the underserved and unserved.

A significant number of refugees and immigrants are disabled to one degree or another, with many disabilities resulting from the ravages of warfare or because of the poor health conditions in camps, and significant linguistic and cultural differences. Thousands of families have been displaced or lack health care. Eighty per cent of people with disabilities live in developing countries, while The World Bank estimates that 20 per cent of the world's poorest people have some type of disability (Disabled World Toward Tomorrow, 2016). There are a great number of displaced people in Southeast and Central Asia, the Middle East, Central and Eastern Europe, as well as in parts of Africa. There are thousands of children and families in the world who have been displaced and are now stateless and left without family and lacking health care.

The special needs of all people with disabilities must be met, and obstacles and barriers must be removed to meet their needs (United Nations International Disability Alliance, 2016). Effective communication, a human right, must be made accessible and achievable for all (American Speech-Language-Hearing Association, 2016). Speech language pathologists (SLPs) and other health practitioners must be provided with realistic solutions to the needs of immigrants, refugees, and other underserved populations. It is important to design new approaches that are culturally relevant, holistic,

Biography

Dr. Cheng has authored articles and books on bilingual/multilingual acquisition and language development, Chinese linguistics, and the bilingual/multilingual/multicultural population. She was former chair of the Multicultural Issues Board for the American Speech Language and Hearing Association and is the president of the International Association of the Logopedics and Phoniatrics (IALP).

Dr. Levey has published articles and books, and presentations on bilingual/multilingual children's and adult's perception, acquisition, and reading skills. She has authored *Language Development: Understanding Language Diversity in the Classroom*. She is the chair of the Multilingual and Multicultural Affairs Committee of the International Association of Logopedics and Phoniatrics (IALP).

Dr. Tsou has authored books, articles, and presentations on Chinese linguistics and Asian languages. He led the team which developed the comprehensive Cantonese Oral Language Assessment Scale [COLAS]. He is a member of the Multilingual and Multicultural Affairs Committee of the International Association of Logopedics and Phoniatrics (IALP).

Correspondence

sandralevey@lehman.cuny.edu

accessible, sustainable, and responsive to the needs of these populations. One of the solutions is a collaboration between SLPs in Minority World countries and Majority World Countries to develop methods to provide services to populations that require assistance and to facilitate two-way learning.

We offer a collaborative model that can be adapted and adopted to address underserved and underserved populations that require health services (Cheng, 2013; Cheng & Levey, 2016). An example of this model is found in the training workshops organized by the University of Guangzhou in China for teachers working with special need and unserved populations. More than two thousand participants attended workshops held in 2013, 2014, and 2015. This effort was the result of the

¹ San Diego State University, CA, USA

² The City University of New York, Lehman College, NY, USA

³ City University of Hong Kong, HONG KONG

collaboration of Cantonese-speaking SLPs and Audiologists from Hong Kong, Taiwan, and the United States. The goal was to improve the quality of education and services for children with autism spectrum disorders (ASD), an underserved population.

In 2016, the Guangzhou Bureau of Education sponsored a three-year grant to offer continuing education on special education and human communication disorders to a selected number of teachers (Education Bureau, 2016). This project addressed a crucial need, given that a review of service provision to children with ASD in China found poor knowledge of and experience with this disorder, with the need to improve services to this population (Sun et al., 2013). To address the need for major improvement of the education of children with ASD, professionals in Hong Kong, Taiwan, and the US met to address this goal. Services in Hong Kong are quite advanced, with 18 private agencies and 19 non-government organizations (NGOs) that provide services for children with ASD. In addition, the Autism Children Foundation (ACF) was founded by a group of parents and specialists in 2005. Based on the collective efforts of SLPs and audiologists, a series of training workshops were held in Guangzhou, China in 2013, 2014, and 2015. The main goal of this collaboration was to educate practitioners about ASD and to improve the quality of education and services for children with this disorder, along with assistance to their families. More than two thousand teachers participated in these workshops to learn about ASD, and discussions were held on how services could be improved for children in need (Sin & Yu, 2011; Cheng, Wallach, & Reed, 2014).

A survey of participants revealed the need to provide additional training for teachers to improve their knowledge and skills.

The result of this collaboration was a major improvement in the education of children with ASD. This collaboration developed strategies, interventions, and resources for sensory processing disorders; an understanding of the environmental factors, including issues of multilingualism in evolving urban settings, that may impact on a child's behavior; identification of the sensory factors that may impact children's ability to focus on tasks in a classroom; and visual and auditory aids for children who will benefit from these supports. In addition to presentations, the faculty participated in panel sessions during which they answered questions submitted in writing by teachers and spontaneously asked by parents. Evening sessions were held separately for parents during which they were free to ask the faculty questions and raise topics of concern about educational issues related to ASD. While educators observed, the faculty provided triage panels for parents who were in Guangzhou to adopt Chinese infant orphans and volunteered to bring the children to a session during the in-service. This event provided the teachers with examples of the types of screening tasks the professional faculty use, the questions about communication and development they ask parents, and how they interpret the information to provide the parents with recommendations for follow up. In summary, a collaborative approach is essential to address the needs of unserved and underserved populations.

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Diversity and Health Care Professions: Wake up Call to Consciously Widen Our Professional Scope when Dealing with Clients from a Minority Language Background

Antje Orgassa, Hogeschool van Arnhem en Nijmegen, NETHERLANDS

OBJECTIVE

Nowadays 'positive health', 'interprofessional collaboration', 'self-management' and 'person-centered care' belong to the key notions of our Western health care systems. What do these notions mean with respect to accessibility, quality and safety of health care when dealing with clients from a minority language background? Do we have consciously acquired sufficient knowledge, skills and attitudes to handle global engagement and intercultural and linguistic diversity in clinical settings, and ... do we act accordingly?

CONTEXT

In this paper, I would like to address these questions by reporting on the outcome of a study conducted at the Institute of Health Care Studies (IPS) at the Hogeschool van Arnhem en Nijmegen (Netherlands) where the departments of dietetics, occupational therapy, oral hygiene, physiotherapy and speech and language therapy are located. Based on an online-survey, data of 543 students and 98 lecturers have been used to examine 1. how the IPS is dealing with global engagement and intercultural and linguistic competences in the curricula and 2. what improvements should be made. The results are clear: both, students and lecturers are highly motivated to deal with diversity, though the competences deserve much better awareness and incorporation in the curricula. Interestingly, the notions of 'language' and 'culture' have only been incompletely described by students and lecturers which suggests a limited scope on diversity in general.

Biography

Dr. Antje Orgassa is a dedicated researcher and enthusiastic lecturer in the fields of diversity in health care and language proficiency in autism and monolingual and multilingual SLI across the life span. She has studied speech and language therapy and applied linguistics and received her PhD degree on 'disentangling bilingualism and SLI'.

LEARNING OUTCOMES

It will be discussed

1. what global engagement, intercultural and linguistic diversity mean for the various health professions.
2. how the Western scope of health care intervention and education relates to that of the client with a minority language background.
3. how every single profession should contribute in an interdisciplinary way to better care of cultural minorities because just talking about it is not enough.

A Paradigm Crisis in Culturally Sensitive SLT Service Provision: The Underestimated Role of Social Evidence

Wiebke Scharff Rethfeldt, Hochschule Bremen, GERMANY

Cultural and linguistic diversity (CLD) has become a central issue for speech language therapists (SLT) in Germany, especially due to the high number of immigrants. As the number of CLD-children across Europe steadily increases, most SLT can expect to encounter these children on their caseloads, which come from a variety of cultural environments and linguistic backgrounds. They also vary in age of onset when they became multilingual, in the settings and contexts in which they use each of their languages with different interlocutors, and the extent to which they are motivated to acquire their languages, among other factors influencing language development and clinical implications for SLTs to conduct assessment and intervention.

However, providing appropriate assessment and intervention services to individuals from CLD populations according to evidence-based principles is challenging, especially when clinicians rely on Western standardized assessments. Currently there may be a disproportionate consideration of the social component. Problems and alternative solutions to the use of norm-referenced measures that may reduce the risk for misdiagnoses of multilingual children and biases inherent in standardized tests will be discussed and examples given. Then a culturally sensitive decision-making framework will be proposed. Next to a critical reflection of the use of monolingual standards and measures according to evidence-based approaches, it will be inevitable to consider and self-assess the impact on SLT's personal and professional attitudes towards CLD and develop a clinical intercultural competence.

LEARNING OUTCOMES

- Participants will critically reflect norm-referenced, standardized measures in the assessment of CLD populations.
- Participants will understand the need for cultural sensitivity for the selection of assessment-procedures, their non-biased analysis and clinical decisions.
- Participants appreciate the importance of integrating social evidence concerning current immigrants and refugee backgrounds from e.g. SLT case history interview.

Biography

Dr. Wiebke Scharff Rethfeldt is SLT / logopedic and a full professor at Hochschule Bremen with a special focus multilingual language acquisition, clinical reasoning, assessment and intervention in culturally and linguistically diverse children. She is the deputy chair of the Multilingual and Multicultural Affairs Committee of the IALP.

Correspondence

w.scharff.rethfeldt@hs-bremen.de

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The Bilingual Parent's Questionnaire (BIPAQ) Diagnosing Language Impairment in a Clinical Setting

Hadar OZ, Bar-ilan University. ISRAEL

Difficulties or delays in the acquisition of a second language leads to many referrals of bilingual children to Speech and Language Pathologists (SLPs), in spite of the absence of a true disorder. Lack of standardized tests in the first language (L1) and norms that are inappropriate for bilingual children. Thus, there are over- and under-diagnosis of bilingual children with Specific Language Impairment (SLI) (Iluz-Cohen, 2008; Armon-Lotem, 2006). To address this problem, a bilingual parents' questionnaire (BIPAQ, 2012) was used to identify L2/Hebrew learners, who did and did not have SLI.

There were 133 bilingual children (ages 30-78 months) who participated in this study: 53 children who were referred to SLP's due to language performance difficulties and 80 children who were never referred for assessment. There were 40 of the referred group who presented L2 abilities below the norm expected of their peers in L2 Hebrew standardized tests (Goralnik, 1995; Katzenberger, 2009), whereas only 20 were diagnosed post-treatment with Language Impairment by clinicians. The BIPAQ questionnaire (2012) was administered to all parents and post-treatment SLP's evaluations were collected. Results indicated high sensitivity of the BIPAQ for differentiating bilinguals with SLI from typically developed L2 learners. Prominent markers and questions assisting in that process will be presented. Findings were that 33 out of 53 children referred were not diagnosed as language impaired and received an experimental group treatment. Appropriate approaches are essential, as immigrants and refugees require evidenced-based assessment to support their language development.

Biography

Hadar Oz is a SLP and clinic manager, research assistant at Bar-ilan University, and has designed and analyzed language performance tasks for bilingual language children. She is the initiator and promoter of Theoretical and Practical workshops for SLPs in Israel dealing with Linguistic Profile, Diagnosis, and Treatment of Bilingual Children.

LEARNING OUTCOMES

1. Participants will gain insight into the value of an evidenced-based approach to assessment.
2. Participants will be provided with guidelines for an evidence-based questionnaire.
3. Participants will gain insight in differences versus disorders will working with L2 learners.

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Strategies for SLPs Working Effectively with School-Age Children in Migrant Communities

Lemmietta McNeilly, American Speech and Language Association, USA

The number of multilingual children of migrant workers referred to speech-language pathologists (SLPs) is increasing in the United States. It is critically important that SLPs acquire the knowledge, skills and attitudes required to competently assess the language needs of bilingual children. Clinical strategies to successfully work with interpreters, select appropriate tests and assessment tools, access resources about the language proficiency of primary languages spoken in the home are important. It is important to distinguish children that present with a language disorder in their primary language versus new English learners that have not yet acquired English proficiency.

Many school-age children living in migrant communities in the United States have varying degrees of English proficiency. The population addressed in this presentation includes school-age children in the United States that speak a language other than English and are learning to speak English as a second language. Their parents are migrants and move frequently within the United States for work. Most SLPs in the United States are not bilingual and have varying degrees of cultural competence. This presentation will highlight the challenges for SLPs working in the United States,

Biography

Dr. Lemmietta McNeilly, ASHA's Chief Staff Officer for Speech-Language Pathology is an ASHA Fellow and Distinguished Scholar and Fellow of the National Academy of Practice. She has numerous publications and international presentations. Her clinical expertise includes working with culturally and linguistically diverse young children and their families.

including assessment protocol variability in different states and local school districts and the strategies for working with interpreters.

LEARNING OUTCOMES

The participants will be able to identify

1. Information to differentiate language differences from language disorders in bilingual children
2. Assessment challenges for bilingual children in the United States
3. Strategies to work with interpreters

Barriers to Accessing Speech Pathology Services for Culturally-Linguistically Diverse Clients

Nidhi Mahendra, San Jose State University, USA

In the United States, minority clients frequently face barriers to accessing health care services, receive lower levels of care (Smedley, Stith, & Nelson, 2003), and experience persistent health disparities. In speech-language pathology, such barriers have not been well studied. The purpose of this study was to obtain empirical evidence about cultural and linguistic (CL) barriers faced by minority clients, using a mixed methods study that combined quantitative surveys and ethnographic interviews with 30 clients with communication disorders (or their family members). A secondary interest was in better understanding perceptions of diverse clients regarding encounters with speech pathologists and referring health care providers. Thematic analyses were used (based on grounded theory) to analyze par-

ticipant data from surveys and interview transcripts to obtain data about reported barriers. The data on broad themes were then classified into three broad types of barriers – Common or Conceptual Barriers (e.g. limited knowledge about the profession of Speech-Language Pathology, difficulty obtaining a timely referral from a medical provider), Cultural Barriers (e.g., culturally modulated accounts of the cause of a disorder), and Linguistic Barriers (e.g., client's limited fluency in English, lack of information in a non-English language). These data have implications for designing more culturally responsive solutions to service delivery for diverse communities.

LEARNING OUTCOMES

After attending this session, participants will be able to:

1. Describe two methods for collecting data about barriers to accessing speech-language pathology or audiology services
2. Identify three categories of barriers reported by minority clients receiving SLP or audiology services
3. Discuss at least three implications of these identified barriers, for designing clinical service delivery for diverse clients

Biography

Dr. Mahendra is a professor of Speech Pathology at San Jose State University. A multilingual speech pathologist, she has expertise in adult neurogenic disorders and multicultural issues. She received ASHA's 2012 Award for Significant Contributions to Multicultural Affairs, and currently is Editor of ASHA's Perspectives on Cultural and Linguistic Diversity.

Breaking Barriers to Treatment Access and Adherence for Immigrants in a Country with a Universal Health System: Thoughts About Brazil that Could Be Applied Aboard

Bárbara Niegia Garcia de Goulart, Universidade Federal do Rio Grande do Sul, BRAZIL

A country with continental dimensions such as Brazil naturally has regional differences that manifest through the communication, cultural expression and beliefs of its more than 190 million inhabitants. In recent years, this diversity has grown even more varied with the increase of 268,500 international immigrants, 86.7% more than in 2000 (143,600) (IBGE, 2010). In practice, it is observed that services and health and health programs in general demonstrate unpreparedness to receive this demand. There are many reports of immigrants about barriers faced daily in the access to the health network: discrimination, disinformation, disrespect for cultural diversity and unprepared professionals in care. All this calls into question the principle of universality.

In this presentation we will bring concrete proposals aimed at guaranteeing the universal access to health considering the cultural and social diversity, with a view to adherence and effective maintenance of the Bárbara Niegia Garcia de Goulart

Universidade Federal do Rio Grande do Sul
BRAZIL
Immigrants, be they adults or children.

It will be approached aspects related to the information made available by the public power in its websites and official information material, orientation books and health promotion, language and degree of education of the immigrant, years of residence in the country to which he immigrated, as well as degree of proficiency in the Language of the new country of residence and its implications for access, maintenance and adherence of treatment in the health of immigrants.

LEARNING OUTCOMES

- Participants will gain insight into the epidemiological evidences about immigration, language proficiency, scholar background and treatment adherence and what can be added in to health services to improve health treatments to these vulnerable populations.
- Participants will be provided with guidelines and strategies for health treatment adherence for immigrants

Biography

Dr. Goulart has published articles and books chapters on children's and adult's communication disorders and its associated factors in a population basis, seeking evidences for health and educational policy makers. She is professor of Epidemiology Graduate Studies at Universidade Federal do Rio Grande do Sul (Brazil) and member of the Multilingual and Multicultural Affairs Committee of the International Association of the Logopedics and Phoniatrics Association (IALP).

Correspondence
bngoulart@gmail.com

Multilingual Assessment of Language Impairment and Medical Education – The Vienna Model

Brigitte Eisenwort, Anna Felnhofer, Claudia Klier

Department of Pediatrics and Adolescent Medicine, Medical University of Vienna, AUSTRIA

In Austria more than a quarter of children in day care institutions has a migration background and grows up bi- or multilingually. About 58% of these children in the age 4.5. to 5.5.years attending kindergarten show linguistic deficits learning German as a second language and need therefore language training compared to 10% of children in the same age acquiring German as their mothertongue (Statistik Austria, 2016). Problems learning a second language can be caused by different reasons. One reason can be a language impairment acquiring mother tongue. About 30% of monolingual children suffer from a language impairment as a secondary symptom and 5 to 7 % among them from a primary language impairment (von Suchodoletz, 2012; Dilling et al., 2015). For these children diagnosis of language impairment in their mother tongue is necessary. In our presentation the Vienna model of multilingual assessment of language impairment will be outlined and discussed. In the day unit of Pediatric Psychosomatics a linguistic consultation hour for multilingual populations with language impairment is offered since 5 years. Medical students who are native speaker in the mother tongue of the patient assess the linguistic competence supervised by a clinical linguist on the linguistic levels phonetics and phonology, morphology and grammar, active and passive vocabulary and narrative ability. Inclusion criteria, methods and a case study outlining the diagnostic pathway will be presented. The training of medical students starts in Special Study Module 1, in the second year, where they have to write an annotated bibliography and a review about a special topic regarding speech and language disorders in multilingualism. In Special Module 2 they have to perform

a quantitative statistical analysis with data of multilingual children. The further training in linguistics and assessment procedures for the volunteers, recruited in the two courses is offered individually from the clinical linguist.

Blog: Our linguistic consultation hour for multilingual populations with language impairment will be presented. Medical students who are native speaker in the mother tongue of the patient assess the linguistic competence on different linguistic levels, supervised by a clinical linguist. Inclusion criteria, methods and a case study outlining the diagnostic pathway will be outlined.

LEARNING OUTCOMES

- Participants will gain an understanding of the importance of evaluating linguistic abilities in the mothertongue of the patient.
- They will learn to know different methods for assessment of language impairment in foreign languages.
- They will develop an awareness of the challenges for patients and for medical students.

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Second Language (L2) Performance in Typically Developing and Language Impaired (LI) Children (HelSLI study)

Sini Smolander. Helsinki University Hospital, FINLAND

Previous research shows substantial differences in language performance between monolinguals and sequentially bilinguals when using tests developed for monolinguals (Verhoeven et al., 2011; Armon-Lotem, 2012; Chondrogianni & Marinis, 2011). However, age and exposure effects have been rarely considered simultaneously in these analyses. The aim of the present study is to clarify how typically developing (TD) and language impaired (LI) sequentially bilingual (Bi) children perform in their second language (L2), when comparing to monolinguals (Mo) and considering age and exposure effects. There is no previous research on LI in multilingual setting in population with immigrant background, highly agglutinating Finnish from Finnic languages being L2.

Finnish speech comprehension on sentence level and receptive and expressive vocabulary of mono- and bilingual TD- and LI children were assessed in Finnish. Cross-sectional data were analysed and comparisons for groups MoTD, BiTD, MoLI and BiLI were made using general linear model and including in the final model all the significant interactions.

Monolinguals outperformed bilinguals, and, to some extent, BiTD children performed similarly to MoLI children. The effects of exposure seem to be parallel in TD and LI children when considering receptive vocabulary. In expressive vocabulary tasks and sentence level comprehension task, however, development for the LI children varied more with exposure. Age also affected differently when comparing TD and LI children. Benefits of long exposure were more pronounced in older children.

Biography

M.A. Sini Smolander is head of SLT services in the Helsinki University Hospital, Phoniatrics department. She is doing research on second language learning and language impairment in Finnish population with immigrant background. In collaboration with Marja Laasonen, professor, University of Turku; Eva Arkkila, MD, PhD, Helsinki University Hospital; Pekka Lahti-Nuuttila, M.A., statistical advisor, University of Helsinki; Sari Kunnari, professor, University of Oulu.

Correspondence

Sini Smolander
Helsinki University Hospital, Phoniatrics
PO BOX 220, 00029 HUS
Finland
sini.smolander@hus.fi

Childrens' performance when Finnish being L2 is in line with the earlier research on second language performance, and it can be concluded that monolinguals are not a suitable comparison group for sequentially bilinguals as such in LI diagnostics. Age and exposure effects are somewhat different in TD and LI children, but also depending on a task type. Tentative result is that receptive tasks might be better in differentiating LI in bilingual setting.

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A Tool for Assessing Grammatical Development in a Second Language

Eva-Kristina Salameh, Skane University Hospital, SWEDEN

Most assessment tools available are based on results of monolingual children, and if they are norm-based, these norms are applicable only on monolingual children that have been exposed to this language all their life. Bilingual children are often penalized when monolingual norms are applied to their results. Their linguistic environment is much more complex, with few competent speakers of the majority language and sometimes more than 100 other languages in their residential area. It is thus crucial for Speech Language Pathologists to distinguish when reasons for problems with L2-learning mostly depends on a language impairment, and when factors in the linguistic environment contribute largely (Zurer Pearson, 2010).

In order to avoid both under- and overdiagnosing of language impairment (LI) in bilingual children, other types of assessment tools than norm-based are needed. An example of another type of assessment tool for grammatical development will be presented, GrUS – Grammatical examination of Swedish as a second language (Salameh, 2015). The theoretical framework for this assessment tool is Processability Theory (henceforth PT) (Pienemann, 1998, 2015; Pienemann & Håkansson, 1999). PT focusses on the dynamic character of language acquisition and spells out in detail the processing prerequisites that are needed for the automatization of grammatical rules on different developmental levels. GrUS examines whether the prerequisites for a certain grammatical structure are present. The degree of automatization is not assessed since it is to a great extent dependent on availability to the majority language.

PT presents a coherent theory for language processing and development. This theory is not language-specific but builds on underlying principles of grammar, which can be translated into particular languages, in this case Swedish. Morpho-syntactic development have been studied within the same paradigm in typologically very different languages as for example English, German, Swedish, Arabic, Cantonese, Japanese and Indonesian. PT has been successfully applied in several studies of the acquisition of Swedish (see e.g. Pienemann & Håkansson, 1999; Håkansson, 2001; Salameh, 2003, 2011). PT presupposes development and allows for the possibility of measuring progress in the development of a second language.

By choosing a psycholinguistic framework of language development for children with language impairment, grammar is assessed from a learning perspective. The children are related as language learners, building

their own interlanguage grammar, and not as having a static, defective variety of the target language. This means that language production is not measured against target norms, but to points of development. As a first step in this developmental route the learner identifies and acquires the words of the target language on level 1. The next step is to categorise the lexicon and list the diacritic features of the lexemes in the lexicon. This is level 2, the level of lexical morphology. Lexical morphology is a necessary prerequisite for phrasal morphology to be processable on level 3. The processing of phrasal morphology allows the learner to unify the features of head and modifier in a phrase. On level 4 inter-phrasal morphology is processable. This step implies that the grammatical functions of the words in a clause will be accessible and feature unification between phrases is possible.

Finally, when main clause word order rules are learned on level 5, the hierarchical relation between main and subordinate clauses is processable and the learner can apply different grammatical rules in main and subordinate clauses. The processes mentioned above are at a very general level and they are realized in different ways in typologically different languages.

There are certain conditions that must be fulfilled in order for a structure to be selected as a test item. First, there must be obligatory contexts for the structure in question, otherwise there is no way to decide whether it is left out for reasons of lacking processing capacities or for other reasons, such as a restricted lexicon and situational factors. Secondly, except for word order, only structures with an opposition can be used; a minimal pair. For Swedish, structures that meet these conditions have been identified from all five levels of the Processability hierarchy (Pienemann & Håkansson, 1999).

Level 1 was not assessed since it is only words and phrases that are invariant. The grammatical structure used for level 2 in GrUS was plural. For level 3 agreement between adjective and noun and agreement between auxiliary and main verb perfect tense was used. For level 4 in Swedish, predicative agreement and subject-verb inversion was used, and for level 5 placement of negation in clauses and subclauses. For all items except subject-verb inversion minimal pairs were used, that is the same word or phrase in two different forms as in hund – hundAR (dog – dogsPLUR), stor katt – storA kattER (big cat – bigPLUR catsPLUR).





It must be noted, however, that PT is only concerned with development of grammar and does not deal with lexicon, semantics or pragmatics. It is psycholinguistically oriented and does not take psychological factors such as motivation, attitudes and sociolinguistic factors such as amount of input or type of interaction into consideration. It predicts development in terms of when structures are possible to process and produce, and not when full mastery is reached; first stages and not last stages. Lower levels do not have to be fully mastered before the learner proceeds on higher levels.

Salameh, Håkansson and Nettelbladt (2004) tested Swedish-Arabic preschool children with and without language impairment according to the Processability hierarchy in both Swedish and Arabic. Since focus is not on automatization of a structure, but if the learner has developed the prerequisites needed for a certain structure, one minimal pair was enough. In Swedish plural morphemes (suffixes) have to be learned for each noun, and there are 6 different morphemes. A minimal pair as pojke – pojkor (boy – boys) was regarded as a marker of plural even if the correct form is pojke – pojkar, since the learner has identified the correct word class and uses a plural suffix for nouns. According to PT, finding out which suffixes to go with individual nouns is a task which belongs to the lexicon.

The results showed that the children both with and without LI developed grammatical structures in an implicational order. The grammatical structures developed in an implicational order also in a longitudinal perspective in both groups. The children with LI developed at a much slower pace compared to the children without LI, however. The children without LI showed examples of grammatical structures on at least level 4 after being exposed to Swedish for an average of 1;6 years (with a span of 1;2 to 2;0 years). Three children with LI who had been exposed to Swedish about for 4 years could also show examples of structures on higher levels. Time of exposure was used as a variable in a number of master thesis, and the results in these studies confirmed that after two years of exposure to Swedish, preschool and school children with a typical development can show examples of grammatical structures at least on level 4, which was not the case with children with language impairment.

This is in accordance with the results in Håkansson (2016). She added a developmental perspective by interpreting vulnerable structures in children with LI from 19 different languages through the framework of PT (Pienemann, 1998, 2015). The results of her analysis suggest that the major grammatical problems in children with LI belong to the later stages of the PT hierarchy.

In a later study Salameh (2011) assessed grammatical development in a number of Swedish-Arabic school-children with a typical development, using GrUS. All children were living in linguistically very diverse area, and did not hear much idiomatic Swedish outside school. The results showed that all children could show examples of structures also on level 5. The proportion of correct forms and word order patterns was also analysed. Despite an exposure to Swedish in preschool and school for three years or more, automatization was much lower than expected. This shows the importance of also avoiding overdiagnosing – all children could show examples on level 5, but their linguistic environment was an obstacle for the development of Swedish.

Second language learning is complex and time-consuming, and children who recently met their second language need time to develop it. Thus it may be hard to identify children with LI. By pinpointing grammatical structures on different levels, it is possible to identify children with a suspected LI by, using length of exposure as a time variable. As stated earlier, after two years of exposure to the second language, a child without LI should be able to show examples of structures on higher levels. To be able to diagnose LI correctly it is, however, of outmost importance also to get information on earlier development of the mother tongue.

This assessment tool, GrUS, has been used mostly on preschool and school children, but can be used also with higher ages since it is based on length of exposure.

Biography

Dr. Salameh is a SLP at Skane University Hospital and a researcher on language impairment (LI) in bilingual children, especially Swedish-Arabic, in preschool and school. She has worked as an assistant professor at Lund University and has published articles and books on language development and LI in bilingual children.

Correspondence

evakristinasalameh@gmail.com

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Speakaboo: A Cooperative Project to Improve Bilingual Speech Assessment

Mirjam Blumenthal, Kentalis Academy, NETHERLANDS

Language and speech screening of multilingual children is a challenging task for speech language therapists (SLT) who do not speak the first language (L1) of these children, which is usually the case when it concerns minority children (Holm, Dodd, Stow & Pert, 1999; McLeod & Verdon, 2014). First, SLT's are not familiar with the child's mother tongue. Second, necessary articulation screeners for foreign languages are difficult to find or do not exist. Last, young children are often shy and refuse to speak during an assessment, especially when surrounded by multiple strangers. For a fair assessment of the child's language and speech abilities, the speech therapist needs reliable data in both languages (International Expert Panel on Multilingual Children's Speech, 2012, Blumenthal, Vandewalle, Scharff Rethfeldt, Muller, Grech, Letts, & Salemeah, 2015) Grosjean (1989:3) states that "the bilingual is not two monolinguals in one person" and therefore existing normed tools - based on the L2 of the child - cannot be used as a primary source for diagnosis. The same applies to the child's performance in L1: the exposure to each of the languages of a bilingual child influences the rate of development, due to less exposure as compared to monolingual children. Being 'late' compared to monolingual children is thus not always equivalent to a serious developmental delay in bilingual children. Both languages need to be assessed (Salameh, Nettelblatt & Norlin, 2003). When it comes to assessing the first language, the task for the SLT is a very complex one (Williams & McLeod, 2012). The language development of these children is not comparable to the language development of their monolingual peers in the home country of their parents, so tests that are used by SLT's in those countries cannot be used either. As there are hardly any SLT's in the Netherlands who speak a minority language, the best practice at this moment is that SLT's work together with interpreters in assessing the language development in the minority language (Langdon & Cheng, 2002). Language sample analysis with an interpreter is difficult, expensive and time consuming, therefore the SLT's are in need of tools that are developed specifically for bilingual young children. Since there are many immigrant languages in the Netherlands, there is a need for these tools in a large number of minority languages.

The project involved the development of word lists in Dutch, Turkish, Polish, Rif Berber, Somali, and the Arabic dialects Egyptian Arabic (EA) and Moroccan Arabic (MA), and the development of an electronic device to facilitate the assessment.

Biography

Mirjam Blumenthal was trained as speech-language therapist and psychologist. She works as a senior researcher at Kentalis Academy, part of Royal Dutch Kentalis, <http://www.kentalis.nl/> Royal-Dutch-Kentalis in the field of cultural and linguistic diversity in children with communicative impairments. She has conducted many projects aimed at improving practice in this area. Liesbeth van der Zijden-Holstvoogd is a researcher and self-employed linguist.

The App was developed in cooperation with Shosho, a Dutch multidisciplinary studio. Shosho participated on multiple serious gaming research projects that resulted in research to market program, assisting researchers to improve their ideas, turning them into products for a wider market.

Correspondence

Mirjam Blumenthal: m.blumenthal@kentalis.nl

The tool was released February 2017 in the Apple Appstore, preliminary free of charge, under the name 'Speakaboo'. Speakaboo is a tool that allows a speech therapist to screen the speech development of a multilingual child in its mother tongue in only 10 minutes. A speech therapist or interpreter can use Speakaboo to elicit words with the help of small interactive games. Speakaboo can be used with children aged 2-6 years. The program includes additional tools to help SLT's assess speech production in single words in languages not spoken by the therapist.

The following features apply:

- 7 different word lists, one for each language, each adapted to what is known about the phonological system (consonants), phonological- and lexical development, culturally appropriate items + photo's.
- The amount of words in each test is limited to between 27 and 36 words.
- Elicitation of words is aided via games.
- Each word is recorded separately, automatically, and can be reviewed later on the device.
- IPA transcription and audio / video recordings of target words pronounced by an adult native speaker make it easier to compare the child's delivery to the target word (Lockart & McLeod, 2013).

- Score forms can be printed out
- Aimed at children between 2- 6 years.

Speakaboo is currently (Feb. 2017) available in seven languages: Dutch, Turkish, Polish, Rif Berber, Somali, Egyptian and Moroccan Arabic.

EVIDENCE-BASED PRACTICE (EBP) & SPEAKABOO

Evidence based practice is based on external evidence, internal evidence and client / family preferences. Kohnert (2013) elaborates on EBP regarding working with patient with language disorders who are bilingual (p. 58-64). Looking at family preferences: in many cases bilingual families prefer to have their home language included in assessment and intervention. From first trials with Speakaboo we also learned that parents have a better understanding of their child's (speech) problem after Speakaboo was used in assessment, and also show better commitment to therapy. Regarding Internal evidence: Speakaboo was developed after years of practitioners' use of a paper version of the test, the 'multilingual articulation lotto'. Practitioners experienced more cooperation of the child to the test, and more insight in the child's (speech) problems with than without the test. After the development of Speakaboo, additional advantages arose. As for level of external evidence: with the examiner's manual a description of correct, standardized use is available. Because of the literature search that preceded the choice of words, and native speaker consultations about the content of the word lists, and, for a few languages, limited tests of bilingual children with the lists, practitioners have more opportunities to evaluate results of a test. Also, objective measures of change in L1 – phonological development are possible. Speakaboo was developed using evidence that proves that with the right resources, a reliable assessment of speech sounds in a language the therapist does not speak, is possible (Lockart & McLeod, 2013).

NEW LANGUAGES

We are looking to add additional languages throughout 2017. Currently, we are working on two smaller languages in a trial program aimed to improve the way we collaborate and develop new tests. At the same time we are working on a new way of co-creating tests, a way that helps to increase the speed we create tests, with still a control of the quality of the tests. If you are interested in helping Speakaboo develop new languages, we would love to hear from you: supportteam@ speakaboo.io .

ACKNOWLEDGEMENTS

The project was supported by Royal Dutch Kentalis and was an initiative of Eefje van der Linden-Graafland who works at the Kentalis Audiological Centre in The Hague. Many thanks to Dr. Petra Bos, (Free University, Amsterdam), Dr. Abderrahman el Aissati (Tilburg University/ Utrecht University), Dr. Maarten Kossmann (Leiden University), Sarah Michiel MA, speech language therapist and translator Arabic-French (Belgium), dr. Mieke Beers, (University of applied sciences, Utrecht) and Dr. Eva Kristina Salameh (Lund University, Sweden) for their expert help in our project. Many thanks also go to the informants, who offered their time free of charge.

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Challenges for Multilingual Roma Pupils in Primary Education – Implications of Findings from the UK and Germany

Christina Haupt, Hochschule Osnabrück, GERMANY

The Roma form the largest ethnic minority within Europe (Heuss, 2011), many of whom are experiencing ongoing marginalisation and migration (Brown et al., 2013). Research findings show that Roma pupils (RPs) often face challenges in accessing and remaining in school and present with below average educational achievement (Wilkin et al., 2010; TU Berlin, 2013). However, little is known about the barriers that may be hindering them from higher attainment.

The oral presentation is based on the outcomes of a research project which was conducted in three inner-city UK primary schools, aiming at identifying potential educational barriers for RPs using a successive mixed-methods approach (Haupt, 2013). An investigation of the relationship between language difficulties and educational success was included.

Participants were eleven educational staff members (teachers and assistants) who completed questionnaires and participated in semi-structured follow-up interviews (Phase 1). Interviews were analysed using a thematic analysis approach. Additionally, 18 RPs from Slovakia, aged five to eleven years, were interviewed about their educational experiences, their receptive and productive English skills were assessed, their English grades collected and the outcomes triangulated (Phase 2).

School staff identified the challenges of RPs to cluster around four main themes: communication, socio-cultural, organisational and institutional barriers – each subsuming several sub-themes. RPs were found to be highly motivated in regards to general and English language learning. However, despite wide variation among RPs, their overall attainment was below expectations.

Brown, P., Dwyer, P., & Scullion, L. (2013). The limits of inclusion? Exploring the views of Roma and non Roma in six European Member States. Manchester: University of Salford.

Brüggemann, C., Hornberg, S., & Jonuz, E. (2013). Heterogenität und Benachteiligung – die Bildungssituation von Sinti und Roma in Deutschland. In S. Hornberg & C. Brüggemann (eds.), Die Bildungssituation von Roma in Europa. Münster: Waxmann. 91-120.

EVZ (2015). Gemeinsam für eine bessere Bildung – Empfehlungen zur gleichberechtigten Bildungsteilnahme von Sinti und Roma. Berlin: Stiftung Erinnerung, Verantwortung und Zukunft.

Heuss, H. (2011). Roma und Minderheitenrechte in der EU. Aus Politik und Zeitgeschichte (ApuZ, 30.Mai), 22-23, 21-27.

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Biography

My current employment is as a university teacher in a speech and language therapy study program (University of Applied Sciences in Osnabrück). I gained several years of research and teaching experience in the UK (The University of Sheffield) and am an experienced German speech and language therapist.

Correspondence

Christina Haupt, Hochschule Osnabrück – University of Applied Sciences, Fakultät Wirtschafts- und Sozialwissenschaften (WiSo) Caprivistraße 30a – 49076 Osnabrück C.Haupt@hs-osnabrueck.de

The study outcomes will be discussed and linked to research findings from Germany (Brüggemann et al., 2013; Hasenjürgen et al., 2014; Strauß, 2011) and include recommendations (EVZ, 2015). Most importantly, in the light of current (inappropriate) educational and language measures being used with multilingual pupils of diverse backgrounds, the data will be critically evaluated. This includes drawing implications for culture-fair assessment and strengthening the role of speech and language services in the educational setting.

LEARNING OUTCOMES

- (Language) Assessment of multilinguals: danger of bias or mis-identification re. support needs
- Need for inter-cultural awareness of educational and speech-language staff
- Diversity of multilingualism: transfer of learning points to other populations?

Haupt, C. (2013). Eastern European Roma Gypsy Pupils: Challenges in Accessing British Primary Education. MPhil-thesis. The University of Sheffield.

Strauß, D. (2011). Zur Bildungssituation von deutschen Sinti und Roma. Aus Politik und Zeitgeschichte (ApuZ, 30. Mai), 22-23, 48-54.

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Supporting Indigenous Children's Early Communication Development through the Co-Creation of Community-Led Services

Sarah Verdon¹, Deanne Zeidler²

BACKGROUND

Children from Indigenous backgrounds in the US, Australia, Canada, New Zealand and around the world are frequently reported to face challenges in their speech, language and literacy development. This occurs for a number of reasons including a de-valuing of their home language and culture, a focus on English-centric learning and learning materials, and limited support for engaging effectively in two worlds (Ball & Lewis, 2011; Nicholls, 2005; Westby & Roman, 1995). The implementation of western programs into Indigenous communities has a long and fraught history. Existing programs in English designed to support speech, language and literacy development are often not culturally relevant or appropriate for use in Indigenous communities. Therefore, they are ineffective in engaging families and achieving positive outcomes for Indigenous children.

This presentation describes a unique approach to supporting the early language and literacy development of Indigenous children by placing their families' voices and culture at the very centre of its development and implementation. The program has been co-created through co-operation between a community-based speech-language pathologist (SLP) and a First Nations community in Canada. The SLP has worked in the community for 22 years and in this time the program has continued to evolve based on the needs, priorities and suggestions of the children and families who participate in it.

METHOD

Data were collected through ethnographic observation of the program in action, interviews with the SLP who ran the program and the examination of artefacts used to support the implementation of the program. Data were analysed using the six Principles of Culturally Competent Practice (PCCP), developed by Verdon (2015) to identify how the program holistically addressed the needs of the community.

The PCCP are:

- 1 identification of culturally appropriate and mutually motivating therapy goals,
- 2 knowledge of languages and culture,
- 3 use of culturally appropriate resources,

Biography

Dr. Sarah Verdon is a speech pathologist and early childhood researcher at Charles Sturt University, Australia. She researches early language development among children from migrant, refugee and Indigenous backgrounds. Her PhD research identified the 6 Principles of Culturally Competent Practice, a holistic framework to guide SLPs' practice with diverse populations.

Deanne Zeidler is a Canadian speech-language pathologist who has worked in a First Nations community for 22 years. She co-created the Talk, Learn and Grow Together program and is passionate about supporting the speech, language and literacy of First Nations children in ways that are culturally safe, relevant and engaging.

Correspondence

sverdon@csu.edu.au

- 4 consideration of the cultural, social and political context,
- 5 consultation with families and communities, and
- 6 collaboration with other professionals.

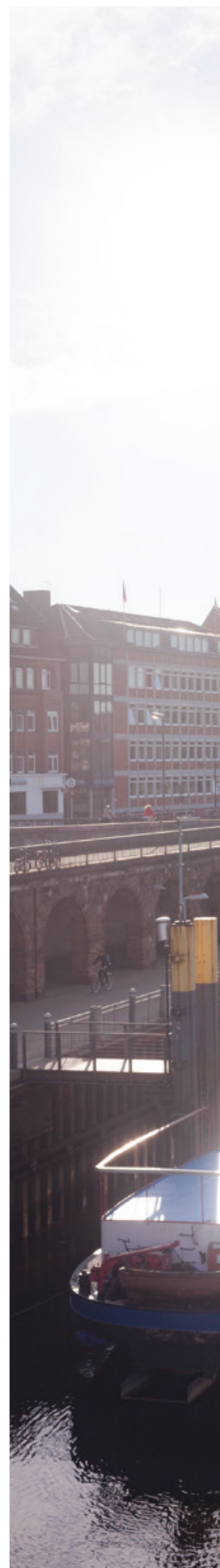
FINDINGS

The partnership between the SLP and the community demonstrates the enactment of the PCCP in this program through genuine respectful, reciprocal partnerships and a commitment to continual revision and improvement of the program based on the community's needs. The place-based program takes a strengths-based approach by drawing on existing positive cultural practices in the community (such as storytelling and songs) and using them to support language and literacy development. The SLP emphasised the need to spend time observing and engaging with the community to identify existing areas of strength in their child rearing practices and channelling these to specifically support language and literacy development.

A key priority from the community was that they be visible in the program so that the strategies they learned were directly relevant to their daily lives. As such, the materials that were developed were based on traditional stories from their communities, local animals from

¹ Charles Sturt University, AUSTRALIA

² First Nations, CANADA





their land, and familiar cultural songs. Additionally, the community was undergoing the process of language revitalisation, so the program provided opportunities for intergenerational language exchange from parents (who were re-learning the language) to children who could become bilingual speakers of their First Nations language in addition to English. The SLP reflected that the program has become a rite of passage within families with participation in the program now spanning two generations in the community. The success of the program can be measured by its longevity and the constant requests from the community that it continue to run each year.

CONCLUSION

Language and culture are inextricably linked. Therefore, in order to be effective in supporting early language and literacy development, programs must reflect and embrace the culture of the families they are designed to support. This program demonstrates that bottom-up, community-led and culturally relevant programs have the potential to effectively engage Indigenous families in speech-language pathology. The program also highlights opportunities for SLPs to move away from existing "one size fits all" programs to support early language and literacy by engaging in culturally competent practice with Indigenous groups to ensure that programs are accessible, relevant, engaging and effective in achieving their goals.

LEARNING OUTCOMES

1. Understand the complexities of applying existing programs in Indigenous communities
2. Learn about successful engagement in community-centred speech pathology practice
3. Learn about the application of the Principles of Culturally Competent Practice in Indigenous communities

Ball, J. & Lewis, M. (2011). "An altogether different approach": Roles of Speech-language Pathologists in supporting Indigenous children's language development.

Nicholls, C. (2005). Death by a thousand cuts: Indigenous language bilingual education programmes in the Northern Territory of Australia, 1972–1998. *International Journal of Bilingual Education and Bilingualism*, 8(2–3), 160–177.

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Multiliteracies: Strategies for Educating Immigrant/Refugee Children

Carol Westby, USA

The education of immigrant/refugee children is challenging for several reasons: many have had limited or interrupted exposure to formal education; educational practices in their home cultures frequently differ from the educational practices in their asylum countries; they must learn in unfamiliar languages; they are likely to experience mental health issues that affect their cognitive processing. A multiliteracies orientation to teaching/learning addresses (1) multimodal ways of making meaning (writing, visual, auditory), and (2) the influence of cultural and linguistic diversity on communication. A multiliteracy approach to educating immigrant/refugee children can facilitate their development of literacy skills essential in their asylum countries in ways that are cognitively and emotionally supportive.

This presentation will address both the "What of Multiliteracies" -- the skills students must develop if they are to be proficient with multiliteracies; and the "How of Multiliteracies" -- the strategies employed to promote students' proficiency in multiliteracies. The "what" of multiliteracies involves an understanding of the structures, grammars, or genres that are available for use. The "how" of multiliteracies involves activities grounded in experiences that are meaningful to students; overt instruction in the metalanguage needed to talk about literacies; and contexts in which students use what they have learned in new ways.

This presentation will describe (1) the multimodal ways of making meaning and the influences of cultural/

Biography

Dr. Westby has published and presented nationally and internationally on play assessment and development, language-literacy relationships, narrative development and facilitation, assessment and facilitation of written language, and issues in assessment and intervention with culturally/ linguistically diverse populations. She is an ASHA Fellow and has received the Honors of ASHA.

linguistic diversity on multiliteracies, and (2) show how speech-language pathologists can assess students' communication skills in each of the multiliteracies components and plan activities to develop students' skills in each component.

LEARNING OUTCOMES

At the end of this session, participants will be able to:

- describe cultural variations in educational content and practices
- describe the components of a multiliteracy approach to education
- design language/literacy lessons for immigrant and refugee children using a multiliteracy framework

Humanitarian Migrants' English Language Proficiency, Self-Sufficiency and Integration

Helen L. Blake, Laura Bennetts Kneebone, Sharynne McLeod
Charles Sturt University, AUSTRALIA

The number of people displaced by conflict, persecution and human rights violations is increasing. Worldwide, 63.3 million people were forcibly displaced in 2015, a record amount not seen since the end of the Second World War (United Nations High Commissioner for Refugees, UNHCR, 2016). This number included 21.3 million refugees or humanitarian migrants. Over half (51%) of these migrants were under 18 years of age, 46% were between 18 and 59, and 3% were over 60 years of age (UNHCR, 2016). People may be forced to

migrate to escape persecution or discrimination (based on ethnicity, race, gender, or religion), because their country has been devastated by natural disasters or religious or ethnic conflict, or because they are victims of trafficking (International Organization for Migration, IOM, 2013).

The movement of people between countries has economic and social implications for the source and destination countries as well as for migrants themselves.





ves (IOM, 2013). The demographic profiles of migrants can have positive and negative effects on a country's labour market (whether they are skilled or unskilled workers), population structure (age, gender, etc.), and for the provision of services. Consequently, there is growing recognition that migration can positively contribute to socioeconomic development, as long as effective management policies exist in the destination country (IOM, 2013).

Settlement services in Minority world countries such as the USA and Australia endeavour to support humanitarian migrants' successful transition to life in their destination country in order to help them achieve self-sufficiency as soon as possible (Department of Social Services, DSS, 2016a; U.S. Department of Health and Human Services, 2016). Self-sufficiency allows migrants to participate in the community to the best of their ability and minimises long-term dependence on support services (DSS, 2016a). Activities designed to develop migrants' self-sufficiency focus on the essential skills and knowledge required to function independently in society, such as the ability to access services, education, employment, legal and cultural activities (DSS, 2016b). Migrants' proficiency in the language of their destination country can have implications for their settlement. Language proficiency affects migrants' ability to participate in education and remunerative employment (Chiswick, Lee, & Miller, 2006; Hwang, Xi, & Cao, 2010; Blake, McLeod, Verdon, & Fuller, 2016), to access health services (Chin et al., 2006; Shi, Lebrun, & Tsai, 2009; Zhou, 2015) and appears to be a key factor affecting the ability of migrants to participate in a wide range of community activities (Department of Immigration and Border Protection, DIBP, 2014).

Australia, as a country whose cultural and linguistic diversity is continually reshaped by migration, offers an opportunity to consider humanitarian migrants' settlement experiences. In the 2011 census, over a quarter of Australia's population reported they were born overseas. Australia ranks fourth among OECD countries for the largest proportion of overseas-born residents, behind Luxembourg (43.7%), Switzerland (28.3%), and New Zealand (28.2%) (OECD, 2016). The source countries for migration to Australia are shifting from European to Asian and consequently, linguistic diversity is changing. Although Australia remains a predominately English-speaking country, the percentage of people reporting that they speak a language other than English at home increased from 21.5% in 2006 census to 23.2% in 2011, continuing an upward trend (Australian Bureau of Statistics, 2015). While other English-speaking countries such as the US and Canada have a second major language, Australia does not. Although just under one quarter of Australians speak a language other than English at home, the most common of these languages, Mandarin, is only

spoken by 1.7% of the population (Australian Bureau of Statistics, 2015).

This paper will use data from the first wave of participants in Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants (BNLA). BNLA is conducted by the Australian Institute of Family Studies on behalf of the Australian Government. BNLA is the first comprehensive national study to examine the lives of humanitarian migrants at regular intervals (waves) across their settlement in Australia and aims to support migration policy development as well as improve existing programs for humanitarian migrants. Data is being collected annually in 5 waves from 2013 to 2018. This paper will utilise data from wave 1 to examine migrants' English language proficiency and their efforts to improve their proficiency as well as examine how English skills facilitate or hinder multilingual speakers' participation in Australian society.

METHOD

A total of 2,399 Australian humanitarian migrants from 1,509 households were interviewed. The majority had been in Australia for 3 to 5 months, however, 18.8% had been in Australia for 6 to 11 months and 11.4% for 1 to 2 years. Most participants came from the Middle East and Central Asia. The top five countries of birth were Iraq, Afghanistan, Iran, Myanmar, and Bhutan. The five most common home languages were Arabic, Assyrian Neo-Aramaic (spoken in Iraq and Iran), Persian, and two Persian dialects mostly spoken in Afghanistan, Hazaraghi, and Dari. Participants were aged between 15 and 75 years with 54.5 % male. Most participants were not currently in paid work most likely due to the short time since arrival. Participants reported highest completed education before arrival and 34.6% had completed 12 or more years of schooling. The majority had experienced trauma before arrival due to war or conflict, violence, political or religious persecution, and natural disasters.

A home visit was conducted utilizing a survey instrument. The most common of the 19 languages used to complete the interviews were Arabic, Persian, English, and Dari. Participants completed either a computer assisted self-interview using a computer tablet with audio support, a computer assisted personal interview with support from a bilingual interviewer, or an interview with assistance from an accredited interpreter (over the phone or in person) as well as an interviewer present to ask questions and record responses. Interviews took between 35 and 55 minutes to complete.

RESULT

Overall, participants reported poor English proficiency prior to arrival, which had improved over time. Prior to arrival, 80.1% reported speaking English "not well" or "not at all". English skills were reported to be a reason

it was hard to settle and a cause of stress. English proficiency hindered efforts to find housing and access services. Of those who were employed or had looked for work, English proficiency hindered efforts to find employment. By wave 1, 71.4% reported they were studying English. Barriers to study included child care responsibilities, health problems, balancing work and English study, and low literacy.

Participants rated how well they knew how to access the help, information, and services that would help them to settle and participate in society. (How well did they know how to find a house, look for a job, use public transport, get help in an emergency, use bank services, find out about government benefits, and get help from the police?) In general, oral English proficiency had a significant impact on participants' knowledge with those with higher levels of proficiency reporting greater understanding. These seven questions were formed into a self-sufficiency scale. Three linear regression analyses were performed utilizing the scale to predict the effect of oral English proficiency on participants' self-sufficiency, as well as to investigate the impact of confounding variables such as age, gender, education, and time lived in Australia. Model 1 considered the impact of oral English proficiency, model 2 considered the impact of personal factors and model 3 considered the impact of migration factors. In model 1, oral English proficiency was a statistically significant predictor of participants' self-sufficiency explaining 21% of the variance. Personal factors such as gender, age, and education predicted only an additional 6% of the variance over oral English proficiency in model 2. Age and gender were significant in the model with participants becoming 0.14 points more self-sufficient with every year of age, but females were 2.02 points less self-sufficient than males. Whether or not a participant had a partner or lived in a major city or a regional area were not significant in the model. In the third model, the migration factors of country of birth and time since arrival predicted only a further 2% of the variance. Participants from the top five countries of birth (Iraq, Afghanistan, Iran, Myanmar, and Bhutan) were all less self-sufficient than participants from any other countries in the dataset; however, being born in Afghanistan and Bhutan was a significant predictor of being less self-sufficient. Time since arrival in Australia was a significant predictor of self-sufficiency with participants who had been in Australia for more than 1 year, 1.60 points more self-sufficient than recent arrivals.

DISCUSSION

This study used data from the first wave of BNLA to describe the cultural and linguistic diversity of humanitarian migrants and their English language proficiency and to determine whether oral English proficiency

facilitates or hinders participation in activities which may help migrants become self-sufficient and settle in their destination country. Several factors were identified that predict low self-sufficiency: having poor oral English skills, being female, never attending school, being a recent arrival and coming from Afghanistan or Bhutan predict humanitarian migrants will be less self-sufficient and will require more support to settle in their destination country. Oral English proficiency was the most statistically significant predictor of self-sufficiency explaining 21% of the variance while controlling for confounding variables such as age and education. Factors that prevented some humanitarian migrants (especially females) from participating in English classes included caring for children, poor health and disability.

The findings of this study provide insight into the English proficiency of humanitarian migrants in Australia and indicate that oral English proficiency is the most significant factor impacting self-sufficiency and subsequently their settlement experience. The results highlight the importance of supporting humanitarian migrants' learning of the language of their destination

country. Caring for children, poor health and disability prevented some humanitarian migrants from participating in language classes. While some positive outcomes were reported, such as improvements in language proficiency over time, individuals with poor oral language skills were especially vulnerable and in need of support to undertake any activities that would help them to settle and become self-sufficient. It is hoped that this study will inform the development of policy and improvement of programs for humanitarian migrants to ensure future migrants have a positive settlement experience and become self-sufficient as soon as possible.

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Neuro-Cognitive Assessment of Communication Disorders in Migrant Population from Moroccan Background

Mohamed Taieb¹, Maria Benabdeljlil^{1,2}, Mustapha El Alaoui Faris^{1,2}, MOROCCO

Our clinical practice is characterized by a transcultural tendency that is increasingly imposing itself on the sciences of communication disorders. Speech-language pathology has evolved recently from a disease-centered approach to a person-centered approach as a cognitive and bio-psychosocial entity that lives in a particular environment and in dynamic, varied personal, social, cultural and ecological contexts.

We present an overview of the cultural aspects that should be integrated into the administration of tests that derives particularly from the cognitive neuropsychology models of Arabic and linguistic profile. We discuss the limits of various tests for the elderly population in Morocco for instance and thereafter we formulate a set of clinical recommendations for clinicians who are dealing with communicative disorders related to cultural differences in their hosted countries.

There is increasing recent research evidence from many countries in Europe that indicates that elderly migrants are more prone to certain neuro-degenerative diseases. However, the cognitive assessment of communication disorders among migrants from Moroccan backgrounds leads at two types of constraints in their hosted countries. On the one hand, the socio-cognitive constraints that refer to the values and context of countries of origin that are sometimes ignored by the clinician and on the other hand the material problems due to the non-applicability of the occidental tests to the cultural specificities of this population. Therefore, their health and social needs may be particularly acute as a result of cultural and language barriers; their geographical location and the low educational level, which impact on their neuro-cognitive assessment.

LEARNING OUTCOMES

- Present an overview of the cognitive assessment of communication disorders among migrants from Moroccan backgrounds
- Discuss the limits of various tests for the elderly population with communication disorders
- Formulate a set of clinical recommendations for clinicians who are dealing with communicative disorders related to cultural differences in their hosted countries.

INTRODUCTION

In the face of growing globalisation and an increasing number of people on the move across national and international boundaries, it has become vital that service providers, policy makers and mental health professionals are aware of the different needs of the patients they are responsible for. Countries such as Germany have contributed toward the humanitarian acceptance of migrants, refugees and asylum seekers compared to other EU countries and countries beyond the EU. Germany alone received more than one million asylum seekers in 2015, mostly Syrians fleeing civil war in Syria (BAMF, 2016).

Currently, approximately 3.9% of the European population are non-EU citizens (19.6 million people; Eurostat, 2015), and a large part of these people are from "non-Western" societies. For various reasons, the incidence of dementia in this group is expected to increase. However, cognitive testing is challenging due to language barriers and low education and/or illiteracy. In the coming decades, this immigrant population will grow older, and the incidence of both mild cognitive impairment and dementia will increase accordingly.

MOROCCAN MIGRATION CONTEXT

Research on migration processes in Europe and the Mediterranean region shows that the vast majority of Muslim immigrants are from North Africa and the Middle East. This does not preclude the plural and complex environment in which these immigrants move, live, and integrate. Turks represent about half of the Middle Eastern people in Europe, while North Africans constitute 37 percent (Moroccans alone 27 percent), Iranians four percent, Iraqis three percent and Lebanese two percent (Al-Shahi & Lawless, 2005, p. 10; Daoud, 2011).

MOROCCAN MULTI-LINGUISTIC CONTEXT

The linguistic situation in Morocco is characterized by a strong bi-lingual and multi-linguistic dimension: Arabic, French, Spanish, Italian, English and even German in some touristic regions. These socio-linguistic features reflect a significant phenomenon that conveys the weight of the socio-historical and socio-geo-political heritage that makes Morocco different from the rest of

¹ University Mohammed V. Faculty of Medicine and Pharmacy-Rabat

² Department of Neurology A and Neuropsychology, Rabat Specialty Hospital, Souissi quarter-Rabat

the Arab world. In fact the combination of diglossia and multi-lingualism make the socio-linguistic situation of the Moroccan migrant in Europe. Moreover, such a configuration is demanding in terms of cognitive resources, since it involves the implementation of metacognitive strategies as mental flexibility in the form of code-switching. This phenomenon is observable in everyday life.

MIGRATION AND DEMENTIA

Given that the proportion of older people with an immigrant background is increasing in the population, it can be assumed that the number of older people with an immigrant background who have dementia will also increase in the coming decades. As significant data on the prevalence of dementia among those with an immigrant background is currently lacking, it is not yet possible to estimate the size of the approaching burden on the health system.

The diagnosis of dementia in elderly immigrants can be challenging for a number of reasons. Most of the elderly immigrants from ethnic minorities have a limited knowledge of the host country's language, and many are low educated or even illiterate. Due to these barriers, cognitive testing is either not possible, or the degree of cognitive impairment is overestimated due to the minorities' poor results on conventional cognitive screening instruments. For instance, on the Mini Mental State Examination (MMSE), scores that are as low as 14 points (that is, 10 points under the normal cutoff score of 24 points) may still be normal for illiterates. Cultural factors may further influence these minorities' perception of cognitive symptoms that accompany dementia, their likelihood of visiting a memory clinic, and the communication between these patients and their GPs and/or specialists.

Validated screening tests for dementia in Arabic
When designing tests to be adapted to the transcultural neuro-cognitive assessment, there is a number of points that should be taken into consideration in order to avoid most of the biases mentioned above. The translation, adaptation and creation of a suitable test should meet a set of criteria: 1) First, it is preferable to use brief version of tests that are easy to administer, and adapted to the group's living conditions whom assessed; 2) the participation of experts related to the target culture when designing and analyzing the data is essential (Ardila, 1995); And 3) items must be simple, culturally appropriate and the knowledge of their frequency in the target culture is essential. Also, one of the most important considerations in neuro-cognitive evaluation is to place the subject in its own cultural context and not in the clinician's context (Puente & Perez-Garcia, 2000).

According to Chaaya et al. (2015), validated screening tests for dementia in Arabic are lacking. Given the low levels of education among elderly in the Middle East and North Africa region, the commonly used screening instrument, the Mini Mental State Examination, is not best suited. The regular MMSE screening tool has been demonstrated to require modification for use among those from an educationally disadvantaged background, those lacking knowledge of the health system and first-generation immigrants (Rosenbaum et al., 2008). Alternatively, the Rowland Universal Dementia Assessment Scale (RUDAS) was especially designed to minimize the effects of cultural learning and education. The aim of this study was to validate the RUDAS in the Arabic language (A-RUDAS), evaluate its ability to screen for mild and moderate dementia, and assess the effect of education, sex, age, depression, and recruitment site on its performance. The A-RUDAS is an accurate and user-friendly scale that can be used for dementia screening in research and in clinical practice. It is valid for both ruling in and ruling out dementia for elderly of various educational and social backgrounds and in both communities and institutions.

LANGUAGE CONSTRAINTS

Language barriers are one of the main obstacles in medical consultations involving migrant patients (Teraza-Núñez et al., 2010). Bischoff et al. (2003) use the term "allophone", derived from linguistics, to describe patients whose first language is not the one spoken in the country they live in. In the EU, there are 23 official languages, 60 regional languages and around 175 languages spoken by migrants (Euranet, 2010). Other studies have shown that training health professionals in working with qualified interpreters when communicating with migrant patients improves quality of care and patient satisfaction (Harmsen et al., 2005; Leanza et al., 2010).

Another way to deal with language barriers is to promote diversity among health professionals through the enrolment of staff with diverse linguistic and cultural competences. Countries like Australia, Canada and the United States have developed this approach in the framework of affirmative action programmes, promoting the registration of students from migrant communities in medical and nursing schools.

HOW ABOUT STEREOTYPES?

In today's multicultural Europe, with patients coming from very diverse backgrounds, it could appear difficult to practice "culturally competent SLP". In hospitals, services like "cultural consultations" (Kirmayer et al., 2003) may help clinicians to deal with cultural misunderstandings, but such services are not available everywhere. Other authors offer "tips" to become more

culturally competent, such as Dosani (2001), whose recommendations are to:

- elicit patients' language, culture and ethnic group;
- be aware of cultural stereotypes;
- avoid using patients' families as interpreters;
- familiarize oneself with culturally specific expressions of distress;
- maintain confidentiality;
- avoid religious and social taboos;
- use same-sex chaperones;
- not make assumptions.

CONCLUSIONS

In their interactions with migrant patients, speech and language pathologists need to be aware and prepared to address differences in language, culture and origin. Many so-called "ethnic misunderstandings" are linked to poor linguistic comprehension. Where patients and SLPs do not share a common language, the use of trained interpreters is therefore an essential prerequisite for bridging cultural differences. The application of cultural generalities based on language, religion, country of origin, and cultural or socioeconomic grouping of patients can easily degenerate into stereotyping (Fiore, 2008). However we need to adopt a humble and culturally open-minded approach. Cultural competence needs to be part of the overall skills, knowledge and attitudes of SLPs and they need to be adequately trained in order to be able to provide appropriate care to diverse patients.

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mohamed.taieb@uic.ac.ma

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Evaluating Personal Narratives from Bilingual Greek-English Immigrants with Aphasia

Maria Kambanaros¹, Kleanthes K. Grohmann²

Personal narratives reflect the ability to describe a past experience (McCabe & Bliss, 2006). From a clinical perspective, personal narratives (i) establish rapport between patient and therapist, (ii) are critical in evaluating cognitive skills and functional communication, and (iii) are ecologically salient tasks. For people with aphasia and their significant others, narratives are inextricably intertwined with quality of life and social participation (Shadden, 2007). This talk reports stories told by bilingual individuals describing the events or consequences of a stroke on their lives. Twelve participants with mild-moderate aphasia (mean age 70) were asked to spontaneously produce a narrative based on their experience of stroke in their native language (Greek) and ten days later in their second language (English). All participants learned English in early adulthood upon migration from Greece to Australia, not through formal teaching but on the job (e.g., in the factory). The participants had lived in Australia for 46 years (average) and were less than 4 years post-stroke. Narratives in the two languages underwent quantitative (number of words, noun/verb tokens) and qualitative analyses (ratings of coherence, ratings of clarity). Most participants produced coherent 'tellable' stories despite disruptions in language because of aphasia. Overall, stories were better told (length, complexity of content, temporal-causal sequencing, reference) in Greek—their native language. This has implications for policy-makers providing health and welfare services to ageing immigrant populations. The findings are also relevant to other countries that have large ageing bi- and multilingual immigrant populations and especially large migrant populations of stroke survivors.

Biography

Dr. Kambanaros is Associate Professor of Speech Pathology at the Cyprus University of Technology. With bachelor and doctoral degrees in speech pathology from the School of Medicine at Flinders University of South Australia, she is a certified bilingual English-Greek speech-language pathologist with over 30 years of clinical experience. Dr. Grohmann is Professor of Biolinguistics at the University of Cyprus and the Director of the CAT Lab. He has published widely in the areas of syntactic theory, language development, and multilingualism. He is co-editor of the book series *Language Faculty and Beyond* and editor of the open-access journal *Biolinguistics*.

LEARNING OUTCOMES

The audience will get an understanding of the

- content and structure of personal narratives in the two languages of bilingual Greek-English immigrants with aphasia;
- benefits associated with using personal narratives as an assessment of language performance in bilingual speakers after stroke;
- implications for policy-makers responsible for provision of health-care services to vulnerable immigrant populations.

¹ Cyprus University of Technology, CYPRUS

² University of Cyprus, CYPRUS

Poster Abstracts

Need for Intercultural Training in Speech Language Pathology: Global Online Classes inside Laureate Network Universities

Mohamed Taieb¹, Claudia Labriny²

This research presents the experience of online coordinated classes between Morocco and other academic institutions by implementing a hybrid-modelled (online and face-to-face) classroom in speech pathology as part of health professional educational programs. Effective online education is a blend of pedagogy, technology, and organizational support. Therefore, the purpose of this research was to illuminate the deep learning processes of students while undertaking an intercultural training program and, more specifically, to highlight the contextual forces that shaped their experiences directly and indirectly.

Internationally, universities routinely send students from a range of disciplines abroad as part of their professional experience in intercultural context (Cushner & Karim, 2003). As this practice has evolved in recent years, the speech and language pathology graduate programs inside Laureate Network has learned much by shifting this perspective to online classes. We believe such intercultural communication is a key element that prepares students to be able to work fluently across differing cultural contexts and consequently they become more likely to succeed in demanding contemporary workplaces.

We also discuss in detail on the one hand that student learning and competency development in intercultural online training can significantly impact on perceptions of self and on professional identity in a positive and life changing way. On the other hand the development of such intercultural health programs will give them not just relevant information regarding culture, language, social and ethnicity but also including opportunities for group-based discussion regarding personal and professional goals.

LEARNING OUTCOMES

- Illuminate the deep learning processes of students while undertaking an online intercultural training program.
- Discuss how this might prepare students to be able to work fluently across differing cultural contexts.
- Highlight the contextual forces that shaped their experiences directly and indirectly

INTRODUCTION

At the international level, SLPs working in societies where needs are intense and services are few find they must search for service-delivery models and goals different from those used at home. For those SLPs working in countries with limited services, functionality of communication may become a major goal.

Online instruction offers the potential to deliver high-quality education in courses in health sciences. Global online classes inside Laureate Network Universities offer students flexibility in scheduling and may help undergraduate and graduate students in speech-language pathology (SLP) to collaborate and engage in critical thinking and cross-cultural training. In addition, the online course can be marketed by university programs as continuing education for practicing clinicians in the community.

This paper aims to share the experiences gained by offering an online environment for an intermediate lectures in cultural skills applied in SLP and cross-cultural neuropsychology for candidates applying to the undergraduate program in speech-language pathology at the Université Internationale de Casablanca (UIC). The course is offered with prior training and knowledge in clinical aphasiology and neuropsychology. It has been offered completely online using distance education tools (Zoom™). While significant efforts were required to implement the online course over a short-term period, the initiative Global Online classes has proven to be a great success among students and faculty.

BACKGROUND AND CONTEXT FOR THE STUDY

Laureate International Universities

Laureate International Universities is the leading global and world's largest network of private higher education institutions. Each of its institutions has a strong local identity, managed by local leaders. All of the universities in this network are rooted in its mission to be Here for Good, both in permanence and purpose. Every institution within Laureate's network defines its identity, programs and approach according to the needs of its students, and community. Relationships among the universities are enhanced through shared curricula and degree programs, student and faculty exchanges, sharing of academic best practices, scholarships and an

¹ Faculty of Health Sciences, Université Internationale de Casablanca (UIC), MOROCCO

² Employability, International Relations and Communications Skills Department - Université Internationale de Casablanca (UIC), MOROCCO

active online network. The main focus is on preparing students to meet the real-world needs of employers in an increasingly interconnected global society.

LAUREATE GLOBAL CLASSES

Laureate International Class courses are offered within a virtual classroom with students and faculty from different Laureate universities. In 2014, the program has been implemented in Chile, Costa Rica, Honduras, Mexico, Panama, and Peru. In 2017, it has been carried out in Morocco in speech and language pathology program as a pilot study in health sciences. Laureate International Class promotes student and faculty mobility within the Laureate network in a fully-virtual international environment. Inter-culturality is the force that inspires Laureate International Class, seeking to promote global thinking through its academic offer.

This characteristic is a competency that is:

- Intentionally promoted during the course design through learning activities
- Developed within the course through two elements: knowledge of other cultural contexts and inter-cultural teamwork
- Constantly practiced during the course in a way that develops students' ability to work in multicultural environments

METHOD

The central purpose of the study described in this paper was to illuminate key processes in the development of intercultural knowledge and skills through Global classes between Université Internationale de Casablanca, Morocco and other institutions inside Laureate Network.

These Global Classes were carried out typically 60 min in length once a month. They are taught in English.

The research questions were:

- How do the students understand and make sense of the contextual dimensions of the Global class experience?
- How do the faculty and students understand and experience the intercultural context of topics in Speech-Language Pathology?

Following ethics approval based on informed consent procedures, both the final year and 2ed students from speech pathology completed a survey about the Global class experience and their opinions regarding the effectiveness of the models in developing student competency. Responses were analyzed through thematic analysis.

Review of the literature in intercultural training in SLP (traditional vs. online)

The following examples provide an overview of traditional academic study and learning methods for online training. They also identify specific cross-cultural skills that have been applied. (Table 1)

DISCUSSION

In many countries, individuals who wish to become SLPs must go to a foreign country to receive professional academic education and training. When the student and the lecturer are from different countries, cultures, and linguistic backgrounds, cultural diversity is brought into sharp focus. In our study via Global online classes students were appreciative that they were able to have different topics related to their specialty and were constructive in how they provided feedback to the course instructor. Students' comments were taken under advisement for the implementation of the subsequent semester's curriculum, with several positive changes being made on the recommendations of students. The challenges that students will face in undertaking clinical courses in cross-cultural contexts via an online platform will naturally vary depending on (1) each individual student's background, goals and perceptions; (2) the characteristics of the contexts in which the students attempt to work; and (3) the people they intend working with.

The idea of a curriculum based on principles of socio-cultural inclusion is postulated as a way of responding to international and intercultural issues in the professional preparation of health professionals in general.

Additionally, our pilot study tried to address the main issues of cross-cultural professional preparation as a third link between intra-cultural and inter-cultural speech-language pathology.

The Global classes are the best way to bridge the gap in the context of a lack of locally normed assessment tools and the lack of appropriate materials which are the burning issues for many professionals, whether working domestically or internationally. Finally, another way of approaching cross-cultural communication comes from Yoshikawa (1987) in his discussion of four modes of intercultural encounter and communication: the ethnocentric, the control, the dialectical, and the dialogical. In the ethnocentric mode, person A perceives person B only through person's A worldview. In the control mode, person A attempts to control or manipulate person B. In the dialectical mode, ideally, A and B collaborate to create a viewpoint outside or beyond their different views. Finally, in the dialogical mode, both an intercultural (interpersonal) interdependence and a cultural (personal) independence is acknowledged by both A and B.

Traditional Practicum and Academy Study

Learning methods for online training

Clancy, Holiday, and Salisbury (1999) report on an initiative that provides international experiences for one's domestic students. Over a period of 3 years, speech-language pathology students from the University of Sydney, in teams or solo, worked with an early intervention team in Tansen, Nepal, on a project sponsored by a Scandinavian aid organization. The students assessed both the communication needs of children and the educational needs of local staff who had received little or no rehabilitation training.

Friberg, and Sawyer (2007) stipulate distinct advantages of online teaching include the ability to get to know students better through discussions and written work. Additionally, due to the nature of online teaching and learning, students have increased opportunities to interact with instructors and peers. Finally, students have multiple opportunities to express themselves in writing, edit their work, and produce high-quality work in a flexible format.

Table 1 comparison between online global classes and traditional academy study and practicum

RECOMMENDATIONS

Based on this study, the following recommendations are suggested for future research:

- A multi-institution, national study that quantifies the scope of intercultural programs undertaken through Laureate Network (from student and stakeholder perspectives).
- An in-depth ethnographic study of health professional/speech-language pathology students undertaking Global classes and the perceived benefits and impacts within the communities they are located, from a stakeholder perspective. Such a study would inform planning and development of new programs in cross-cultural issues.

CONCLUSION

The aim of this research was to establish a baseline of current online Global classes in speech-language pathology across Laureate Network with a focus on the Université Internationale de Casablanca (UIC). The transformation of a course from a traditional, classroom-taught format to an online endeavor is not to be taken lightly. Opinions of university students generally reflect that the online models are more effective in developing students' competency, however, these opinions are starting to shift. While opinions have some effect on the choice of models used, there are

other factors that are more influential on the adoption of models. This internet-based framework guides SLPs students toward understanding the extent and nature of cross-cultural practice, the depth and expression of their own ethnocentrism. Finally, through students commentary, we are reminded of the basics that should underpin intercultural training programs: respect, communication (Sue, 1997), and 'joining', that is, being with, rather than 'doing to'.

ACKNOWLEDGMENTS

The authors would like to acknowledge the support of Dr Natalia Gonzalez Pericot (Project Manager EU Academia, Spain, Laureate Network) for her input into the design, the coordination and the implementation of this project. We would particularly like to acknowledge the important contribution of the UIC students in SLP who participated in this study, as well as the faculty and students in SLP from the European University Cyprus (EUC, Laureate Network).

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Pathways towards Cultural Competence: The Efficacy of Professional Development Workshops in Creating Positive and Sustained Changes to Practicet

Sarah Verdon, Carles Sturt University, AUSTRALIA

BACKGROUND

With the advancement of globalisation, the world is becoming increasingly mobile, meaning that countries once considered to be English-dominant are now becoming increasingly culturally and linguistically diverse (CALD). For example, in Australia 23.2% of the population speak a main language other than English and 46.8% are first or second generation migrants (Australian Bureau of Statistics, 2012). In contrast, the existing workforce responsible for supporting families and children report a lack of confidence and competence in working with families from CALD backgrounds (Kidd, Sánchez, & Thorp, 2004; Kritikos, 2003; Williams & McLeod, 2011). Furthermore, a number of studies have found that professionals report a lack of training for working with CALD populations (Caesar & Kohler, 2007; Giuberson & Atkins, 2012; Kritikos, 2003; Miller & Fuller, 2006; Williams & McLeod, 2011). In recent years, a number of recommendations have been made for developing the cultural competence of professionals and thereby improving their confidence for working with diverse families. One such recommendation is that professionals be provided with continuing professional development opportunities. The current study aims to evaluate the usefulness of professional development workshops in developing cultural competence among multidisciplinary professionals working with CALD children and families.

Supporting cultural and linguistic diversity in early childhood has been found have positive lifelong impact upon children's cognitive, social, emotional and economic outcomes. Cognitively, multilingualism has been found to enhance abstract and symbolic representation, attention, memory, problem solving, phonological awareness, vocabulary, executive functioning and metacognitive capabilities (Adesope, Lavin, Thompson, & Ungerleider, 2010; Bialystok, 2011). Socially, children who are exposed to multiple languages in early childhood have been found to have better social skills, including empathy and theory of mind, than children who are only exposed to one language (Fan, Liberman, Keysar, & Kinzler, 2015). Maintaining home languages also facilitates relationships with extended family (such as grandparents who may not speak the dominant language) and with the children's cultural community

(Park & Sarkar, 2007). Children's emotional development is supported through maintained connection to their culture. It provides children with a sense of belonging, which facilitates the development of a strong sense of identity, self-esteem, and resilience. From an economic standpoint, an Australian study found that when children grow up to be competent speakers of another language as well as English, they more likely to be employed, have postgraduate qualifications, and earn a higher salary than monolinguals (Blake, McLeod, Verdon & Fuller, 2016). Given this myriad of advantages, it is essential that professionals support children's diversity to so that such benefits can be realised.

METHOD

A three-hour workshop was presented to 70 multidisciplinary professionals working in a culturally diverse suburb of Melbourne, Australia. The workshop was hosted by a not-for-profit Australian organisation who provide a range of services to the community. The workshop content was based on the Principles of Culturally Competent Practice (PCCP, Verdon, 2015). The PCCP are a holistic approach to evaluating current practices and identifying opportunities to engage in practice with families from CALD backgrounds that are culturally relevant, safe and appropriate. The six principles in this framework are: (1) identification of culturally appropriate and mutually motivating therapy goals, (2) knowledge/understanding of languages and culture, (3) use of culturally appropriate resources, (4) consideration of the cultural, social and political context, (5) consultation with families and communities, and (6) collaboration between professionals.

Data were collected at three time points during the study. First, 52 participants completed a pre-workshop questionnaire which gained demographic data about their occupation, practice experience and language background. Questions were also asked about their confidence in working with CALD populations, the major challenges faced and what they hoped to gain from attending the workshop.

Second, the same 52 participants completed a post-workshop evaluation immediately after the workshop. This evaluation asked about the main things

they learned, whether they believed the workshop was valuable, whether they were introduced to new resources, whether they gained what they had hoped from the workshop and what else could be included. Participants were asked whether they now felt they had received sufficient training and had increased confidence for working with CALD populations. Participants were also asked to set goals for moving forward in their development of culturally competent practice. Third, two participants (who had volunteered their details at the time of the workshop) were interviewed one year after the workshop. This interview sought to investigate whether the workshop had a lasting impact upon personal cultural competency and upon practice within the workplace.

This study produced both qualitative and quantitative data. Quantitative data were analysed using descriptive statistics, qualitative data were thematically analysed using NVivo 11.

RESULTS

Prior to commencing the workshop, participants were asked if they felt confident working with families from language and cultural backgrounds different from their own. Of the 52 participants 25 (48.1%) said "yes", 24 (46.2%) said "in some circumstances" and one participant said they were not confident to work with CALD families. Participants were then asked whether they felt they had received sufficient training for working with families from CALD backgrounds. Of the 52 participants 17 (32.7%) responded "yes", 27 (55.8%) said "no".

The major facilitator that professionals' cited for feeling confident in their practice with CALD families was working collaboratively with other professionals to bridge cultural and linguistic differences. These included interpreters, multicultural/bilingual support workers, home language volunteers and case managers. Professionals also stated that being open to new ideas and learning opportunities facilitated their confidence in working with CALD families. In contrast, a number of participants identified language and cultural barriers as inhibitors to their confidence when working with CALD families.

After the workshop professionals were asked whether they felt they now had sufficient training for working with CALD populations. Responses varied with 32 (61.5%) answering "yes", 9 (17.3%) answering "no", 1 (1.9%) answering "unsure", and 2 (3.8%) answering "somewhere in the middle". Ten (19.2%) of the professionals provided comments to accompany their response on this question. These comments included "I believe it will be ongoing for me", while another stated "I don't think you ever have enough". Professionals were then

Biography

Dr. Sarah Verdon is an Australian speech-language pathologist and early childhood researcher who is passionate about embracing the diversity of children from different cultures, languages, socioeconomic backgrounds and levels of ability. Her work advocates for equal opportunities for all children to have a strong start to life.

Correspondence:

sverdon@csu.edu.au

asked whether they felt more confident to work with CALD families as a result of undertaking the training. Of the 52 professionals, 41 (78.8%) answered "yes", 3 (5.8%) answered "in between" and 1 (1.9%) answered "unsure", 7 (13.4%) had missing data of this question.

Professionals identified six key areas of learning from the workshop. These were the benefits of multilingualism, the importance of understanding family culture, the need for family-centred goals, the importance of links with other services, understanding and developing their personal cultural competence and using the Principles of Culturally Competent Practice framework to guide holistic practice.

The data collected from the two follow up interviews held one year after the workshop revealed that attending the workshop facilitated both a shift in thinking around working with CALD populations and sustained changes to daily practice. Key learnings that professionals reflected on in these interviews were the importance of getting to know families, engaging in multidisciplinary teamwork, and the ongoing nature of developing cultural competence.

CONCLUSION

When asked whether they felt they had received sufficient training for working CALD families prior to the workshop, around one third of participants said "yes". This figure doubled with two thirds of professionals answering "yes" after the workshop. While this is an encouraging sign for the impact that professional development can have in supporting professionals working with CALD populations, it also should be met with caution. This finding highlights that the term "cultural competence" in itself is problematic, in that it implies that there is an endpoint to learning about culture and its impact upon practice and that at this endpoint a person can be deemed "culturally competent", and thus has received sufficient training in this area. In contrast, it can be argued that no individual will ever be competent in every language and culture (and the various interactions of these) in the world.

Therefore, it is proposed that a culturally competent professional is not someone who has achieved a state of competency but rather is someone who continually working towards competency through:

- 1 Awareness of their own culture and how it impacts upon their thoughts, actions and interpretation of the world;
- 2 A willingness to actively listen and learn about the cultures, perspectives and experiences of others;
- 3 Acknowledgment that they don't know what they don't know; and
- 4 An ongoing process of learning, questioning and re-evaluating their world view.

The findings of this study have important implications for all professionals working with children and families from CALD backgrounds. The study highlights the ability of professional development workshops to facilitate reflection upon professionals' own culture and the evaluation of services to ensure they are culturally safe spaces for families and children. The one year follow up interviews also demonstrated that, if received by

motivated professionals, knowledge and skills gained from attending professional development workshops can create positive and sustained changes to practice. The findings also highlight the limitations of trying to teach and develop lifelong skills in a short format. While presenters can provide workshop participants with the knowledge and resources to engage in culturally appropriate practices, it is up to individual professionals to implement these strategies to enhance practice in their workplace.

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Provision of Speech Pathology Services to Multilingual and Migrant Children in Bremen – Results from the MeKi-SES Project

Wiebke Scharff Rethfeldt, Hochschule Bremen, GERMANY

Speech, language and communication needs are particularly common amongst children including multilingual and migrant children. More than every third child in Germany has a migrant background. In parts of the city of Bremen, this figure is even higher. The availability of data on the access and provision of speech pathology services is still inadequate in Germany. This accounts even more for multilingual children. However, health-monitoring programs report that migrants like children from disadvantaged families differ in many health-related aspects from the majority population in Germany, i.e. that they are more likely to experience barriers in health care.

The study was designed as a first, regional examination of speech pathology services for multilingual and/or migrant children with language impairment (LI) in the city of Bremen in 2016. Information was obtained from speech language therapists (SLT) representing 30 practices in different districts across Bremen, a city affected by socio-spatial polarization, and practices were clustered according to the proportion of minor migrants and minor welfare recipients. The survey addressed i.e. consultation number and proportion of multilingual children, age of child by time of referral, physician vs. SLT diagnosis, used assessment materials, intervention goals, information of practicing SLT.

Findings show that multilingual children experience later referral compared to monolingual German speaking children, partly nonconformities regarding initial and SLT diagnosis. Moreover, SLT experience determination of accurate differential diagnosis between communication disorders and typical linguistic variations still challenging if not participated further education and training essential to effectively deliver service to the multilingual and multicultural clientele. In addition, results indicate a future shortage of SLTs in Bremen.

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Biography

Dr. Wiebke Scharff Rethfeldt is SLT / logopedic and a full professor at Hochschule Bremen with a special focus multilingual language acquisition, clinical reasoning, assessment and intervention in culturally and linguistically diverse children. She is the deputy chair of the Multilingual and Multicultural Affairs Committee of the IALP. In collaboration with Janin Wertenbruch, Hanna Holl, Ines Bergel, Julia Menkens-Siemers, and Iris Pieper.

Correspondence

w.scharff.rethfeldt@hs-bremen.de

The study highlights obstacles and the need for increased multiprofessional awareness and professional knowledge to help multilingual children with LI access needed services earlier.

LEARNING OUTCOMES

- Participants will gain insight into the provision of speech pathology services to multilingual children in a German city with a high migrant population.
- Participants will critically reflect practices of referral and representation of multilingual children in clinical practices.
- Participants will understand the need for further education and training to develop professional knowledge about multilingualism and cultural competences.

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Diversity and Educational Professions: Wake Up Call to Consciously Widen Our Professional Scope when Dealing with Children from a Minority Language Background

Antje Orgassa, Hogeschool van Arnhem en Nijmegen, NETHERLANDS

OBJECTIVE

As of 1948 Education has been recognized as a human right for all children (Universal Declaration of Human Rights). What does this mean with respect to equal accessibility and quality of education when dealing with children from a minority language background? To what extent are (future) educators sensitive and competent enough to deal with cultural and linguistic diversity? In fact, do they have consciously acquired sufficient knowledge, skills and attitudes to handle intercultural and linguistic diversity in educational (care) settings, and ... do they act accordingly?

CONTEXT

In this paper, I would like to address the question of consciously dealing with cultural and linguistic diversity by discussing the Model of Stages of Change (Prochaska et al., 2013). In addition, I will report on the outcome of a study by Drain et al. (2016) conducted at 33 Kindergartens in NRW (North Rhine-Westphalia), a German province where around 35% of all children under the age of five have a migration background. Based on observations on interior and materials in the Kindergartens and 95 questionnaires of members of educational staff, it was revealed that most educators are highly motivated to integrate diversity in their daily work with the children. Just half of the questioned staff members however consciously did it, and, in addition, the diversity was barely

Bibliography

Dr. Antje Orgassa is a dedicated researcher and enthusiastic lecturer in the fields of diversity in health care and language proficiency in autism and monolingual and multilingual SLI across the life span. She has studied speech and language therapy and applied linguistics and received her PhD degree on 'disentangling bilingualism and SLI'.

'overtly' recognized in the materials and interiors of the kindergartens. It is clear from the data that more awareness of one's own actions towards diversity is needed.

LEARNING OUTCOMES

It will be discussed

1. what linguistic and cultural diversity mean for educational staff members at Kindergartens in NRW when dealing with children from a minority language background.
2. how various health and educational professions should contribute in an interdisciplinary way to better care and education of cultural minorities.
3. how the Model of Stages of Change (Prochaska et al., 2013) could be one way of improving linguistic and intercultural awareness.

The Missing Voices of Arabic speaking Refugees: How to Listen to Their Speech Cross-Culturally as a Counsellor?

Mohamed Taieb¹, Maria Benabdeljlil^{1,2}, Mustapha El Alaoui Faris^{1,2}, MOROCCO

According to ASHA (2013), developing cultural competence is an ongoing process, involving self-awareness and „cultural humility“ and may require an attitude shift in which speech language pathologists seek to gain culture-specific knowledge and experience in these areas.

We present an insight into the multi-cultural aspects that should be considered when we deal with refugees and migrants from Diverse Arabic Speaking Backgrounds. This view is based on my experience in counselling in the Australian context. We suggest a wide range of recommendations for clinicians in order to empower their cultural awareness and knowledge of Arabic profile in the context of counselling. Given that Arabic becomes the fastest growing language in Northern Metropolitan Melbourne.

Internationally, the increase in the numbers of refugees and the forced movement of people to host countries such as Australia have necessitated a closer examination of educational frameworks and policies that affect resettlement and cultural adjustment (Taylor & Sidhu, 2012). Many refugee children and adolescents have experienced long-term catastrophic stress and psychological distress as a result of conflict and forced displacement (Zanskas, 2010). These clients continually challenged me positively in my daily practice as a counsellor with clinical background in speech pathology and neuropsychology, in many outreaches in Northern suburbs of Melbourne. I wondered even they are Arabic speakers how I could impact their mental well-being despite of the linguistic, cultural and ethnic barriers.

Overall, this situation creates some issues of inter-comprehension due to the asymmetry of the linguistic and cultural repertoires between the clinician and the client.

INTRODUCTION

We are fast becoming a multicultural, multiracial, and multilingual society. Such demographic changes are having a major impact on economic, legal, political, educational, and socio-cultural systems. In recent years, there has been an increase in research done on the Muslim and Arab populations in Australia. The migration and settlement experience of Arabic speaking migrants varies greatly according to the social circumstances and the country from which they have come. In terms of total population numbers, Lebanon

and Egypt continue to be the largest source countries of overseas-born Arabic people in Australia. Arabic is spoken at home by 287,000 Australian residents making it the fourth (after Italian, Greek, and Cantonese) most widely spoken community language in Australia (2011 census). It is the fifth community language in Melbourne (45,736).

For welfare, NGO and mental health organizations in the Australian context, they will need to meet the inevitable challenge of cultural diversity. A model for incorporating cultural diversity via An Arabic welfare organization in Melbourne is presented in this paper. The model is based on a scope of counselling competencies, which analyses the linguistic barriers (differences, stereotypes and systemic factors). This model is developed mainly upon my personal retrospective experience on Cross-Cultural Counselling with Arabic refugees and migrants.

CONTEXT OF THE STUDY

My interest in cross-cultural counselling began while I was living in Australia during 2015 and working as counsellor with Arabic Welfare NGO in Northern Metropolitan Melbourne. Passionate to learn as much as possible about the middle Eastern newcomers and migrants who have already established their lives in Australia, I read as much as possible, observed, and listened to people, some of whom I dealt with, suffered from the side effects of their settlement issues and cultural shock.

Arabic Welfare "AW" is a non-sectarian, non-political migrant welfare organisation, its mission is to influence and sensitize mainstream service providers to ensure that newly arrived migrants and refugees from Arabic speaking backgrounds are included in Australian society. AW strive to educate, support, advocate on behalf of, and encourage the autonomy of the Arabic speaking community through offering a range of services, groups, workshops and programs. It addresses the needs of individuals and families of diverse Arabic speaking backgrounds who face disadvantage and difficulty when accessing services. It provides individual casework, information workshops, group-based activities, counselling and advocacy. AW offered a Cross Cultural Training that aimed at non-Arabic workers and school staff from a variety of backgrounds, who are working with Arabic speaking clients and students. The training workshops are in-

¹ University Mohammed V. Faculty of Medicine and Pharmacy-Rabat

² Department of Neurology A and Neuropsychology, Rabat Specialty Hospital, Souissi quarter-Rabat

teractive and assist participants to better understand, work and communicate with people of diverse Arabic speaking backgrounds. Participants from different NGOs, stakeholders and mainstream services gain skills and develop strategies for effective communication and engagement with clients of diverse Arabic speaking backgrounds. The training resources include tip sheets, guides and practical case studies for both effective and experiential learning.

WHAT IS COUNSELLING?

Counselling is an active listening process that is geared to understanding how the world looks to the person being counselled. Once careful listening has increased the clinician's understanding, counselling moves on to guide the counselled person to express feelings, concerns, anxieties, and so forth. The major aspects of communication counselling have been well summarized by Webster (1977) as follows:

- To receive information that the individual and his or her family wish to share with you.
- To give information.
- To help individuals clarify their ideas, attitudes, emotions and beliefs.
- To provide options for changing behaviours.

The intent of counselling in situations such as those encountered with communicatively impaired individuals and their families is to help them:

- to grieve for what has been lost
- to understand it as fully as possible
- to develop coping strategies and increase resilience
- to make peace with the disorder
- to make sensible adaptations to it
- to capitalize on strengths to minimize weaknesses, and to live as fully as possible, despite impairment.

WHAT IS COUNSELLING IN SLP?

According to the American Speech-Language-Hearing Association (ASHA) Scope of practice (2001) counselling families of children with speech, language, and hearing disorders, as well as adults who have such disorders, is an integral part of clinical responsibility. Counselling is perhaps the most important way we have to help our clients, yet it is likely to be that aspect of practice that most Speech-Language Pathologists and Audiologists feel most uncomfortable about, and are most likely to avoid (Table 1).

RECOMMENDATIONS FOR EFFECTIVE CROSS-CULTURAL COUNSELLING IN SLP

Why are we experts in communication so reluctant about assuming our counselling role?

The reason might be explained by a lack of explicit training in cross-cultural counselling in SLP. It seems

that counselling is often just tagged on to the end of disorder specific courses, rather than having a focus as a skill that can be learned in a multi-cultural way. (Table 2).

Most counselling approaches used with communication disorders have been borrowed from a framework based on clinical psychology that focuses on psychopathology and its effects on psycho-behavioural aspects of communication. This, despite the fact that the counselling issues faced by experts in communication disorders do not stem from psychopathology, but from some form of catastrophe imposed on individuals who for the most part to be victims of PTSD effects following the context of forced migration.

CONCLUSION

Finally, this is what motivated me to go into the field of cross-cultural counselling and to advocate for this population. This is the reason I am writing this article. For those counsellors or SLP taking a multicultural approach who may not be immigrants, we all can benefit from the experiences of one another. By sharing them, we reciprocate to transfer these competencies from this experience in the Australian context to the German one depending on the specifications of the population addressed.

LEARNING OUTCOMES

- Gain understanding of refugees and migrants from Diverse Arabic Speaking Backgrounds
- Detail the issues of intercomprehension between the counsellor and the client
- Provide a set of recommendations for clinicians in order to empower their cultural awareness and knowledge of Arabic profile in the context of counselling

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mohamed.taiebne@uic.ac.ma

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Generic Characteristics of Counselling	Specific characteristics of a good SLP counsellor (Holland, 2007)	Specific characteristics of cross-cultural counselling
<ul style="list-style-type: none"> → counselling situation is unstructured and forces the client to be the primary active participant. → counsellors often expect their counselees to exhibit some degree of openness, psychological mindedness, or sophistication → place a high premium upon verbal, emotional, and behavioural expressiveness and the attainment of insight. → monolingual orientation, → emphasis on long-range goals, → distinction between physical and mental well-being, and → emphasis on cause and effect relationships. 	<ul style="list-style-type: none"> → Some technical skills consist of a variety of learnable techniques, such as how to reflect what someone is saying, knowing how to ask appropriate questions, → to be active and involved counsellor, as opposed to a neutral and passive one, also to come down on the side of providing advice, but giving it tentatively and from an outsider position → competent SLP counsellors know who they are. They know their strengths. This puts them in a position to work with clients from their own strengths and capabilities 	<ul style="list-style-type: none"> → Patterns of communication are generally from client who addresses the main issues in settlement, to bi-lingual counsellor. → counselling is multi-lingual and multi-cultural orientation, → emphasis on short and mi-term goals, → The use of "good" standard Arabic is predominantly the vehicle by which communication occurs with clients. → counselling is generally brief (a 50-minute session once a week)

Table 1 Comparison between generic Characteristics of Counselling, Specific characteristics of a good SLP counsellor (Holland, 2007) and Specific characteristics of cross-cultural counseling

The cultural component	The features
Language	<ul style="list-style-type: none"> → English proficiency amongst educated migrants and Australian born is high while it is very limited with uneducated migrants and the older generation, the majority of whom come from rural background. → Arab migrants speak a common mother tongue Arabic; however their speech may be specific to a locality and have a particular dialect or vocabulary which also marks a more specific identity. Some of those dialects are Lebanese, Syrian, Jordanian, Palestinian (these are very similar), Egyptian and Sudanese (with a common Egyptian dialect), Moroccan (a mixture of Arabic and a bit of French) and Bahraini Omani, Kuwaiti & Saudi Arabian which all have a common Gulf dialect. → Elderly people also lack English proficiency due to social isolation and lack of social networks outside the community
Religion	<ul style="list-style-type: none"> → The main religion in most Arabic countries is Islam, the second being Christianity, in various forms. → Sunni and Shia are the two main streams of Islam. → Another religion, the Druze, mainly practiced in Lebanon and Syria, originated from Islam. → The majority of Christian groups reside in the following Arabic countries: Lebanon, Jordan, Syria, Egypt, Palestine and Iraq. Christian Maronites (Catholic) and Christian Orthodox form 30 % of the population in Lebanon. Coptic Orthodox is a minority grouping Egypt and Chaldeans/Assyrians and Christian Orthodox are minority groups in Iraq. There was a small Jewish population in Egypt, Lebanon, Iraq and Morocco
Customs/ Values	<ul style="list-style-type: none"> → A patriarchal social structure is the norm, although this is being challenged today. → Family relationships between the nuclear and extended family are very important, family being central to life. → Elderly members of the family have a strong role in family decision making, but this is changing with Australian born and new migrants. → Family honor is an important cultural value, and extremely important for people who migrated from rural background. → Arabic people from all religious backgrounds have established their respective religious and social institutions.

Table 2 Arabic cross-cultural profile in the context of counselling

Children Experiencing Exodus and Migration – The Significance of Attachment Theory in the Educational Context

Sibylle Roehr, Landesinstitut für Schule Bremen, GERMANY

“It is essentially the ties between people that give meaning to life”
(Wilhelm von Humboldt)

Children subject to exodus and migration tend to experience language-based, cultural and social uprooting, frequently accompanied by traumatic events. In their new environment they often experience isolation and pressure to conform.

This can lead to strong feelings of insecurity and loss of basic trust, thereby profoundly affecting a child's emotional attachment ability.

How can attachment theory be applied to (special-) education of children with migratory experiences? What might be the consequences for attachment-centered (special-) education, taking into account cultural diversity?

In this presentation case studies will be used to identify risk- and protective factors, to showcase the potential of attachment-enriched education within inclusive school and classroom settings and to derive conditions for success, based on balanced multi-disciplinary cooperation.

CORRESPONDENCE

Fachleiterin Sonderpädagogik/Inklusive Pädagogik
Landesinstitut für Schule
Am Weidedamm 20, 28215 Bremen
sroehr@uni-bremen.de

Teacher's Attitudes on Bilingualism in the Public Primary Education in Cyprus

Maria Christopoulou, Louiza Voniati, Andri Nicolaou
European University Cyprus, CYPRUS

This project aims to investigate the views of teachers on bilingual students in public primary education in Cyprus and what kind of difficulties they face. The research took place between September and October 2016. The research involved 64 teachers from the provinces Limassol and Nicosia. The special education teachers were not included. The investigation process was by random sampling.

The designed research was a quantitative study. A questionnaire was designed to investigate the attitudes and opinions of primary school teachers for the presence of bilingual students in the school environment. The questionnaire was divided into two parts. The first part included the purpose of investigation and certain demographic issues graded by question and multiple choices. The second part consisted of questions with ascending ratings from 1 to 5. The results showed that most teachers have no training in bilingual issues and have formed their own

Biography

Dr. Maria Christopoulou received her BA in Communication Disorders, (MN) and MSc and PhD (Nova SE Uni, FL,US). She is Assistant Professor at EUC speech and language pathology program and Director of Speech, language, Hearing Clinic EUC. BD member at IALP, EC member of CSPA, former member of EC CPLOL, president of CIF.

Dr. Louiza Voniati received her BA in Speech and Language Therapy from the Technological Educational Institute of Patras and her MEd. and PhD from the Open University of London. She is a lecturer at the European University Cyprus (BA in Language and Speech Therapy and Master in Language and Speech Pathology).

Andri Nicolaou received her BA in Speech pathology from European University Cyprus, SLT.

opinion on the subject of intercultural education and placement of bilingual pupils in mainstream classes. However, the findings of the research revealed that the teachers feel comfortable in a multicultural classroom and confident to teach bilingual students. Furthermore, the outcomes of the research indicated that the teachers had a positive image for bilingual students in their classes and do not consider bilingualism an obstacle to the children's learning. The teachers also emphasized that bilingual students face particular difficulties in writing paragraphs and transporting correctly the meaning in sentences.

The need for more research is a constant factor of the bilingualism.

LEARNING OUTCOMES

- Participants will gain an understanding of the teacher's attitudes on bilingualism in the public primary education in Cyprus
- Participants will be able to discuss the design of a program that is adjunct to functional integration and education of bilingual pupils.
- Participants will be able to discuss the planning of programs on the education of bilingual/multilingual students and will serve as basis to the Ministry of Education on the development of new programs taking in consideration the needs of bilingual children in the current Cyprus multicultural school.

Universal Design for Learning (UDL): Removing the Barriers for Diverse Learners

Sandra Levey, The City University of New York, Lehman College, NY, USA

The Universal Design for Learning (UDL) addresses barriers to learning, given diverse learners and variability of learning modalities in classrooms. Diverse learners were found in an English-speaking classroom in which students spoke 14 different native languages. Learning variability was shown in Functional Magnetic Resonance Imaging of brain activity patterns while people performed a finger tapping task. Although all performed the same task, findings showed individual differences in the way the brain functioned during the task.

In this presentation, I will offer guidelines and strategies for UDL, with an explanation of the difference between traditional teaching and the UDL approach. Traditional teaching does not generally consider learner variability. Instead, there is focus on instruction through textbooks and lectures, memorization, exams, and scores and grades. UDL considers learning variability through the use of case studies, group work, classroom activities, multiple examples, accessible information for people with disabilities (large print, interpreters), highlighted critical information, and multiple formats (computers or software, graphic organizers, manipulatives, PowerPoints).

UDL can be applied from primary school through college and is essential as diversity is increasing across the world in classrooms.

Biography

Dr. Levey has published articles and books, and presented on bilingual children's and adult's perception, acquisition, and reading skills. She has authored *Language Development: Understanding Language Diversity in the Classroom*. She is the chair of the Multilingual and Multicultural Affairs Committee of the International Association of the Logopedics and Phoniatrics Association (IALP).

Correspondence

sandralevey@hotmail.com

LEARNING OUTCOMES

- Participants will gain insight into the value and methods of the UDL approach.
- Participants will be provided with guidelines and strategies for the UDL approach.
- Participants will gain an appreciation of divergences between traditional and UDL approaches to education.

Assessing Verb Placement Skills of Mono- and Multilingual Primary Students

Birgit Ehl, Michael Grosche,
Bergische Universität Wuppertal, GERMANY

Teachers are required to measure language skills, in order to identify children in need for language training. The assessment tool Profilanalyse (Heilmann & Griebhaber, 2012) measures the development of verb placement in German main and subordinate clauses. We tested whether this assessment tool can differentiate monolingual and multilingual primary students.

A total of N = 255 primary students from grade one to four took part in our study (102 monolingual German, 43 simultaneous bilingual, 91 children with German as early second language, 19 children with German as second language). Children were asked to tell stories about three randomized stimuli.

These were

1. a four-picture story from Heilmann und Griebhaber (2012),
2. a 9-page self-developed picture book, that contains questions, that stimulate to answer in subordinate clauses and
3. a self-developed photo album with situations that stimulate primary students to tell about their own experiences in these situations (see also Westerveld et al. 2004; Southwood et al., 2004; Wagner et al., 2000)

Results showed that monolingual German children and simultaneous bilingual children scored highest in grammatical verb placement skills. Children with German as early second language and children with German as second language scored lower, but the difference was only significant between monolinguals and children with German as second language.

We conclude that the assessment tool can only differentiate between children with German as first language and German as second language, but not between the other acquisition groups. Even children with only 18 months of exposure to the German language reached levels of proficiency. Needed is a tool that either differentiates better or focusses on other grammatical skills that fit more the grammatical development phases during primary school years.

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Providing Assessment to Multilingual Children – Common Practices Used by Speech-Language Therapists in Austria

Michaela Brunner¹, Wiebke Scharff Rethfeldt²

Due to globalization and migration movements providing clinical assessment to multilingual children with suspected primary LI is steadily increasing in Europe. In Austria the percentage of this patient group is constantly growing with nearly 20% of the country's population demonstrating a migration background. This has resulted in significant challenges to the provision of assessment services to multilingual children who are at risk for primary LI.

The lack of standardized assessment tools and the variety of languages make it difficult for SLTs to conduct a proper assessment. This study aimed to identify variables that influence SLTs' use of evidence-based methods in this field and therefore an online survey has been distributed to SLTs across Austria (n=81). Regression analysis revealed a severe lack of knowledge and clinical practice with regards to assessment of multilingual children in SLT. Although, knowing from literature that several clinical markers that are appropriate to identify LI in monolingual children are unsuitable for multilingual children, 74% of the participating SLTs indicated a small lexicon in the child's second language as an important clinical marker to identify primary LI in multilingual children, next to other assumptions that may lead to misdiagnosis.

One of the key features of this proposal are specialized tools and methods focusing on a multilingual case history which, though available, still seems to be very little known. The results of the survey underline the demand for a profound and/or a revision of initial SLT training in order to be able to keep up with patient's demands.

Biography

Michaela Brunner, B.Sc., is a SLT working in the ENT-Department of the General Hospital in Leoben, Austria. She has always been interested in other languages and cultures and therefore has also put interest in providing assessment and therapy to cultural diverse children with a multilingual background.

Dr. Wiebke Scharff Rethfeldt is SLT / logopedic and a full professor at Hochschule Bremen with a special focus multilingual language acquisition, clinical reasoning, assessment and intervention in culturally and linguistically diverse children. She is the deputy chair of the Multilingual and Multicultural Affairs Committee of the IALP.

Correspondence

logopaedie_brunner@hotmail.com
w.scharff.rethfeldt@hs-bremen.de

LEARNING OUTCOMES

- Participants will gain information on current clinical assessment practices of SLTs applied to multilingual children in Austria
- Participants will receive information on considered clinical markers for primary language impairment practices of SLTs in Austria

¹ Leoben State Hospital, AUSTRIA
² Hochschule Bremen, GERMANY

Bedore, L. & Peña, E. (2008). Assessment of Bilingual Children for Identification of Language Impairment: Current Findings and Implications for Practice. *The International Journal of Bilingual Education and Bilingualism* 11, 1-29.

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Identification of Specific Language Impairment (SLI) in Bilingual Turkish-German Children with Assessment Instruments for Vocabulary and Narratives

Nebiye Hilal Şan, Solveig Chilla
University of Education, Heidelberg, GERMANY

Biography

Nebiye Hilal Şan is a PhD candidate at the University of Education Heidelberg with the PhD Project "Assessment of Specific Language Impairment in Immigrant Turkish" and works as a research assistant at the same university.

Solveig Chilla is a full professor at the department of special needs education (speech and language education) at the University of Education at Heidelberg with key activities in multilingual development and assessment, heterogeneity and inclusion.

Correspondence

san@ph-heidelberg.de
chilla@ph-heidelberg.de

Children with SLI show difficulties in expressive and/or receptive language without any accompanying condition of neurological, hearing, or cognitive disabilities. Monolingual children who show at least -1.25 SD in language test scores and a non-verbal performance IQ ≥ 85 are considered to be children with SLI (Leonard, 2014). Because the assessment of SLI in L1 of bilingual children has become a major research interest in recent years in parallel to research on SLI in their L2, a practical proposal for the assessment of bilinguals has been to run monolingual standardized tools but to adjust the z-scores regarding language dominance (i.e. -1.5 to -2.25; Thordardottir, 2015).

The present study analyses the possibilities and limitations of adapting a norm-referenced vocabulary test (TİFALDI, Kazak-Barument & Güven, 2010) to the minority setting along with LITMUS-MAIN (Language Impairment Testing in Multilingual Settings-Multilingual Assessment Instrument for Narratives) (Gagarina et al., 2015) by comparing bilingual Turkish-German children (N=10) with and without SLI between 6;1 and 9;7. Preliminary results demonstrate that 3 bilingual Turkish-German children with a typical language development have been misdiagnosed as bilingual children with SLI. The results of the MAIN (macrostructure) show that bilingual Turkish children could perform in better in this multilingual narrative tool than L1 vocabulary tasks results suggest.

To conclude, it will be discussed that an adjustment of z-scores alone might not be appropriate for bilingual children. The low scores and the type/token ratio of the bilingual Turkish lexicon (Schaufeli, 1992) in a monolingual test could misleadingly be interpreted as characteristics of SLI. Furthermore, it will be argued that linguistic features of monolingual SLI features may overlap with the characteristics of Immigrant Turkish. However, the narrative abilities in L1 may provide promising results for the identification of potential clinical markers of SLI even for Immigrant Turkish.

Child Code	Initial Status	Age (mo.)	Compr. Z-Scores	Expr. Z-Scores	Cutt-Off Criteria (Thordardottir, 2015)	Assesment Result	Language Dominance (PABIQ)
BAY	Bi-TD	73	-0.2	-1.9	-1.5	Bi-SLI	Turkish
ILK	Bi-TD	92	-1.2	-2.5	-1.75	Bi-SLI	Balanced
NEC	Bi-TD	115	-3.7	NA	-2.25	NA	German
YAB	Bi-TD	85	-0.5	-2.8	-1.5	Bi-SLI	Turkish
NAC	Bi-TD	88	-3.9	NA	-2.25	NA	German
OSE	Bi-SLI	97	-1.2	-2.8	-1.5	Bi-SLI	Turkish
YUG	Bi-SLI	82	-2.1	NA	-1.5	NA	Turkish
RAA	Bi-SLI	75	NA	NA	-1.5	NA	Turkish
EMÖ	Bi-SLI	76	-1.9	NA	-1.5	NA	Turkish
EFÖ	Bi-SLI	111	-0.5	-2.7	-1.5	Bi-SLI	Turkish

Table 1 Application of criterion of Turkish-German bilingual children tested so far $N=10$

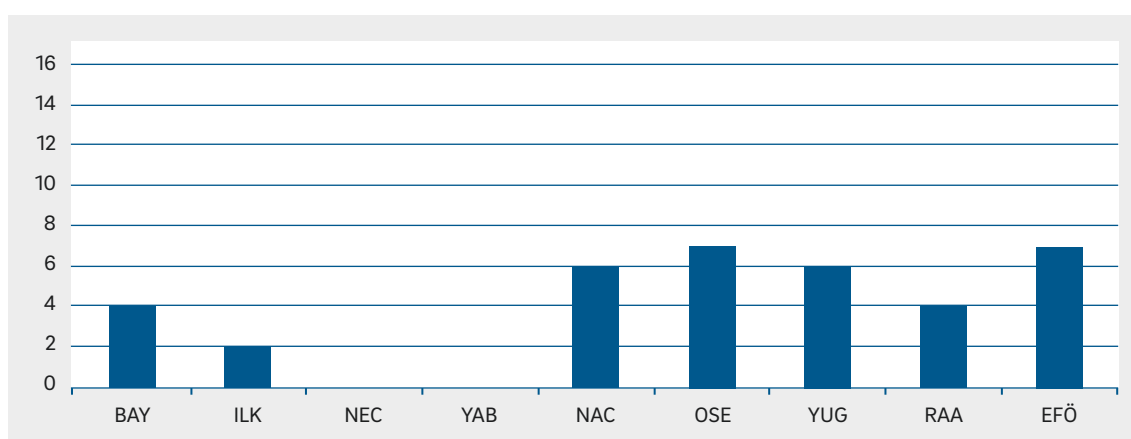


Diagram 1 L1 performance in story structure (raw score)

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Portuguese–German Children in Germany: Performance in Standardized Tasks in the Heritage Language and in the Majority Language

Tatjana Lein, Monika Rothweiler
University of Bremen, GERMANY

The paper presents the performance of 14 Portuguese–German bilingual children (growing up in Germany; age 5;9–8;7) in standardized tasks, a) in the majority language, and b) in the heritage language. The participants were split up into a group of 7 simultaneous learners (all starting to learn both languages from birth) and a group of 7 sequential learners of the majority language German (age of onset 3;0).

Migrant children experience a special situation in both languages. On the one hand, the majority language is often an early second language (cL2) which is still under development when performance is tested before school entry. Using standardized assessment tools in the majority language with monolingual norms therefore often leads to misdiagnosis of (specific) language impairment (SLI) (e.g. Grimm & Schulz, 2014, Tuller et al., 2015). SLI is a genuine developmental language disorder with other cognitive, sensorial or neurological development being unaffected (see Leonard, 2014). On the other hand, the minority language is often only used at home and might be subject to incomplete acquisition (for different reasons as reduced input, qualitatively defective input, etc.) (Montrul, 2008; Rothman, 2009). Incomplete acquisition may lead to a developmental phenotype that resembles a developmental language disorder. Lein et al. (to appear) found that Portuguese–German children performed below monolingual norms in standardized tasks in their heritage language Portuguese, especially when they started to acquire the majority language German from birth (2L1). Additionally, the language of migrant populations may have changed to a special migrant variety so that the perhaps available language tests are no more suitable in the migration context (Chilla & San, to appear). For these reasons, testing in the heritage language may be misleading for diagnosis of normal vs. impaired language acquisition, as well.

In the attempt to disentangle features of bilingualism and specific language impairment new assessment tools in the majority language have been developed, focusing on relevant areas for identifying SLI that are not especially difficult for typically developing bilinguals (Armon-Lotem et al., 2014). Another possibility to avoid the overlap of bilingual children with and without SLI are tests that offer bilingual norms

Biography

Tatjana Lein is PhD student at the University of Bremen. Her research interests include child bilingual language acquisition and assessment of specific language impairment in bilingual children.

Dr. Monika Rothweiler is professor for inclusion with special focus on special needs education for children with speech and language deficits at the University of Bremen. Her research interests include child bilingual language acquisition, language disorders and assessment.

Correspondence

Tatjana Lein
Universität Bremen, FB12 Erziehungs- und
Bildungswissenschaften
Inklusive Pädagogik, Förderschwerpunkt
Sprache, GW2, Universitäts-Boulevard 11/13
Postfach 33 04 40, D-28334 Bremen
tlein@uni-bremen.de

instead of or additional to monolingual norms (Grimm & Schulz, 2014). It is known that in some grammatical areas in German that are vulnerable to SLI, e.g. subject–verb agreement (SVA) and verb placement, simultaneous and sequential bilinguals develop similar to monolinguals (Meisel 2001, Rothweiler 2006, Chilla 2008). However, the same group of children might develop differently in other areas, e.g. show problems in the acquisition of articles (i.e. more deletion, see Schönenberger, 2013) or they are slower than monolingual children (dative case, see Schönenberger, Rothweiler & Sterner, 2012).

The current study compares the performance in lexicon and morphosyntax of 7 Portuguese–German simultaneous bilingual children to that of 7 sequential bilingual children. For Portuguese, the vocabulary and morphosyntactic subtasks of the standardized task Palpa-P (Castro, Caló & Gomes, 2007) will be evaluated. For German, the morphosyntactic performance will be evaluated using the standardized task LiSe–DaZ (Schulz & Tracy, 2011) which provides bilingual norms. The vocabulary was tested with the WWT (Glück, 2011).

We will address the following questions:

- 1) Do the sequential learners show a disadvantage in German in comparison to the 2L1 children? This would become apparent through differences in the performance in LiSe-DaZ and WWT between simultaneous and sequential bilinguals. If so, this would show the inverse pattern to the Portuguese results.
- 2) If there are differences do they show up selectively in specific grammatical or lexical areas?
- 3) If there are differences are they qualitative or quantitative by nature?

The results show that while sequential bilinguals perform better than simultaneous bilinguals in the Portuguese tasks on lexical production ($p=.038$), lexical reception ($p=.007$) and syntactic production ($p=.053$), there are no statistical differences between the two groups in the German lexical task WWT (production and reception $p>.1$) and most of the subtasks of LiSe-DaZ, except for conjunctions ($p=.026$). The L2 group performed better than the 2L1 children in the

subtask on conjunctions. However, there is a tendency for the simultaneous bilinguals to perform better than the sequential bilinguals in the subtests on case ($p=.073$) and subject-verb-agreement ($p=.097$).

A qualitative error analysis reveals that the same kinds of errors are made in both groups. The performance in German case and SVA is correlated with chronological age, dominance and length of exposure, not with age of acquisition. Therefore we suggest that an exposure to the majority language around the age of 3;0 does not necessarily lead to disadvantages in the development of the L2, but in contrast, might be helpful for the maintenance of the heritage language.

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Assessment of SLI in German and French as a Second Language: Arabic, Portuguese and Turkish Speaking Children in Focus

Solveig Chilla¹, Lina Abed Ibrahim², Cornelia Hamann²
GERMANY

BACKGROUND

The assessment of Specific Language Impairment (SLI, Leonard, 1998, 2014) in bilingual children remains difficult since appropriate tools are still under review. This term refers to a developmental disorder which manifests itself specifically or primarily in the area of language in the absence of other clinically diagnosed deficits (sensory, neurological, cognitive, behavioural, etc.), see AWMF 2011; Leonard, 1998, 2014). A language disorder of this type is extremely detrimental to the individual's social and academic development and needs careful diagnosis in order to allow targeted language intervention.

The multiplicity of variables potentially affecting the outcome of these language difficulties implies that understanding atypical development in bilingual contexts is challenging. This is all the more so given that it has been reported that error patterns found in these children tend to overlap with error patterns found to be diagnostic markers for the identification of SLI. Combined with the fact that speech and language therapists are often insecure when it comes to the language assessment of minority or migrant children, both over- or under-diagnosis are frequently reported. More generally, situations in which the nature of a child's language difficulties remains unclear for teachers, clinicians, and parents, mirror the regular experience of practitioners. This fundamental problem has received increasing attention among researchers (Paradis, 2010; Armon-Lotem et al., 2015). But even so, the basic questions still remain: Whether and how can logopedics and phoniatrics disentangle language difficulties in a bilingual child that are due to SLI from a certain stage of typical L2 development?

CONTEXT

Several research networks and projects, such as COST Action ISO804 (REFERENCE SITE WEB) or our project Bilingual Language Development: Typically Developing Children and Children with Language Impairment (BiLaD), have aimed at developing diagnostic tools for the practical use of speech and language therapists that often only have command of the majority or national language. They seek assessment tools that can be administered in the L2, but take

Biography

Dr. Solveig Chilla, professor for Speech and Language Education, PH Heidelberg. Research focus: Bilingual/bimodal language development and impairment, heterogeneity and inclusion.

Lina Abed-Ibrahim, PhD candidate, Oldenburg University. Research focus: Bilingualism in children with Arabic L1.

Dr. Cornelia Hamann, professor for English Linguistics, Oldenburg University. Research focus: (a)typical L1/L2 acquisition.

Correspondence

chilla@ph-heidelberg.de
lina.abed.ibrahim@uni-oldenburg.de
cornelia.hamann@uni-oldenburg.de

the bilingual or multilingual situation into account. A battery of tools was developed for cross-linguistic use during COST Action ISO804 under the name of LITMUS-tasks (Language Impairment Testing in Multilingual Settings), see Armon-Lotem et al. (2015). Among these tools are non-word repetition tasks (LITMUS-NWR) and sentence repetition tasks (LITMUS-SR), that were chosen precisely because each of them has been demonstrated to be the most discriminatory type of task for identifying SLI in monolingual children (Conti-Ramsden et al. 2001). As to bilingual children, first results on the LITMUS repetition tasks have been published (Marinis & Armon-Lotem, 2015; Lein et al., 2016; Hamann et al., in press; Chiat, 2015; Ferré et al., 2015; Tuller et al., 2015), but large-scale studies using the same methodology in different bilingual contexts are still needed to compose reliable tools for everyday practice.

Our study presents cross-linguistic comparisons of the assessment of Arabic, Portuguese and Turkish speaking children with/without SLI in two different countries. In our bilateral project BiLaD, 160 bilingual children from both countries were assessed with standardized L1 and L2 language tests and LITMUS-tools (bi-sli.org, Armon-Lotem et al., 2015) in their second languages German or French.

MAIN POINTS OF PRESENTATION

The poster presents our cross-sectional and cross-linguistic findings. It will be shown that parental questionnaires have to be designed carefully with respect to the heterogeneous migrant and/or minority language background of bi- and multilingual children in Europe. In this sense, the PaBiQ-parental questionnaire (Tuller, 2015) is not only a suitable but a necessary instrument for language assessment in migrant populations. Second, we present evidence for difficulties with syntactically complex constructions (e.g. in our BiLaD-versions of the LITMUS-SRT) being able to identify SLI in monolingual and bilingual populations. Third, the German and French versions of the quasi-universal non-word repetition task are able to identify SLI in bilingual children after a very short time of L2-exposure. We thus conclude that an assessment battery for bilingual children should include all three of the tasks to disentangle SLI from typically developing L2 children.

We furthermore shed light on the fact that not all of the language properties are equally suitable for the assessment of SLI in bilinguals. Our comparison of combinations with the same first, but different second languages highlights the fact that, for example, case and gender marking in German, have to be evaluated separately and should probably be excluded from error counts, especially when evaluating refugee children with a length of exposure ≤ 18 months.

1 PH Heidelberg
2 Oldenburg University

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Speech- Language Therapists' (SLTs') Needs in Working with Multilingual and Multicultural Populations in Spain.

Silvia Nieva¹, Lidia Rodríguez², Leire Azconobieta², María Martín², Eva Aguilar-Mediavilla³, Barbara Conboy⁴

Over the past decade, interest in how SLTs work with bilingual/multilingual/multicultural populations has grown substantially. The present study is part of a larger research project conducted by the Bilingual and Multilingual Experts Committee of the Spanish Association of Logopedics, Phoniatrics and Audiology and Iberoamerican Association of Phonoaudiology (AE-LFA-IF), in cooperation with the University Complutense of Madrid, University of Castilla-La Mancha, Universitat des Illes Balears (Spain) and University of Redlands (U.S.A.). The overarching purpose of this project is to improve the knowledge and skills that SLTs need for providing services to bilingual, multilingual, and multicultural populations in Spain. For the present work, we developed and distributed a Survey on Speech & Language Intervention in Multilingual Environments to SLTs throughout Spain, in order to obtain a general view of the challenges Spanish SLTs face in their daily practices. Preliminary results were presented at the IALP conference in 2016 (Nieva, Conboy, Aguilar, & Rodríguez, 2016). We plan to use the final results of this survey to develop a Spanish Practice Guide for Working with Multicultural and Multilingual Populations, following similar publications developed by other professional associations (ASHA, 2001, 2002; McLeod, Verdon, & Bowen, 2013).

INTRODUCTION

Bilingualism is a natural environment for a large proportion of the world's population (Grosjean, 2010). In Spain, more than 15 languages currently coexist, although not all of these languages have official status. At present, there are five co-official languages: Spanish, Basque, Catalan, Galician and Valencian, and one language that is official in the Catalan region (Aranes). There are also many dialects of these official languages, three sign languages (Spanish Sign Language, Catalan Sign Language and Valencian Sign Language; Paul, Simons, & Fennig, 2016), and many other languages spoken in immigrant communities. Therefore, most if not all Spanish Speech and Language Therapist (SLTs) encounter bilingualism, multilingualism, and multiculturalism at some point in their professional careers. Nevertheless, there is a lack of research on these topics in Spain, particularly research that addresses clinical issues. For these and other socio-historical reasons, there is a lack of knowledge about the beliefs and practices of Spanish

SLTs regarding service delivery to linguistically and culturally diverse populations.

AIMS

The primary aim of the present research was to gain information about Spanish SLTs' beliefs regarding their practices with bilingual/multilingual/multicultural populations as well as their professional competencies, cultural competence and confidence in working with these populations, in order to develop practice guidelines. We based this study on the premise that, because most Spanish SLTs work with bilingual/multilingual/multicultural populations, there is a need to study their beliefs and practices regarding these populations and determine how to improve services. We hypothesized that we would find discrepancies between clinicians' self-perceptions and their actual practices. We also expected to find that clinicians lack resources for working with bilingual/multilingual/multicultural clients. For this work, we adopted a functional definition of bilingualism (Kohnert, 2013) and included the bilingualism that is common in Deaf communities that use sign languages (Grech & McLeod, 2012) as well as bilingualism/multilingualism in spoken language communities.

The main goals of the study were thus to: 1) understand the current situation regarding SLT practices in bilingual/multilingual and multicultural environments in Spain, and 2) study the beliefs of SLTs working in Spain as they face new challenges in linguistically and culturally diverse environments. A concomitant purpose of the data collection was to compare information about the practices and beliefs of SLTs in Spain with bilingual/multilingual/multicultural populations to the results of similar survey studies conducted in other countries (e.g., D'Souza, Kay-Raining, & Deacon, 2012; Guiberson & Atkins, 2012; Hammer et al., 2004; Harris, 2004; Joffe & Pring, 2008; Jordaan, 2008; Mennen & Stansfield, 2006; Kritikos, 2003; Skahan, Watson, & Lof, 2007; Williams & McLeod, 2012).

METHOD

Survey design

The Cuestionario sobre Intervención Logopédica en Entornos Multilingües [Survey on Speech & Language Intervention in Multilingual Environments] was designed based on the previous research conducted in

other countries (see above). This seven-section questionnaire consisted of open format questions, Likert questions, rate-scale questions, leading questions and yes/no questions. The questions asked about Spanish SLTs: 1) demographics: residence, educational level and career trajectory, linguistic experience by level of competence (oral and sign languages) and training; 2) beliefs: concept of bilingualism, perceptions about training, and beliefs in common myths about bilingualism; and 3) practice: self-perception, evaluation and intervention practices (with clients and their families), and impressions of a case report.

Participants

A total of 254 SLTs voluntarily responded to an online version of the questionnaire on the platform Qualtrics. Nearly half of the participants were from regions with a co-official language.

Procedure

The survey was distributed online, accompanied by a letter addressed to the members of "All Spanish Regional Professional Official Colleges", to ensure a balanced representation of SLTs throughout Spain. The survey was conducted anonymously, according to the personal data protection laws in Spain (Ley Orgánica 15/1999, de 13 de diciembre, de Protección de Datos de Carácter Personal).

RESULTS

The results supported our hypothesis that most SLTs in Spain have bilingual clients or clients with exposure to more than one language on their caseloads, justifying the need for understanding the SLTs' beliefs and practices with bilingual/multilingual/multicultural populations. In this presentation, we will focus on the items that served to gather information about SLTs' beliefs and practices.

In general, we found that Spanish SLTs differed in their beliefs and practices. For example, many participants who responded that they spoke more than one language did not consider themselves to be bilingual. Responses to the questions regarding beliefs about bilingualism revealed that most SLTs in Spain do not believe that children with language difficulties cannot become bilingual. However, there were discrepancies between bilingual SLTs and monolingual SLTs in the recommendation of language use to bilingual or multilingual clients and families. Responses to the questions regarding SLTs' perceptions about their training in service delivery to bilingual/multilingual/multicultural populations revealed that most perceived it to be insufficient and reported that they seek external information (mostly about cultural issues) to treat such cases. Finally, SLTs in Spain reported that they use special resources when evaluating bilingual clients, including culturally adapted materials, given

the lack of standardized tests for bilingual individuals in Spain.

DISCUSSION AND CONCLUSIONS

The responses gathered reveal that SLTs in Spain are interested in cultural and multilingual issues and, specifically, in the cultural adaptation of materials (Nieva, 2016). This seems to reflect a growing awareness of the need for considering the diversity and individualized needs of the clients that SLTs in Spain treat in an increasingly multilingual and multicultural society.

What previous studies conducted in other countries have in common is the focus on SLTs' linguistic backgrounds, practices with bilingual populations, and self-perceptions. Our results replicated those of the previous studies in the finding of discrepancies between beliefs and practices (Jordan, 2008), perceptions about pre-service and in-service training needs, and other needs and practices related to evaluation, and the use of tests and intervention techniques (Kritikos, 2003; Williams & McLeod, 2012).

This work describes the general situation of SLT practices in Spain with bilingual, multilingual and multicultural populations. The results reflect SLTs' limited cultural competence and confidence and suggest that these topics should be addressed in pre-service education and continuing professional education using a holistic and reflective approach (Stokes, 2015). According to the results of the survey, most SLTs in Spain need further training for working effectively with individuals and their families from different cultural and linguistic backgrounds (McNeilly, 2014). We expect that the results of this work, combined with a process of reflective practices (Shön, 1983), will provide a foundation for developing guidelines for clinicians (McAllister & Lincoln, 2004). Specifically, we plan to develop a Guide for Practice with Multicultural and Multilingual populations for SLTs in Spain (Nieva, 2015), similar to those published by ASHA (2001, 2002) and IALP (McLeod, Verdon, Bowen, & International Expert Panel on Multilingual Children's Speech, 2013).

1 University Complutense of Madrid, SPAIN

2 University of Castilla-La Mancha, SPAIN

3 Universitat de les Illes Balears, SPAIN

4 University of Redlands, USA

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Dynamic Assessment as an Alternative Method for Assessing Linguistically Diverse Children

Hanna Ehlert, Leibniz University Hannover, GERMANY

Speech and Language Therapists in Germany cannot rely on standardized diagnostic tests for differentiating language impairment (LI) from second language learning difficulties in bilingual children. Furthermore existing tests discriminate against bilingual and cultural diverse children by means of stimuli and methods (De Lamo White & Jin, 2011). But surveys show that German Speech and Language Therapists keep using language tests with norms calculated for monolingual children when assessing their multilingual clients (Wintruff, Orlando, & Gumpert, 2011). This leads to either over- or underidentification of LI in these populations, which means that bilingual children with LI will either not receive the treatment they

need, or typically developing multilingual children will get costly therapy instead of language promotion in kindergarten (Paradis, 2005). Still the task of assessing and treating linguistically diverse children is daily routine for Speech and Language Therapists in our global world. Alternative assessment methods are needed. Dynamic Assessment is emerging in speech and language therapy since two decades and has been proven in several studies to be a promising diagnostic alternative for testing bilingual children with LI (Peña, Iglesias, & Lidz, 2001; Peña, Gillam, Malek, Ruiz-Felter, Resendiz, Fiestas, & Sabel, 2006; Hasson, Camilleri, Jones, Smith, & Dodd, 2012). Built upon Vygotsky's "zone of proximal development"

(1987) and Feuerstein's "mediated learning" concept (Feuerstein, Feuerstein, Falik, & Rand, 2002) Dynamic Assessment aims to reveal a child's maximum (learning-)potential by applying teaching during the assessment. It then evaluates what the individual is capable of when being supported during testing (Hasson & Joffe, 2007). This assessment approach is in stark contrast to traditional methods that are guided by theoretical outlines like objectivity and reliability. It challenges learned rules of proper assessment, but also holds chances to overcome weaknesses of traditional testing.

The presentation will introduce this new assessment paradigm by identifying its historical roots, illustrating different methods of Dynamic Assessment and comparing it to traditional assessment methods. In addition the additive information for the whole therapy process that can be drawn from such a dynamic approach will be analyzed. Also preliminary results of a study with linguistically diverse children will be presented. Goal of this study is to evaluate the potential of a specific Dynamic Assessment method to differ between bilingual children with and without SLI. Three different groups of bilingual and monolingual children (control group) with typical language development and SLI will be compared in their performance on a Dynamic Assessment task using the graduated prompting approach. The study is the first time Dynamic Assessment is evaluated with bilingual participants in German Speech and Language Therapy.

Biography

2001-2003 Professional training as Speech Language Therapist at the medical school Hannover. Working in different therapeutic settings until 2012.
2006 B.Sc. Logopedics/SLT (HAWK Hildesheim)
2010 M.Sc. Logopedics/SLT (HAWK Hildesheim)
Since 2010 Teaching position (HAWK Hildesheim)
Since 2013 Teaching position and dissertation at the Leibniz University Hannover (Assessment of multilingual children)

Correspondence

Hanna Ehlert
Philosophische Fakultät, Institut für
Sprachpädagogik und Sprachtherapie
Schlosswender Strasse 1, 30159 Hannover
Hanna.Ehlert@ifs.uni-hannover.de

LEARNING OUTCOMES

1. The theoretical foundations of traditional assessment in Speech Language Therapy and its limitations in practice
2. An alternative assessment approach (Dynamic Assessment)
3. A challenging view on "criteria of good quality" for measurement in Speech Language Therapy

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Perspectives of Bilingual Cypriot Children Parents on their Children's Language Development

Maria Christopoulou, Louiza Voniati, Andri Anastasiou
European University Cyprus, CYPRUS

Biography

Dr. Maria Christopoulou received her BA in Communication Disorders, (MN) and MSc and PhD (Nova SE Uni, FL,US). She is Assistant Professor at EUC speech and language pathology program and Director of Speech, language, Hearing Clinic EUC. BD member at IALP, EC member of CSPA, former member of EC CPLOL, president of CIF.

Dr. Louiza Voniati received her BA in Speech and Language Therapy from the Technological Educational Institute of Patras and her Med. and PhD from the Open University of London. She is a lecturer at the European University Cyprus (BA in Language and Speech Therapy and Master in Language and Speech Pathology).

Andri Anastasiou is a graduate Student in speech pathology from European University Cyprus. (BA).

The main objective of the research was to investigate the perspectives of bilingual Cypriot children parents on their children language development (comprehension, expression and use). Twenty-five bilingual families, from different geographical parts of Cyprus participated, where only one of the two parents was Greek Cypriot and the child was between 3 - 8 years of age. The investigation excluded bilingual/multilingual families with children not in the assigned age range or, with one parent not having a Greek Cypriot origin.

The research took place between September and October 2016 the Speech, Language Hearing Clinic EUC. For the completion of the research a questionnaire was designed. It consisted of 34 questions divided into the following sections: the family language, the language development of the bilingual child, the social environment and relevant attitudes.

A quantitative approach was used in the collection and analysis of the data. The results from the analysis indicated that the children who used more the Cypriot Greek had a better comprehension in Cypriot Greek than the children who used more the other language. Furthermore, it appeared that all family members used the Cyprus Greek more verbally, while it emerged that approximately 25% of the children tended to speak using small phrases and their sentences in the other language had syntactical errors.

The outcomes of the research have contributed to a better understanding of the perspectives of bilingual Cypriot children parents on their children's language development. A number of avenues for future inquiry were identified.

LEARNING OUTCOMES

- Participants will gain an understanding of the perspectives of bilingual Cypriot children parents on their children language development (comprehension, expression and use).
- Participants will be able to discuss the need for enhancing a better understanding of the language development of bilingual children in order to support assessment, prevention and intervention for children with language impairment.
- Participants will be able to discuss potential applications of the outcomes to the administration and policy making sections in education and assist the Ministry of Education in developing applicable comprehensive programs for multilingual populations.

Using the Language ENvironment Analysis System to Investigate Lexical Development in a Set of German-Spanish Bilingual Infant Twins

Eva-Maria Regelman, Wiebke Scharff Rethfeldt
Hochschule Bremen, GERMANY

Multilingualism and multiple births have increased in recent years. Language development in infant twins is associated with an increased likelihood of late emergence and communication difficulties in one or both twins compared to single-borns. Multilingual children are assumed to be at higher risk of being misdiagnosed of demonstrating language impairment, i.e. due to a distributive lexical development, when assessed in one language only.

In this pilot case study, the Language ENvironment Analysis System (LENA™) was used to facilitate the collection and analysis of audio recordings from a set of German-Spanish bilingual male twins during an age range of 18 to 22 months. Each of the bilingual twins was contemporaneously recorded about 8-10 hours per day every fortnight in their daily natural environment. Collected data encompassed audio environment, adult word count, child vocalizations and conversational turns. Dyads are considered a central variable in early language development. The interpreted time segments samples were examined with the LENA software analysis and outcome compared to information from case histories in addition to comprehensive information on language usage and developmental milestones using the Bilingual Patient's Profile and parental estimates.

The LENA processed outcome demonstrated high internal consistency with parent estimate. Despite the pilot nature and the need for more research regarding the used technology, results are promising for cross-linguistic applications as a

Biography

Eva-Maria Regelman is a licensed and certified speech-language therapist. She received her Bachelor's Degree from Hochschule Bremen, Germany. She works in the clinical setting at the SLT practice of the hospital group Gesundheit Nord.

Dr. Wiebke Scharff Rethfeldt is SLT / logopedic and a full professor at Hochschule Bremen with a special focus multilingual language acquisition, clinical reasoning, assessment and intervention in culturally and linguistically diverse children. She is the deputy chair of the Multilingual and Multicultural Affairs Committee of the IALP.

Correspondence

w.scharff.rethfeldt@hs-bremen.de

useful screening measure in clinical early prevention contexts to aid decision-making on whether a thorough language assessment should be undertaken in bilingual twin children.

LEARNING OUTCOMES

- Participants will gain insight into collecting information with the Language ENvironment Analysis System.
- Participants will reflect methods of measuring conversational turns.
- Participants will understand the need for cultural sensitive measures in bilingual children.

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Dialogic Book Reading: Effects on Language Abilities in Bilingual Preschoolers

Maike Gumpert, Tiziana Catani, Lynn Kieffer, Petra Korntheuer
Hochschule Fresenius, GERMANY

BACKGROUND

Improving bilingual children's second language (L2) is a common goal for kindergarten teachers in order to support educational success in school. Studies confirmed the positive effects of dialogic book reading intervention (DR) on vocabulary and language comprehension in bilingual children's L1 and L2 (Tsybina & Eriks-Brophy, 2010; Mohs & Korntheuer, 2014). Furthermore, DR has the advantage that it can be fairly easily administered by therapists as well as parents or teachers.

PURPOSE

The purpose of this ongoing study is to determine the effects of DR in daycare settings on pragmatic abilities as well as language comprehension in bilingual children's L2.

METHODS

16 successive bilingual preschoolers from Luxembourg aged 4 to 6 are intended to participate. Over the course of 8 weeks, 8 children in two experimental groups will receive DR in their L2, while 8 children in two control groups will listen to traditional book reading. The intervention takes place twice a week for 20 minutes in daycare settings. Language comprehension and pragmatic abilities in L2 are assessed prior and after intervention by therapists and kindergarten teachers.

RESULTS

The results of the ongoing study are going to be presented. Conclusions for language improvement in bilingual preschooler's L2 in daycare settings are drawn.

Biography

Maike Gumpert is speech language therapist and academic associate with research interest in bilingualism.

Dr. Petra Korntheuer has a professorship for literal language development and quantitative methods.

Tiziana Catani and **Lynn Kieffer** have studied speech language therapy. This project is part of their bachelor thesis at the University Fresenius.

Correspondence

University Fresenius, School of Therapy and Social Work

Maike Gumpert

Limburger Str. 2, 65510 Idstein, Germany
gumpert@hs-fresenius.de

LEARNING OUTCOMES

The presentation goals are to describe the dialogic book-reading intervention program for bilingual preschool children in their L2. It is focused on the evaluation of effects on receptive and pragmatic language abilities.

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Lexicon Pirate- Efficacy of the Lexical Strategy Therapy for a Bilingual Preschool Child with PLI

Marie Bröker¹, Christina Haupt¹, Denise Gajda², GERMANY

Many bilingual children with Primary Language Impairment (PLI) present with semantic disorders: more specifically, they often have difficulties regarding word processing, memorization during fast mapping, word retrieval and word association skills.

This is comparable to monolingual German-speaking children with PLI. Since most speech and language therapists can only offer monolingual services in the child's second language, there is a need for effective and efficient German-based approaches. The „Lexicon

Pirate" therapy program is a strategy-oriented intervention which teaches the child prevalent strategies for vocabulary acquisition, which are non-specific to the child's first and second language. Thus, a greater benefit for bilingual children it is to be expected with this approach for both languages.

The following study examines cross-lingual transfer with the „Lexicon Pirate" strategy therapy program in a successive bilingual Russian-German speaking preschool child with PLI.

In this controlled single-case study using a pre-post-test design the participant received ten therapy sessions over five weeks. Therapy was offered in German and supported with homework.

The parents were to observe and document the semantic strategies the child used when speaking Russian. The effect/success of the intervention was measured at the end of the five week period.

The preschool child improved regarding naming and word retrieval latency on both, trained and untrained items. He used the newly established strategies quite frequently. These changes could be observed in German and Russian.

For future studies it is recommended to develop self-evaluation forms or screening instruments so that the use of the semantic strategies can be documented in all languages spoken by the child.

LEARNING OUTCOMES

- The bilingual preschool child benefited from the lexical strategy therapy „Lexicon Pirate" and improved on the expressive vocabulary measure at the end of the five week period
- The results indicate that a cross-lingual transfer of the semantic strategies in the child's first language can be achieved
- The frequent use of the semantic strategies led to qualitative changes in the child's communication behavior

1 Hochschule Osnabrück
2 Universität Bielefeld

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Biography

Marie Bröker (BSc) is a German licensed speech and language therapist and received her Bachelor's degree in 2016 at Hochschule Osnabrück, University of Applied Sciences. Her bachelor thesis deals with the efficacy of lexical therapy intervention methods in multilingual children. She currently works full-time as a speech and language therapist in private practice.

Christina Haupt (MPhil, MSc) is a university teacher in a speech and language therapy study program (University of Applied Sciences in Osnabrück). She gained several years of research and teaching experience in the UK (The University of Sheffield) and is an experienced German speech and language therapist.

Denise Gajda joined the program for speech and language Sciences at University of Bielefeld as a lecturer. After her qualification as a speech and language therapist in Kreischa she successfully completed her Master in Human Communications Sciences at the University of Newcastle upon Tyne (GB). During a ten year period she managed the vocational training school for speech and language therapists in Fürth. Her current teaching included oral language disorders and dyslexia in children.

Correspondence

Marie Bröker, Grünbergerstraße 20a
49086 Osnabrück, Germany
Marie.Broeker@web.de

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Effects of First Language Phonology on Second Language Phonology in Hindi Speakers of English

Vikas Grover¹, Valerie L. Shafer², Douglas Whalen³, Erika Levy⁴

As speech-language pathologists it is very important for us to understand speech perception in second language users of English. This study examined the ability of Hindi speakers of English to perceive and produce American English (AE) consonants /v/ and /w/, which are difficult for Hindi speakers to distinguish (e.g., in "vest" and "west"). It also examined whether the Hindi listeners' length of residence (LOR) in the U.S. affected their performance. Two groups of Hindi speakers were included: Hindi speakers who had been in the U.S. for more than 5 years (Hindi US) and Hindi speakers who lived in India and used English as their second language (Hindi Ind). Participants performed perception and production tasks of naturally produced tokens of word forms containing /v/ and /w/.

Hindi listeners performed significantly less accurately than the English listeners on all tasks. The non-significant differences between the two Hindi groups indicated that the Hindi US groups' experience with the /v/-/w/ contrast in the U.S. was insufficient to allow for perceptual learning of this contrast. The findings

Biography

Dr. Vikas Grover (CCC-SLP) is an assistant professor at Kean University, New Jersey, USA., and in addition practices as speech and language pathologist with early intervention in New York City.

Correspondence

vgrover@kean.edu

sheds light on speech perception, production and comprehension (for lexical items that differ minimally, e.g., 'viper vs. wiper') challenges faced by native Hindi speakers learning English. This information can also be helpful for designing perception and production training programs for this population.

Population addressed: Speech-Language Pathologists, Educators, Linguists and Speech Scientists

¹ Kean University, USA

² City University of New York, USA

³ CUNY, Yale University, USA

⁴ Columbia University, USA

The Necessity and Readiness of a Native-Speaker Articulation Diagnosis Using the Example of Turkish-Speaking Children - Empirical Results of the Turkish Articulation Test (TAT)

Vasfi Nas, Logopädische Praxis Nas, GERMANY

EXPLANATION OF THE BACKGROUND

The language and speech diagnostics in speech therapy, in relation to preschoolers, take up a prominent role, in order to conduct a successful therapy. Due to the fact that the percentage of bilingual Turkish migrant children is continuously rising, it must be assumed, that speech therapists will be increasingly confronted with them and their first language (L1) in the future.

For this reason, the native articulation diagnostics will become quantitative and qualitative more important. In the first language (L1), the conditions - according to

age - of quantitative and qualitative learning are available in a bigger manifestation, while they naturally aren't present in the second language (L2).

As a non-native speaker, you are not automatically bringing certain knowledge in different linguistic areas, but rather acquire them afterwards.

From this point of view, there are several scientifically sound possibilities to find out, whether the language of a patient is developed according to the standard. These language-specific standards vary from language to language. They are not static in the respective language. They are dynamic, since language and language acquisition are vivid processes. Furthermore,

language development standards change over time. Deviations characterize the spoken Turkish in Turkey. In the suprasegmental areas, for example, you can determine differences in the language use to the Turkish used in Germany.

The Turkish bilingual migrant children from Germany stress certain words different than Turkish peers in France, England and so on. The fact that languages, especially in the country of immigrations, have an interdependency, is undisputed.

This was one of the reasons for my dissertation. The aim of the research, which was part of the thesis work, was to research the empirically relevance of Turkish articulation tests in Germany.

With the help of an empirical study (dissertation), using the example of Turkish-speaking children, I demonstrated how important a diagnostic analysis in the first language is.

The effect to which native language articulation diagnostics are relevant should be examined empirically by the Turkish Articulation Test (TAT).

This empirical study tried to determine whether Turkish articulation tests developed for Turkish-speaking migrant children are suitable for L1 Turkish children or other tests, which are originally developed for monolingual German-speaking children to diagnose their German articulation.

CONTEXT

In a globalized society, children and adolescents are expected to master several languages in all four modalities, in order to participate in social processes. Another important aspect is the fact that Turkish speaking children constitute the majority of multilingual speaking kindergarteners. On the contrary, there are not enough studies regarding linguistic competences and performance of this group.

Children, who are growing up with Turkish, as their native language and Turkish-German-speaking bilingual children are only tested (diagnosed) on the German articulation. This approach poses a problem, since the articulation in the first language (L1) is neglected.

Bilingual children in Germany are hardly tested in their first language. There is scientific prove that tests, originally developed for monolingual German-speaking children, aren't qualified to test bilingual children in respect of their articulation.

The aim of the research was to determine empirically, if the Turkish Articulation Test (TAT) is valid. Another intention of this thesis work was to find out, which norm data of phones bilingual Turkish children in Germany possess.

In my opinion, this is another important reason, to take the exception of bilingual migrant children, with regard to the articulation diagnostics, into account. Finally, I want to emphasize that bilingual or monolingual Turkish children form - sociocultural as well as sociolinguistic – heterogeneous groups.

I think that the native-language- diagnostics is indispensable. The appropriate articulation diagnostics, which is applied on time, can increase the chance of these children to participate in the cultural, social, emotional, political and economic aspects of life.

The following research questions and hypothesis represent some of the specific and scientific approach of this work:

- How good is the articulation of bilingual Turkish children between 4-6 years old, which are born and growing up in Germany?
- Which articulation disorders do bilingual Turkish children have, who were born in Germany?

HYPOTHESIS

- Bilingual Turkish children can only be tested with a Turkish test on their articulation.
- Bilingual immigrant Turkish children do not have only a German language problem, but also have an articulation disorder.
- An articulation test, which is developed for monolingual German children's articulation, can only diagnose the phone of the German language, but not the Turkish phones.

DESCRIPTION OF THE POPULATION ADDRESSED IN THIS PRESENTATION

It was an empirical study. The children were between 3;9 and 6;3 years old.

Two groups of children were tested. In each group were children with L1 Turkish and L1 German represented. They were tested in kindergarten.

MAIN POINTS OF THE PRESENTATION

- The validated norms of phones that bilingual Turkish children in Germany possess.
- The capability of a correct/wrong articulation by bilingual Turkish children between 4-6 years old, which were born and are growing up in Germany
- Are practitioners in speech language pathology and especially speech language therapists willing to test bilingual children in their mother tongue for their articulation?

RESULTS

It has been found out that the TAT is valid. The norm data demonstrated that the TAT can prove other phone acquisition level for the Turkish-speaking children of the same age as the German-speaking children. Furthermore, it was demonstrated that Turkish immigrant children born in Germany acquire all existing phones in Turkish later than those matched children, which are born and live in Turkey.

The prejudice of speech therapists bilingual Turkish migrant children don't need a separate diagnosis – are refutable through the empirical data shown in this dissertation.

Integration efforts, regarding affected children, can be achieved via a timely speech diagnosis. Potential delays and disorders in the language acquisition can be treated on time, which positively affects academic performance in school.

It is a fact that by the use of the German articulation tests, approximately 29% of the Turkish phones are remaining undiagnosed. Due to incorrect or incomplete diagnosis results, no successful therapy can be ensured.

Potential articulation disorders or "dyslalias" get left out in the diagnosis. For this reason, you have to label/ denominate the therapy of affected children as inadequate, let alone, wrong.

Therapies have to be based on native language articulation tests. If this willingness is missing, you can speak of a structural ignorance towards migrant languages, which partially take on an institutionalized nature.

Biography

Dr. Vasfi Nas, M.A.

- Study of English Language Teaching at the University of Samsun, Turkey
- Master's degree at University of Augsburg
- Study as speech-language therapist
- Working as a self-employed speech therapist in his clinical practice for speech-language therapy
- Author of Turkish-Articulation-Test, TAT
- Dissertation at Medical Faculty of Martin-Luther University Halle-Wittenberg

DISCUSSION

- The obtained empirical results show that the native articulation diagnostic is relevant for Turkish migrant children born in Germany, because a German articulation test could not test all phones in Turkish.
- If we do not test a child in his own native language articulation in a foreign country, we ignore his or her capacity in his or her L1.

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Comparative Study on Phonological Acquisition and Performance in Phonological Awareness among Children Exposed to Bilingual Family Environment and Children Exposed to a Monolingual Family Environment

Vanessa Giacchini¹, Ana Paula Bogoni, Ana Rita Brancalioni², Diane Pinto da Silva
BRAZIL

During the process of language acquisition the child is exposed to a conflict between the adult's phonological system and its speech production. The child still has limitations in the capacity of categorization, articulation, motor planning, phonological memory and auditory processing. Trying to reduce these difficulties, the child simplifies his productions, in a natural adaptation movement. This means simplifying syllabic structures, using an incomplete phonetic and phonological inventory, and reducing articulatory movements through assimilations that make the segments more similar (Lamprecht, 2004). This means simplifying syllabic structures, using an incomplete phonetic and phonological inventory, and reducing articulatory movements through assimilations that make the segments more similar.

According to Freitas, Alves, & Costa (2007) phonological awareness is the ability to identify, isolate, manipulate, combine and mentally segment, and deliberately, the phonological segments of the language. Phonological awareness develops early, being progressive throughout childhood. Its development depends on linguistic experiences, the child's cognitive ability, the specific characteristics of different abilities, and formal exposure to the alphabetic system, with the acquisition of reading and writing. Phonemic awareness is the most complex level of phonological awareness and is the last ability to emerge. Freitas, Alves, & Costa (2007) also states that it is expected that around five years of age the child will possess metaphonologically skills at the phoneme level and at the level of the distinctive trait, as long as the tasks are adapted to the linguistic and cognitive reality of the child. The child tends to present greater difficulties in the tasks related to phonemic awareness, since it does not yet have written language dominated.

A richer linguistic input environment provides a better development of important skills for phonemic discrimination. Thus, children exposed to the environment are able to develop perceptual abilities to distinguish as languages as they are on display (Rocca, 2003). According to Lasch, Mota, & Cielo (2010) bilingual

Biography

Ana Paula Bogoni is a speech therapist.

Dr. Ana Rita Brancalioni is a speech therapist, holds a PhD in Human Communication Disorders and is a professor of speech pathology at the University of Passo Fundo, Rio Grande do Sul, Passo Fundo, Brazil.

Diane Pinto da Silva is a speech therapist.

Dr. Vanessa Giacchini is a speech therapist, holds a PhD in Human Communication Disorders and is professor of speech pathology at the Federal University of Rio Grande do Norte, Natal, Brazil.

Correspondence

fga.vanessa@hotmail.com

children may present better performance in phonological awareness skills, better cognitive ability and superior performance in tasks that require creativity and logical reasoning. However, Ferronato, & Gomes (2008), in a case study, report that exposure to a bilingual environment during language acquisition may be negative. The authors found that early exposure to two languages was the main cause of the patient's simple language delay. From the discordance between the studies, the objective of this study was to compare phonological acquisition and performance in phonological awareness tasks among children exposed to a bilingual family environment (German and Brazilian Portuguese) and children exposed to a monolingual family environment (Brazilian Portuguese).

METHOD

The present study has a cross-sectional, exploratory, qualitative-quantitative type. It was developed in schools in the city of Chapada, in the state of Rio Grande do Sul, Brazil, a city colonized by Germans. All schools in the city were invited to take part in the study. The sample consisted of 32 children, aged around five years old, children were divided into two groups, Group I - bilingual environment (German and Brazilian

Portuguese) and Group II - monolingual environment (Brazilian Portuguese). Group I was composed of 13 children, who spoke Brazilian Portuguese, who lived daily with at least one relative who speaks in German with the child. Group II was composed of 19 children, who spoke Brazilian Portuguese, who lived daily in the family environment with people who spoke only Brazilian Portuguese. All children underwent speech therapy screening, phonological assessment, and phonological awareness assessment. The speech therapy screening was performed through spontaneous speech and children's storytelling, in which the semantic, syntactic and pragmatic components of language were observed, the logical organization of thought, the adequacy of responses and the execution of simple and complex orders.

The evaluation of the phonological system was performed using the „ABFW-Phonology” protocol (Befi-Lopes, 2000), nomination and imitation tests. This protocol was used to verify the phonological system and the phonetic inventory of the children, as well as the use of phonological rules, which cover the phonemes used in contrast, their distribution and the type of syllabic structure observed. In the evaluation of phonological awareness, the „Proof of Phonological Consciousness by Oral Production” (Seabra & Capovilla, 2012) was applied, which evaluates children's ability to manipulate speech sounds, orally expressing the result of this manipulation. The performance of children in the „Proof of Phonological Consciousness by Oral Production” is presented as score or frequency of correct answers, with a maximum of 40 correct answers. The number of correct answers was compared to the normative data of the „Proof of Phonological Consciousness by Oral Production” for children of five years, considering the performance, very low; low; medium; high and very high. The collected data were submitted to statistical analysis using Fisher's Exact and Mann-Whitney tests, executed in the Bioestat 5.0 Software with a significance level of 5% ($p < 0.05$).

RESULTS

The results demonstrate that children exposed to bilingual environment had more results of deviant phonological acquisition than children exposed to the monolingual environment. However, this difference was not statistically significant as the Fisher's Exact test showed ($p = 0.1325$). Productive phonological processes were similar for both groups (palatal frontalization, plosive deafening, liquid simplification, reduction of complex onset and simplification of final consonant). Children exposed to the bilingual family environment presented worse performance in phonological awareness tasks, however, none of the results presented statistically significant values. In

the evaluation of the tasks of phonological awareness separately it was verified that the task of syllabic synthesis was performed correctly by all children of both groups. In the task of phonemic synthesis, the children of the GI achieved, with higher scores, already in the tasks of rhyme, alliteration and syllabic segmentation the children of the GII achieved better results. The tasks of phonemic segmentation, syllabic manipulation, phonemic manipulation, syllabic transposition and phonemic transposition were not performed by any of the children in both groups.

DISCUSSION

The results of the study demonstrate a higher incidence of deviant phonological acquisition in children exposed to the bilingual environment. This agrees with studies by Ferronato & Gomes (2008), Nicoladis, Charbonnier, & Popescu (2011), which refer to the existence of several factors that may influence the acquisition and development of language, including exposure to two languages in a family environment. In relation to the phonological processes, it was possible to observe that in both groups there is the use of these processes, which was also observed in a study by Genesse (2002), which evaluated children exposed to the bilingual environment and verified the same acquisition strategies observed by monolingual children.

Thus, the development of phonological and bilingual children's language may differ from the development of monolingual children in superficial aspects, but fundamentally the processes are identical. In addition, when considering the productive phonological processes presented by children with deviant phonological acquisition the same processes were presented by children exposed to both the bilingual and monolingual environment. These findings suggest that exposure to a bilingual environment does not have a significant influence on phonological acquisition.

Cunha & Capellini (2011) state that phonological knowledge is influenced by age, metacognitive ability, level of schooling, proximity to written content and type of task performed. Regarding performance in phonological awareness tasks, the results of the study showed that children exposed to a bilingual family environment had, on average, fewer hits. A study by Araújo, Lindenbaum, Figueiredo, & Chiappetta (2006) states that children simultaneously exposed to both languages (English and Brazilian Portuguese) during the language acquisition and development period presented good performance in phonological awareness tasks, demonstrating that the simultaneous acquisition of two languages does not impair phonological awareness. Evaluating in a general way the results obtained with the study, it is verified that the bilingual

environment did not significantly impair the phonological acquisition and the performance of the phonological awareness skills. From the results, it is possible to infer that exposure to bilingual environment has no negative impact on the development of phonology and phonological awareness skills. Nicoladis, Charbonnier, & Popescu (2011) state that in the early stages of second language acquisition, the child may present developmental delay compared to monolingual children, however, most bilingual children do not have lower capacity than monolingual children in any of the Language acquisition, and the delays observed are small and not very long lasting.

CONCLUSION

The prevalence of deviant phonological acquisition was higher in children exposed to a bilingual family environment. On the other hand, the phonological processes found were similar both for children exposed to bilingual environment and for children with a monolingual environment. In the tasks of phonological awareness, children exposed to the bilingual environment obtained better results only in the task of phonemic synthesis. In other tasks of phonological awareness, children with a monolingual environment achieved better results.

The bilingual family environment (German and Brazilian Portuguese) did not significantly influence phonological acquisition and performance in phonological awareness tasks. It should be emphasized that none of the study findings had statistically significant values. Further research with a larger sample number is required to reliably verify whether the bilingual family environment interferes with or not in the process of phonological acquisition and performance in phonological awareness skills.

1 Federal University of Rio Grande do Norte

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BRAZIL

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Effects of PACE Training in a Person with Bilingual Global Aphasia

Tsung-Hsien Tsai¹, Jung-jiun Shie²
TAIWAN

RESEARCH BACKGROUND

People with bilingual abilities can speak or write two different languages in daily life (Fabbro, 2001). Bilingual aphasia refers to a person with bilingual abilities whose speech or writing abilities were impaired after stroke. The performance in speech or writing for people with bilingual aphasia can be more severe than people with monolingual aphasia. Therefore, an individualized assessment or intervention is needed to increase the outcome of the intervention.

In Taiwan, most people speak Mandarin as their first language. Besides, some people speak both Minnan language and Mandarin. A therapeutic individualized program seems to be more important for people with bilingual communication disorders. The objective of the study was determined the efficacy of employing PACE in a person with bilingual global aphasia.

RESEARCH METHOD

The client is a fifty-year-old male person who speaks Minnan language (home language) and Mandarin before injured. He was diagnosed with global aphasia due to traumatic brain injury. His performance in listening, speaking, reading and writing was all impaired. Because the communication between his family was mainly in Minnan language, as well as, he demonstrated a better performance in Minnan language than Mandarin, the speech language pathologist communicated with the client mainly in Minnan language during intervention.

Due to the lack of standardized assessment tools for people with global aphasia, the client was evaluated by nonstandardized methods with both Mandarin and Minnan language. Therefore, the intervention of Promoting Aphasic's Communication Effectiveness (PACE) (Davis & Wilcox, 1981) was applied mainly in Minnan Language. The PACE was developed by Davis and Wilcox (1981). It can be applied people with a varied degree of aphasia.

The client received 24 therapy sessions which were 30 minutes in each per week. The education protocol includes four steps: (1) the syllabus with vowels in Minnan language was practiced, for example: /wu/, /ho/, /me/. The client was asked to imitate the sound of the vowels. Subsequently, he was asked to pronounce the stack words with vowels and consonants in Minnan language, ex. /mama/, /baba/, /baibai/. Afterwards, the words with consonants and vowels

Biography

Tsung-Hsien Tsai, is the speech pathologist in the Department of Rehabilitation of Pingtung Christian Hospital in Taiwan. He graduates in the Graduate Institute of Audiology and Speech Therapy in National Kaohsiung Normal University in Taiwan.

Dr. Jung-jiun Shie, EdD is an assistant professor in the Department of Occupational Therapy in Shu-Zen College of Medicine and Management. She is specialized in special education and occupational therapy.

Correspondence

tsai6586@yahoo.com.tw

in Minnan language were practiced. (2) When he was unable to speak, he was asked to use gestures to demonstrate with actions presented in the pictures, ex. goodbye or washing hands. (3) Choose the less similar sounds to be practiced ex. apple or ice, in order to avoid the confusion of the sounds. (4) The client was asked to use gestures and sing the Minnan songs with short lyrics, in order to increase his motivation to speak.

RESULT

The results showed that the client's comprehensive ability was increased from two words to fifteen words. The accuracy of vocabulary compression was reached to 70%. Besides, he can speak from an phoneme to 3 syllables. Finally, he can imitate to sing some keywords in a song. The communication to other people was improved from using gestures to words with 2 syllables.

DISCUSSION

Three therapeutic strategies were applied: (1) the home language (Minnan) was employing such as voices, words, sentences and songs, (2) The pictures of daily activities were presented to the client in Minnan language, (3) The families were encouraged to communicate with the client in Minnan language.

1 Pingtung Christian Hospital
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Multilingual Aphasia: Assessment, Treatment, and Outcomes

Taryn Malcolm, Hunter College, CUNY, USA

Assessment and treatment of multilingual speakers with aphasia is challenging because of limited resources for assessment tools and treatment methods. How multilingual individuals process language must be considered to determine how aphasia impacts all languages. The goal of this presentation will be to review and discuss multilingual language processing and to review clinical decision-making when providing assessment and treatment for multilingual individuals. While there is some literature on bilingual aphasia, limited research on multilingual individuals with aphasia restricts our ability to determine best practice for these individuals.

SLPs must make the crucial decision of what languages to evaluate and measure the impact of aphasia on each language separately. Beyond aphasia deficits, the individual's language history and communicative background must be considered to determine the most appropriate treatment methods for functional recovery. Planning the methods of treatment requires reviewing important factors that affect recovery patterns in order to plan appropriate treatment goals. Treatment that focuses on shared linguistic factors across languages will be most effective in generalization (Paradis, 1993), including semantic therapy treatment over others (such as phonological or cognitive) (Croft, Marshall, Pring, & Hardwick, 2010; Edmonds & Kiran, 2006; Paradis, 1993).

Assessment and treatment will be explored in a case study of a multilingual speaker of five languages. Unable to return to home following college, this individual migrated to the United States at age 24, where she used primarily English for work and German and English in her home. At age 72 she sustained a

Biography

Taryn Malcolm is certified Speech-Language Pathologist with a focus on neurogenic disorders, often with bilingual patients. She is currently a doctoral student and member of Loraine Obler's Neurolinguistics lab at The Graduate Center-CUNY. Her main areas of research interest include bilingualism, aphasia, bilingual/multilingual aphasia, and neurological processes underlying acquired language disorders.

left basal ganglia hemorrhage resulting in nonfluent aphasia in all her languages. Assessment, treatment plans, and progress will be discussed, including the decision to treat her three dominant languages blocked in both daily and weekly sessions. Audiences will gain knowledge of both recent findings and useful resources for working with multilingual patients with aphasia.

LEARNING OUTCOMES

After completing this session participants will be able to:

1. To understand multilingual language processing and how aphasia can impact the multilingual individual.
2. Determine assessment considerations and tools for multilingual aphasia
3. Discuss clinical decision-making when selecting treatment methods

Referral for Assessment of Adult Immigrants for Speech and Language Impairment in Greater Helsinki

Anu Karhu, Seija Pekkala
University of Helsinki, FINLAND

BACKGROUND

The number of immigrants is growing in Finland. Most of the immigrants are concentrated in the region of Greater Helsinki, and they speak 140 different languages. An increasing number of the immigrants come to Finland as adults from countries where the status of education and health care is low. Among these people, there are individuals with different types of learning difficulties, such as difficulties in language learning, which have not been diagnosed or treated before (Aronen, Katva, & Nurminen, 2010). This study aims to investigate how an adult immigrant with evidence of Specific Language Impairment (SLI) is referred for an assessment and what the assessment protocol is like in Greater Helsinki.

METHOD

A semi-structured thematic interview was conducted to examine how a referral process is initiated and an assessment carried out when an adult immigrant displays evidence of SLI. The interviewees were two speech-language pathologists (SLP), one second language (L2) teacher and a neurologist, all of whom had some experience of assessing language learning difficulties of adult immigrants. These professionals were recruited via email contacts and a snowball sampling technique. Additionally, two adult immigrants, both males from Africa, were recruited for an interview using the snowball technique. They had moved to Finland after the compulsory age of education (16 years), worked part or full time and studied some Finnish. Only one of them had been assessed and diagnosed with SLI in Finland. One of the immigrants was interviewed with the help of a professional interpreter, while the other was interviewed in English. The semi-structured interviews covered the viewpoints and experiences of the health care and teaching staff on identifying SLI in adult immigrants and referring them to be assessed for their difficulties. The topics of the interviews with the immigrants covered the experiences they had on identifying evidence of SLI by themselves; one of immigrants was interviewed on his experiences of being referred to and assessed for SLI. The interviewees were given information on the study before consenting, and they were promised

anonymity for their participation. Each interview took about an hour, and they took place at the work place, home or school of the interviewees. All interviews were audiotaped and transcribed. Anonymity and confidentiality were executed when transcribing, using and preserving the data. The relevant topics and relationships between the topics were analyzed for the study.

RESULTS

Assessments take place rarely and late

The results showed that referrals for an assessment are very rare, and there is no built-in structure for an adult immigrant to see an SLP in Greater Helsinki. There seems to be no common knowledge of who can administer the assessment. The teacher in our study did not know to whom to refer those students with evidence of SLI.

An adult immigrant gets a referral for assessment regarding language difficulties very late, often many years after their arrival to Finland, if at all. Referring for assessment can be delayed if a teacher does not have the background information of the student, such as a traumatic incident in the student's past or if the student's difficulties were present already in childhood. Teachers find it difficult to differentiate whether learning and language difficulties are relative to a person not having been exposed to education before or having spent a very short time in the country.

The interviews indicated that adult immigrants don't necessarily recognize SLI or other learning difficulties themselves nor do they know who can assess them. Furthermore, they cannot see the advantage of an assessment, other than providing them exemption from the language test required for gaining citizenship. Neither of the immigrants in our study had initiated a discussion on language impairment before their Finnish teacher did so. Only then did they seem to understand that a developmental impairment could explain their language difficulties. Becoming aware of the underlying factors caused a positive mental state in the adult immigrants. They felt they were given an explanation as to why they may experience difficulties in learning a language and theoretical things and why it proved challenging for them to cope at work.

Cultural differences affect attitude towards assessment

The interviews revealed that identifying one's learning and language difficulties can be delayed because an adult immigrant does not want to discuss their difficulties with their teachers and supervisors at work. In some cultures, learning difficulties are not understood or accepted, and there is no discussion on lowering one's educational goals or talking about learning difficulties. Learning difficulties can cause a lot of shame, as a person with such difficulties is often considered unintelligent. Therefore, it is not common to show or discuss one's learning difficulties openly. Moreover, an immigrant with learning difficulties can meet a lot of pressure from their family members to acquire a higher level of education, which can lead to taking a language course many times and to repeatedly fail a test. Our study revealed that adult immigrants may not have any long-term goals in their life and for them participation in a Finnish course may be more important and meaningful than passing a test itself.

All immigrants seemed to be very persistent with managing their difficulties, and they had developed different types of strategies to overcome them. Because of their difficulties to progress in school or to acquire academic skilled work that needed good language, they had instead chosen a field requiring practical skills or where the qualifications could be acquired whilst working, such as a car mechanic, guard or ticket-collector. To maintain communication at work, one of the immigrants had used online translation sites and text messages to communicate with his supervisor. The other interviewee who had taken Finnish courses and failed language tests many times wanted to continue learning a new profession without wanting to give up. His strategy was to ask his friends to help him with his homework in order for him to make progress.

Resources and methods are inadequate

The interviews with the health care professionals indicated that the assessments often involve a contribution of many professionals working in a team but that the constitution of the team tends to vary and that there is no fixed assessing protocol to follow. An SLP, doctor (neurologist), neuropsychologist, and a social worker seem to be part of an assessment team. However, an SLP is not always consulted even though a person shows clear evidence of SLI; in many cases a neurologist and a (neuro)psychologist conduct the assessments. A teacher can sometimes be part of an assessment team or write a report on the adult immigrant's school performance for the team. During the assessment process a need for further investigations (e.g., medical, brain imaging, social) may appear, which can slow down the process and prolong the

completion of the diagnosis which is required for the treatment to begin.

The SLPs reported that because there is no systematic language battery to use when assessing an adult immigrant, the methods need to be tailored individually according to the needs of an individual. On the other hand, using a systematic battery may not be informative or reliable enough to show the level of performance due to factors related to a person's academic level, language and cultural background. Assessment methods cannot be used without modifications, as a consequence of which their results cannot be interpreted in a straight-forward manner in relation to the existing norms.

An SLP needs to evaluate how factors related to a person's background may influence their language performance and learning difficulties. Interviewing an adult immigrant is a very important assessment method. By interviewing a person, an SLP can learn a lot about language learning difficulties in the person's childhood, which is an essential finding when assessing SLI. A person may report that they had problems learning their mother tongue without having difficulties in other school subjects or they may reveal that they did not acquire much education as a result of these problems. An interview may also reveal that the person used to live in very deprived conditions or that they had psychiatric problems, which can have negative impact on language development. An interview may also be problematic in the sense that it can produce information that contradicts other findings or the language difficulties may be so severe that the person cannot properly express his thoughts. The person can be in denial or defensive regarding his difficulties, or they are unaware and not concerned of them.

An immigrant does not necessarily have an exact recollection of their childhood or their memories can be obscured. In this case, an interview with a family member may be helpful, although they can sometimes generate false and contradictory information. A parent can provide information on the person's delayed language development, narrow vocabulary in their mother tongue, and difficulties in reading and writing. A family member can tell if the person has difficulties in daily life or other cognitive difficulties beside language difficulties, which could be a sign of a broader cognitive impairment. Interviewing a sibling is also very useful in gaining an insight of the level of L2 skills they have gained in Finland, which can help assessing the degree of the person's language impairment.

Communicating through an interpreter can be helpful and unhelpful

A good interpreter can help an SLP define the level of L1 the person is using or detect a problem in his motor speech production (e.g., dyspraxia of speech). An SLP can ask the interpreter to learn about an assessment methods beforehand, which can be of great help when administering and translating the test. Moreover, an interpreter can explain to the person and their family the purpose and contents of the assessment.

An interpreter can also influence the assessment in a negative way by not translating everything from one language to another. This is often the case when family members are present and a number of people participate in a discussion. If the interpreter and the person know each other, it can cause tension and lead to hiding important things. Furthermore, an interpreter can help the person take a test although they were instructed not to do so. An interpreter can use non-verbal hints typical of the culture, such as hand movements and gestures, to help the person perform better on a task or they can repeat an instruction when not appropriate. Interpreting can be difficult due to dialectical differences between the individuals, as a consequence of which the person being assessed and the interpreter misunderstand each other.

An interpreter's knowledge of L2 is not always enough to cover a specific topic and vocabulary. This can lead to difficulties translating words from L2 to L1 and a failure in conveying information. Some of the basic professional terms, such as "motor speech production", "phonation", can be foreign to and difficult for an interpreter to translate. If the interpretation is not done adequately, the person being assessed and their family may not know what SLI is, the effects of an SLP and what the treatment would be.

CONCLUSIONS

Our study showed that referrals for assessing an adult immigrant's evidence of SLI are very rare and there is no built-in structure for an adult immigrant to see an SLP in Greater Helsinki. An assessment of an adult immigrant is often challenging because of

Biography

Anu Karhu (MA in Cultural Anthropology) is writing her Master's thesis in Logopedics at the University of Helsinki on referral and assessment of adult immigrants for specific language impairment.

Dr. Seija Pekkala is a University Lecturer in Logopedics at the University of Helsinki and the supervisor of the thesis.

Correspondence

Anu Karhu
Department of Psychology and Logopedics,
Faculty of Medicine
POB 9 (Siltavuorenpenger 1 A),
00014 University of Helsinki, Finland
anu.k.karhu@helsinki.fi

Seija Pekkala
Department of Psychology and Logopedics,
Faculty of Medicine
POB 9 (Siltavuorenpenger 1 A),
00014 University of Helsinki, Finland
seija.pekkala@helsinki.fi

inadequate resources (e.g., lack of professionals, time, tools), insufficient background information, cultural differences, communicating through an interpreter, as well as lacking expertise for making an assessment. Furthermore, being assessed for a difficulty may trigger feelings of shame and denial in a person whose culture does not discuss problems openly.

In the future, more resources must be directed to health care staff and L2 teachers to identify the evidence of SLI in adult immigrants and their needs to be assessed by an SLP. The SLPs need training and appropriate tools to make these assessments of adult immigrants.

The Drawn Language Profil – An Interactive Instrument to Take a Patient's Linguistic History in Multilingual Aphasia

Angelika Jungwirth, Fachhochschule Wiener Neustadt, AUSTRIA

INTRODUCTION

The common way to take a patient's linguistic history is in form of a questionnaire (e.g. Bilinual Aphasia Test, Paradis & Libben, 1987). However, an alternative and effective way in case of multilingual aphasia is the drawn language profil.

Based on the Bilingual Patient's Profile (Scharff Rethfeldt, 2005), the language profile following, the ICF (International Classification of Functioning, Disability and Health, WHO 2005), in describing the components activity, participation and environmental factors.

METHODS

The preparation of the language profil starts with a blank sheet of paper. Step by step – together with the patient and/or the family member - the individual premorbid and postmorbidity family and nonfamily communication channels have to be drawn. The visual support illustrates WHO speaks with WHOM WHEN in WHICH language or which language is/was relevant in which situation and in which context. These informations are highly important in setting up the (individual) patient's treatment.

Experiences show that the drawing method is in advantage compared to complete questionnaires as it intentionally excludes language as the primary modality in receiving a patient's language history. Therefore, the visualization with simple line drawings negotiates linguistic barriers caused by aphasia and/or multilingualism.

Biography

Mag. Angelika Jungwirth is director of the bachelor degree program Logopädie at University of Applied Sciences Wiener Neustadt. She completed a diploma in Germanistik and Linguistik at University of Vienna, a master in Klinische Linguistik at Paris Lodron University of Salzburg and a bachelor in Logopädie at University of Applied Sciences Wiener Neustadt.

Correspondence

angelika.jungwirth@fhwn.ac.at

LEARNING OUTCOMES

- to demonstrate a diagnostic example according to the ICF
- To describe an interactive patient's history interview for multilingual patients.
- To explain a method for performing a language profil

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Speech Correction for Vietnamese Marriage Korean Migrant Females Using Real Time Speech Analysis on a Vowel Chart

Hyun-Gi Kim¹, Eun-Yeong Kang², Eun-Mi Yun¹, Chan Nhan Ha³

Biography

Dr. Hyun-Gi Kim, Professor, Department of Speech-Language Therapy, Chonbuk National University, Korea; President, Korean Association of Speech- Language Pathologists. Koica's Project Manager for educating professional speech therapist and auditory therapist in the college of medicine and pharmacy, Hue University in Vietnam.

Dr. Eun-Yeong Kang, Professor, Department of Speech and Language Therapy, Howon University, Korea Committee member of Korean Association of Speech-Language Hearing Association.

Dr. Eun-Mi Yun, Researcher, Department of Speech-Language Therapy, Chonbuk National University, Korea.

Dr. Chan Nhan Ha, Head, Department of Rehabilitation, Hue University of Medicine and Pharmacy, Vietnam.

Correspondence

hanc3196@gmail.com
marynlune@naver.com
ab-yz@hanmail.net
marynlune@naver.com

BACKGROUND

The number of Vietnamese females migrating to Korea for marriage has been continuously increasing since 2000. According to Korean immigration service statistics, 147,295 Vietnamese marriage migrant females live in Korea. When asked about their life in Korea, polls showed that speech communication disorder is their main difficulty in their family and social life.

PURPOSE

Articulation of correct vowels is important for speech intelligibility. Real time speech analysis on a vowel chart can be used to improve the effect of speech correction for Vietnamese migrant female speaking in Korea.

METHOD

Speech correction data was made with the Multi-Speech program. 50 Korean females, aged 20-29, and 15 Vietnamese female living in northern (5 subjects) and southern Vietnam (10 subjects) as the same age participated to make a standard Korean vowel chart and a Vietnamese vowel chart. 13 Vietnamese migrant females (northern dialect: 4, southern dialect: 9) were selected as the experimental group. All the Vietnamese migrant females have lived in Korea for more than 2 years. Standard Korean and Vietnamese vowel charts were made with the Sona-Match program based on spectrogram analysis of vowel formants. There were seven Korean target vowels.

	F1				F2			
	kr f	v im f	n. v	s. v	kr f	v im f	n. v	s. v
a	1053	892	858	830	1623	1028	1570	1498
i	308	367	361	476	2854	2451	2488	2662
u	339	422	555	494	913	1063	958	910
e	583	529	592	498	2363	2220	2245	2458
o	368	484	570	544	849	1185	996	1063
ɔ	715	615	850	953	1019	1282	1412	1485
ʊ	396	458	549	527	1782	1504	1703	1713

Table 1 Average vowel formants F1 and F2 for native Koreans, Vietnamese marriage Korea migrants and northern and southern native Vietnamese people

RESULT

Table 1 shows average vowel formants F1 and F2. F1 vowel formants /u, o, ɔ/ of Vietnamese native people and Vietnamese marriage Korean migrants were different in comparison to those of native Koreans.

F2 vowel formants /u, o, ɔ, ʌ/ of Vietnamese marriage Korean migrants show notable different in comparison to those of native Koreans

On vowel charts (Fig.1), in comparison to wider Korean vowel spaces, the vowel chart of Vietnamese migrant females keeps narrower spaces like those seen with the native northern and southern Vietnamese dialect speakers. However, the degree of apertures was small and the position of articulation for Vietnamese posterior vowels /u, o, ɔ, ʌ/ moved toward the anterior direction. The unstable aperture (F1) and posterior vowel position (F2) for Vietnamese migrant females shows the interference phenomenon during Korean speech acquisition.

CONCLUSION

The vowel characteristics of Vietnamese migrants indicated vowel backing for vowel /ʌ/, and vowel closing with vowel fronting in the case of posterior vowels /u, o, ɔ, ʌ/. Bio-feedback training using visible real time speech analysis on vowels charts can correct the error vowel patterns of Vietnamese migrant females speaking in Korean.

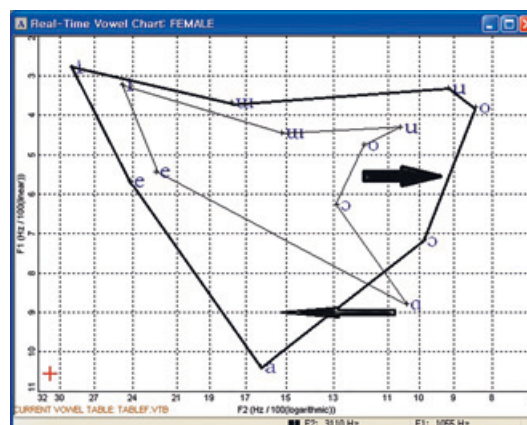


Fig. 1 A comparison of Korean vowel charts between native Koreans and Vietnamese marriage Korean migrants. Thick line: Koreans, thin line: Vietnamese marriage Korean migrants. Thick farrows show to move toward the anterior and the posterior direction of Korean vowels.

LEARNING OUTCOMES

Articulation of correct vowels for Vietnamese Marriage Korean Migrants, comparison of vowel formants between native Korean speakers and Vietnamese marriage Korean migrant females' speakers, Bio-feedback training using visible real time speech analysis on vowels charts.

¹ Chonbuk National University, KOREA

² Howon University KOREA

³ Hue University of Medicine and Pharmacy, VIETNAM

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Multilingual Deaf and Hard-of-Hearing Learners: Languages, Choices, and Outcomes

Kathryn Crowe^{1,2,3}, Sharynne McLeod², Breda Carty⁴

With increasing levels of transnational mobility, the cultural and linguistic heterogeneity of D/deaf and hard-of-hearing (DHH) learners never been greater. As DHH learners require equitable access to health and education services, this growing diversity creates challenges for educators and clinicians, especially where DHH learners are exposed to and/or acquiring more than one language. While there is some research on the development and outcomes of bimodal-multilingual DHH learners (i.e., learners who use a spoken language and a signed language), little research exists describing DHH learners who are acquiring more than one spoken language. Making decisions about which language or languages to use with DHH learners is a critical concern for educators and clinicians, especially when working with young children and their families. This presentation will outline the linguistic diversity of DHH learners and describe parental and professional perspectives on decision-making about language choice. In decision-making parents tend to focus more on factors relevant to their child (e.g., level of hearing, age hearing loss was detected), external sources of information (e.g., advice from professionals, their own research), and children's future lives (e.g., education success). However, professionals tend to focus more on factors related to the family (e.g., parental language competency, languages used in the home environment) and the community (e.g., language of education, community support for non-dominant languages). Research describing the speech and language outcomes of DHH learners who use more than one spoken language will also be discussed.

LEARNING OUTCOMES

The audience will learn about:

1. the global prevalence and linguistic diversity of children who are D/deaf and hard-of hearing;
2. influences on parental and professional decision-making about language choice for children who are D/deaf and hard-of hearing; and
3. the impact of multilingualism on the speech, language, and literacy outcomes of children who are D/deaf and hard-of hearing.

Biography

Dr. Kathryn Crowe is a research fellow at Charles Sturt University, Australia, Fulbright Postdoctoral Scholar, and member of the International Expert Panel on Multilingual Children's Speech. Her research focuses on multimodalism and multilingualism in children with hearing loss and how their caregivers make decisions about how their children will communicate.

Dr. Sharynne McLeod is a professor at Charles Sturt University, Australia, is an ASHA Fellow, Life Member of Speech Pathology Australia, vice president of the International Clinical Linguistics and Phonetics Association, co-chair of the International Expert Panel on Multilingual Children's Speech, and past editor of International Journal of Speech-Language Pathology.

Dr. Breda Carty is a conjoint lecturer at the University of Newcastle and has co-authored a widely-used Deaf Studies Program for schools and other educational resources. She is a member of the editorial board of the Journal of Deaf Studies and Deaf Education and editor of Deaf History International Newsletter.

Correspondence

kcrowe@csu.edu.au

¹ Rochester Institute of Technology, USA

² Charles Sturt University, AUSTRALIA

³ University of Newcastle, AUSTRALIA

⁴ RIDBC Renwick Centre / University of Newcastle, AUSTRALIA

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CONGRESS SECRETARIAT

Prof. Dr. Wiebke Scharff Rethfeldt

Hochschule Bremen, Neustadtswall 30, 28199 Bremen

Phone: +49 421 5905 0 | E-Mail: w.scharff.rethfeldt@hs-bremen.de

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