

Considering Arrested Language Development and Language Loss in the Assessment of Second Language Learners

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The evaluation of a child who is a second language learner should include an evaluation of the primary language (e.g., Spanish) as well as English. However, the discovery that a child is deficient in both languages does not necessarily mean that the child is not a normal language learner. The dialect and other variations of the language used in the child's home may be different from the standard language used in the assessment. Furthermore, the learning of a second language before competency in the first language is fully developed may result in arrested development or loss of proficiency in the primary language. This negative effect on the primary language occurs most often if the native language is devalued.

KEY WORDS: arrested language development, language loss, bilingual assessment, subtractive bilinguality, differentiating limited English proficiency from language disorder

The population of children who speak a language other than English in the home is increasing and is expected to continue to increase. Projections indicate that the non-English background population in the United States is expected to reach 39.5 million by the year 2000 (Erickson & Walker, 1983). The single largest non-English language speaking group consists of Hispanics from many different countries of origin. When these children from non-English language speaking homes fail in school, speech-language pathologists are often responsible for differentiating the normally developing child with limited English proficiency (LEP) from the language-disordered child who has difficulty learning any language.

An assessment geared toward differentiating the LEP child from the language-disordered child presents numerous complications. Language tests in English are of limited value in determining whether a child has a language disorder or has language errors resulting from normal processes involved in learning a second language. Children from homes in which English is not spoken, or only limited English is spoken, cannot be expected to

perform as well as children who come from homes in which standard English is spoken.

Because English is acquired as a second language and there has been less opportunity to hear and use it, a normal second language learner is expected to score lower on standardized tests than normal monolingual speakers. Therefore, the American Speech-Language Hearing Association (ASHA) stipulates that in order for LEP children to be considered communication handicapped, they must have limited communicative competence in both languages (Asha 1983, 1985). It is recommended that non-English speaking or LEP children be tested in their native languages in order to determine if that too is delayed (Asha 1983, 1985; Langdon, 1983; Mattes & Omark, 1984). In addition, federal mandates PL 94-142 and Title VII of PL 95-561 require that all assessments be conducted in the client's primary language.

The assumption that classification as communication handicapped can be determined by evaluating deficiencies in the primary language (L1) ignores a phenomenon that occurs in many speakers of a second language: language loss or arrested development of the primary language may occur after exposure to the dominant language of the community (L2). This article will not discuss the term *language loss* as it is used to describe the gradual extinction or near extinction of a language or dialect of a community, such as the death of some native American languages and the gradual extinction of an ethnic language of a community as assimilation occurs (Conklin & Lourie, 1983). Rather, language loss will be defined as the weakening of an individual's first language because of a concentrated focus on the development of L2 (English). Language loss occurs as the dominant language (usually English) tends to displace the mother-tongue (Lambert, 1981; Miller, 1984a; Tosi, 1984). Arrested development occurs as the child ceases to develop L1 (e.g., Spanish) while trying to learn L2 (Kessler, 1984).

The purpose of this article is to encourage speech language pathologists to investigate the possibilities of

Arrested dev't - stop where you are
Language loss - regression

arrested language development and language loss of L1 when assessing bilingual children. Although cases of language loss in the Hispanic population have been reported elsewhere (Merino, 1983), the possibility is not often considered even among speech-language pathologists who have received the Bilingual Certificate of Assessment Competence (Langdon, 1989). In a study that reviewed practices of bilingual speech-language pathologists who held this certificate, Langdon found that the possibility of language loss was rarely considered by these well-trained professionals.

ARRESTED LANGUAGE DEVELOPMENT IN PRESCHOOL CHILDREN

① A distinction needs to be made between different kinds of childhood bilinguality. The first group includes infant bilinguality in which both languages are spoken to the child in early infancy. These children develop both languages simultaneously in naturalistic situations and can be truly bilingual in that their competence in both languages is often similar to monolinguals of each language. The second group includes preschool children and will be referred to as early childhood bilinguality. These children hear only one language in the home and later are exposed to a second language elsewhere in the community or in a school-like situation. The third group includes school-age children and adolescents who acquire the second language in school. Both the second and third groups are usually referred to as sequential or consecutive language learners with the first language designated as L1 and the second language as L2.

② In this section, early childhood bilinguality will be discussed. Some normal "bilingual" children can be delayed in both languages for a period of time because they are exposed to L2 before L1 is fully developed. For these children, the first language ceases to continue to develop as they focus on acquiring a second language. Cummins (1976, 1980, 1984) proposed threshold and developmental interdependence hypotheses to explain this bilingual language delay in otherwise normal children. Cummins postulated that the level of competence in the secondary language (L2) is partly a function of the competence developed in the primary language (L1) at the start of exposure to L2. Therefore, a threshold of competency in L1 must be obtained before exposure to L2 if problems are to be avoided. These hypotheses suggest that: (a) when a child is introduced to a second language prior to the full development of his/her native language, the development of his/her native language may be arrested or regress while the child attends to the development of L2; and (b) the development of competence in a second language is a function of the level of competence previously developed in the mother tongue. If L1 is not fully developed, it in turn may affect the extent of L2 development and result in "semilingualism," a condition in which one can communicate in both languages, but in which one fails to reach

monolingual literacy proficiencies in either (Miller, 1984b). In other words, L2 learning is facilitated by a higher level of linguistic development in L1.

This lack of proficiency in both languages does not occur in infant bilinguality (i.e., those from bilingual families in which parents or other caretakers speak both languages to the child). It seems that children who learn two languages simultaneously in naturalistic interactive contexts seem to acquire the two languages with only minimal interference (Genesee, 1988; Kessler, 1984). The children who are at risk for developing bilingual language delay as hypothesized by Cummins (1976, 1980, 1984) are preschool sequential language learners. A problem may occur if a child hears one language in the home and community and then, during the preschool years, before competence in L1 has been achieved, is exposed to L2 in a setting that is more formal. Kessler (1984) reports that if children are put on the defensive by being required to perform too early in the second language, the process can be interrupted or slowed down. It is not unusual for a child to utilize a silent period as they attempt to process L2, which may give the impression that there is a problem. Kessler contends that children acquiring a second language during the school years have an advantage because they have developed some metalinguistic skills. They know what language is and can focus on learning language form.

Schiff-Myers, Coury, and Perez (1989) observed a young child who seemed to have arrested development of Spanish, her first language. Her deficiencies in Spanish can be explained by Cummins' threshold and developmental interdependence hypotheses because she was exposed to English for the first time in nursery school before her first language was fully developed. Up until she was exposed to English at 3.6 years, her language development in Spanish was considered to be normal. Upon entering the public schools, she attended an English as a second language (ESL) program for a short time before passing the state's criterion for exiting ESL training. After being dismissed from the ESL program at the end of her kindergarten year, this child was classified by a child study team as communication handicapped because she was still not fully proficient in English in comparison with her monolingual peers and spoke only limited Spanish. This child was followed longitudinally by Schiff-Myers et al. (1989) because the collected language samples did not appear to be typical of a language-disordered child. Her content and use in both English and Spanish were far superior to her form. The results of subsequent observations and testing, when the child was in the third grade, yielded essentially normal development in English, but Spanish was still deficient.

In summary, some "bilingual" children who begin to acquire L2 sequentially during the preschool years in a "school-like" setting can experience arrested development of L1 if they begin to acquire L2 before L1 is fully developed. These children may present low language test scores in both languages and for a time will appear to be similar to language-disordered children.

ARRESTED DEVELOPMENT AND LANGUAGE LOSS IN SCHOOL-AGE CHILDREN

The evaluation of school-age children is further complicated because bilingual children may have no trouble communicating in interpersonal conversations but may have difficulty with the decontextualized language that is necessary for school learning. It is difficult to differentiate these children from the language-learning disabled children who have similar difficulties. Children who begin to learn English in the schools must not only learn language for social communication, but must also develop cognitive/academic language proficiency (Cummins, 1980). Acquiring language for social interaction is a much easier task. Cummins claimed that for children who begin learning English after the age of 6, age-appropriate cognitive/academic language proficiency make take up to 7 years to develop. The school-age child may therefore be expected to do poorly on standardized tests in English for a long time.

Arrested development or language loss of a primary language can also occur in school-age children if the primary language is not used by the child (Conklin & Lourie, 1983; Tosi, 1984). What is surprising is that L1 loss can occur even if the first language is still being used in the home by other family members for social interaction. This may occur when L1 is not valued by the child (which may lead to the rejection of the home language and culture) or when parents encourage the children to become speakers of the dominant language. It is not uncommon for second generation children to become predominantly passive users of their first language (Tosi, 1984). These children may respond to their elders in English rather than in their native language (Conklin & Lourie, 1983).

Given the length of time it takes to develop linguistic proficiency equal to monolingual English speakers, it would seem that the earlier the child begins learning L2, the better. However, for many children the early teaching of subjects in L2 is not preferable (Skutnabb-Kangas & Toukomoaa, 1976, cited in Pacheco, 1983). It seems that the more proficient a child is in L1, the easier it will be to learn L2. This can be partially explained by Cummins' threshold and interdependence hypotheses, described above, for those children who have not reached a threshold level of competence in L1. The level of development of L2 may be influenced by or limited to the level of development of L1 when L2 was introduced. Presumably, a threshold level of competence for a school-age child requires more linguistic complexity than for a preschool child.

However, language loss in L1 and proficiency in development of L2 can also be influenced by what Lambert (1981) refers to as the subtractive form of bilingualism. This occurs when the learning of the second language (the necessary language) portends the eventual disuse by the child of the first home language. The first language is therefore subtracted and replaced by the second language. For a time, the child may not yet be proficient in L2, because of insufficient exposure, and is no longer proficient in L1.

Subtractive bilinguality, or regression of L2 (language loss) occurs most often when L1 culture and language is viewed by the community to not be as prestigious as L2 (Lambert, 1977, 1981), as occurs with minority groups in this country (Conklin & Lourie, 1983; Lambert, 1981; Tosi, 1984). The reported beneficial aspects of bilingualism are not acquired as they are when L1 is considered to be prestigious. For example, English is a prestigious language in Canada, and English-speaking children in the French provinces, who attend school immersion programs in French, do very well in both languages. When the home language is valued and supported by the community, as English is in Canada, and/or its literacy encouraged in the home and the school, early L2 instruction is not a problem (Ben-Zeev, 1984).

Similar to the language situation of some of the Mexican American population in the southwestern United States (Pacheco, 1983), an example of subtractive bilinguality or language loss can be found in the results of a large-scale study supported by UNESCO (Skutnabb-Kangas & Toukomoaa, 1976, cited in Pacheco, 1983). Sweden has a large Finnish working class migrant population who speak Finnish in their homes and Swedish in the schools. The results showed a strong correlation between the development of Finnish prior to contact with Swedish and later proficiency in Swedish. Children who migrated at the age of 10, after being schooled in their native language, maintained their native language close to the level of Finnish monolingual speakers and developed L2 skills close to those of Swedish monolinguals. However, children who moved to Sweden prior to age 6-7 were more likely to achieve low levels of literacy in both languages (semilingualism). These results support Cummins' threshold theory (i.e., the better these children knew Finnish, the better was the acquisition of Swedish). These results have also been used to argue for long-term bilingual schooling that would formally teach skills in both languages and lead to the development of truly bilingual and bicultural students (Conklin & Lourie, 1983; Tosi, 1984).

Mexican American children encounter similar language difficulties. Pacheco (1983) reports that many Mexican American children have never formally developed their first language: they cannot read and write in Spanish. Many of these children may be dominant in English but have deficits in school performance in English and so for educational purposes are functionally retarded. Pacheco claims that because they had not achieved a threshold of linguistic competence in Spanish, they are similar to the young Finnish children described above. For many of these children, improvement in all areas occurred after formal training in the first language.

THE EFFECT OF EDUCATIONAL POLICY ON BILINGUALISM

A key factor that predicts language loss in this country is the devaluation of languages other than English. The devaluing of an individual's native language may occur as

displacement

a result of racism or ethnic discrimination, and/or educational policy (Lambert, 1981; Tosi, 1984).

During most of the 20th century, the public schools taught subjects only in English and ignored the maintenance of native languages. For those children of immigrants who were highly motivated to succeed in this country, this approach worked. However, their home language was often never fully developed or lost, but they mastered English and did well. For those who could not easily succeed or were not willing to assimilate, or were barred by racism from assimilating (perhaps Hispanics and native American peoples), this approach failed. Members of these minority groups never learned to read or write well in standard English and received little or no schooling in their native language (Conklin & Lourie, 1983, p. 236).

In the 1960s new programs were instituted to facilitate the learning of English. ESL instruction involved specialized training in English by pulling students out of the classroom or involving them in submersion programs during the summer. Bilingual programs were also instituted. The most common bilingual program is based on the transitional model according to which, after 2 or 3 years of bilingual instruction in the classrooms, the child is placed into English speaking monolingual classes. For many leaders of the bilingual education movement, the transitional bilingual model is preferable to ESL programs. However, like the ESL programs, it has been criticized because the goal is to master skills in English. When students in transitional programs get the message that English is more highly valued in this society than their home language, the result may be a loss of the mother tongue and a weakening of ethnic ties (Conklin & Lourie 1983; Tosi, 1984). From another viewpoint, many bilingual educators claim that the bilingual transitional model is insufficient because most minority language children will not achieve full linguistic literacy proficiency in English in such a short period of time. At least 5 or 6 years of bilingual instruction would be preferable.

A third model of bilingual education (a maintenance model) has been adopted in a few communities (Conklin & Lourie, 1983). In this model, instruction in both languages may continue through grade 12. Therefore, not only is the native language maintained, but the outcome is bilingual and biliterate competency. A long-term maintenance model of bilingual education is preferred by some advocates of bilingual education, but this too is controversial (see Conklin & Lourie, 1983, pp. 236-245, and Tosi, 1984).

PROBLEMS IN ASSESSMENT OF THE PRIMARY LANGUAGE

Although many standardized tests in Spanish are available, they are frequently problematic (Mattes & Omark, 1984; Miller, 1984a). Some have been standardized on monolingual English-speaking children and then translated into Spanish; thus they are based on competence in English vocabulary and/or syntax. Even when tests have

been standardized on a Spanish-speaking population, the normed sample often consists of monolingual Spanish speakers rather than speakers who have learned Spanish as a first language and are subsequently exposed to English (Tosi, 1984).

Moreover, even when tests have been standardized on "bilingual" speakers (i.e., other Hispanic children who are learning English as a second language), it is unlikely that they have been normed on Spanish speakers who come from a particular client's cultural or dialectal background. In the Hispanic population there are both cultural and linguistic differences among Puerto Ricans, Cubans, Mexicans, and Hispanic groups from Central and South America (Kayser, 1989; Mattes & Omark, 1984). Within the same ethnic group, children differ in terms of socioeconomic status, family constellation, length of time in the country, quality of Spanish and/or English used in the home, and age at which the children are exposed to English. (Langdon, 1989).

It seems that determining a language disorder by testing the child may not yield valid results. Yet most bilingual speech-language pathologists rely heavily on the results of these tests when assessing children (Langdon, 1989).

To control for some of the problems in testing, ASHA (Asha 1983, 1985) recommends the use of informal methods (e.g., language samples) to supplement test results. However, informal evaluation of the child's proficiency in the primary language (Spanish) presents similar problems. These evaluations are also based on the assumption that if the child is not fully proficient in the primary language, then the child may be classified as language-disordered or communication-handicapped.

In addition to arrested development or language loss, there is another problem with this assumption. It often assumes that the primary language used in the home is the same as the national standard used in the country of origin. Many immigrants may not have been exposed to the language of literacy of their native country, but instead speak a dialect of that country. Also, the language directed toward the child in the home may have been altered by the language(s) used in the community (Tosi, 1984). For example, some English vocabulary items or expressions may be used instead of Spanish. This may result from intentional code switching (i.e., alternating from one language to the other from one sentence to another or within sentences to achieve specific effects). It may also result from borrowing of vocabulary items to express new objects or ideas or to adapt to new surroundings (Conklin & Lourie, 1983). Code switching and borrowing sometimes result in the creation of a new language, labeled Tex-Mex in the Chicano community and Spanglish in the Puerto Rican community (Zentella, 1990).

There is a great deal of diversity in the language(s) used in the Hispanic communities. Any evaluation of a child's competence in his/her primary language must take this diversity into consideration. Information concerning codeswitching and the dialectal variations that the child hears in the home must be evaluated. A formal and

informal evaluation of the primary language requires not only that the person doing the assessment be fluent in Spanish and knowledgeable about cultural difference, but also that he/she be familiar with the many linguistic variations that can occur.

IMPORTANCE OF THE CASE HISTORY

When assessing children who seem to have deficits in the primary language, the speech-language pathologist must consider the linguistic background of the child and the possibility of language loss or arrested development. Langdon (1989) found that few assessment reports of bilingual speech-language pathologists contained relevant information that related to the language(s) used in the home or to language loss (i.e., information about developmental milestones and family and sociocultural factors). A comprehensive case history could provide the speech-language clinician with much of this information. Given the diversity of language characteristics within the Hispanic population, it would be helpful to collect the history orally with the help of a translator or interpreter, if the speech-language pathologist is not fluent in the language. Collecting the history orally would provide an opportunity to assess the linguistic input to the child, whether that input is in English or Spanish, and the dialect that is used.

Case histories should include the following information:

1. A description of the form and nature of the language(s) used in the home, not only by the caretakers but also by the child. Included here should be questions that are aimed at determining whether or not the child is a passive user of the home language (i.e., whether or not he/she responds in English when spoken to in Spanish).

2. The age and the conditions under which the child began to learn English. Questions should be asked to determine if exposure to a second language was sequential to the first language and if it occurred in a school-like setting (rather than a naturalistic setting) during the preschool years. The aim of these questions would be to determine whether or not the child had begun acquiring a second language before he/she was proficient in L1. Preschool children who learn language in a school-like setting that places demands on a child to speak in English may be at higher risk for arrested language development and language loss (Kessler, 1984).

3. The ages at which the child achieved linguistic developmental milestones in the native language prior to exposure to the second language. This is an important question to ask for the child who acquired L2 sequentially during the preschool years. If L1 developmental milestones were normal, the L1 development may have been arrested at the time of exposure to L2 as the child focused attention on learning L2.

4. Contacts with the homeland. Families that return often to the homeland tend to be motivated to retain the

home language. However, children from families who do not intend to remain in the United States permanently may not be motivated to master English and to succeed in school (Conklin & Lourie, 1983).

5. The motivation to become or remain proficient in each language. The attitude in the home, school, and community toward the child's native language and culture will help determine whether or not the primary language is devalued by the child. Emphasis in the family on individual achievement and social and economic mobility may be an indication that the family is encouraging mastery of standard English to succeed in this society. Many of these children will eventually succeed in school in English because they are highly motivated, but they may not retain proficiency in their home language (Conklin & Lourie, 1983). However, if evaluated before achieving proficiency in English, they may score below the norms in their home language because of language loss.

CONCLUSION

Assessing language learning abilities in children who speak another language in the homes is complex. During the school years, it can take up to 7 years to become fully proficient in English so that children cannot be evaluated with standardized tests in English. Testing the child in his/her native language is laden with problems. There are problems with the tests themselves, but, in addition depressed test scores or limited proficiency in the native language as well as English cannot be used as conclusive evidence that the child is not a normal language learner.

It is possible for children to be normal language learners and not be proficient in their native language. This may happen because the child's home language is different from the language used in the standardized test or by a bilingual evaluator. For example, a different dialect or a substandard mixture of Spanish and English may be used in the home. Furthermore, below-standard performance in the child's native language may occur because the home language did not develop beyond the level that is reached when the child first began to learn English or because aspects of the home language were forgotten when the child focused attention on mastering English. Arrested development and/or language loss most often occurs when the home language is devalued. Therefore when assessing second language speakers, speech-language pathologists should always determine the possibility of arrested development or language loss of the primary language.

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REFERENCES

- AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION. (1983). Position of the American Speech-Language Hearing Association on social dialects. *Asha*, 25(9), 23-25.
- AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION. (1985). Clinical management of communicatively handicapped minority language populations. *Asha*, 27(6), 29-32.
- BEN-ZEEV, S. (1984). Bilingualism and cognitive development. In N. Miller (Ed.), *Bilingualism and language disability* (pp. 55-80). San Diego, CA: College Hill Press.
- CONKLIN, N. F., & LOURIE, M. A. (1983). *A host of tongues: Language communities in the United States*. New York: The Free Press.
- CUMMINS, J. (1976). *The influence of bilingualism on cognitive growth: A synthesis of research findings and explanatory hypotheses*. *Working Papers on Bilingualism*, 9, 1-43.
- CUMMINS, J. (1980). Psychological assessment of immigrant children: Logic or intuition. *Journal of Multilingual Multicultural Development*, 1(2), 97-111.
- CUMMINS, J. (1984). *Bilingualism and special education: Issues in assessment and pedagogy*. Austin, TX: PRO-ED.
- ERICKSON, J. G., & WALKER, C. L. (1983). Bilingual exceptional children: What are the issues? In D. R. Omark & J. G. Erickson (Eds.), *The bilingual child* (pp. 3-21). San Diego, CA: College Hill Press.
- GENESEE, F. (1988). Bilingual language development in preschool children. In D. Bishop & K. Mogford (Eds.), *Language development in exceptional circumstances* (pp. 62-79). London: Churchill Livingstone.
- KAYSER, H. (1989). Speech and Language Assessment of Spanish-English Speaking Children. *Language, Speech, and Hearing Services in Schools*, 20(3), 226-241.
- KESSLER, C. (1984). Language acquisition in bilingual children. In N. Miller (Ed.), *Bilingualism and language disability: Assessment and remediation* (pp. 26-54). San Diego, CA: College Hill Press.
- LAMBERT, W. E. (1977). Effect of bilingualism on the individual. In P. A. Hornby (Ed.), *Bilingualism: Psychological, social and educational implications* (pp. 5-27). New York: Academic Press.
- LAMBERT, W. E. (1981). Bilingualism and language acquisition. In H. Winitz (Ed.), *Native language and foreign language acquisition*. (pp. 9-22). New York: Annals of The New York Academy of Sciences, Vol. 379.
- LANGDON, H. W. (1983). Assessment and intervention strategies for the bilingual language disordered student. *Exceptional Children*, 50, 37-45.
- LANGDON, H. E. (1989). Language disorder or difference? Assessing the language skills of Hispanic students. *Exceptional Children*, 56, 160-167.
- MATTES, L. J., & OMARK, D. R. (1984). *Speech and language assessment for the bilingual handicapped*. San Diego, CA: College Hill Press.
- MERINO, B. (1983). Language loss in bilingual Chicano children. *Journal of Applied Developmental Psychology*, 10, 477-494.
- MILLER, N. (1984a). Some observations concerning formal tests in cross-cultural settings. In N. Miller (Ed.), *Bilingualism and language disability* (pp. 107-114). San Diego, CA: College Hill Press.
- MILLER, N. (1984b). Language problems and bilingual children. In N. Miller (Ed.), *Bilingualism and language disability* (pp. 81-103). San Diego, CA: College Hill Press.
- PACHECO, R. (1983). Bilingual mentally retarded children: Language confusion or real deficits? In D. R. Omark, & J. G. Erickson (Eds.), *The bilingual child* (pp. 232-253). San Diego, CA: College Hill Press, Inc.
- SCHIFF-MYERS, N., COURY, J., & PEREZ, D. (1989, May). A "bilingual" evaluation of a bilingual child: How necessary is it? Paper presented at the annual convention of the New Jersey Speech-Language-Hearing Association, Parsippany, NJ.
- TOSI, A. (1984). Bilingual Education. Problems and Practices. In N. Miller (Ed.), *Bilingualism and Language Disability* (pp. 199-219). San Diego, CA: College Hill Press.
- ZENTELLA, A. C. (1990). Integrating qualitative and quantitative methods in the study of bilingual code switching. Reprinted from *The Uses of Linguistics*. New York: Annals of the New York Academy of Sciences, Vol. 583.

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