

resolved, the language may be reintroduced, as long as it is immediately associated with pleasurable experiences.

Any temporary move from bilingualism to monolingualism should not be judged the only solution needed. Such a focus is naive and dangerous. Emotional problems may require other rearrangements in the family's pattern of relationships, as discussed with a counselor or psychologist. Language delay may require advice from a speech therapist, including about family language interaction. Temporary monolingualism should only be seen as one component in a package of attempted solutions. However, it is important to reiterate that retaining a bilingual approach, in the great majority of cases will not exacerbate the problem of language delay.

### **Language Disorder**

According to Li Wei, Miller and Dodd (1997), around 5% of all children experience some form of language disorder, including: late speech development, very slow development in language competence, speaking less often and less accurately than normal, inability to produce certain sounds or remember new words, and never achieving the same language competence as peers. Bilingual children are neither more nor less likely to show problems. However, when bilinguals are inaccurate in speaking a second language (as they may be on the learning curve) or when sounds are added from one language to the other (often playful and creative), these are not language disorders.

If the child requires professional assessment and help from a psychologist or speech therapist, this professional must understand the child's bilingual background and the nature of childhood bilingualism. **Assessment** of the child must be completed in both or all languages, using tests normed on bilinguals, and avoiding comparison with monolinguals in phonology, vocabulary, syntax and fluency.

### **Further Reading**

Wei, L., Miller, N. and Dodd, B. (1997) Distinguishing communicative difference from language disorder in bilingual children. *Bilingual Family Newsletter* 14 (1), 3-4. (Clevedon: Multilingual Matters.)

## **THEME 4: LANGUAGE AND SPEECH THERAPY IN A BILINGUAL CONTEXT**

A bilingual situation adds an extra dimension to the work of language and speech therapists, since a proportion of therapy may be carried out through different languages, concurrently where feasible.

When helping young children, many language and speech therapists work with them in their first language or, in the case of children with no speech at all, in the language their parents speak to them (their potential first language). When children make progress in their first language, the work does not usually have to be repeated when the child encounters a second language at school. The language skills acquired in the first language, such as labeling objects or using verbs, transfer to the second.