ATTITUDES, BELIEFS, AND CONFIDENCE OF SPEECH-LANGUAGE PATHOLOGISTS
WHEN WORKING WITH ENGLISH LANGUAGE LEARNERS WITH COMMUNICATION
DISORDERS

by

Krista R. Caruso

State University of New York at Fredonia
Department of Language Learning and Leadership

CERTIFICATION OF PROJECT WORK

We, the undersigned, certify that this project entitled ATTITUDES, BELIEFS, AND
CONFIDENCE OF SPEECH-LANGUAGE PATHOLOGISTS WHEN WORKING WITH
ENGLISH LANGUAGE LEARNERS WITH COMMUNICATION DISORDERS
by Krista R. Caruso, Candidate for the Degree of Master of Science in Education,
Teaching English to Speakers of Other Languages (TESOL), is acceptable in form and content
and demonstrates a satisfactory knowledge of the field covered by this project.

_____   ____5/15/14_____
Master's Project Advisor   Date
Dr. Karen E. Lillie
Department of Language Learning & Leadership

_____   ____5. 16-2014_____
Department Chair, Dr. Anna Thibodeau   Date
Department of Language Learning & Leadership

_____   ____5-22-14_____
Dean Christine Givner   Date
College of Education at SUNY Fredonia

Abstract

Research has shown a self-reported lack of training by Speech-language Pathologists (SLPs) regarding working with English language learners (ELLs) with communication disorders. Alongside this lack of training, SLPs are identifying specific problem areas encountered when working with the ELL population, as well as a desire for more training opportunities. This study examined Western New York SLPs attitudes and beliefs regarding the confidence they feel when working with the ELL population, as well as their background knowledge and prior training on specific topics pertinent to ELLs via an online survey. Further, a case study was conducted analyzing the participating SLPs' practice and identified problem areas encountered with regard to ELLs. Overall, findings identified problem areas self-reported by SLPs that were congruent with the current literature in the field. Largely, findings also indicated that more training in practicum areas that relate to working with the ELL population is desired and important to SLPs. A compiled resource booklet was created for information including best practices and language resources with regard to optimal service delivery in an effort to increase knowledge and confidence when working with the ELL population. Implications and suggestions for further research are discussed with regard to SLPs and their practice when providing service delivery to the ELL population on their caseloads.

Table of Contents

List of Tables and Figures

Page

Tables

Figures

Introduction

The cultural and linguistic landscape of the United States has varying degrees of linguistic diversity found within the population of its citizens (García, 2011) and this diversity is evident within school systems throughout the United States. There is an increasing population of students, identified as *English language learners* (ELLs), who arrive to English-speaking classrooms with varying native languages and are currently in the process of learning English as a second or even a third language (Goldstein, 2012; Gutiérrez-Clellen & Simon-Cereijido, 2010; Menken, 2010). These students also come to schools with cultural and social backgrounds from their home countries that differ from mainstream students. Most ELLs are exposed classroom content and learning objectives while also learning English with the support of teaching professionals known as *English as a second language* (ESL) teachers (García, 2011; Menken, 2010). However some ELLs, just like their monolingual peers, may exhibit difficulties with regard to the ease of learning classroom content. Some of these difficulties may even extend into language learning in the form of a communication or language disorder that is not caused or exacerbated by learning a second language (Martin, 2009). When language disabilities are present in ELLs, professionals known as *Speech-language Pathologists* (SLPs) work intensely alongside this population with regard to assessment, diagnosis, management, intervention, and treatment via therapeutic measures. Conversely, a major issue when working with this population is how challenging clinical practice can be for SLPs, especially when SLPs are trying to decipher between a true language disability or a less concerning language difference owing to the cultural and linguistic diversity that this population brings to the field of speech language pathology (Gutiérrez-Clellen & Simon-Cereijido, 2010).

Problem

        Research has identified several issues that SLPs face when working with ELLs within

their clinical practice. Factors such as having a lack of proficiency in clients' native language,

lack of professional training with regard to multicultural matters, a lack of understanding *second*

language acquisition (SLA) and native language (L1) and second language (L2) differences, a

lack of cultural competence as well as professional matters related to proper assessment and

intervention strategies when working with ELLs with language disorders have all been

recognized in research as problems and challenges SLPs face when working with the population

(Caesar & Kohler, 2007; Cheng, Battle, Murdoch, & Battle, 2001; Goldstein, 2012; Hammond,

Detwiler, Detwiler, Blood, & Qualls, 2004; Paradis, Genesee, & Crago, 2011; Roseberry-

McKibbin, 2008; Roseberry-McKibbin, Brice, & O'Hanlon, 2005; Roseberry-McKibbin, &

Eicholtz, 1994; Threats, 2010; Young & Westernoff, 1999). These problems and challenges can

affect the attitudes and beliefs about the confidence SLPs have about their practice when

working with the ELL population (Hammond et al., 2003; Kritikos, 2003). Although there has

been an increase in the field's research literature regarding best practices for SLPs to use when

working with ELLs (Goral & Conner, 2013; Gutiérrez-Clellen, Simon-Cereijido, & Sweet, 2012;

Gutiérrez-Clellen & Simon-Cereijido, 2010; Simon-Cereijido & Gutiérrez-Clellen, 2007),

studies have shown that SLPs are self-reporting that they would like more training in the

problematic areas of clinical practice with ELLs with language disorders (Caesar & Kohler,

2007; Hammond et al., 2003; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin &

Eicholtz, 1994).

Purpose

The intended purpose of this study is to ascertain any potential problem areas as self-identified by SLPs. A secondary purpose of this study is to then see if these identified concerns align with problem areas as acknowledged in the literature and whether these potential problem areas affect the attitudes and beliefs about the confidence SLPs have when working with the ELL population here in Western New York. If there are issues or concerns identified, they will be acknowledged and addressed via professional development workshops, which will be congruent with research found within the field of speech-language pathology and *teaching English to speakers of other languages* (TESOL). Therefore, the overall intended goal of this study is to provide SLPs with more effective ways to work with ELLs in self-identified problematic themed areas by providing interventions to SLPs with the desired outcome being that the best practices and tips provided in the workshops are transferred to SLPs' practice and ultimately further enhance clinician confidence and service delivery to ELLs with language disorders.

Significance

The *American Speech-Language-Hearing Association* (ASHA) (1985) acknowledges the growing population of ELLs with language disorders and the potential that practicing SLPs may have increasing numbers of this population on their caseloads. ASHA (1985) also recognizes that SLPs are self-reporting a need for more knowledge and skill enhancement when working with this linguistically diverse population. This specific study will attempt to add to the literature base by examining SLPs' clinical competence and confidence. This study will aim to determine SLPs in Western New York's attitudes and beliefs regarding the confidence they feel when working with the ELL population, as well as their background knowledge, prior training, and practicum protocols. With the information obtained, the study will intend to provide SLPs

with more confidence when working with the ELL population via focus groups and intervention workshops. This in return hopes to benefit ELLs as a group overall by providing information including best practices and language resources to SLPs with regard to optimal service delivery. Overall the significance of this study intends to shed light on this important practicum area of SLP practice and the desire of SLPs to obtain more training and information by examining best practices for proper diagnoses of ELLs with language disorders in hopes to reduce instances of over and underrepresentation of the population.

Literature Review

For the purpose of this study, literature has been reviewed to provide insight as well as an overview of SLP practice with regard to the ELL population specifically. An introduction of who ELLs are, various terms applicable to the population as well as a general overview of different approaches to second language acquisition SLA applicable to SLP practice were reviewed. Furthermore, a general overview of communication and language disorders significant to ELLs was also included within the review. A synopsis of best practice procedures including the topics of assessment, intervention and cultural competence for SLP practice were examined including programs and studies that attempted to enhance SLP clinical practicum with regard to working with the ELL population. Lastly, the literature review examined attitudes, beliefs, and problems frequented by SLPs with regard to working with the ELL population, and what these problems potentially mean for service delivery overall for ELLs with potential language disorders.

English Language Learners

Within schools in the United States, García (2011) identifies that the population of ELLs has risen 40% during the last decade, with approximately 5.3 million students categorized as

ELLs. This vast increase is mainly due to the large immigration wave over the last fifteen years.

According to the *National Council of Teachers of English* (NCTE) (2008), 57% of ELLs were

born in the United States, while 43% were born outside of the United States. Furthermore, ELLs

have varied levels of language proficiency, socio-economic backgrounds, school content

knowledge, as well as varied immigration statuses. While Spanish is by far the most common

language spoken by ELLs, other languages represented within the entire ELL population include

Chinese, Vietnamese, Haitian-Creole, Hindi and Arabic (Batalova & McHugh, 2010).

ELLs and language acquisition. English language learners (ELLs) are actively in the

process of learning a second language or even a third or more languages (Goldstein, 2012;

Gutiérrez-Clellen & Simon-Cereijido, 2010; Menken, 2010). *Second language acquisition*

(SLA) is a term that describes the process of learning a second language that is different from

their native language as well as the study of such individuals undergoing this process (Martin,

2009; Saville-Troike, 2012). Another term, *bilingualism* or being *bilingual*, differs from the

term SLA because it attempts to describe the individual and the actual use of his or her

languages. A *bilingual* is someone who possesses the ability to use two or more languages and is

also often used to refer to people who are *multilingual*, or possesses multiple languages (Goral &

Conner, 2013; Martin, 2009). The term bilingualism classifies speakers and their varying levels

of proficiency. This varying level of proficiency can be labeled by beginner level of listening

and understanding only, to higher proficiency levels of speaking, reading, writing and literacy

skills (Martin, 2009). Within the scope of bilingualism, there are also two separate categories

that distinguish the time frame in which a bilingual acquired their additional language. Goldstein

(2012) explains the terms simultaneous versus sequential bilingualism. *Simultaneous*

bilingualism involves the bilingual having exposure to two languages since birth. *Sequential*

bilingualism involves the bilingual being first exposed to their native language (L1) and then later exposed to their second or additional language (L2). Goldstein (2012) further explains that the time frame, context and exposure in both languages can vary, thus varying language proficiencies from one ELL to another. This is crucial to consider when working with ELLs who have potential language disorders. ELLs' language proficiencies may vary from their native language to their L2 and such varying levels of proficiency can make assessment and intervention for language disorders difficult for SLPs working with this population (Goldstein, 2012; Paradis et al., 2011; Roseberry-McKibbin et al. 2005).

ELLs with language disorders. Within the 5.3 million students that make up the ELL population, 10% of ELLs have been diagnosed with language disorders (Simon-Cereijido & Gutiérrez-Clellen, 2014). Simon-Cereijido and Gutiérrez-Clellen (2014) determined that from this 10% of ELLs with language disorders, 51% are native Spanish speakers. However with the various different language groups besides Spanish represented by ELLs (Batalova & McHugh, 2010), educators as well as SLPs are faced with the challenge of how to properly educate and serve this population. Challenges may include what language to use with this population for intervention strategies, what kind of programs work best for ELLs to assist with closing the achievement gap between ELLs and their monolingual peers, types of testing protocols for use with ELLs as well as ways to bridge the gap between the home and school cultures of ELLs, which like languages of ELLs, cultural norms and values may also be diverse (García, 2011; Gutiérrez-Clellen et al., 2012; Goldstein, 2012; Paradis et al., 2011; Roseberry-McKibbin et al., 2005).

Approaches to SLA

There are many approaches to SLA that are based on different theories, models, or frameworks. Within the field of SLA, approaches to SLA may include a behaviorist, psychological or social theorist approach. Depending on where ELLs learn a second language or how it is taught to them, ELLs may have teachers or other professionals; including SLPs, who may believe in different approaches of SLA to promote ELLs language learning (Lightbown & Spada, 2006; Saville-Troike, 2012). Behaviorist theorists believe that second language learning occurs via positive reinforcement by habit formation to drill/kill repetitions and responses (Saville-Troike, 2012). Psychological theorists come from the perspective that language learning occurs solely in the brain via learning processes like the processability theory and can also be affected by a language learners individual differences that include attitude, motivation, and anxiety level (Lightbown & Spada, 2006; Saville-Troike, 2012). Finally, some social theorists believe that language learning occurs via social interaction. An approach to SLA that takes sociocultural considerations such as language learners' desire to assimilate to the target language's group or culture is examined in what is known as the acculturation model (Lightbown & Spada, 2006; Saville-Troike, 2012; Schumann, 1986).

A theory of SLA that is similar to the idea of first language acquisition is the processability theory, which involves ELLs progressing through hierarchical stages while acquiring a second language until its mastery (Lightbown & Spada, 2006). SLPs are extremely acquainted with the processes of first language acquisition. First language acquisition involves the process of language stages that include babbling, one word, two word, early multiword and multiword stages and typically developing children will progress through these stages successfully mastering native language development that are also hierarchical (Clark, 2009).

Understanding the processing sequence of second language learning may assist SLPs with assessment procedures by considering ELLs' language proficiencies, capabilities, and the specific stages they are in during the process of second language acquisition.

      Processability theory. The processability theory of SLA defines language learning as a process of sequencing skills (Saville-Troike, 2012). The theory discusses the notion that second language learning occurs as a hierarchy. From this perspective, easier linguistic structures will develop before linguistic structures that require a higher degree of mental processing (Saville-Troike, 2012). Easier linguistic structures serve as prerequisites for students' ability to produce higher linguistic processes and the language learners must progress through each stage before mastering the more difficult grammatical aspects of the target language. Ease of processing grammatical structures is based on the position of the structures within a sentence. For example, language features that occur at the beginning or end of a sentence are processed more easily than those that occur in the middle of a sentence (Lightbown & Spada, 2006). According to this theory, all language learners will acquire the features in the same hierarchical sequence but they will progress at different rates. Furthermore, Lightbown and Spada (2006) discuss that processability is not solely the transfer of linguistic knowledge of language learners' native language to the second language, but rather language learners must develop the processing knowledge before they can use the linguistic knowledge they have already acquired in their first language.

      Sociocultural theory. The sociocultural perspective of second language development believes that language development arises from social interaction (Lightbown & Spada, 2006). These interactions occur between individuals as speakers and learning a second language occurs by talking. The idea of an interlocutor (Lightbown & Spada, 2006) is someone who is the

proficient speaker in the target language. The interlocutor can be anyone who is modeling the target language to the language learner at a high proficiency. These interactions with the interlocutor are allowing ELLs to perform at a higher level of learning within their own zone of proximal development thus promoting second language development. The theory also discusses the notion that thinking and speaking are not independent processes but are tightly interwoven (Lightbown & Spada, 2006). Speaking meditates thinking and Lightbown and Spada (2006) discuss that language learners will internalize what other speakers say to them and what they say to others thus allowing knowledge to be internalized due to social activity. It is important for SLPs to consider the notions embedded within sociocultural theory especially when providing intervention for ELLs with language disorders, as SLPs are essentially stepping into an interlocutor role when using the target language in therapy and interacting linguistically with ELLs.

Acculturation model. As acknowledged by the sociocultural theory of SLA, language is closely tied to individual identity and cultural group allegiances. An ELLs' use of one of their languages over the other may reflect their self and cultural identity (Martin, 2009). Schumann (1986) founded the model that related the process of acculturation to SLA and the second language learner population. His acculturation model suggests that the SLA process takes place in natural contexts of target language setting. The main proposal of his model is that the acquisition of a second language is directly linked to the acculturation process, and an ELLs' success of learning a second language is determined by the extent to which they can position themselves with regard to their use of the target language.

When moving to an area with a new culture and immersing in the target language, many ELLs will experience *acculturation*. Acculturation is the "process by which one cultural group

takes on and incorporates one or more cultural traits of another group, resulting in new or blended cultural patterns" (Ovando & Collier, 2011, p. 144). Superficial traits of the new culture, such as clothing and music styles, are typically what are acquired first by ELLs when immersed in a new environment. However, cultural traits like value systems, language usage patterns, and social interaction styles usually remain aligned with cultural norms from an ELLs' native culture for a longer period of time during the acculturation process (Ovando & Collier, 2011). Roseberry-McKibbin (2008) discusses other factors involving acculturation including having a higher socioeconomic status, immigrating at an early age, having previous formal education, and limited migration back to the native country, which can result in ELLs' higher level of acculturation overall.

Acculturation may or may not affect an ELLs' language depending on the ELL as an individual. With specific regard to language, Lippi-Green (2012) discusses that a key identifier of acculturation in ELLs is language use and explains such use with the sound house analogy. The sound house analogy that explains phonological differences found in ELLs in terms of dialect. The language environment surrounding ELLs from birth, which can include parents, siblings, and other family members initially creates an ELLs' native language sound house, which is an ELLs' native language inventory of phonemes. When acculturation occurs, ELLs may attempt to associate with another sound house environment like that of the target language. However, since phonological differences between an ELLs' native language and target language exists, ELLs may have difficulty producing the new phonemes in the target language that may create the phenomenon of an accent. This difference between sound houses is not a disorder, but rather a difference, because ELLs may not have the target languages phonemes within their native language sound house inventory. This may present difficulties for ELLs trying to replace

or form sounds that are not native to their phonological inventory. This also may present difficulties for SLPs with assessment of ELLs with potential language disorders. SLPs who are monolingual and therefore unfamiliar with an ELLs' native language sound house may have difficulty understanding if a phonological concern is a difference or truly a disorder and may have the potential to misdiagnose ELLs. Implications for SLP practice may include analyzing the ELLs' language contexts and proficiencies to determine perhaps how acculturated ELLs are to the target language environment as well as obtaining further knowledge of the specific phonological differences between the native and target languages.

Goldstein (2012) also explains that with acculturation some ELLs will experience a total language shift to monolingualism of the target language depending on their language contexts and language use. This native language loss may be problematic to ELLs with potential language disorders if the loss of L1 occurs during intervention or treatment process because if L1 development is fostered, research has found evidence of beneficial results involving ELLs' response to intervention (Guitiérrez-Clellen et al., 2012; Guitiérrez-Clellen & Simon-Cereijido, 2010). This shift or loss may also require SLPs to use dynamic assessments to ensure ELLs are being assessed on how they learn language overall, not what they are able to do linguistically in one language over the other (Goldstein, 2012).

Communication Disorders in ELLs

ASHA defines a *communication disorder* as "impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems" (ASHA, 1993, ¶2). A communication disorder may be evident in the modes of communication ranging from hearing to language to speech. Communication disorders may be categorized in a range from mild disorders to profound disorders and may also be developmental or acquired.

Occurrences of communication disorders span across all ethnicities and individuals may possess

one or many communication disorders because these disorders range over different modes of

communication. Such disorders also may be primary or secondary to other disabilities like

autism spectrum disorder, developmental disorders, Down's syndrome, etcetera. (Goral &

Conner, 2013; Paradis et al., 2011). Within the scope of communication disorders, there is a

subcategory that exists primarily in the category of language known as language disorders.

   Language disorders and specific language impairments. ASHA (1993) defines and

categorizes *language disorders* as follows:

> A language disorder is the abnormal acquisition, comprehension, or expression of spoken
>
> or written language. The disorder may involve all, one, or some of the phonologic,
>
> morphologic, semantic, syntactic, or pragmatic components of the linguistic system.
>
> Individuals with language disorders frequently have problems in sentence processing or
>
> in abstracting information meaningfully for storage and retrieval from short and long-
>
> term memory. (¶1)

A language disorder therefore manifests in two primary areas of linguistic skills and processing

skills (Roseberry-McKibbin, 2007). When a language disorder cannot be contributed to another

disability present it is known explicitly as a *specific language impairment* (SLI). There is

specific set of linguistic characteristics research has identified that are common for ELLs with

SLI. ELLs with SLI typically have difficulties in each linguistic area. However, it is important

for SLPs to consider that these characteristics and difficulties vary from one ELL to another ELL

(Kohnert, 2013; Leonard, 2000; Roseberry-McKibbin, 2007).

   With regard to semantics, Kohnert (2013), Leonard (2000), and Roseberry-McKibbin

(2007) explain that there are a number of difficulties that can be present. For example, ELLs

with SLI have difficulty learning new words as well as storing new words as well as organizing words already in their lexicon. Typically speaking, ELLs with SLI have smaller and reduced vocabularies in comparison to their typically developing peers. There is also concern with abstract language, as ELLs with SLI tend to use more concrete vocabulary to express themselves. Finally with semantics, there may be word retrieval issues present with the difficulty of recovering words from an ELLs' lexicon when it is needed for use.

Syntax in ELLs with SLI is identified by the use of shorter, simpler sentences in comparison to their typically developing peers. Also, SLI problems with syntax can involve an impaired understanding of longer, more complex sentences. ELLs with SLI may understand only part of a complex sentence and forget the rest of the sentence. This is very evident with directives and teachers and parents may become frustrated when ELLs exhibit difficulties carrying out complex direction tasks (Kohnert, 2013; Roseberry-McKibbin, 2007).

With morphology, this is the area of most difficulty that ELLs with SLI encounter. Issues are frequently found with regard to the production of grammatical morphemes. For example, ELLs with SLI may frequently omit or make errors with various bound morphemes including: regular and irregular past tense, possessives, articles, third person singular and contractible copulas. When ELLs with SLI grow older, these issues may not be as overtly apparent, but issues with advanced sentences structures and narratives are more apparent and may become affected. Also, with specific regard to phonology, phonological awareness may be problematic in ELLs with SLI thus generating difficulties with reading and lower literacy rates. (Kohnert, 2013; Roseberry-McKibbin, 2007).

Finally, ELLs with SLI display pragmatic issues in the areas of conversational assertiveness and responsiveness. Assertiveness involves initiating conversations and

appropriate conversational turn taking. Responsiveness conveys how responsive ELLs are to the

conversational partner (Leonard, 2000; Roseberry-McKibbin, 2007). ELLs with SLI can either

be, or display a pattern of being unassertive yet responsive, or assertive yet unresponsive.

Therefore, ELLs with SLI display inappropriate pragmatic discourse and may be categorized as

awkward conversational partners to their typically developing peers (Kohnert, 2013; Roseberry-

McKibbin, 2007).

Literature indicates that the most complicated language disorders to diagnose in ELLs is

a SLI (Goldstein, 2012; Paradis et al., 2011). Again with SLI, it differs from other

communication and language disorders because it manifests in an ELLs' difficulty in learning

language itself and is not a consequence of other developmental or acquired factors. The onset

of language is delayed in ELLs with SLI and ELLs typically have smaller vocabularies and

shorter sentence production. As ELLs with SLI grow older language with regard to speaking,

understanding, and literacy may be compromised. What is important to note is that ELLs may

have unequal exposure to their languages; that is one language may be stronger than the other,

and assessment for diagnosis of SLI is difficult because SLPs have to consider many factors to

language input and contexts. Goral & Conner (2013) found in more recent years that it is critical

to understand language-specific variables with regard to ELLs' native languages. Such language

variables can affect assessment and treatment, as well as how language disorders manifest within

ELLs is crucial for service implementation to this population to determine a language difference

versus disorder.

Determining a Language Difference versus Disorder in ELLs

It is extremely vital to understand that ELLs will not exhibit a language disorder or a SLI

in one language over another language. A language disorder, when present, occurs across all

languages an ELL possesses. (Goldstein, 2012; Martin, 2009; Roseberry-McKibbin, 2007).

Simon-Cereijido and Gutiérrez-Clellen (2014) identify that ELLs with language disorders will

have delayed language skills and functions in both languages. The researchers also discuss that

ELLs may have partial development in both languages based on external factors that include

types of language exposure, sociolinguistic background, cultural differences between the native

and target language communities, and educational history. This means that SLPs working with

the ELL population may be left with significant challenges in determining whether a child has a

language disorder or has partial language proficiency. The researchers also discuss that many

schools may employ a wait and see model thus causing underrepresentation in the ELL

population with language disorders as they will not receive the much needed services that are

needed for correct intervention for language disorders in ELLs. Roseberry-McKibbin (2008)

further discusses determining a language difference versus disorder by suggesting the idea of an

assessment wheel with considerations to differentiate between a language difference versus a

potential disorder. She identifies that performing naturalistic environmental observations of

ELLs' language use along with a thorough case history, dynamic ongoing assessment, formal

and informal assessments as well as proficiency testing should all be considered part of the

assessment wheel to determine a language difference from a disorder.

Also, it is important for SLPs to recognize that learning two languages does not

exacerbate a language disorder in ELLs (Paradis et al., 2012; Roseberry-McKibbin, 2007, 2008).

Learning a second language is not the cause of any possible language disorders that may be

present in ELLs. Therefore schools and professionals working with the ELL population should

not promote a monolingual approach to language learning on the basis of this concern. There are

many factors that adhere to what literature has deemed as best practices that SLPs should

consider when determining not only language of intervention, but also assessment procedures SLPs utilize for ELLs with potential language disorders.

Normative, Dynamic, and Alternative Assessment

There are several modes of assessment that SLPs may utilize for diagnosis of language disorders in ELLs. These assessment procedures include normative, dynamic, and alternative assessment procedures. Research has found that SLPs vary in their use of these assessment procedures of ELLs with potential language disorders (Goldstein, 2012; O'Toole & Hickey, 2012; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994).

Normative assessment. With normative assessment, the assessment includes measures of standardized testing based on typical language development norms to determine if a language disorder is present. Research has identified that normative testing measures are based on a monolingual language norm; which is typically the majority language, or ELLs' L2 being assessed (Caesar & Kohler, 2007; Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011). Solely using monolingual norm-referenced assessments as the basis for determining a language disorder in ELLs is problematic for SLPs because different languages vary in developmental language norms and may also differ based on language dialect differences (Goldstein, 2012). Normative assessments can also cause ELLs to score either high or low on the norm-referenced scale based on their proficiency in the test language, which can lead to underrepresentation or overrepresentation of ELLs with language disorders because normative assessment measures may not accurately represent language proficiencies or properly identify language disorders in ELLs (Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011). While using normative assessment alone for determination of a language disorder in ELLs is not a reliable procedure for assessment of ELLs, nor considered best practice. Caesar and Kohler

(2007) found that many SLPs report using formal, standardized, normative assessments. The

study also found that 75% of SLPs were solely using English normative tests even when other

alternate and dynamic assessment procedures were readily accessible.

       Dynamic assessment. Dynamic assessment includes a protocol that uses a test-teach-

(re)test approach by examining and assessing on the basis of language learning. Dynamic

assessment of ELLs attempts to lower the cultural and linguistic barriers like lack of English

exposure and cultural differences between home versus school environments that ELLs may face

with standardized and/or normative testing SLPs use (Paradis et al. 2011; Roseberry-McKibbin,

2008). Roseberry-McKibbin (2008) states that the protocol for dynamic assessment through the

test-teach-(re)test model examines the ELL's aptitude to learn language instead of an emphasis

on previous linguistic knowledge. The initial test given of the test-teach-(re)test protocol allows

SLPs to determine the area of need for the ELL to provide the intervention (teach) to the ELL

(Martin, 2009; O'Toole & Hickey, 2012). The intervention provided in dynamic assessment

should involve the SLP, family (if possible), and the student involving assessment using

meaningful language interaction with either language by using specific vocabulary or language

functions that were identified as need areas (Martin, 2009). Once the ELL has participated in the

period of language intervention provided by the SLP, the ELL is then retested to see if the initial

scores have increased, thus assuming the ELL is capable of language learning (Martin, 2009;

O'Toole & Hickey, 2012). If the ELL shows no improvement on the retest from the initial

testing scores, SLPs may assume that a language disorder is present. Paradis et al. (2011) and

Caesar and Kohler (2007) explain that examining the change in scores is crucial because ELLs

with typical language development will show higher levels of score changes from the retest to

the initial test, whereas ELLs with language disorders will show little to no score change.

Research suggests that use of dynamic assessment of ELLs with potential language disorders along with other alternative ways of assessment are determined as part of best practices to diagnose a language disorder (Caesar & Kohler, 2007; O'Toole & Hickey, 2012).

 Alternative assessment. Along with dynamic assessment, modes of alternative assessment that can be utilized congruently include instruments such as language sampling and parent questionnaires. These forms of alternate assessment can provide SLPs with more information about ELLs actual language use via informal measurements. Caesar and Kohler (2007), Goldstein (2012) and Paradis et al. (2011) agree that language sampling provides SLPs with the ability to analyze an ELLs' native language use and identify potential language structures in the realms of phonetics, morphology and syntax that may exhibit a disorder if the language sample collected differs from the age-appropriate typical use of such structures. Another benefit of language sampling Caesar and Kohler (2007) and Roseberry-McKibbin (2008) identify is the ability for the measure to differentiate between a language difference versus disorder due to the samples capacity to assess an ELLs' language competence. However, a limitation to language sampling is SLPs' proficiency in an ELLs' native language and an interpreter or cultural broker of the native language would need to be utilized to appropriately collect and assess a language sample (Paradis et al., 2011).

 Parent questionnaires are another alternative assessment measure. Parent questionnaires attempt to survey parents of ELLs with regard to abilities in ELLs' native language use. Such questionnaires examine ELLs' linguistic and developmental milestones, current language functioning, behavioral and social language preferences, family history of language disorders and parental concerns about potential language disorders in ELLs (Goldstein, 2012; Paradis et al., 2011). The responses from the questionnaires along with language sampling were found

90% of the time to assist SLPs with correctly identifying ELLs with language disorders and although an informal measure, alternative assessments prove to be useful and accurate assessment practices (Goldstein, 2012; Gutiérrez-Clellen, Simon-Cereijido, & Wagner, 2008).

Over and Underrepresentation

Overrepresentation of ELLs on SLP caseloads can occur considering ELLs context and language exposure of the L2. Roseberry-McKibbin (2008) explains that ELLs come from different backgrounds with different linguistic experiences and exposure. When ELLs have little exposure to English, their normative test scores will understandably reflect a language disorder when tested in English only. Overrepresentation of language disorders in ELLs can be detrimental to an ELLs' academic success. Paradis et al. (2011) found that overrepresentation of ELLs with language disorders led ELLs to receive services that were not needed because of inadequate assessment procedures by SLPs. ELLs who are overrepresented often reported feelings of low self-esteem, negative attitudes about schooling and their academic future. On the contrary, underrepresentation can also occur with assessment. Caesar and Kohler (2007) discuss the notion that SLPs or other professionals working with ELLs with potential language disorders may overestimate an ELLs' L2 (English) proficiency. This overestimation in return assumes ELLs are capable of being assessed with English-only measures and primary language impairments may go unnoticed if ELLs' score within normal limits on the normative testing scale.

Underrepresentation of ELLs with language disorders, like overrepresentation, also has detrimental consequences to academic performance. Paradis et al. (2011) explain that underrepresentation can also occur when language disorders are ignored because professionals believe difficulties are occurring due to an ELLs' process of learning two languages. However,

Martin (2009) explains that learning two languages does not cause language disorders in ELLs and language disorders if existent in ELLs will be represented across both languages when assessed properly. Underrepresentation of ELLs cause lack of needed services to be provided to ELLs causing poor academic performance because proper intervention is not being provided (Paradis et al., 2011).

Language of Intervention

When providing language intervention to ELLs with language disorders, there are many views regarding in which language the intervention should be conducted. The views discuss whether intervention should be provided in the home language (L1), second language (L2) or a mixture of both (Goldstein, 2012; Gutiérrez et al., 2012; Jordaan, 2008; Paradis et al., 2011; Thordardottir, 2010). ELLs' L1 and L2 language proficiencies, more often than not, are not categorized in an equal representation of language use and comprehension. Thordardottir (2010) discussed that bilinguals do not represent a single population due to the fact that they vary in aspects such as age of onset of bilingualism, exposure to each language and the setting of where each language use takes place. ELLs who have a home language and a school language will often fall into the category of a majority/minority language that will exhibit a clear L1 and L2.

On the contrary, Thordardottir (2010) identified that simultaneous bilinguals, or bilingual individuals who learned two languages at the same time may or may not exhibit a majority/minority difference in both their languages and may have equal proficiencies in both languages. Also when deciding the language of intervention for therapy, a consideration that should be taken into account is what will benefit an ELL best because each individual is linguistically and culturally unique and his or her social and educational scenarios may vary.

Martin (2009) and Goldstein (2012) discuss that the choice of language intervention should be a collaborative decision by the essential relationship between SLPs and ELLs' family members determined by several factors. These factors include an ELLs' communicative demands, the severity of an ELLs' language disability and the demands of academic learning in an ELLs' classroom setting. Similarly, Mennen and Stansfield (2006) and Roseberry-McKibbin (2008) acknowledge the linguistic diversity of ELLs and suggest that best practice procedures would also allow ELLs and their families to receive therapy in their language of choice.

A potential advantage of focusing the language of intervention in an ELLs' stronger language is that it is the stronger mode of communication with familiar contexts (Thordardottir, 2010). Proponents that suggest focusing on the stronger language believe that it allows SLPs to work at a higher linguistic level with ELLs within therapy depending on an ELLs' proficiency in the stronger language. Another potential advantage of focusing on the stronger language in therapy is that the stronger language is used more frequently in communicative contexts that are most important to ELLs (Thordardottir, 2010). This approach to intervention also attempts to highlight, promote and build upon an ELLs' existing linguistic strengths. However, Goldstein (2012) explains that as interactions between ELLs' L1 and L2 increase, focusing on the stronger language may cause a shift to ELLs' preference to using only one language, thus causing language loss and no therapeutic linguistic gains or transfers in the weaker language. Also with this intervention approach, not all SLPs will be able to provide intervention in the stronger languages, especially so if the stronger languages are an ELLs' home language, due to the fact that SLPs may not be proficient in an ELLs' L1 or have limited access to linguistic resources or interpreters that will allow SLPs to provide language intervention if the stronger language is the

home language (Goldstein, 2012; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin &

Eicholtz 1994; Young & Westernoff, 1999).

Language intervention involving both the L1 and L2 attempts to focus on the

communicative contexts ELLs utilize naturally. Some ELLs may separate their language use

between home and school environments. However, some ELLs may not separate their language

use, rather their language use is blended. Martin (2009) explains that several ELLs come from

homes that frequently use both languages and often codeswitch, otherwise known as the blended

use of both ELLs' languages, across the languages. Thordardottir (2010) further explains that

language intervention in both languages overall goal is to create an environment for ELLs that

resembles the natural context that ELLs communicates in and that often includes the use of two

languages. By utilizing both languages in intervention, Thordardottir (2010) explains that ELLs

can bring previous language knowledge and experience with both of their languages. By

including both languages in intervention Thordardottir (2010) also rationalizes that it allows

ELLs to draw on all their linguistic resources and knowledge available rather than being

restricted to just one language. This dual language approach to intervention by drawing on

ELLs' knowledge of both languages promotes an atmosphere for linguistic elements between the

languages that can be shared during therapy. Paradis et al. (2011) and Goldstein (2012) discuss

that this bilingual approach to therapy focuses on skills that include content, form and use that

are shared between ELLs' two languages. This approach to language intervention attempts to

promote the skills needed for ELLs' communicative competency in both languages in order for

ELLs to communicate effectively which is an overall goal of speech language therapy. Also,

Gutiérrez et al. (2012) suggests that it is important to consider the level of language development

in the first language and fostering continued development in the L1. Considering both ELLs' L1

development as well as their language development in English helps assist in making clinical decisions that will affect ELLs' response to intervention. Suggests evidence that if the first language is not targeted in therapy intervention along with the target language, language loss could occur and this could be seen as detrimental because native languages are often the language of the home. Conversely, a major restriction to this dual language approach again is SLPs proficiency in an ELLs' native language (Goldstein, 2012; Roseberry-McKibbin & Eicholtz 1994; Roseberry-McKibbin et al., 2005; Young & Westernoff, 1999) or access to a bilingual SLP or team that consists of individuals who speak both of an ELLs' languages that work together to implement a bilingual approach to intervention (Goldstein, 2012).

The type of language intervention that occurs more often than focus on the stronger language or both languages is intervention in the weaker language. Within US schools, this typically involves language intervention solely in English, which is often an ELLs' second or weaker language. A study by Jordaan (2008) found that this type of monolingual intervention in the weaker language is a less effective form of therapy for ELLs to promote communicative competence in either the L1 or L2. The decision to conduct language intervention in the weaker language may because it is the language of the school, the native language of the therapist, the language of the community or parental request to use the weaker language (Jordaan, 2008). Weaker language intervention for ELLs within the school setting may occur because SLPs and ELLs' parents may feel pressure to work within the language of education with the idea that the child will be successful academically (Jordaan, 2008). Even with language intervention in the weaker language, Goldstein (2012) identifies ways SLPs can still provide intervention services to ELLs with both languages when the SLP is monolingual or there is a lack of resources or access to bilingual SLPs or interpreters. The SLP has an important role and can been seen as the

coordinator for language intervention by seeking out professionals that can provide resources that will be beneficial to ELLs' linguistic gains in speech and language therapy. Such professionals may include English or foreign language instructors within the school and culturally matched professionals in the field that can provide the SLP with cross-linguistic information that can be utilized in therapy sessions instead of a solely monolingual approach to intervention in ELLs' weaker language (Goldstein, 2012).

Attempts to Enhance SLP Practice with ELLs

Research has shown that there have been attempts to create frameworks and programs specifically aimed at enhancing SLP practice with regard to effectively serving ELLs. Cheng et al. (2001) identified elements that SLP practice preparation programs at the university level should address with regard to growing population of ELLs with language disorders that in return possibly enhance clinical practice. Cheng et al. (2001) incorporated these elements in an education framework that attempts to prepare SLPs in respective training programs to address multicultural and language concerns of this population. An element discussed by Cheng et al. (2001) is the idea of a multicultural curriculum that includes information about cultural and linguistic variables in normal communication as well as disorder communication of ELLs. Another element includes a creating a diverse student body in SLP training programs also allows for the idea of multicultural and linguistic diversity to be addressed because it creates a landscape for SLPs to consider for cultural and linguistic differences and how they should be valued and accepted with regard to clinical practice (Cheng et al., 2001).

Finally and perhaps one the most important elements of SLP practice preparation programs is the opportunity for a multicultural and linguistic diverse clinical education experience. Cheng et al. (2001) as well as Caesar and Kohler (2007) agree that providing SLPs

with clinical practice experiences amongst a variety of cultural and linguistically diverse ELLs

allows SLPs to understand how to distinguish a language difference in ELLs from a true

language disorder. This in return may allow SLPs to develop language intervention strategies

that will identify ways therapy should be delivered to this population of clients (Cheng et al.,

2001). This framework could be integrated into workshops for SLPs currently in practice to help

address the concerns SLPs face when working with ELLs, as research identified that many SLPs

receive the most continuing education opportunities through workshops provided by their

respective school districts (Hammond et al., 2003, Roseberry-McKibbin et al., 2005).

     Another way researchers have attempted to enhance SLP practice regarding the language

needs of ELLs is in the creation of a program entitled *The Vocabulary, Oral Language and*

Academic Readiness (VOLAR) program. VOLAR was designed initially by researchers Simon-

Cereijido and Gutiérrez-Clellen (2014) to address the growing concern that there were no

specific dual language programs that examined the effects of dual language programs on ELLs

with language disabilities. Before the VOLAR program, dual language programs were evaluated

by examining ELLs with typical language development and found positive results with their

language development. What the VOLAR program examined was the effect, whether positive or

negative, that dual language programs would have on language development in ELLs with

language disorders. The VOLAR program requires bilingual educators, bilingual SLPs as well

as other bilingual professionals to teach the VOLAR curriculum that was designed to emphasize

vocabulary and conceptual development to facilitate language comprehension and academic

readiness in two languages. The VOLAR program specifically targeted the languages of English

and Spanish. What was found from the implementation of this program was that ELLs with

language disorders showed significant language gains from participating in this program over the

control group that did not receive language intervention in both languages. The positive results

of the VOLAR program study may have attributed to fostering the development of the home

language to enhance learning in the second language because there is a correlation as research

suggests (Goldstein, 2012; Guitiérrez-Clellen et al., 2012; Guitiérrez-Clellen & Simon-Cereijido,

2010; Paradis et al., 2011; Thordardottir, 2010).

Not only did ELLs benefit from this program but the professionals implementing the

program (Simon-Cereijido & Gutiérrez-Clellen, 2014). Teachers reported that the VOLAR

program helped ELLs build confidence and opened up with their languages. The program also

increased awareness in dual language development in the participating professionals. The

professionals reported that it gave them more of an understanding of how ELLs learn English

and Spanish. While a severe limitation to this study is that it only focused on native Spanish

speaking ELLs, the VOLAR program framework can be used with other books or materials for

ELLs who speak other native languages. Again, another restriction with the VOLAR program is

the resource of finding professionals who are able to implement the curriculum in both the native

and second language of the ELLs.

Problems Encountered by SLPs when Working with ELLs

ASHA's (1985) expectations of SLPs clinical practice with regard to ELLs states:

It is the professional responsibility of the speech-language pathologists to judge their own

minority language proficiency, clinical knowledge base, and cultural sensitivity. Where

there are deficiencies that can be reversed, it is incumbent on professionals to upgrade

their level of competence through professional and continuing education programs,

independent study of the growing literature on minority language populations, and

ongoing involvement within the community of minority language speakers. Otherwise

alternative strategies should be implemented to serve minority language speakers. (¶1)

However, since this position statement was published by ASHA, research has identified various

professional issues that SLPs continuously face when working with the ELL population. These

issues are evident in the areas of practice preparation, assessment measures and procedures,

language and culture (Caesar & Kohler, 2007; Goldstein, 2012; Cheng et al., 2001; Paradis et al.,

2011; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Threats, 2010;

Young & Westernoff, 1999). These areas of SLP clinical practice face many obstacles that

affect service delivery to ELLs with language disorders, which in return may affect SLPs

practice confidence (Kritikos, 2003; Hammond, Detwiler, Detwiler, Blood & Qualls, 2003;

Roseberry-McKibbin et al., 2005).

Practice preparation. With the increase of ELLs on SLP caseloads, studies have shown

that SLPs do not possess sufficient knowledge and/or skills necessary to work with the ELL

population (Caesar & Kohler, 2007; Cheng et al., 2001; Hammond et al. 2003; Roseberry-

McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Threats, 2010; Young &

Westernoff, 1999). SLPs have self-reported that they have not received sufficient or adequate

training from their educational programs and many expressed interest to receive further training

if it was offered to them, thus possibly improving their practice when working with ELLs

(Caesar & Kohler, 2007; Hammond et al., 2003). Some training areas of SLP practice that were

identified as areas of need included the areas of multicultural matters, service delivery and L1

and L2 differences (Hammond et al., 2003; Roseberry-McKibbin et al., 2005; Roseberry-

McKibbin & Eicholtz, 1994). A study by Hammond et al. (2003) found that from a survey of

currently practicing SLPs, only one third of respondents had training multicultural matters and

service delivery and a larger percentage were unable to recall any coursework or training in these

areas. The survey found only a small percentage of SLPs had received training and/or

coursework that exceeded more than one class. On the contrary, a study by Roseberry-McKibbin

et al. (2005) surveyed SLPs at a national level and found that 67% of respondents had received

training on service delivery to ELLs with language disorders. However, the study found that

SLPs who lacked training did not receive training at the university level and were found to

identify certain areas, like those including lack of native language proficiency and proper testing

protocol, to be more problematic than SLPs who received training during their university study.

Cheng et al. (2001) identified elements in educating SLPs that address the growing population of

ELLs with language disorders that perhaps could enhance clinical practice if implemented in

new or current practice preparation programs.

> **Assessment measurements and procedures.** Practicum issues faced by SLPs are

undoubtedly evident in the realms of assessment measures and procedures. Assessment

procedures used by SLPs face many obstacles especially with regard to normative assessments of

ELLs. Best practices suggest that a blend of normative, dynamic assessment that includes a test-

teach-retest protocol and alternative assessment measures that consist of informal assessments of

language sampling and language questionnaires are beneficial for proper assessment of ELLs

with potential language disorders (Goldstein, 2012; Caesar & Kohler, 2007; O'Toole & Hickey,

2012, Roseberry-McKibbin, 2008). However, normative assessments of ELLs have been found

to be the typical and sometimes only assessment protocol used by SLPs for ELLs with potential

language disorders (Caesar & Kohler, 2007). Additionally, solely using normative assessments

in English are problematic for SLPs because it does not accurately assess ELLs because of its

testing scoring based on typical monolingual language development norms. Also, various

studies have shown that when SLPs use normative tests with ELLs in English only, it is also

problematic because ELLs' proficiencies of English may vary (Caesar & Kohler, 2007;

Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011). Over and underrepresentation

can occur with solely normative testing of ELLs because lack of proficiency may cause ELLs to

perform poorly on the test thus causing overrepresentation because ELLs may not have had

sufficient exposure to English. Underrepresentation can occur when SLPs or other professionals

assume that the language issues are due to ELLs learning a second language and assessment is

not provided (Paradis et al., 2011). Time is also problematic for SLPs when assessing ELLs for

potential language disorders. Roseberry-McKibbin (2008) identified that assessment of ELLs

generally takes much longer than protocols used for monolinguals. This is problematic for SLPs

with time constraints of the school districts and caseload management because SLPs may feel

pressure to assess ELLs at a faster rate than what best practice guidelines recommend.

       Language concerns. A problem faced by SLPs working with the ELL population is

language and what language or languages to utilize with assessment and intervention plans.

Roseberry-McKibbin and Eicholtz (1994) and Young and Westernoff (1999) discuss that most

SLPs report that they feel a lack of knowledge with regard to an ELLs' native language (L1) thus

creating a barrier for therapy because ELLs may have various L1s represented on SLPs

caseloads. Language becomes even more problematic when ELLs native language is less

common due to the fact that there may be fewer resources available for SLPs with regard to

translated assessment tests and lack of research of the developmental language norms in less

common languages that SLPs could utilize for determining a language difference from disorder

(O'Toole & Hickey, 2012). SLPs may also rely on only use of ELLs' second language due to

their lack of proficiency in ELLs' L1. Only using the ELLs second language, which is usually

the majority language of English, depending on an ELLs' proficiency may incorrectly identify a

language disorder, again potentially causing over or underrepresentation of ELLs on SLPs

caseloads (Goldstein, 2012). Studies have shown that SLPs continue to use this normative

assessment testing measure in English only instead of a blend of normative, dynamic and

alternative assessment measures including language samples and questionnaires that is best

practice when working with the ELL population (Caesar & Kohler, 2007, Roseberry-McKibbin

et al., 2005).

Language is also problematic due to SLPs possible lack of access to language resources

when trying to seek out trained interpreters that are proficient in an ELLs' L1 to appropriately

assess and provide intervention to ELLs with language disorders (Roseberry-McKibbin &

Eicholtz, 1994; Young & Westernoff, 1999). This in return requires SLPs to utilize family

members or other community resources as a language broker to assist with assessment and

intervention with ELLs (Goldstein, 2012). What are typically found in current SLP practice are

monolingual approaches to intervention in the weaker language of the ELL. The weaker

language is typically English or the L2 of the ELL. SLPs may face pressure to conduct

intervention in English because it is the language of the school (Caesar & Kohler, 2007).

Furthermore, SLPs may also feel a lack of confidence when working with ELLs in practice

because they are unable to provide intervention in both languages and feel more comfortable

using their own language to provide treatment thus conforming to a monolingual approach to

intervention (Goldstein, 2012; Paradis et al., 2011).

Cultural concerns and competence. Cheng et al. (2001), Threats (2010), and Young

and Westernoff (1999) recognize that one problem faced by SLPs is cultural differences and the

idea of creating cultural competence. Cultural differences and clinician clinical competence can

impact assessment and intervention services for ELLs in various ways. According to Threats (2010) and Cheng et al. (2001) SLPs also are not only required to know about communication disorders but they are expected to develop the skills to become culturally responsive clinicians and gain cultural competence in their practices. To be culturally competent as an SLP, it requires clinicians to examine his or her own culture, biases and views towards communication and communication disabilities (Threats, 2010). Cultural competence goes beyond knowing the native language of the client and involves learning about the client's concerns by listening and gaining trust as an SLP, building the relationship between the client and SLP which can prove beneficial to therapy overall because cultural and linguistic differences of the ELL are being considered (Cheng et al., 2001). For example, different cultures may have different interpretations of language use and behaviors and this is critical for SLPs to ruminate when identifying communication disorders because these language use and behaviors differ from the typical monolingual, English use that SLPs are most familiar with (Goldstein, 2012; Young & Westernoff, 1999).

Also, cultures may have different definitions of the role of the client and the role of the family that may impact treatment decisions. Families from different cultural backgrounds may believe that SLPs have complete expertise and control of treatment decisions therefore deferring all treatment decisions of ELLs to SLPs (Young & Westernoff, 1999). On the contrary, SLPs may have expectations of family involvement and collaboration that is not met or fulfilled by families of different cultures creating disconnect between SLPs, ELLs and their families (Young & Westernoff, 1999). However, several researchers express that SLPs should attempt to work collaboratively with families from different cultures by understanding cultural differences could help bridge the barriers and problems faced with service delivery because it is engaging ELLs

various language that includes language use in the home as well as language use within the

school setting (Goldstein, 2012; Paradis et al., 2011; Thordardottir, 2010).

Attitudes and Beliefs of SLPs Regarding Confidence

With the growing population of ELLs and the increasing occurrence of ELLs with

language disorders on SLPs caseloads, research has shown that SLPs generally show a lack of

confidence with the various aforementioned practicum issues. (Hammond et al., 2003; Kritikos,

2003; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Simon-

Cereijido & Gutiérrez-Clellen, 2013).   Even with the attempts to enhance SLP practice through

frameworks and programs (Cheng et al., 2001; Simon-Cereijido & Gutiérrez-Clellen, 2014),

there are still limitations those programs and frameworks and the access SLPs have to the

programs especially if they are practicing in more rural areas with limited language resources.

There have been a few studies conducted that attempted to survey attitudes and beliefs of SLPs

when working with this population and the confidence they feel when conducting service

delivery.

A study by Kritikos (2003) surveyed SLPs based on their language proficiencies to

determine if there was a link to their confidence when working with the ELL population.

Kritikos (2003) found that the attitudes and beliefs of SLPs that identified as bilingual were

found to be more positive and confident with service delivery in terms of assessment and

intervention practices as well as cultural implications that involve dealing with the families of

ELLs. Kritikos (2003) assumed that bilingual SLPs felt this confidence due to the fact that not

only were they proficient in an ELLs' native language, but that they themselves had the cultural

experience of learning two languages thus creating a sensitivity towards clinical practice when

working with a diverse linguistic group that ELLs consist of. ASHA (1995) similarly stated that

there is a need for more bilingual SLPs in the field of speech language pathology because of the language knowledge bilingual SLPs can possess. However, Kritikos (2003) study found that attitude and beliefs of SLPs who were monolingual were more negative and reported lack of confidence when working with ELLs and this is congruent with the representative monolingual, white population of SLPs that are currently practicing and serving various ELLs throughout the country (ASHA, 1995). Also as research has acknowledged, ELLs have various L1 and to assume that increasing the population of bilingual SLPs will entirely solve problems faced in clinical practice would be too limiting (Goldstein, 2012, Paradis et al., 2011).

A study conducted by Hammond et al. (2003) attempted to survey the attitudes and beliefs about confidence of SLPs based on demographic area. The study surveyed SLPs about the amount of coursework and training they had and if it was congruent with the demographic areas of diverse urban, non-diverse urban, or non-diverse rural. The study assumed that where ELL population was higher in diverse urban areas, SLP training and confidence would be increased. However, the results of the findings did not match the researcher hypothesis and found that non-diverse urban practicing SLPs had the most coursework and the other groups either lacked coursework training or could not recall having coursework training on multicultural and technical issues when dealing with the ELL population. Like the Kritikos (2003) study, the bilingual SLPs of this study expressed confidence when working with the ELL population and the monolingual SLPs expressed a lack of confidence when working with ELLs and their families who do not have their primary language as English. The study overall found that SLPs self-reported that they would like more training in the problem areas of SLP practice when working with ELLs with language disorders.

A study conducted on a national level by Roseberry-McKibbin & Eicholtz (1994) and again by Roseberry-McKibbin et al. (2005) surveyed SLPs about their service delivery to ELLs with language disorders. The 1994 study was one of the first in the field of speech-language pathology that surveyed SLPs regarding their service delivery and found that SLPs significantly lacked training and confidence when working with the ELL population. Roseberry-McKibbin & Eicholtz (1994) found that only 26% of SLPs had any training addressing service delivery to ELLs. When the researcher replicated the study again in 2005, Roseberry-McKibbin et al. (2005) found that training had significantly increased to 73% of respondents had taken coursework regarding service delivery to ELLs with language disorders which acknowledges that the field is attempting to address the issues faced by SLPs regarding working with the ELL population. The replicated study also found a slight increase in SLPs who identify as bilingual from 10% in 1994 to 12% in 2005. What was interestingly discovered in the 2005 study were the attitudes and beliefs of SLPs about the problems faced in the field of speech-language pathology regarding ELL service delivery. The researcher found that the SLP respondents with more coursework in the area of service delivery perceived the practicum problems as less problematic than SLPs with less coursework reporting the practicum problems as problematic. The researcher assumed that this increase in confidence was due to more coursework SLPs received in their academic study in the area of service delivery and acknowledge SLP training programs are addressing the problem areas of service delivery of ELLs through more coursework. However, SLPs currently in practice were predictably the respondents who replied that service delivery to ELLs as problematic and are lacking the coursework provided by universities and need to rely on continuing education about service delivery to ELLs to address their confidence problems faced with service delivery to ELLs.

From these studies, the research agrees from their findings that more coursework and training needs to continue and be provided to SLPs with regard to service delivery and other practicum issues faced by SLPs when working with the ELL population (Hammond et al., 2003; Kritikos, 2003; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994). Studies are also identifying that SLPs themselves are self-reporting that they would like more training in the problematic areas of clinical practice with ELLs with language disorders (Caesar & Kohler, 2007; Hammond et al., 2003; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994). This study hopes to attempt to address any problems self-reported by the SLPs in the study congruent with what research has identified as the problematic areas of SLP practice with ELLs. The study will then attempt to provide SLPs with information about best practices and resources research identifies as helpful to servicing ELLs with language disorders population. This study in return hopes to provide SLPs with more confidence when working with this population and in return benefiting ELLs as a group overall with providing ways SLPs can provide optimum service delivery.

Methodology

The purpose of this mixed-method study was to examine the attitudes and beliefs as well as the confidence SLPs feel when working with the ELL population. Phase I of the study involved emailing potential participants a cover letter, consent form, and a link to an online survey in attempt to gather data regarding information about previous training backgrounds, caseload compositions, assessment and intervention protocols, use of interpreters, and interest in continuing education regarding topics pertinent to ELLs with potential language disorders. Phase II of the research study consisted of an initial interview with one participating SLP where various semi-structured interview questions were asked constructed from the literature review to

better understand the participants practice overall with regard to ELLs. Phase II of the study also included a corresponding intervention workshop component in attempt to address potential problem areas or concerns when working with the ELL population based upon the participant's responses to the semi-structured interview questions.

Sample

      Phase I. Three separate school districts in Western New York were used in this study that were labeled as District A, District B and District C respectively. Whole districts were chosen for the study due to the possibility that SLPs working within the district may work at various school buildings within each of the districts. District A and District B, perhaps because of their enrollment size and location within Western New York, had a large percentage of ethnic minority students enrolled that succeeded other smaller, rural school districts in Western New York. This enrollment percentage was considered for the study because the percentage potentially provided the researcher with ample opportunity to survey and interview SLPs who had the possibility to work with the ELL population. There was also a significantly higher population of ELLs within District B versus District A. District C was the smallest school district included in the study with the smallest population of ELL students. This small population may be constituted to its rural location in Western New York. A school district was included in the sample only if the researcher was able to gain permission from the superintendents or corresponding district representative who contacted the researcher with their approval. The researcher included a question on the initial survey that inquired about the number of ELLs on SLPs caseloads as to profile SLPs actual caseloads with regard to working with the ELL population.   If an SLP responded that he or she did not have ELLs on his or her caseload, the researcher still included the SLP in the sample due the potential possibility that the SLP may

have opportunity to work with the ELL population because of ELL enrollment of his or her

respective school district.   All school district information in the following paragraphs reflects

the 2011-2012 school year, and was retrieved from https://reportcards.neysed.gov/. Data for the

2012-2013 school year was not yet released when the researcher began recruiting potential

participants for the study.

The first school district, District A, is a district that serves students from Pre-K to twelfth

grade in a high needs/resource urban/suburban area. Total enrollment in District A consists of

approximately 5,000 students. Approximately 60% of those students are eligible for the free

lunch program. Around 4% of students are classified as ELLs. Demographic factors; including

racial and ethnic origins, varies within this school district. While the majority of students are

identified as Caucasian (approximately 60% of students) there is a representation of Hispanic,

African American, Asian/Pacific Islander and multiracial students that totals approximately 29%,

or close to half of the students enrolled within the entire district.

The second school district included in the study, District B, was a high needs/resource

urban/suburban school district that serves students at the Pre-K to twelfth grade level. In District

B, total student enrollment is approximately 2,000 students. Approximately 60% of students in

District B are eligible for the free lunch program. Students in this district who are categorized as

ELL totals approximately 14% of students. District B has almost an equal representation of

Caucasian and Hispanic students with both ethnicities representing 45% of students. Other racial

ethnicity student groups with a significant population represented in District C include African

American and multiracial students; the population together totals roughly 10% of students.

The final school district included in the study, District C, was a high needs/resource rural

school district serving students from the Pre-K to twelfth grade level. Total enrollment in

District C included approximately 1,050 students. The population of ELL students for District C is rather small totaling only four students out of the entire enrollment population. There was a slight increase from the 2010-2011 school year, which only had two ELL students enrolled. District C highest ethnicity enrollment includes Caucasian students, with the percentage of enrollment of these students totaling at 76%. District C had a notable percentage of Alaska Native or Native American students enrolled, with student enrollment of these ethnicities totaling 13% of students.

　　　Phase II. The sample for Phase II of this study was a subset of the original sample, derived from SLPs who responded to the researcher via email after taking the online survey. If a SLP from any of the participating school districts was willing to be interviewed and participate in a focus group and intervention workshops, the SLP was automatically incorporated into the sample for Phase II. Only one district was included in this subset due to the interest of one SLP who contacted the researcher to become a participant in Phase II of the study.

Participants

　　　Phase I. A total of thirteen surveys were sent to SLPs in District A, District B and District C. Seven surveys were sent to the SLPs in District A, District B had a total of four surveys sent to SLPs, and District C had a total of two surveys sent. Participants in Phase I of the study included a total of eight survey responses from District A, B, and C. All eight of the survey participants were at least eighteen years of age as confirmed at the beginning of the survey. For the district in which the district representative emailed the survey and cover letter to SLPs, the district representative disclosed the number of potential participants to the researcher. For the districts in which the researcher emailed the SLPs directly, the total number of potential

participants was calculated from the number of emails for the SLPs provided to the researcher by

the permission of the superintendents.

        Phase II. SLPs participating in Phase II of the study were elected based on their

willingness to be interviewed and participate in focus groups and intervention workshops

involving topics regarding ELLs and their clinical practice. One SLP out of the eight total

survey responses collected was willing to participate further in the study and contacted the

researcher via email expressing interest in Phase II. A pseudonym was assigned for the Phase II

participant to maintain confidentiality.

Procedure

        Phase I: Initial survey. Three school districts in Western New York were selected for

the study based on their expressed interest to participate. School superintendents of the three

school districts were contacted by the researcher via email (see Appendix A) or telephone to gain

permission for distribution of an online survey to SLPs employed in their respective school

districts. A superintendent of one of the districts included in the study gave the researcher

permission solely via email response. Another district granted permission after the

superintendent reviewed the initial consent by allowing the interested SLPs in the district to

contact the researching inquiring about the research study. A district representative for the other

school district granted the researcher permission via phone as well as a confirmed email response

(see Appendix B). The researcher initially contacted the superintendent of this district for

approval but was then referred to the district representative as per the superintendent's

preference. Once the superintendents and district representative granted approval to the

researcher, a cover letter and link to an online survey at http://www.surveymonkey.com was sent

via email (see Appendix C) to approximately 13 SLPs total within the three separate school

districts. Emails were sent to prospective participants either directly by the researcher or by the district representative, as determined based on the superintendents' and district representative's preference.

A statement of consent was included in the email to the potential participants (again, see Appendix C) to confirm that all participants were at least eighteen years of age. The email also contained information considering the purpose of the study, how confidentiality of subjects and their data would be retained, and that participation in the study was completely voluntary and SLPs could withdraw their participation at any time from the research study without penalty. A link to the 16-item online survey was included in the last section of the email sent to the potential participants. By clicking on the link to the survey, participants' verified their consent to participate in Phase I of the study, which included the initial survey (see Appendix D). The researcher collected all survey information electronically via http://www.surveymonkey.com for each of the sixteen included questions that compiled the complete survey (see Appendix E for complete survey questions). The last item on the survey asked SLPs if they were willing and interested in becoming participants for Phase II of the study that would include a series of focus groups and intervention workshops. Participants were instructed to contact the researcher via the email address provided on the last question of the survey, indicating their willingness to become participants in Phase II of the study. This method of obtaining potential Phase II participants allowed the researcher to select participants for the second phase of the study randomly.

Phase II: Focus groups and intervention workshops. For the one SLP who wished to participate further in the study, the primary researcher contacted the SLP via email to set up a date and time for the initial focus group meeting. The initial focus group was held on April 3rd, 2014 at the SLP's school building in the faculty lounge. At the initial meeting, the researcher

provided the SLP with another consent form to verify and obtain consent for participation in

Phase II (see Appendix F). The consent form explained the second part of the research study,

which consisted of focus groups and intervention workshops pertaining to SLP clinical practice

when working with the ELL population. The consent form also explained to the SLP that

participation was voluntary and the SLP still could withdraw from the study at any time without

penalty. Phase II was initially projected by the researcher to be a month long process of focus

groups and interventions, but due to time constraints on the current study as well as the

participating SLP's schedule, an initial interview meeting and one corresponding intervention

workshop was agreed upon and scheduled, completing Phase II of the research study. The initial

interview meeting consisted of semi-structured interview questions (see Appendix G) to obtain

further background information about the SLP's clinical practice as it pertains to working with

the ELL population. The researcher took notes during the interview and the initial interview

meeting was also digitally recorded and later transcribed. Upon completion of the initial

meeting, an intervention workshop date was scheduled for April 29th, 2014 and topics for the

intervention workshop were based on areas of concerns identified by the participant's answers to

the semi-structured interview questions as well as the participant's own suggestions to the

researcher.

Intervention workshop materials included a resource booklet compiled and created by the

researcher that was aligned with the current literature on best practices to provide the participant

with more information pertaining to working with the ELL population. The intended purpose of

the intervention workshop was to provide the participant with more exposure to informational

materials in the identified areas of concern from the initial interview meeting, in an attempt to

address attitudes and beliefs of the participant (the SLP) and improve confidence in the topic

areas that were addressed within the intervention workshop.

Instrumentation

Phase I. The researcher used selected questions from a previously published survey from

Roseberry-McKibbin et al. (2005) to ensure instrument validity (again, see Appendix E). The

researcher collected various types of data including descriptive, nominal and ordinal (Likert

scale) data in the form of an online survey created by the researcher on Survey Monkey. The

survey questions were also selected in order to align with the literature review discussing

problems and concerns SLPs face when working with the ELL population (see Table 1 on

following page).

Table 1
Phase I. Survey Items Grouped Conceptually by Theme

Category Theme	Source Citation	Item Number
Demographic Info	Roseberry-McKibbin et al., 2005	2, 3, 4, 5
Practice Preparation	Caesar & Kohler, 2007; Cheng et al., 2001; Hammond et al. 2003; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Threats, 2010; Young & Westernoff, 1999	9, 15, 16
Assessment Measures and Procedures	Caesar & Kohler, 2007; Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011 Roseberry-McKibbin, 2008	9 through 14
Language Concerns	Caesar & Kohler, 2007; Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011 Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Young & Westernoff, 1999	5 through 13
Cultural Concerns and Cultural Competence	Cheng et al., 2001; Goldstein, 2012; Paradis et al., 2011; Thordardottir, 2010; Threats, 2010; Young & Westernoff, 1999	9, 12

The intended purpose of the 16-item Phase I survey was to obtain information regarding SLPs'

clinical practice when working with the ELL population and how SLPs conduct service delivery

to this population. The survey also identified if SLPs had specific coursework pertaining

working with the ELL population, possible problems encountered by SLPs when working with

the ELL population, SLPs interest level in receiving training in areas that pertain to service

delivery, and other topics (i.e., working with translators) that correspond to specifically to

working with the ELL population using an ordinal rating scale. Questions about total number of

years in practice and number of ELLs on SLPs' caseloads were collected in order to gather

nominal data and allow the researcher to illustrate variations among the survey respondents.

Questions regarding languages spoken by participants as well as languages spoken by ELLs on

their caseload were collected in order to gather descriptive data to again illustrate the variation of

survey respondents in the study. At the end of the survey, SLPs were asked if they would like to

participate further in the study (Phase II) and the primary researcher's contact information was

provided to SLPs that wished to inquire about additional information concerning further

participation in the study.

      Phase II. The initial semi-structured interview questions within Phase II of the study

consisted of topics aligned with the literature review investigating types of training received

regarding working with the ELL population, SLPs' service delivery including assessment and

intervention practices, language questions regarding SLA, translators and resources used by

SLPs, and cultural questions regarding working with ELLs and their families (see Table 2).

Table 2

Phase II. Semi-Structured Interview Questions Grouped Conceptually by Theme

Category Theme	Source Citation	Question Number
Demographic Info	Roseberry-McKibbin et al., 2005	1
Practice Preparation	Caesar & Kohler, 2007; Cheng et al., 2001; Hammond et al. 2003; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Threats, 2010; Young & Westernoff, 1999	2, 3, 4
Assessment Measures and Procedures	Caesar & Kohler, 2007; Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011; Roseberry-McKibbin, 2008	5
Language Concerns	Caesar & Kohler, 2007; Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Young & Westernoff, 1999	1, 2, 6, 8
Cultural Concerns and Cultural Competence	Cheng et al., 2001; Goldstein, 2012; Paradis et al., 2011; Threats, 2010; Thordardottir, 2010; Young & Westernoff, 1999	7
Attitudes and Beliefs When Working with ELLs	Hammond et al., 2003; Kritikos, 2003; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Simon-Cereijido & Gutiérrez-Clellen, 2013	4, 9

Since the overall purpose of this study was to assess SLPs' attitudes, beliefs and confidence when working with the ELL population, the corresponding intervention workshop topics were tailored to the SLP's answers to the initial interview questions as well as the SLP's personal opinion, suggestions, and input. The SLP who participated in Phase II requested more information regarding alternate screening and assessment materials, working with translators,

and more bilingual language resources including questionnaires and checklists. A resource booklet was created for the SLP from various published literature on the requested topics and was presented to the SLP by the researcher at the intervention workshop.

Validity Considerations

This specific research study used structural collaboration, also known as triangulation, to ensure the validity of the results. The primary researcher distributed a survey, conducted a case study with semi-structured interview questions, and provided an intervention component corresponding to what transpired within the case study. Test validity was considered with regard to instrumentation, as the primary researcher created a survey consisting of selected survey questions from a previously published survey by Roseberry-McKibbin et al. (2005). The semi-structured interview questions were created by the researcher concerning frequented problem areas of SLP practice as identified by various researchers within the field, thus generating content-related evidence for this research study.

External validity should be considered when generalizing the results for participants outside of this research study. With regard to the applicability of this study, this study's findings could be applied to other SLPs in similar clinical practice situations (i.e., similar demographic information, similar district sizes, and comparable student populations). Findings from survey results and focus group semi-structured interviews may vary from school district to school district depending on the willingness for SLPs to participate, the ELL population of the school, background knowledge and training received by SLPs, SLPs' years in practice, and composition of ELLs on SLPs practice caseloads.

Data Analysis

Once the initial survey closed for Phase I of the research study, the researcher recorded

all participant responses for each survey question in a Microsoft Excel chart. Each question's

responses were documented for each participant to identify similarities and differences between

each individual's question responses. Various tables and figures were produced to show the

documented similarities and differences as well as to determine if a correlational relationship

exists between the quantitative data findings and the literature review. This data analysis was

performed to ultimately attempt to determine attitudes, beliefs and confidence of SLPs when

working with the ELL population. For Phase II of the research study, the researcher performed a

content thematic analysis of the transcription of the case study interview and coded latent content

for underlying meanings as well as any potential themes presented by the participant in relation

to the literature review. The researcher highlighted the participant's responses that associated

with the literature review and noted trends that occurred regarding themes that emerged during

the semi-structured interview.

<div align="center">

Results

</div>

Not all participants completed the initial survey for Phase I of the research study. Out of

eight survey responses that were returned, only six participants completed the survey it its

entirety. Within the results section, the participant responses for the survey items are displayed

and analyzed question by question. For Phase II results, the participant's responses to the semi-

structured interview questions are displayed by identified themes corresponding to the literature

review.

Phase I: Survey

Phase I consisted of an initial survey. A cover letter, consent form, and link to an online survey were sent to thirteen SLPs in three different school districts in Western New York. Of the thirteen SLPs to whom the survey link was sent, eight (N = 8) submitted responses thus resulting in a survey response rate of 62%. The survey consisted of various questions pertaining to SLPs and their practice with regard to the ELL population using a combination of nominal, descriptive and ordinal data (Likert scale). Items two, three, four, five, and six consisted of descriptive data questions that were asked in order to give the researcher a better understanding of the demographic information and caseload composition of each individual survey respondent. Survey questions asking for demographic information included years in practice, total caseload number and how many ELLs were represented on each survey respondent's caseload. These results are shown in Table 3 below.

Table 3
Phase I. Survey Participants' Responses for Demographic Information

Respondent	Years in Practice	Total Caseload	ELLs on Caseload
1	-	-	-
2	20+	22	5
3	10-15	25	5
4	20+	25	5
5	20+	37	3
6	10-15	52	4
7	20+	25	2
8	20+	33	1

Note. Respondent 1 skipped demographic information questions resulting in a not applicable or n/a recorded response.

Of the seven SLPs (*n* = 7) who completed responses, more than half of the participants have been in practice for 20+ years with only two respondents in the 10-15 year category. Caseload totals varied in size ranging from the lowest composition at 22 students to the highest caseload at 52 students. ELLs on SLPs caseloads also ranged from the lowest caseload composition of one

ELL and the highest resulting in five ELLs, with an average ELL caseload composition of three

ELLs. Item five on the survey asked *What are the three most common ethnic groups among*

your ELL students? One-hundred percent of the respondents (*n* = 7) stated the most common

ethnic group among their ELL students is Hispanic, listing no other ethnic groups as second or

third most common, therefore resulting in all ELLs on SLPs caseloads assumed to be Spanish

speakers. Item six on the survey asked *Do you speak a language other than English with enough*

proficiency to conduct assessment and/or treatment in that language? Every survey respondent

(*n* = 7) replied with a *no* response, resulting in all SLPs represented as monolingual English

speakers.

Items eight, ten, eleven, and twelve on the survey consisted of questions regarding

language resources and interpreters. Item eight on the survey asked *Do you use the services of a*

bilingual speech-language pathologist? All those who responded (*n* = 7) replied with a *no*

response. This item was asked to determine if such a resource was available to the participants

of the survey. Items ten through twelve of the survey asked questions regarding use of

interpreters. Item ten asked specifically *Do you use an interpreter to assess ELL students with*

potential communication disorders? Half of the participants responded with an affirmative

response while the other half of the participants replied *no* with regard to use of interpreters for

assessment. Item eleven inquired if SLPs are using interpreters to translate standardized tests in

English to ELLs' primary language. Only one of six respondents replied with a *yes* response.

Item twelve inquired if SLPs were utilizing interpreters to communicate with families of ELLs.

All of those who responded *(n* = 6) replied with a *yes*, indicating that SLPs are using interpreters

to relay information to the families of ELLs.

Item thirteen on the survey specifically asked what types of measures do SLPs utilize when assessing ELLs with potential communication disorders. This was a *select all that apply* response question. Each respondent varied in their use of assessment measures from use of only English, use of both languages, use of standardized tests only, use of informal measures in English or ELLs' native language, or a mixture of both. Table 4 below displays each participant's individual responses.

Table 4
Phase I. Types of Assessment Procedures Utilized by Survey Respondents

Types of Assessments	Respondent							
	1	2	3	4	5	6	7	8
Formal, Standardized Testing in English	n/a	n/a		X	X		X	X
Formal, Standardized Testing In ELLs' L1	n/a	n/a	X		X	X		
Informal Testing Procedures in English	n/a	n/a	X			X	X	X
Informal Testing Procedures in ELLs' L1	n/a	n/a	X					

Note. Respondents 1 and 2 skipped this item resulting in a *not applicable* or n/a recorded response. An X on the table indicates a recorded response for the types of procedures utilized by each individual survey respondent (*n* = 6).

Most participants use multiple languages when assessing ELLs. However, these participants who utilize both languages in assessment vary with their use of formal and informal measurements. Only three respondents utilized assessment measures solely using English, one respondent assesses via formal measures only, while the other two respondents used a mix of formal and informal measurements. No respondents reported using only informal measures for assessment. Item fourteen of the survey asked specifically if SLPs use dynamic assessment procedures (e.g., test-teach-(re)test) when assessing ELLs and three of the six (50%) of the respondents indicated that they were using dynamic assessment, while the other three (50%) respondents indicated that they were not using dynamic assessment measures. Overall with regard to ELLs' languages being assessed, languages assessed by SLPs via assessment procedures and measures resulted in three respondents (50%) indicating they assessed English only and three respondents (50%) indicating they assessed both English and the native language. The results for languages assessed by assessment procedures and measures were analyzed by the individual assessment responses from each participant's responses from Table 4 above.

Item nine of the survey specifically asked about problems encountered by SLPs in their practice with regard to working with the ELL population. This question's response was recorded in the form of a Likert scale with five possible responses. The responses included *very frequent, frequent, somewhat frequent, somewhat infrequent,* and *infrequent*. If a respondent answered *very frequent, frequent* or *somewhat frequent*, it indicated that the SLP agreed that these problems were encountered in his or her practice. If a respondent replied *somewhat infrequent* or *infrequent*, it indicated that the SLP disagreed that he or she encountered these problems in his or her practice. There were nine topics of possible problem areas encountered by SLPs that were asked. The results are shown in Figure 1 below.
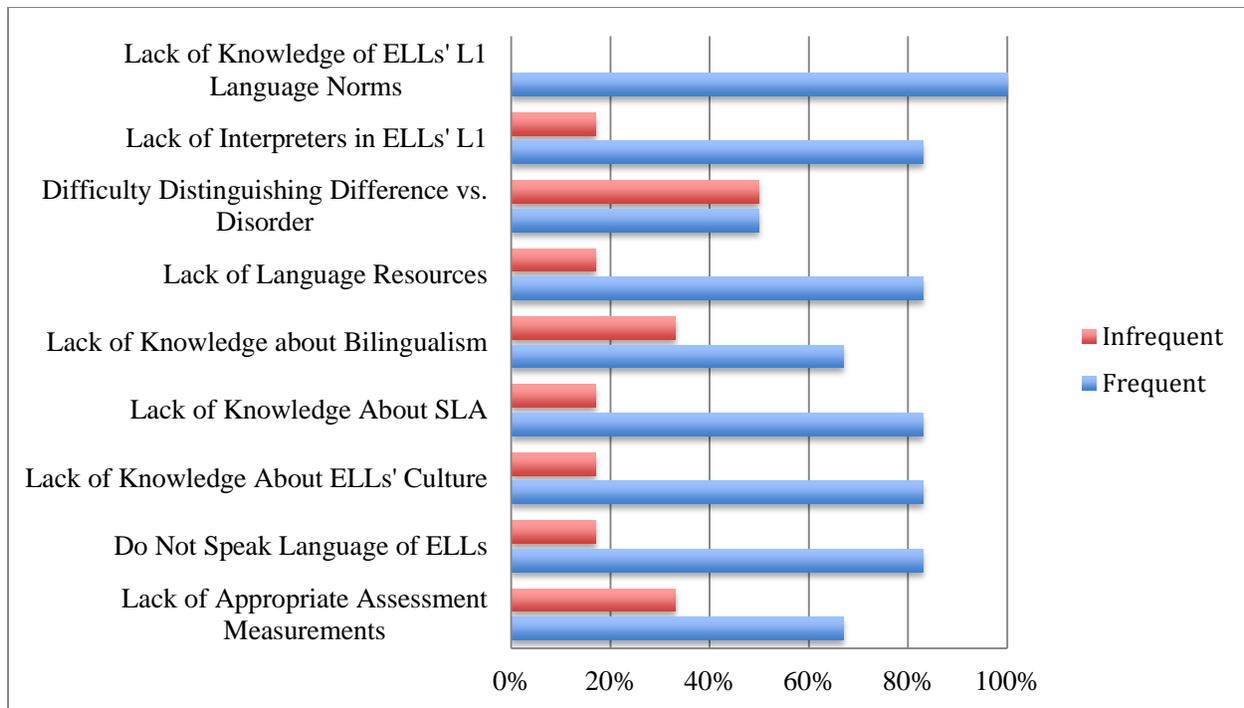
Figure 1. Problems encountered by SLPs when working with the ELL population (*n* = 6).

More than half of the respondents agreed that they frequently encounter problems in nine out of ten of the represented areas of the survey question. The most frequent problem encountered, where 100% of respondents agreed, was the lack of knowledge of ELLs' L1 language norms. Other frequent problems encountered, where in each area 83% of respondents agreed that they encountered these problems in their practice were found in the areas of lack of language resources (e.g., bilingual SLPs, bilingual materials), lack of knowledge about ELLs' culture, lack of interpreters in ELLs' L1, lack of knowledge regarding SLA, and unable to speak the native language of ELLs. Other significant problem areas that 67% of SLPs reported to encounter frequently were in the areas of lack of knowledge about bilingualism and lack of appropriate assessment measures. One problem area where 50% of respondents replied *infrequent* and 50% of respondents replied *frequent* was in the area of difficulty distinguishing language differences versus disorders in ELLs.

Item fifteen of the survey inquired about previous coursework of SLPs that addressed issues in serving the ELL population. Responses to this question included *no coursework, part of a course,* and *a whole course.* A total of three respondents indicated that they had received coursework that incorporated part of a course; while the other three respondents indicated that they had no coursework that addressed issues in serving the ELL population. No respondents indicated that they had received a whole course addressing issues in serving the ELL population. This may be indicative of the participants' years in practice and the opportunity for coursework in topics pertaining to ELLs and their practice, as most research on this specific area is rather current and all SLPs who participated in the study reported being in practice for over 10+ years.

Item sixteen of the survey inquired about respondents' interest level of continuing education topics that addressed services to the ELL population with communication and language disorders. This question's response was recorded in the form of a Likert scale with five possible responses. The responses included *extremely interested, quite interested, moderately interested, mildly interested,* and *not at all interested.* If a respondent replied with *moderate* to *extremely interested*, it indicated that the SLP was interested in continuing education areas regarding that topic. If a respondent replied with *mild* to *no interest*, it indicated that the SLP was not interested in receiving continuing education regarding that specific topic. There were nine topic areas included in the question regarding continuing education training with regard to the ELL population with potential communication disorders. The results are displayed in Figure 2 below.
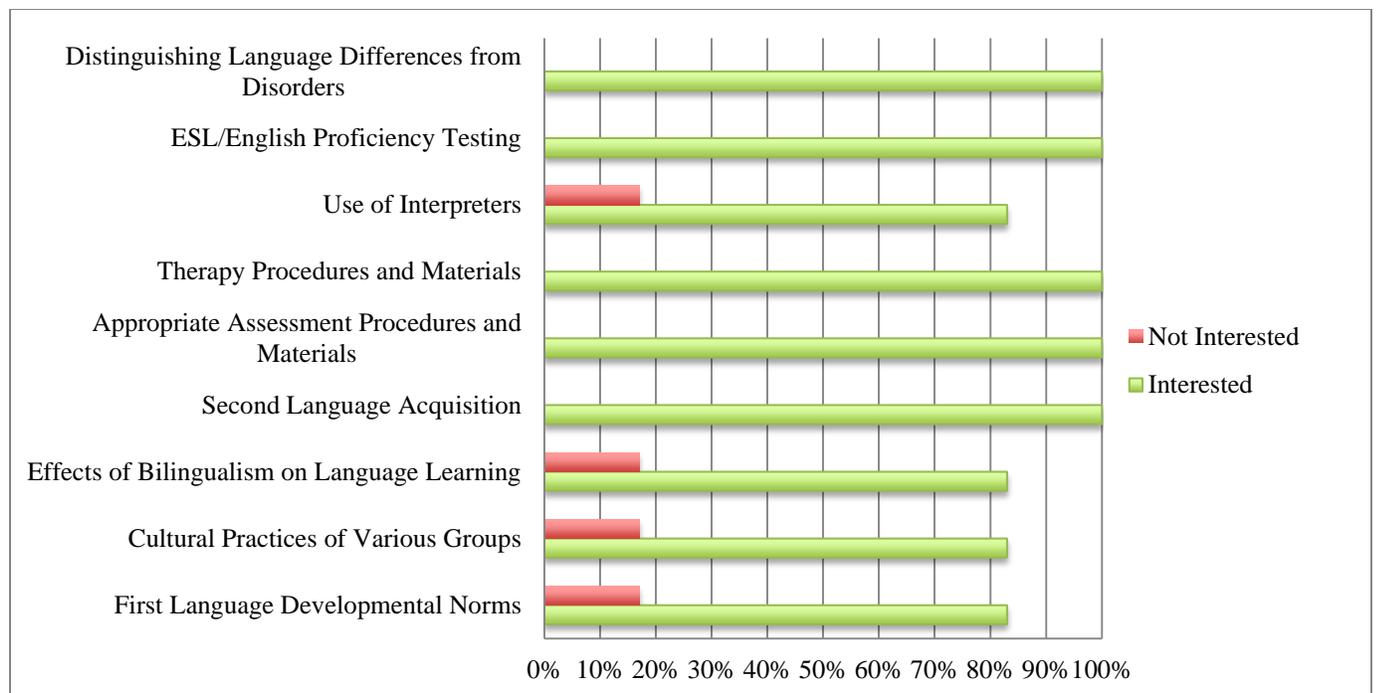
Figure 2. Respondents' interest areas for continuing education topics (*n* = 6).

There was significant interest for continuing education in all topic areas from the respondents. In every category, more than 80% of participants agreed that they were interested if given the opportunity to receive continuing education regarding training that addressed services to ELLs with communication and language disorders. All respondents (100%) were interested in the continuing education topics of distinguishing language differences versus disorders, ESL/English proficiency testing, therapy procedures and materials, appropriate assessment procedures and materials, and SLA. Only one respondent reported not interested in continuing education areas that addressed the topics of first language developmental norms, cultural practices of various groups, effects of bilingualism on language learning, and use of interpreters.

Figure 3 below displays the results from item seventeen on the survey. Respondents were asked to indicate their view of the importance on how the field of SLP could best prepare them to carry out less biased assessment and treatment for ELLs with potential communication and language disorders. They were asked to rate the importance of each area including *more*

workshops/in-services offered by school districts, more coursework at the university level, more convention (state and national) presentations, and *more journal articles in this area.* Respondents replied based on a Likert scale of *very important, important, somewhat important, somewhat unimportant,* and *unimportant.* If respondents indicated a response of *somewhat important* to *very important*, it indicated that SLPs agreed that area as important. If the respondents gave a rating of *somewhat unimportant* to *unimportant*, it indicated that SLPs disagreed that area of preparation was important.
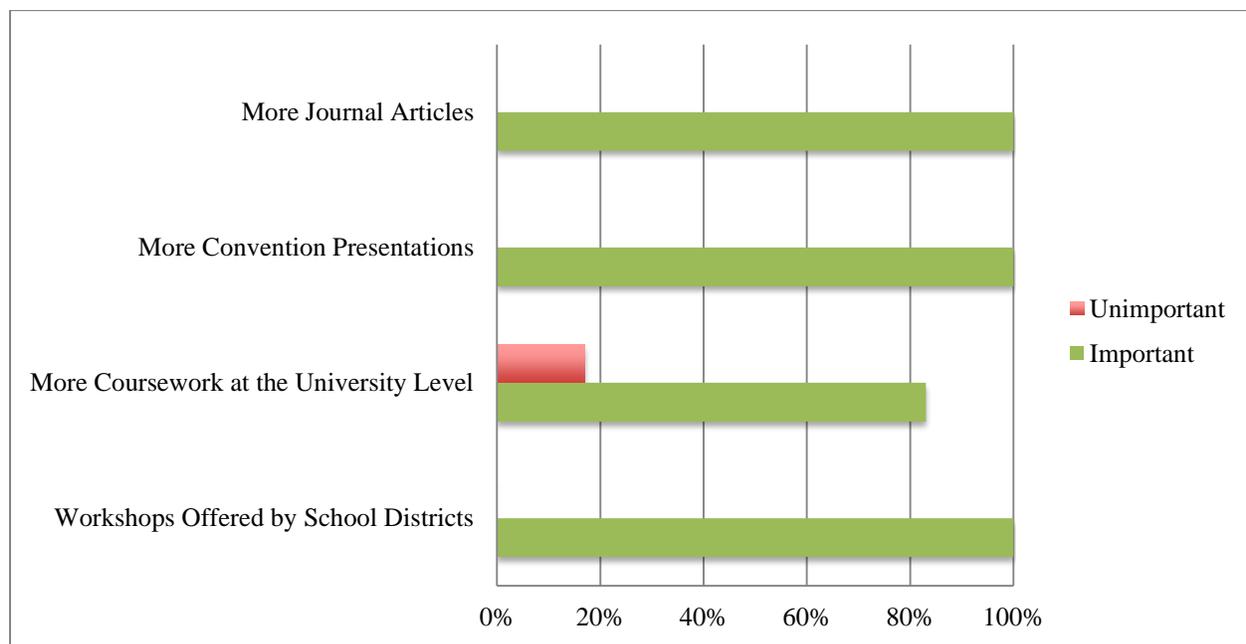
Figure 3. Respondents' indication of importance of preparation based on SLP field area (*n* = 6). All respondents (100%) agreed that more journal articles, more convention presentations, and more workshops offered by school districts were the most important area of SLP preparation with regard to proper assessment and treatment of the ELL population. A significant portion of respondents (83%) also indicated that more coursework at the university level was important for SLP preparation. Only one respondent found coursework at the university level to be unimportant for SLP preparation with regard to proper services provided to the ELL population.

Phase II: Case Study

What the researcher projected Phase II to be consisted of a series of focus groups with semi-structured interview questions pertaining to SLPs practice when working with ELLs. Along with the interviews, the researcher would have provided corresponding intervention workshops to address any issues or concerns in areas identified by participating SLPs with regard to servicing ELLs with language disorders. This series of focus groups and interviews was projected to be a month long process, with multiple SLPs to determine the attitudes and beliefs of SLPs and the confidence they feel when working with the ELL population and if participating in the intervention workshops was helpful or informative to their practice. What actually transpired in the current study due to the interest of one SLP from Phase I who contacted the researcher to become a participant in Phase II was a case study.

Phase II of the research study began with the semi-structured interview questions that were aligned with topics and themes from the literature review (again, see Table 1 in Methodology). After recording and transcribing the interview with the participant, the researcher coded the participant's responses for latent content and related themes presented in the literature review. The researcher interviewed a female SLP, who was given the pseudonym of Vicky to protect her confidentiality for the study. Vicky was a middle-aged, Caucasian, monolingual SLP specializing in working with individuals with autism and was a practicing SLP for over ten years. At her current district, she works with students in kindergarten to grade five. The first question the researcher asked Vicky inquired about her practice overall with regard to ELLs. Vicky explained that ELLs she works with already come to her with an *individualized education plan* (IEP) in place from schools previously attended by the ELLs. She disclosed to the researcher that her job is to then reassess these ELLs who come to the district to determine and differentiate

between a language difference versus disorder. Vicky explained that all ELLs on her caseload

have other classified disabilities (e.g., autism, developmental disorders, down's syndrome) and

no ELLs on her caseload are solely SLI. The researcher also inquired about languages spoken by

ELLs on her caseload and Vicky disclosed that all ELLs on her caseload speak Spanish, although

in her previous school district she had exposure to ELLs who spoke Chinese, Mandarin, and

Cantonese.

       Practice preparation. When asked about any previous coursework Vicky may have had

regarding working with the ELL population, Vicky explained that in her previous district she

was hired 50% as a speech pathologist and 50% as an ESL teacher. Vicky had no prior or formal

training with regard to ESL education or working with the ELL population, but was adamant

about going online to research how to service ELLs and what types of services and testing

modifications to which they were entitled. When recollecting her previous coursework

specifically pertaining to ELLs she responded:

> I mean I looked into a lot of stuff and obviously I went to some workshops. But was
>
> there any formal schooling, ya know, a degree or certificate, no. And back then you
>
> could do that, you can't now; obviously you can't now it's different. But I did do that
>
> (teach ESL) for a few years, matter of fact, almost the entire time I was at that school
>
> district which was about seven years.

When the researcher inquired further about the types of workshops Vicky attended, she

responded that it had been a while and could not think of topics. When the researcher mentioned

a few topics (e.g., dual language learning, immersion programs), Vicky admitted that the

workshops did include the overall scope of TESOL. She was able to recall some of the TESOL

terminology including *basic interpersonal communicative skills* (BICS) and *cognitive academic*

language proficiency (CALP). Vicky went on to explain that she believed BICS and CALP were

of interest to her as she thought it was important to look at when she assesses ELLs with

potential languages disorders because she believed a lot of BICS and CALP language ability

comes into play. Vicky acknowledged that her most recent workshops with regard to her SLP

practice included the topic of differentiating a language difference versus disorder. She stated

that differentiating is the hardest part of her job and the biggest thing she works with at the

moment in her practice. When the researcher asked if she believed if specific training was

needed for working with the ELL population, Vicky enthusiastically responded, "Yes, yes, yes!

Because if you don't know, you're going to misdiagnose kids."

   Assessment procedures. When asked about types of assessment measures that Vicky

utilizes in her practice with regard to ELLs she responded: "Bilingual *CELF* (Clinical Evaluation

of Language Fundamentals), and whatever I do in Spanish I also do in English just to see 'cause

you never, I know you never want to test in just one language." She went on to explain other

standardized tests and stated that she uses the English and Spanish versions of each. When asked

this question, Vicky also considered her use of informal assessments. She explained that she

assesses ELLs' pragmatics and social skills as well as comprehension with activities including

following directions in both languages. With regard to her overall assessment procedures she

responded:

   So you do formal standardized tests as well as informal. And I think that gives you, ya

   know, that is the only way you're gonna get a true picture, testing in both languages,

   testing using standardized tests and then also informal.

The researcher also inquired further about Vicky's assessment procedures and if she conducted

any dynamic assessment procedures. Vicky stated that in the past she has used the test-teach-

(re)test protocol with ELLs on her caseload as needed. With regard to informal assessments, the researcher inquired if Vicky was using spontaneous language sampling. Vicky's response to the question stated "I always get a language sample from the kids, I mean, that's just part of it as a speech language pathologist, you just kind of do that". The researcher went on to ask if she gathers spontaneous language samples in both languages. She stated that she tries to achieve this in naturally occurring environments with ELLs on her caseload. She specified:

> Yeah. I do it in both languages. I'll do it in different places, I'll do part of the testing where we are just playing, take them (ELLs) into the sensory room and I'll see how they interact with the toys. Different kinds of things to see what their interests are, are they age appropriate? Do they play functionally with the items? All that kind of stuff. So during that part of my assessment is when I would glean in a little bit more on their language skills in both languages spontaneously.

Intervention strategies. The researcher asked Vicky what types of intervention strategies she utilized with ELLs. Vicky needed further clarification for this question. The researcher clarified asking if Vicky is addressing both languages in her therapy session as that was the overall intent of the question. Vicky indicated that she uses both languages as much as she is able to because she is monolingual. She further stated that vocabulary is a huge component to her therapy sessions. She clarified that ELLs with IEPs on her caseload therapy goals typically involve vocabulary building. She went on to explain how she incorporates both languages into her therapy sessions. Vicky stated:

> It's a lot of hands-on manipulative type therapy at this younger age. I'll start with some basic vocabulary and teaching vocabulary. If we were learning three different words, like winter items, glove hat and coat, I'll take the actual item and will pass it back and forth

around the room to the other kids in the group. So I'll say the word in Spanish, and to

pass it back, they'll have to say it in English. It's a lot of codeswitching. So yeah, I do

use Spanish and English.

Language resources. The researcher inquired about language resources including

Vicky's use of interpreters and other language resource materials. Vicky indicated that she uses

a lot of language resource materials that included nursery rhymes and literature in Spanish and

English. She stated that she "was better at using the English, obviously" due to her

monolingualism, but continued to explain that she "does try to use both because the kids have the

opportunity to teach me (the SLP) at the same time which is neat for them (the ELLs)." With

regard to the use of interpreters, Vicky primarily discussed the use of digital translators and

interpreters. She uses digital translators to relay messages to the parents if she needs to send a

note home. She also uses digital translators assist if ELLs on her caseload are frustrated and

struggling with getting their meaning across when using Spanish in therapy sessions and she uses

digital translators when she needs the Spanish equivalent of a word. When asked about actual

human interpreters, Vicky indicated she primarily uses human interpreters for her diagnostics

(assessment) procedures and for translation when meeting with ELLs' families. The researched

asked if Vicky uses interpreters during her actual therapy sessions for and she stated that she did

not and wished she could have that resource at all times during her sessions. However, Vicky

indicated that her school building has a bilingual aide that works one on one with a student, and

when that student is absent, she will pull the aide into her sessions as a language resource but this

resource is very infrequent.

Family involvement. The researcher inquired about Vicky's involvement with families

of ELLs on her caseload. Vicky specified that she is in constant contact with the families; this is

especially so during the assessment process because she believes their opinion is an important

part to the assessment process. She stated:

> Just a huge part of assessment is that I always am in contact with the families. That's a
>
> big huge piece of my assessment to say…okay what are you seeing at home? At home are
>
> they following directions? At home do they seem like they're able to get along? Do they
>
> tell you what they need? Are they frustrated? You really try to get that big piece from the
>
> family. It's huge.

When the researcher investigated further about the family relationships overall Vicky indicated

that the relationships can be difficult. She indicated that sometimes the families can be "a bit

more removed than you would like." She went on to state that she believed that this removal

"was cultural" and that the families of her ELLs "believed that the school districts should take

care of everything and their role is to be more hands off."

Problems faced and personal concerns. Overall from the interview, Vicky specified a

few problem areas she faced as well as personal concerns she had for her practice. For one,

Vicky indicated her frustration with the lack of human interpreters to use at her discretion. She

stated:

> You don't always have those resources, that interpreter available to you when you need
>
> that person, or for the extent of the amount of time that you need. They're hard to access
>
> and you can't always get them in the immediacy that you need them.

The biggest area of concern that Vicky indicated was in the area of assessment. She stressed the

importance of differentiating a language difference versus disorder. Vicky went on to explain

her concern for the amount of time it takes to properly assess ELLs with language disorders. She

indicated that to do it correctly, it takes "an overwhelming amount of time and it's tough for

people who want to do it right." She stressed the importance of making ELLs feel comfortable

during the diagnostic process because she does not want ELLs to shut down during testing. She

further clarified that assessing ELLs with language disorders in a school district is tough, again

stressing that resources (e.g., interpreters, bilingual language materials) are not always available

to her. When discussing with the researcher her concerns, she closed with the statement:

> I think it's (differentiating a language difference versus disorder) a really big job and I
>
> just don't think that we have enough at our fingertips to be able to do it totally accurately,
>
> which bugs me…which bugs me.

Discussion

The purpose of the current research study was to determine SLPs attitudes and beliefs

regarding the confidence they feel when working with the ELL population. An additional

purpose of the study was to identify and address any problems self-reported by the SLPs who

participated in the study corresponding with what research has identified as the problematic areas

of SLP practice with ELLs. The overarching goal was to provide SLPs with information about

best practices and resources research identifies as helpful to servicing ELLs with language

disorders population. With this information, the current study attempted to provide SLPs with

more confidence when working with this population and in return benefiting ELLs as a group

overall with providing ways SLPs can provide optimum service delivery. While assessing the

confidence of SLPs was inconclusive from the current study, it is clear that findings from the

current study identified problem areas self-reported by SLPs that were congruent with the current

literature in the field. Overall, findings also indicated attitudes and beliefs that more training in

practicum areas that relate to working with the ELL population is desired and important to SLPs.

Implications and suggestions for further research are discussed as well as what the data means in regards to SLPs and their practice when working with the ELL population.

Survey Findings

All survey respondents were monolingual SLPs. This was congruent with research findings that the majority of currently practicing SLPs are monolingual (ASHA, 1995). In terms of language resources, respondents indicated that there was a general lack of language resources, including bilingual SLPs and access to interpreters, which is consistent to the current literature findings (Goldstein, 2012; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz 1994; Young & Westernoff, 1999). No respondents are working with bilingual SLPs showing the lack of this resource in the current study's demographic area. Also, only half of the respondents indicated that they use interpreters for assessment procedures. Again, this may be revealing of the lack of access of interpreters to SLPs. For the respondents who do not use interpreters for assessment procedures, this is not considered by research as best practice as they are assessing ELLs in only English (Caesar & Kohler, 2007; Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011). For the other half of the respondents who utilized interpreters, they are assessing ELLs in both languages, which in part may be attributed to their use of interpreters. All respondents indicated that they use interpreters to communicate with the families, revealing cultural competence for best practices that attempt to involve families of ELLs in the assessment and treatment process (Goldstein, 2012; Paradis et al., 2011; Roseberry-McKibbin, 2008; Thordardottir, 2010).

With regard to coursework, only half of the respondents indicated having prior coursework pertaining to working with the ELL population. This coursework however, was specified as part of a course or lecture and no respondents replied as having full coursework

regarding working with the ELL population. The other half of the respondents indicated no prior

coursework. The reported coursework findings were congruent with current literature that SLPs

lack appropriate training, which may also indicate a general lack of knowledge of information

pertaining specifically to ELLs with language disorders (Caesar & Kohler, 2007; Roseberry-

McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994).   When looking at prior

coursework and best practices with regard to languages assessed via assessment measures, the

results are inconclusive due to the fact that some SLPs who reported prior coursework still

assessed in English only, and another SLP with no prior training reported assessment in both

languages. A probable conclusion from these findings may reveal that the participating SLPs

exhibit a lack knowledge overall with regard to the ELL population that pertains to these diverse

students. An implication for school districts would be to provide more opportunities for

continuing education in subject matter pertaining to ELLs that would be helpful and informative

to SLPs practice overall. This may possibly lead to best practices for assessment of ELLs with

potential language disorders if SLPs are properly trained in this area.

Best practices with regard to assessment specify a blended use of normative, dynamic,

and alternative (informal) measures (Caesar & Kohler, 2007; Goldstein, 2012; O'Toole &

Hickey, 2012, Roseberry-McKibbin, 2008). The respondents of the survey indicated a varied

mixture of assessment procedures that were not necessarily reflective of best practices. While

some respondents indicated a use of formal and informal measures, others solely used normative

assessments. The exclusive use of normative assessment is not considered a best practice in the

literature because of its restrictions to norms that do not consider different languages acquisition

norms or dialectal differences (Caesar & Kohler, 2007; Goldstein, 2012; O'Toole & Hickey,

2012; Paradis et al., 2011). A problematic issue that may result from use of normative

assessments exclusively is that such exclusive use may cause ELLs to be over or

underrepresented on SLP caseloads. An implication for school districts would include offering

training opportunities for SLPs regarding best practices for assessment of ELLs, including

information on informal and dynamic assessments, as to ensure ELLs are being properly

assessed in various ways and not exclusively normatively. Also, the language of these

assessments varied and half of the participants assessing ELLs in only English and the other half

assessing both languages. The participants who assessed both ELLs' languages adhere to what

literature has identified as best practice (Goldstein, 2012).   For the participants who only

assessed in English, this again is not considered a best practice because various literature

pinpoints that an English only assessment does not fully grasp an ELLs' language capabilities

(Goldstein, 2012; O'Toole & Hickey, 2012; Paradis et al., 2011) and can lead to under or

overrepresentation of the ELL population for language services (Caesar & Kohler, 2007; Martin,

2009; Roseberry-McKibbin, 2008; Paradis et al, 2011). A seeming conclusion from these

findings could be that the participating school districts may have insufficient language resources

available to their SLP staff members. An implication for school districts would be to provide

SLPs with access to well-trained interpreters and various bilingual language materials that can be

used for assessment protocols and therapy sessions perhaps making SLPs practice more efficient

and effective when working with ELLs with potential language disorders.

For potential problem areas faced by SLPs when working with the ELL population, over

50% of the respondents indicated that they frequently encounter issues in practicum areas that

included lack of appropriate less biased assessment instruments, lack of SLPs' ability to speak

the language of the student being assessed, lack of knowledge about the culture of the student

being assessed as well as the nature of second language acquisition and the phenomenon of

bilingualism. Other problem areas identified included lack of availability of other professionals

who speak the students' languages, difficulty distinguishing a language difference from a

language disorder, lack of interpreters who speak the necessary languages to provide services,

and lack of knowledge of developmental norms in students' primary languages. The researcher

imagines that this reported frequency could again be attributed to the lack of adequate training

received by SLPs or lack of language resources available (i.e. interpreters, bilingual materials,

appropriate assessment materials) to SLPs.

Finally, a significant finding from the current study showed that all respondents reported

interest in receiving continuing education in areas important to SLP practice when working with

ELLs. This finding was congruent with previous studies that also found that SLPs stated a lack

of training or knowledge pertaining to working with ELLs and as well as their request to know

more (Caesar & Kohler, 2007; Kritikos, 2003; Hammond et al., 2003; Roseberry-McKibbin et

al., 2005; Roseberry-McKibbin & Eicholtz, 1994). Importance of delivering such continuing

education was found to be important in the areas of workshops at the school level, more

conventions, and more journal articles by the participating respondents. This interest and

importance may be indicative of the frequency of problem areas faced by the respondents, as

well as the lack of coursework reported by SLPs in the current study. Overall, the findings may

indicate that SLPs in Western New York are lacking overall training with regard to the ELL

population that is evident in their self-reported assessment procedures, frequented problems, lack

of language resources, and self-reported interest in training opportunities. While the ELL

population was discovered to be a lower frequency of students on all participating SLPs

caseloads, there is still prevalence of this population on their caseloads as well as the future

potential for more ELLs to end up on SLP caseloads. It is extremely crucial for SLPs to have

proper training in how to assess and manage potential language disorders in ELLs as to ensure optimum service delivery and reduce instances of under and over representation of ELLs on SLP caseloads.

Case Study Findings

Overall, the responses from the participant (Vicky) in the case study aligned with several best practices that research has identified for use with ELLs. Vicky was very familiar with appropriate assessment procedures and measures to use with ELLs on her caseload that corresponded with what was previously discussed in the literature review (Caesar & Kohler, 2007; Goldstein, 2012; O'Toole & Hickey, 2012, Roseberry-McKibbin, 2008). She was aware of the benefits of assessment testing in both languages as it gave her the whole picture of ELLs' language capabilities or deficits in both languages. She also noted the importance of using a mixture of assessment measures that included normative testing with standardized tests, alternative and informal assessment with her use of language sampling and parent questionnaires. She also noted that she sometimes uses dynamic assessment including the test-teach-retest protocol when needed.

Vicky was also found to be what research identifies as a culturally competent clinician (Goldstein, 2012; Paradis et al., 2011; Roseberry-McKibbin, 2008; Thordardottir, 2010). She understood the importance of involving ELLs' families in the assessment process by involving parents with questionnaires about their concerns with their ELLs' language use. She noted that families give a huge piece to her assessment process as they give her insightful information about ELLs' language use at home. She also continued to involve families throughout her treatment process by being in constant contact whenever issues occurred, or when she needed additional information from the family that would be beneficial to her therapy sessions. Vicky

was also able to recognize the cultural differences between her own culture and ELLs on her

caseload. While Vicky's caseload consisted of solely Spanish speaking families, she understood

that the culture of these families might be more reserved and leave a lot of the responsibilities on

her as an SLP with regard to treatment decisions which literature identifies as a cultural

difference that could occur (Roseberry-McKibbin, 2008).

Vicky also addresses both languages as much as possible during her treatment and

intervention sessions. She knows that a major restriction to this is her monolingualism, but she

still attempts to try to address both languages as much as possible. She has bilingual resources

that she uses and also will allow her ELLs to use their native languages freely in therapy along

with learning new vocabulary in English that they may already know in Spanish. Research has

identified this as best practice as continuing to foster language development in the native

language has cognitive benefits overall to language learning that are beneficial to treatment of

language disorders overall (Goldstein, 2012).

This knowledge of best practices may be attributed to Vicky's extensive work with the

ELL population. Typically, research has shown that SLPs lack training in service areas

pertaining to the ELL population (Caesar & Kohler, 2007; Cheng et al., 2001; Hammond et al.

2003; Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz, 1994; Threats, 2010;

Young & Westernoff, 1999); however, Vicky had significant experience with ELLs due to her

previous employment as a partial ESL teacher. She also noted her research efforts when working

as an ESL teacher in the field of TESOL as well as attending TESOL themed workshops. She

also noted her recent involvement in SLP workshops that included differentiating a language

difference versus disorder. She noted knowing how to differentiate helps ensure ELLs are not

over or underrepresented on SLP caseloads, again congruent with current research on this area

(Caesar & Kohler, 2007; Martin, 2009; Roseberry-McKibbin, 2008; Paradis et al, 2011). While

Vicky had extensive background knowledge with working with the ELL population, she still

desired more training and expressed that specific training pertaining to working with ELLs as

very important to her practice. This aligns with current research findings that SLPs wish to

know more and have interest in training in areas of SLP practice specifically aimed at working

with ELLs (Caesar & Kohler, 2007; Kritikos, 2003; Hammond et al., 2003; Roseberry-McKibbin

et al., 2005; Roseberry-McKibbin & Eicholtz, 1994).

Vicky's most significant concern and problem faced in her practice pertaining to ELLs

was the lack of available language resources and her concern of properly assessing and

diagnosing ELLs. This was echoed in survey results as the participating respondents also

indicated a lack of language resources as well as a general lack of best practice procedures for

assessment of ELLs with potential language disorders. While the study discovered that Vicky

does follow best practice procedures with regard to assessment, she noted a desire for more

language tools (e.g., checklists, bilingual materials, parent questionnaires) that could assist her

practice in this area. Her concern with language resources also included the lack of human

interpreters and the immediacy she would need them for her practice. This is congruent with

current research in the field that interpreters may sometimes be hard to access (Goldstein, 2012;

Roseberry-McKibbin et al., 2005; Roseberry-McKibbin & Eicholtz 1994; Young & Westernoff,

1999). She also noted time as a concern with regard to assessment, commenting that ELLs take

a significant amount of time to assess and diagnose properly, which aligns with the findings in

the literature (Roseberry-McKibbin, 2008). Vicky's concern with time may also be contributed

with her concern with the lack of overall resources to use with ELLs to assess and diagnose

language disorders. This is also corresponding with literature regarding lack of proper resources

available to SLPs regarding their practice with ELLs (Goldstein, 2012; Roseberry-McKibbin et al, 2005; Roseberry-McKibbin & Eicholtz, 1994; Young & Westernoff, 1999).

      Intervention component: Resource booklet. The researcher compiled and presented a research booklet for the intervention component of the current research study. The research booklet was tailored for Vicky with regard to her concerns and problems faced in her practice pertaining to working with ELLs as an attempt to address the concerns and problems. The resource booklet was also an effort to provide Vicky with more resources that could perhaps be useful to her practice. The researcher discovered various SLP language resources from experts in the field of speech language pathology working with the ELL population (Goldstein, 2000; Mattes & Saldaña-Illingsworth, 2009; Mattes & Garcia-Easterly, 2007; Mattes & Santiago, 1985; Roseberry-McKibbin, 2014). The resources included checklists, bilingual language materials, and parent questionnaires that Vicky could utilize in her practice with regard to her assessment and therapy sessions for ELLs. The researcher also included resources that addressed different cultural norms of Spanish-speaking families as to address continued cultural competence for Vicky. The researcher also included information on how to work with human interpreters efficiently and effectively. This information included could assist Vicky in assuring she is utilizing interpreters as best as possible when she has access to them as a practicum resource. When the resource booklet was presented to Vicky by the researcher she was very enthusiastic and appreciative to have a compiled book of resources at her fingertips. Vicky stated that she "has some resources but they are scarce and scattered in several booklets" and was "excited to share the resources with her colleagues and administrators". She also signified that she enjoyed having the resources compiled because with having a larger and intensive caseload; she often lacks time to research materials she could use in assessment and treatment and also where to find

them for ELLs. A copy of the compiled resource booklet is available for viewing online at

https://drive.google.com/folderview?id=0BzkaZRJZWo5vYTZObVlVZ2t4RVE&usp=sharing.

Limitations to the Study

Limitations to Phase I of the study included the possibility of false responses submitted

by SLPs because of the somewhat personal subject matter of the survey pertaining to their

practice. Misunderstanding of questions leading to inaccurate responses by participants is

another possible limitation as well as the instance of two participants skipping significant

portions of the survey. Another limitation was the overall response rate with only eight out of

thirteen SLPs who responded to the survey. This may be attributed to the method of distribution.

The online survey link was emailed to potential participants' email addresses at work. Receiving

the survey at work may have been inconvenient to SLPs, especially those with larger caseloads,

as they may not have had time to respond or answer to all questions completely and accurately.

Also, a limitation to the survey may have been the overall length of the survey, the variation of

question formats causing possible confusion from question to question, and the estimated time of

10-20 minutes to complete. Due to low survey participation rates, skipped responses from

participants, variations in SLPs caseload composition and training backgrounds, and an even

lower Phase II participation rate, the researcher was not able to make generalizations from the

results of the current study.

With regard to limitations surrounding Phase II of the research study, a significant

limitation was the change from the intended focus groups to a case study due to lack of

participants who contacted the researcher to continue in Phase II. A limitation to the lack of

participation could be constituted to the fact that SLPs may not have been interested in attending

focus groups due to the amount of time needed for participation, as well as the busier time of

year the current study was conducted in (i.e., end of the school year). The overall intent of

holding the focus groups for the research study was to obtain various opinions and insights from

SLPs regarding each of their individual practices pertaining to working with ELLs. However,

with the case study that transpired, the interview questions were restricted to one SLP's practice,

opinions, attitudes, and beliefs. Also, another limitation to Phase II was time scheduling. What

the researcher intended to be an hour-long interview to engage the participant and delve more

into the interview questions of the research study, the interview was restricted to a 30-minute

meeting during the middle of the SLP's school day. With the interview time restriction, the

researcher found it somewhat problematic to hone in on the SLP's entire practice overall with

regard to ELLs.

The justification for the resource booklet was an attempt to address concerns the SLP

from Phase II had when working with the ELL population, as well as time constraints on the

current study and schedule constrictions from the participating SLP. This is a seeming limitation

to the current research study because if the researcher had more time to meet with the SLP over

an extended period of time, information could have been broken down into different workshops

instead of a compiled effort via the resource booklet. This extended period of time in return

could have resulted in more interviews and workshops where confidence of the participating SLP

could have conceivably been assessed overall.

Conclusion and Implications

While attitudes, beliefs, and confidence could not be adequately assessed from the

findings of the current study, what is clear that developed overall from the results was that SLPs

are facing problems congruent with themes presented in the literature review. Another finding

indicated that all participants expressed an interest in further training with regard to adequate

service delivery to the ELL population. The extent to which SLPs are facing these problems could not be determined by the survey alone and could not be generalized by the solitary case study. However, the fact that half of the respondents indicated that problems occur frequently within their practice is exceedingly substantial. Factors that may influence the frequency of these problems could possibly include SLPs' monolingualism, total years in practice, and amount of training received. While monolingualism is a significant barrier to SLP practice when working with ELLs, research has conveyed various methods and best practices that attempt to address the issue of SLP monolingualism. Also, because a significant portion of SLPs from the study have been in practice for over 20+ years, a seeming conclusion exists that SLPs may not have had the opportunity for continuing education with regard to service delivery best practices for the ELL population. Because much of the research regarding ELLs with language disorders is fairly new to the area of speech language pathology, SLPs may not have had exposure to such topics thus concluding why they indicate problem areas with this population of their practice. Also because of the generally low composition of ELLs represented on SLPs caseloads who participated in the study, perhaps training in this area for SLPs is not a top priority over other practicum concerns that SLPs may be encountering. A major implication of this study signifies that school districts should consider providing SLPs with additional training opportunities that allow exposure to content involving best practices for ELLs as to ensure ELLs with potential language disorders in school districts are not being over or underrepresented on SLP caseloads.

Suggestions for Further Research

Further research in this area would benefit from additional actual observations of SLPs' service delivery when working with ELLs in school districts. It would be interesting to observe multiple SLPs' practices over an extended period of time to profile attitudes, beliefs, and

pinpoint the exact problems SLPs may be facing overall pertaining to ELLs on their caseloads.

It would also be beneficial, alongside observations, to provide SLPs with tools for best practices

including adequate assessment measures and language resources for therapy. After applying best

practices, it would be useful to then assess how these tools affected clinician confidence overall

whether positive or negatively for consideration of what more could be provided to SLPs to

ensure they are providing optimum service delivery to ELLs with language disorders.

References

American Speech-Language-Hearing Association. (1985). *Clinical management of communicatively handicapped minority language populations* [Position Statement]. Available from www.asha.org/policy. doi:10.1044/policy.PS1985-00219

American Speech-Language-Hearing Association. (1993). *Definitions of communication disorders and variations* [Relevant Paper]. doi: 10.1044/policy.RP1993-00208

American Speech-Language Hearing Association. (1995). *Communication development and disorders in multicultural populations: Readings and related materials*. Rockville, MD: Author.

American Speech-Language Hearing Association. (1995). *Directory of bilingual speech-language pathologists and audiologists 1995–1996*. Rockville, MD: Author.

Batalova, J., & McHugh, M. 2010. *Top languages spoken by English language learners nationally and by state.* Washington, DC: Migration Policy Institute.

Caesar, L. G., & Kohler, P. D. (2007). The state of school-based bilingual assessment: Actual practice versus recommended guidelines. *Language, Speech and Hearing Services in Schools*, *38*, 190–200. doi: 10.1044/0161-1461(2007/020)

Clark, E. (2009). *First language acquisition* (2nd ed.). New York: Cambridge University Press.

Cheng, L., Battle, D., Murdoch, B., & Martin, D. (2001). Educating speech-language pathologists for a multicultural world. *Folia Phoniatrica Et Logopaedica, 53*(3), 121-127.

Garcia, E. (2011). !Ya Basta!: Challenging restrictions on English language learners. *Dissent: Fall 2011, 58*(4), 47.

Goldstein, B. (2012). *Bilingual language development & disorders in Spanish-English speakers* (2nd ed.). Baltimore, MD: Paul H. Brooks Publishing Co.

Goldstein, B. (2000). *Resource guide on cultural and linguistic diversity*. San Diego, CA: Singular Publishing Group.

Gutiérrez-Clellen, V., Simon-Cereijido G., & Sweet, M. (2012). Predictors of second language acquisition in Latino children with specific language impairment. *American Journal of Speech-Language Pathology, 21*, 64-77.

Gutiérrez-Clellen, V., & Simon-Cereijido G. (2010). Using non-word repetition tasks for the identification of language impairment in Spanish-English-speaking children: Does the language of assessment matter? *Learning Disabilities Research & Practice, 25*(1), 48-58.

Gutiérrez-Clellen, V., Simon-Cereijido G., & Wagner, C. (2008). Bilingual children with language impairment: A comparison with monolinguals and second language learners. *Applied Psycholinguistics, 29*, 3-19. doi: 10.1017/S0142716408080016

Goral, M., & Conner, P. (2013). Language disorders in multilingual and multicultural populations. *Annual Review of Applied Linguistics, 33*, 128-161. doi: 10.1017/S026719051300010X

Hammond, C. S., Detwiler, J. S., Detwiler, J., Blood, G. W., & Qualls, C. D. (2004). Speech-language pathologists' training and confidence in serving Spanish-English bilingual children. *Journal of Communication Disorders, 37*(2), 91-108. doi: 10.1016/j.jcomdis.2003.07.002

Jordaan, H. (2008). Clinical intervention for bilingual children: An international survey. *Folia Phoniatrica Et Logopaedica, 60*(2), 97-105. doi: 10.1159/000114652

Kritikos, E. P. (2003). Speech-language pathologists' beliefs about language assessment of

    bilingual/bicultural individuals. *American Journal of Speech-Language Pathology,*

    12(1), 73-91. doi: 10.1044/1058-0360(2003/054)

Kohnert, K. (2013). *Language disorders in bilingual children and adults* (2nd ed.). San Diego,

    CA: Plural Publishing, Inc.

Leonard, L. (2000). *Children with specific language impairment (language, speech, and*

    communication). Cambridge, MA: A Bradford Book.

Lightbown, P., & Spada, M. (2006). *How languages are learned* (3rd ed.). Oxford, NY: Oxford

    University Press.

Lippi-Green, R. (2012). *English with an accent*. (2nd ed.). New York: Routledge.

Martin, D. (2011). *Language disabilities in cultural and linguistic diversity*. Tonawanda, NY:

    Multilingual Matters.

Mattes, L., & Saldaña-Illingsworth, C. (2009). *The bilingual communication assessment*

    resource. Oceanside, CA: Academic Communication Associates, Inc.

Mattes, L., & Garcia-Easterly, I. (2007). *Bilingual speech and language intervention*

    resource. Oceanside, CA: Academic Communication Associates, Inc.

Mattes, L., & Santiago, G. (1985). *Bilingual language proficiency questionnaire*. Oceanside,

    CA: Academic Communication Associates.

Menken, K. (2010). NCLB and English language learners: Challenges and consequences. *Theory*

    Into Practice, 49, 121-128. doi: 10.1080/00405841003626619

Mennen, I., & Stansfield, J. (2006). Speech and language therapy service delivery for bilingual

    children: A survey of three cities in Great Britain. *International Journal of Language &*

    Communication Disorders, 41(6), 635-652. doi: 10.1080/13682820600623911

National Council of Teachers of English. (2008). *English language learners (policy research*

    brief). Michigan: Gere, A. R.

O'Toole, C., & Hickey, T. M. (2013). Diagnosing language impairment in bilinguals:

    Professional experience and perception. *Child Language Teaching and Therapy, 29*(1),

    91-109. doi: 10.1177/0265659012459859

Ovando, C. J., & Collier, V. (2011). *Bilingual and ESL classrooms: Teaching in multicultural*

    contexts (5th ed.). New York: McGraw-Hill.

Paradis, J., Genesee, F., & Crago, M. (2011). *Dual language development and disorders* (2nd

    ed.). Baltimore, MD: Paul H. Brooks Publishing Co.

Roseberry-McKibbin, C. (2014). *Multicultural students with special language needs*

    (4th ed.). Oceanside, CA: Academic Communication Associates, Inc.

Roseberry-McKibbin, C. (2008). *Multicultural students with special language needs* (3rd ed.).

    Oceanside, CA: Academic Communication Associates, Inc.

Roseberry-McKibbin, C. (2007). *Language disorders in children: A multicultural and case*

    perspective. Upper Saddle River, NJ: Pearson.

Roseberry-McKibbin, C., Brice, A., & O'Hanlon, L. (2005). Serving English language learners in

    public school settings: A national survey. *Language, Speech, and Hearing Services in*

    Schools, 36(1), 48-61. doi: 10.1044/0161-1461(2005/005)

Roseberry-McKibbin, C., & Eicholtz, G. E. (1994). Serving children with limited English proficiency in the schools: A national survey. *Language, Speech, and Hearing Services in Schools, 25*(3), 156-164.

Saville-Troike, M. (2012). *Introducing second language acquisition* (2nd ed.). New York: Cambridge University Press.

Schumann, J. (1986). Research on acculturation model for L2 acquisition. *Journal of Multilingual and Multicultural Development, 7*, 379-397.

Simon-Cereijido, G., & Gutiérrez-Clellen, V. (2014). Bilingual education for all: Latino dual language learners with language disabilities. *International Journal of Bilingual Education and Bilingualism, 17*(2), 235-254. doi: 10.1080/13670050.2013.866630

Simon-Cereijido, G., & Gutiérrez-Clellen, V. (2007). Spontaneous language markers of Spanish language impairment. *Applied Psycholinguistics, 28*, 317-339. doi: 10.1017.S0142716407070166

Thordardottir, E. (2010). Towards evidence-based practice in language intervention for bilingual children. *Journal of Communication Disorders, 43*(6), 523-537. doi: 10.1016/j.jcomdis.2010.06.001

Threats, T. T. (2010). The complexity of social/cultural dimension in communication disorders. *Folia Phoniatrica Et Logopaedica, 62*(4), 158-165. doi: 10.1159/000314031

Young, T., & Westernoff, F. (1999). Reflections of speech-language pathologists and audiologists on practices in a multicultural, multilingual society. *Journal of Speech-Language Pathology and Audiology/Revue d'Orthophonie Et d'Audiologie, 23*(1), 24-30.

Appendix A
Initial Email Consent for School District Superintendents Approval

Dear Mr./Mrs. XXX,

      Hello! My name is Krista Caruso and I am currently a graduate student at SUNY Fredonia, in the Teaching English to Speakers of Other Languages (TESOL) program. I have a Bachelor's Degree in Speech and Hearing Sciences from the University at Buffalo as well, where I spent a significant time in my undergraduate career working alongside speech language pathologists and individuals with various communication disorders.

      I am writing this email to you in hopes that I will be able to contact the Speech Language Pathologists (SLPs) from your school district in order to continue working on my master's thesis research project. I want to survey SLPs about their attitudes and beliefs and the confidence they feel when working with English Language Learners (ELLs). After the survey, SLPs will have the chance to participate in focus group sessions wherein professional development topics are identified and then addressed in workshops. *I am respectfully requesting permission from you to survey and interview Speech Language Pathologists about their practice with regard to English Language Learners in your school district.* I would not do anything until granted full approval by SUNY Fredonia's Human Subject Review committee. . In short, I am asking now for conditional approval, pending the formal approval from SUNY Fredonia, to conduct my research study with your school personnel. As this is my first research study, I am working closely with and being supervised by Dr. Karen Lillie, my research faculty sponsor and professor at SUNY Fredonia.

      Thank you for your time and consideration. If you have any further questions, concerns, or otherwise before granting your approval for my research study, please do not hesitate to contact me at the information provided below.

Sincerely,

Krista Caruso

Krista Caruso, graduate student, SUNY Fredonia
Phone: 708-9512; email: caru0774@fredonia.edu

Appendix B
Consent from School Districts to Participate in Study

District A

Consideration for Research Study   THESIS

Krista R Caruso Dear ____ Hello! My name is Krista Caruso and I am currently a graduate..   Feb 10

____   Feb 10

to me

Krista,

Feel free to contact my staff members. Thanks.

____

District B

Re: Consideration and Consent for Research Study   THESIS

____   Mar 6

to me ____

Krista,

Per our phone conversation this afternoon, I am glad to approve your request for permission to contact our Speech Language Pathologists, with the request that they participate in your Master's thesis research project. As you indicated, participating staff members will be invited to complete a survey, used as the basis of your research, with the option of follow up focus group sessions.

I have copied this message to ____ the district coordinator of pupil services who works directly with our SLPs. ____ will serve as your point of contact, and can forward the survey at your request, or provide you with contact information for the SLPs who will participate.

Please let me know of any additional questions or ways in which we can assist with your research.

Thank you for your interest, and best wishes as you complete your Master's program!

____

____

District C

research study · ▢ THESIS × ▢ ⊟ ◰

Mar 28 ↩ ▾

to me ▢ ▾

Hallo- My name is ▮▮▮▮ and I am a Speech Pathologist at ▮▮▮▮ along with ▮▮▮▮ I received you email regarding your research project. I was wondering what exactly you needed from us regarding your project. I see you need us to fill out a survey. But I also saw that you need us to attend focus groups?? Is this mandatory for your study?

Please let me know the specifics and I look forward to hearing from you.

Thank you-

...

Krista R Caruso <caru0774@fredonia.edu>

Mar 30 ↩ ▾

to ▮▮▮▮

Hello ▮▮▮▮

Thank you for inquiring about my research study! As to answer your question regarding focus groups, they are OPTIONAL. As for the specifics of my research study, I will send a separate email with the corresponding survey link to you both that includes more information about my research study and how to become potential participants. This hopefully will answer any remaining questions that you may have. However, if there are any additional questions you may have, please do not hesitate to email me.

Sincerely,

Krista Caruso

Email for Consent to Participate in Online Survey

Hello!

      My name is Krista Caruso. I am a student at SUNY Fredonia, working toward my Master's in Education (MSEd) in Teaching English to Speakers of Other Languages (TESOL). I am inviting you to participate in an online survey, which is Phase I of my Master's Thesis Project.

      The purpose of this research study is to survey SLPs' attitudes and beliefs and the confidence they feel when working with the English Language Learner (ELL) population. The first part of my study (Phase I) consists of an online survey that is designed to gather general information about you as a Speech-Language Pathologist and your practice when working with the ELL population. This online survey availability will open MM/DD, 2014 and will close on MM/DD, 2014.

      There are no risks to participants involved in this study. This survey will be used for research purposes only. Any personal or work-related information also will be stored securely and will be deleted after completion of the study. Completion of this survey is entirely voluntary and you may withdraw at any time without penalty by simply exiting the browser. You may complete the online survey without obligation to continue participation in the rest of the study. The next phase of this research would be described to you at a later date only if you choose to participate in that portion of the study. Contact information will be provided to you at the end of the survey if you wish to contact the primary researcher to participate in Phase II of the research project.

      If you agree to participate in this brief survey, which should only take 10-20 minutes of your time, please click on the link below my signature. By clicking on the survey link, you confirm that you are at least 18 years of age, a certified speech-language pathologist working in a PreK-12 setting, and you are willing to participate in this research survey. All information collected from the survey will remain confidential. You may withdraw your participation at any time with no penalty to you.

If you prefer not to participate, you need not click on the link below. Thank you for your time!

Sincerely,

Krista Caruso

SURVEY LINK: https://www.surveymonkey.com/s/DFS8CJZ

Any questions, feel free to contact:

Krista Caruso, graduate student, SUNY Fredonia
Phone: 708-9512; email: caru0774@fredonia.edu

Dr. Karen Lillie, Assistant Professor, SUNY Fredonia
Phone: 673-4656; email: karen.lillie@fredonia.edu

<center>Appendix D
Consent to Particpate in Online Survey: Survey Monkey</center>

Speech-Language Pathologists Survey

1. Welcome to this brief, 17-item survey which should only take about 10-20 minutes of your time. This research survey is voluntary, and you may answer all, some, or none of the questions.

There are no risks to your participation in this study. You may withdraw at any time, with no penalty to you. All survey responses will be kept confidential.

If you have any further questions, you may contact me at caru0774@fredonia.edu.

By clicking 'Next' below, you are acknowledging the following:
-I certify that I am 18 years of age or older
-I agree to participate in this online survey
-I understand all information will be confidential and that I may withdraw at any time without penalty to me.

If you would not like to participate in this survey, click the exit browser button and close the browser window.

◯ Next

Next

Appendix E
Initial Survey Questions

1. How many total years have you been working as a speech-language pathologist?

____Less than 1 year ____1-3 years ____3-5 years____5-10 years____10-15 years ___20+ years

2. How many students are currently on your caseload? ____

3. How many of these students are English language learners (ELLs) who are learning English as a second or third language? _____

4. What are the three most common ethnic groups among your ELL students? (e.g., Hispanic, Asian)

       most common _____

       second most common _____

       third most common _____

5. Do you speak a language other than English with enough proficiency to conduct assessment and/or treatment in that language? ____ yes ___ no

       If you answered "yes," which language(s) do you speak?
       _____

6. Do you utilize the services of a bilingual speech language pathologist?
       ___yes ___no

7. What specific problems do you encounter most frequently in assessing and treating ELL students with communication disorders? Please indicate according to the following format:

   1 = very frequent 2 = frequent 3 = somewhat frequent 4 = somewhat infrequent 5 = infrequent

a. ___ Lack of appropriate less biased assessment instruments

b. ___ Do not speak the language of the student being assessed

c. ___ Lack of knowledge about the culture of the student being assessed

d. ___ Lack of knowledge about the nature of second language acquisition

e. ___ Lack of knowledge about the phenomenon of bilingualism

f. ___ Lack of availability of other professionals who speak the students' languages

g. ___ Difficulty distinguishing a language difference from a language disorder

h. ___ Lack of interpreters who speak the necessary languages to provide services

i. ___ Lack of knowledge of developmental norms in students' primary languages

8. Do you use an interpreter to assess ELL students with potential communication disorders?
        ____ yes ____ no

9. If you answered "yes" to #8, do you use interpreters to translate standardized tests in English into the student's primary language for testing? ___ yes ___ no

10. Do you use an interpreter to communicate with parents who do not speak English?
        ___ yes ___ no

11.   When you assess ELL students with potential communication disorders, what measures do you use?

                        ___ standardized tests administered in English

                        ___ standardized tests in the student's primary language (e.g., the CELF-3
                in Spanish)

                        ___ informal, nonstandardized measures administered in English

                        ___ informal, nonstandardized measures administered in the student's
                primary language

12.   Do you use dynamic assessment procedures when assessing ELL students?

        ____ yes ____ no

13.   Have you had any speech-language pathology coursework that addressed issues in serving bilingual students?

        ___ no   ___ yes, a whole course   ___ parts of a course (e.g., a lecture)

14.   Given the opportunity to participate in continuing education training that addressed services to ELL students with communication disorders, please rate the following items in terms of your interest level by selecting the appropriate numbers next to the categories presented:

1 = extremely interested 2 = quite interested 3 = moderately interested 4 = mildly interested 5 = not at all interested

a. First/primary language developmental norms ____

b. Cultural practices of various groups ____

c. Effects of bilingualism on language learning ____

d. Second language acquisition ____

e. Appropriate assessment procedures and materials ____

f. Treatment/therapy procedures and materials ____

g. Use of interpreters _____

h. ESL/English proficiency testing _____

i. Less biased methods and materials for distinguishing language differences from language disorders _____

15.   Please rank the following in order of importance in terms of how your field could best prepare you to carry out less biased assessment of and treatment for ELL students with communication disorders:

1 = very important 2 = important 3 = somewhat important 4 = somewhat unimportant 5 = unimportant

a. _____ more workshops/in-services offered by school districts

b. _____ more coursework at the university level

c. _____ more convention (state and national) presentations

d. _____ more journal articles in this area

16.   Thank you for your time and participation in this online survey! If you are willing to participate further in this research study (Phase II), which will include a series of interviews and focus group workshops where information will be provided to you with regard to working with the ELL population, please contact Krista Caruso via email at caru0774@fredonia.edu.

Appendix F
Consent Form for Phase II Participants (Case Study)

Thank you for participating in my online survey and indicating that you may be willing to participate in focus groups and possible information (intervention) workshops for my research study. As you may recall, my name is Krista Caruso and I am a student at SUNY Fredonia, working toward my MSEd in TESOL. I am very excited to be approaching the second phase of my research, in which I will be conducting focus groups and workshops for SLPs like you, who may work with the ELL population. I'd like to remind you that the purpose of my research study is to determine your attitudes and beliefs when working with the ELL population. I would like to get to know more about you as an SLP, your service delivery approaches and other areas of practice like cultural competence and language that is important to consider when working with the ELL population. Phase I of the study, as you already are aware, consisted of the online survey that you completed.

In Phase II of the study, I would like to conduct an initial focus group with you and your colleagues, at an agreed upon location to examine the current service delivery approaches you utilize, your cultural competence, and your background training and language implications you consider when working with ELLs. If you or your colleagues self-report any issues or concerns you have when working with the ELL population I would like to address these via intervention workshops wherein I will provide various material and information that may be helpful to your current practice. After the first workshop, I would like to hold another focus group to discuss on whether the presented information helped address the areas of concern and if it assisted with your confidence when working with ELLs. If there is still a desire for more information, I will provide another workshop. If this second workshop occurs, I would then like to close our interaction with a final focus group to see how the workshops may have affected your practice overall.

Phase II of the research study is anticipated to be a month long process. Workshops will be audiotaped for data collection purposes. The initial focus group is tentatively scheduled to begin on MM/DD, 2014 and the initial intervention to follow a week later on MM/DD, 2014 . The second focus group would be scheduled for MM/DD, 2014 and the second intervention to again follow a week later on MM/DD, 2014. The final focus group will be held on MM/DD, 2014 to assess how your participation overall in the study affected your practice confidence.

There are no risks to participants involved in this study. Information gathered during this study will not be disclosed to anyone apart from my faculty advisor, Dr. Lillie and myself. Any of your identifiable information (e.g., names, school names) will be coded and will not be revealed to ensure confidentiality. Any personal or work-related information also will be stored securely and will be destroyed or deleted after completion of the study.

I, _____, do hereby consent to participate in the second phase of this research study. I acknowledge that I am 18 years of age or older. I understand that participation is voluntary; therefore I have the right to withdraw at any time and with no penalty. I understand that all information gathered through the interviews, focus groups and interventions will be coded, securely kept, and remain confidential.

_____   _____
Signature of participant   Date
Any questions, feel free to contact:

Krista Caruso, graduate student, SUNY Fredonia
Phone: 708-9512; email: caru0774@fredonia.edu

Dr. Karen E. Lillie, Assistant Professor, SUNY Fredonia
Phone: 673-4656; email: karen.lillie@fredonia.edu

Appendix G
Semi-Structured Interview Questions for Initial Focus Group

1. Can you tell me a little bit about your practice overall with regard to ELLs? Who are the ELLs that you serve? What languages do they speak?

2. Are you familiar with theories and the process of second language acquisition, that is, how individuals are able to learn and master a second or even third language?

3. What types of training, including any previous coursework, have you had regarding working with ELLs?

4. Do you believe specific training for working with the ELL population is important or required? Why or why not?

5. What types of assessment measures do you use with ELLs? Do you utilize dynamic or alternative assessment procedures? (e.g.. spontaneous language sampling, test-teach-retest model).

6. What types of intervention strategies do you use with ELLs?

7. Do you have contact and/or work with the families of ELLs on your caseloads? How are those relationships overall?

8. What types of language resources do you utilize (e.g., translated tests, community resources)? Do you use interpreters at all?

9. What concerns, if any, do you have when working with the ELL population?