# L1 Loss: Implications for Speech and Language Assessment 

# Oubli de la langue maternelle: Conséquences pour l'évaluation de la parole et du langage 

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#### Abstract

Speech-language pathologists are challenged when working with clients from culturally and linguistically diverse backgrounds. Assessment in the first language is often advocated to differentiate between communication differences typically associated with learning a second language and communication disorders. However, loss of first language skills can complicate the assessment and lead to misidentification. Factors contributing to language loss/ maintenance are discussed and summarized in a chart for consideration in clinical practice.


#### Abstract

Abrégé Les orthophonistes se heurtent à un problème lorsqu'ils doivent travailler avec des clients d'une autre origine culturelle et linguistique. On préconise souvent une évaluation dans la langue maternelle afin de distinguer les problèmes de communication associés à l'apprentissage d'une langue seconde des problèmes résultant d'un trouble de la communication. L'oubli de la langue maternelle peut cependant compliquer l'évaluation et entrainer une erreur d'identification. L'article parle des facteurs qui concourent à l'oubli ou à la conservation de la langue et sont présentés sous forme de tableau afin d'en faciliter l'utilisation dans la pratique clinique.


North America is becoming increasingly culturally and linguistically diverse, a trend that is likely to continue (Johnson, Pugach, \& Devlin, 1990; Schiff-Myers, 1992). This variance in the general population will be reflected in the case loads of speech-language pathologists (ASHA, 1984; Mattes \& Omark, 1984; Shulman, 1988; Thayer, 1988, Westby \& Erickson, 1992). It is anticipated that one-third of the clients seen by Canadian and American speech-language pathologists and audiologists in schools will be children from Black, Hispanic, Asian, and Native North American backgrounds (Crago \& Cole, 1991). The assessment and diagnosis of communication disorders in learners of English as a second language (ESL) is one of the most challenging issues facing speech-language pathologists today (Garcia, 1981; Harris, 1985; Mattes \& Omark, 1984; Thayer, 1988).

Speech-language pathologists working with children learning English as a second language try to differentiate between communication differences typically associated with learning a second language, and communication disorders (Adler, 1981; Damico, 1991; Kayser, 1989; Mattes \& Omark, 1984; Ortiz, 1990a). Research supporting the interdependence principle proposed by Cummins (1980, 1989) demonstrates that languages have different surface structures (e.g., pronunciation, vocabulary) supported by a common underlying language proficiency. As such. a child with a communication disorder will present with language difficulties in the first language (L1) (Juarez, 1983; Mattes \& Omark, 1984; Ortiz, 1990a). Accordingly, evaluation of the child's comprehension and expressive skills in the first language is usually required for diagnosis of a communication disorder.

Numerous authorities advocate that speech and language assessments be provided in the L1 (Health \& Welfare Canada, 1982; Langdon, 1983; Ortiz, 1990a; William, 1984). This is presumably to ensure non-biased assessment practices, and is implicitly based on the assumption that the learner has been in an additive bilingual context. Additive bilingualism is a situation whereby the second language (L2) is learned without consequences to the L1 (Hakuta 1986b; Cummins 1989). Unfortunately, this is not true for many learners of English as a second language.

For many second language learners, the L1 may be replaced by the dominant L2, a phenomenon known as subtractive bilingualism, which can result in weakened language skills (Cummins. 1984). This situation was exemplified in my clinical experience when the following explanation was provided by an 8 -year-old student who was asked to name the language he used the most at home: "English. I use English. Because, once I went to this school, and I used to know that, that other language, and then the other school said, 'We don't understand him. You have to
learn him English.' Then when they learn me English, I got confused in both of them, then I start learning English."

That first language skills may cease developing (SchiffMyers, 1992), or that a speaker may actually lose skills in the first language (Kayser, 1993; Mattes \& Omark, 1984; Schiff-Myers, 1992; Westernoff, 1991) has been recognized, albeit not widely, and has certainly not been sufficiently researched (Fillmore, 1991; Pan \& Gleason, 1986). This is most unfortunate, as L1 loss can have significant social, emotional, cognitive, educational, and familial consequences (Fillmore, 1991). In addition, language loss may contribute to the misidentification of communication disorders. A child who has lost skills in the native language may exhibit linguistic difficulties similar to those of a developmental language disorder (Kayser, 1993; Ortiz, 1990b; SchiffMyers, 1992). Assessment of Ll skills must include consideration that reduced abilities may reflect language loss and not a language disorder.

The reliability of Ll assessment results is debatable and the feasibility of conducting such an assessment is also questionable when language loss is suspected. Speechlanguage pathologists should consider issues which affect the maintenance and loss of Ll skills to determine the usefulness of completing an LI assessment. To date, these issues have been discussed in the literature on linguistics, bilingual education and second language learning, but have not been applied to the area of communication disorders (Schiff-Myers, 1992). In my experience, these issues include the combined effects of attitudinal, linguistic, and experiential factors that affect the learner directly, or indirectly, through the family, community, and government (Westernoff, 1990). In this article, I have tried to compile these factors and to discuss their possible implications for speechlanguage pathology practices with the hopes of facilitating consideration of arrested language development and/or language loss in speech and language assessments. For an indepth understanding of these factors, readers are encouraged to review the articles cited.

## Factors Affecting the Learner

Motivation. Literature on second language learning often cites the importance of motivation in learning a new language and becoming part of the new culture. Generally stated, students who are motivated to learn the L2 are better able to do so than less motivated companions (Cummins, 1993; Krashen, 1991). In doing so, some students may reject or develop ambivalent feelings about the LI (Cummins, 1980; Fillmore, 1991), and subsequently are considered to be at risk for arrest or deterioration of Ll skills (Mercer, 1983). Interviews with the student and/or parents about language
use can often uncover feelings about the L1 and L2. In my clinical experience, some students have indicated a preference for English over L. , even speaking in a derogatory manner about their native language and culture.

Valorization. Intrinsically connected to the issue of motivation is whether or not the L 1 is valued by the learner. Certain languages and dialects have more prestige, such as the language of the dominant country. For example, "standard" English is judged to be superior to that of other dialects (Adgar, Wolfram, \& Detwyler, 1993). It has also been suggested that literacy in a language may affect the perceived prestige of that language, raising it above languages of which the child has only oral command (Pan \& Gleason, 1986). There appears to be a greater likelihood of language retention if the L1 is greatly valued and if its use is encouraged. L1 loss can occur when the language is not valued by the learner, even when it is reported to be the primary language of the home. This can also result when only the use of L2 is highly promoted in the home (SchiffMyers, 1992).

Prior Skills in LI. Children who have weakly developed Ll skills prior to the immersion in the dominant language are at risk for loss of the LI (Hamayan \& Damico, 1991). Children who arrive in Canada at an older age seem better able to maintain and/or continue to develop LI skills than those who arrive at younger ages, presumably because older children arrive with better established Ll skills (Chan, 1989).

Questioning parents about the child's early language development prior to introduction to English will be important. Inviting them to judge whether the student's language acquisition was faster, slower or equal to that of other children, as well as inquiring as to Ll literacy skills, may be helpful. Unfortunately, parents may not be able to answer specific questions, as they may have been preoccupied with providing for the child's basic needs or may not have been the primary caregiver (Westernoff, 1991).

## Factors in the Family

Language of the home. Communication in L1 at home can help promote Ll maintenance (Chan, 1989). This includes the use of literature, songs (Cummins \& Danesi, 1990), and exposure to television, videos, and radio in LI (Chan, 1989; Escamilla \& Medina, 1993). Parents who are ashamed of their cultural background or Ll skills may contribute to L 1 loss in two ways. Firstly, they may inadvertently convey negative attitudes to their children, and secondly, they may provide less Ll stimulation (Cummins, 1980). In addition, young children trying to gain acceptance into the mainstream
culture through the acquisition of English may try to use their developing skills in the home. Their efforts may serve to change the language of the home to English, even if the child and parents have limited skills in that language (Fillmore, 1991).

Speech-language pathologists should gather information regarding the primary language of the home through case histories. It is important to find out which family members speak which languages to the student, as well as the language used in response (Schiff-Myers, 1992), frequency of L1 use, and any changes in the primary language of the home over time. The availability and use of media in the LI should also be considered.

Generational Pattern. The child's position in the linguistic generational pattern should be considered. There appears to be a gradual shift of L 1 monolingualism in the first generation to L2 monolingualism in the third generation (Chan, 1989). The second generation tends to make passive use of the L1 (Schiff-Myers, 1992). Parents are often able to confirm suspicions of language loss, but seem unable to recognize its encroachment until it is too late (Fillmore, 1991).

Immigration plans. Immigrants and refugees leave their homeland for different reasons and with different degrees of preparation for integration in the host country. Voluntary immigrants may be better prepared psychologically and linguistically. Refugees forced to leave suddenly may be less prepared, and may experience significant culture shock, resulting in initially low levels of assimilation into the new country (Cheng, 1993). Consequently, Ll skills should not have had sufficient opportunity for deterioration. People who emigrate due to oppression in the home country seem to maintain L1 to a greater extent than those who emigrate to improve their financial situation (Chan, 1989). Speechlanguage pathologists should therefore find out the immigration status of the student and any preparation the family made for the move to the host country. Frequent contact with the homeland and the possible return to the country should also be noted, as these factors may result in greater motivation to retain L1 (Schiff-Myers, 1992).

## Factors in the Community

Valorization of $L 1 . \mathrm{L} 1$ is more likely to be maintained when it is valued by the community (Chan, 1989). Racist and discriminatory practices within the community can lead to negative feelings regarding L 1 , thereby contributing to L 1 loss (Schiff-Myers, 1992). Fillmore (1991) notes that language loss does not occur everywhere in the world, but that it does exist in societies like the United States and Canada, where powerful sources encourage speedy assimi-
lation. Campbeil and Lindholm (1987) suggest that society does little to help second language learners conserve and develop their first language skills, and that the community encourages the loss of Ll in order to obtain membership in the majority group. Examining the community in which the student resides may provide some indication as to the value that the community places on the L1. If the student lives in an area where there is not a large number of Ll speakers, there might be a greater influence to replace L1 with L2 (Glazer \& Cummins, 1985).

Opportunities to use L1. Children who do not have opportunities to use Ll for functional communication may lose Ll skills (Pan \& Gleason, 1986; Ortiz, 1990b; SchiffMyers, 1992). There appears to be a greater chance of L1 retention when that language can be used functionally in the community (Hakuta, 1986a). Speech-language pathologists might consider the availability of neighbourhood shopping, religious, and social opportunities in the child's Ll and, through parent interviews, confirm whether or not the student partakes of these opportunities.

## Factors in the Government

Policies. Government policies which unintentionally allow for discriminatory practices can lead second language learners to view their Ll and culture negatively, contributing to the potential of L1 loss. The removal of Native students from their families so they could attend residential schools is a case in point (Cummins \& Danesi, 1990). Awareness of governmental policies and procedures may be helpful. Speech-language pathologists could also become aware of anti-racism mandates which would impact on students.

Education. Historically, the education system has discouraged maintenance of Ll skills due to the erroneous belief that bilingualism resulted in academic difficulties (Cummins, 1978). In extreme cases, students were physically punished for using their native language (Cummins, 1978. 1989). Ironically, the very system which contributes to L1 loss also provides foreign language instruction with the hopes of graduating proficient speakers (Campbell \& Lindholm, 1987; Pan \& Gleason, 1986). Today, classes for learners of English as a second language have been established to help students learn the dominant language. Some such programs try to promote quick assimilation into the mainstream culture, which may contribute to Ll loss (Cummins, 1978; Fillmore, 1991). In my clinical experience, many ESL classes run parallel programs to that of the regular classroom. A more realistic approach may be to coordinate efforts so that the ESL class prepares the students for the work about to be taught in the regular class, and then reviews its acquisition.

## L1 Loss: Implications for Speech and Language Assessment

Schools which promote Ll contribute to an additive bilingual situation and Ll maintenance (Cummins, 1978) in two ways. Firstly, they demonstrate respect and appreciation for cultural and linguistic diversity. Secondly, they incorporate opportunities to use LI. Examples of how this can be achieved include using multicultural pictures and various languages in written communications (e.g., newsletters), providing books in different languages, encouraging parents to use L1 (Cummins, 1991), using different languages on signs, encouraging students to share stories in other languages (Freeman \& Freeman, 1993), and hiring of teachers and administrators from diverse backgrounds (Hakuta, 1986b). Despite all efforts at the school level, Cummins (1978) and Edwards (1988) remind us that commitment to Ll maintenance can be futile if the community does not share this value. Therefore, the speech-language pathologist will need to consider this factor in close connection with factors affecting the community.

Heritage Language Programs can play a role in L1 maintenance or loss. Chan (1989) reports that most programs do not appear to be successful in facilitating LI maintenance due to inadequate funding, lack of facilities, poor student motivation, and lack of teacher training. However, she also notes that if the programs are enjoyable and interesting, they may promote Ll maintenance. I have found it useful to determine the focus of such programs prior to consideration of their effects on L1, as they can be quite diverse. For instance, some programs focus on religious teaching, cultural exposure, L1 instruction, or literacy skills.

## Conclusion

Trying to determine the extent of L1 loss or maintenance is a difficult task. Nevertheless, speech-language pathologists must consider issues which may have affected Ll skills in order to ascertain if an Ll assessment would be feasible and reliable. Speech-language pathologists should consider the combined effects of several factors rather than relying on one in isolation. Factors to consider have been discussed, although this is not an exhaustive or conclusive repertoire. There is a great need for much research in this area. To assist speech-language pathologists in practice, the factors discussed above have been compiled into a checklist (see Appendix).

Speech-language pathologists can serve as advocates for students learning English as a second language. It is now known that being bilingual has many benefits for the student, including metalinguistic, academic, and intellectual advantages (Cummins, 1978, 1989). It is also recognized that strong L1 skills can facilitate learning of L2 (Cummins, 1978, 1989; Hakuta, 1986b), and that skills transfer from Ll
to L2 (Cummins, 1980, 1989; Hakuta, 1986b; Royer \& Carlo, 1991). Wolfram (1993) believes that clinicians can help mainstream educators to consider research results rather than operate on erroneous assumptions of L2 learning, and indicate to them the reasons why language differences do not constitute language disorders. Speech-language pathologists can also promote factors contributing to an additive bilingual context which may have implications for preventative purposes.

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## References

Adgar, C. T., Wolfram, W., \& Detwyler, J. (1993). Language differences: A new approach for special educators. Teaching Exceptional Children, 26(1), 44-47.
Adler, S. (1981). Testing: Considerations in cultural differences. Seminars in Speech, Language and Hearing, 2(2), 77-90.
American Speech-Language and Hearing Association. (1984). Clinical management of communicatively handicapped minority populations. ASHA, 6(3), 55-57.
Campbell, R. N., \& Lindholm, K. J. (1987). Conservation of language resources. (Report No.FL 016 965). Washington, DC: Office of Educational Research and Improvement (ED). (ERIC Document Reproduction Service No. ED 287 309).
Cheng, L. L. (1993). Asian-American culture. In D. E. Battle (Ed.), Communication disorders in multicultural populations (pp.38-77). Boston: Andover Medical Publishers.
Crago, M. B., \& Cole, E. (1991). Using ethnography to bring children's communicative and cultural worlds into focus. In T. M. Gallagher (Ed.), Pragmatics of language: Clinical practice issues. San Diego: Singular Publishing Group.
Cummins, J. (1978). Educational implications of mother tongue maintenance in minority-language groups. The Canadian Modern Language Review, 34(3), 395-416.
Cummins, J. (1980). The entry and exit fallacy in bilingual education. The Journal of The National Association for Bilingual Education, $I V(3), 25-59$.
Cummins, J. (1984). Bilingualism and special education: Issues in assessment and pedagogy. England: Multilingual Matters Ltd.

Cummins, J. (1989). Language and literacy acquisition in bilingual contexts. Journal of Multilingual and Multicultural Development, 10(1), 17-31.
Cummins, J. (1991). Empowering culturally and linguistically diverse students with learning problems. (Report No. \#E500). Reston, VA: Clearinghouse on Handicapped and Gifted Children, The Council for Exceptional Children. (ERIC Document Reproduction Service No. EDO-EC-91-5).
Cummins, J. (1993, May) Accelerating Second Language Literacy Development. Presentation sponsored by The Education Centre, Toronto, Ontario.
Cummins, J., \& Danesi, M. (1990). Heritage languages: The development and denial of Canada's linguistic resources. Toronto: Our Schools/Our Selves.
Damico, J. S. (1991). Descriptive assessment of communicative ability in limited English proficient students. In E. V. Hamayan \& J. S. Damico (Eds.), Limiting bias in the assessment of bilingual students (pp.157-217). Austin: Pro-Ed.
Edwards, J. (1988). Bilingualism, education and identity. Journal of Multilingual and Multicultural Development, 9(1\&2), 203-210.
Escamilla, K., \& Medina, M. Jr. (1993) English and Spanish acquisition by limited-language proficient Mexican Americans in a three-year maintenance bilingual program. Hispanic Journal of Behavioral Sciences, 15(1), 108-120.
Fillmore, L. W. (1991). When learning a second language means losing the first. Early Childhood Research Quarterly, 6(3), 323-346.
Freeman, D. E., \& Freeman, Y. S. (1993). Strategies for promoting the primary languages of all students. The Reading Teacher, 46(7), 552.558.

Garcia, E. E. (1981). Bilingual development and the assessment of language impairment. (Report No. EC 133-334). Arizona: Arizona State University. (ERIC Document Reproduction Service No. ED 203 649).
Glazer, N., \& Cummins, J. (1985). Viewpoints on bilingual education [Forum]. Equity and Choice, 2(1), 47-52.
Hakuta, K. (1986a). Mirror of Language: The Debate on Bilingualism. New York: Basic Books.
Hakuta. K. (1986b). What research evidence says about bilingual education. (Report No. FL 015 749). Chicago Il: Paper presented at the Annual Meeting of the National Association for Bilingual Education. (ERIC Document Reproduction Service No. ED 270 986).
Hamayan, E. V., \& Damico, J. S. (1991). Developing and using a second language. In E. V. Hamayan \& J. S. Damico (Eds.), Limiting bias in the assessment of bilingual students (pp.40-75). Austin: Pro-Ed.
Harris, G. A. (1985). Considerations in assessing English language performance of Native American children. Topics in Language Disorders, 5(4), 42-54.
Health and Welfare Canada. (1982). Guidelines for the practice of language speech pathology and audiology. (Report of an Expert Group convened by the Health Services Directorate and Health Services and Promotion Branch). Ottawa: Published by the authority of the Minister of National Health and Welfare.
Johnson, L. J., Pugach, M. C., \& Devlin, S. (1990). Professional collaboration. Teaching Exceptional Children, 22(2), 9-11.

Juarez, M. (1983). Assessment of minority language handicapped children: The role of the monolingual speech-language pathologist. Topics in Language Disorders: Nonbiased Assessment of Language Disorders, 3(3). 57-66.
Kayser, H. (1989). Speech and language assessment of SpanishEnglish speaking children. Language, Speech, and Hearing Services in Schools, 20, 226-244.
Kayser, H. (1993). Hispanic cultures. In D. E. Battle (Ed.). Communication Disorders in Multicultural Populations (pp.114-157). Boston: Andover Medical Publishers.
Krashen, S. (1991, December). Effective Second Language Acquisition. Presentation sponsored by The Education Centre. Toronto, Ontario.
Langdon, H. W. (1983). Assessment and intervention strategies for the bilingual language-disordered student. Exceptional Children. 50 (1), 37-46.

Mattes, L. J., \& Omark. D. R. (1984). Speech and language assessment for the bilingual handicapped. San Diego: College-Hill Press.
Ortiz, A. A. (1990a, October). Assessment and Intervention for the Bilingual Exceptional Student. Paper presented at the Council for Exceptional Children: Symposium on Culturally Diverse Exceptional Children, Albuquerque, NM.
Ortiz, A. A. (1990b, October). Introduction to Language Acquisition and Language Differences. Paper presented at the Council for Exceptional Children: Symposium on Culturally Diverse Exceptional Children, Albuquerque, NM.
Pan, B. A., \& Gleason, J. B. (1986). The study of language loss: Models and hypotheses for an emerging discipline. Applied Psycholinguistics, 7(3), 193-206.
Royer, J. M., \& Carlo, M. S. (1991). Transfer of comprehension skills from native to second language. Journal of Reading, 34(6), 450-455.
Schiff-Myers, N. B. (1992). Considering arrested language development and language loss in the assessment of second language learners. Language, Speech and Hearing Services in Schools, 23(1), 28-33.
Shulman, E. L. (1988). Speech and language of the limited English proficient (LEP) child. Seminars in Speech and Language Variations in School Programs, 9(4), 383-397.
Thayer, J. T. (1988). Assessing the communicatively handicapped minority preschooler. Seminars in Speech and Language, 9(1), 55-62. Westby, C., \& Erickson, J. (1992). Topics in Language Disorders: Changing Paradigms in Language-Learning Disabilities. The Role of Ethnography, 12(3), v-viii.
Westernoff, F. (1990). Issues in language maintenance/loss. Unpublished manuscript, Ontario Institute for Studies in Education, Toronto.
Westernoff, F. (1991). The assessment of communication disorders in second language learners. Journal of Speech-Language Pathology and Audiology, 15(4), 73-79.
Wolfram, W. (1993). Research to practice: A proactive role for speech-language pathologists in sociolinguistic education. Language, Speech, and Hearing Services in Schools, 24, 181-185.

## APPENDIX

## CHECKLIST OF FACTORS CONTRIBUTING TO LI MAINTENANCE/LOSS

|  | POSSIBLE EFFECTS: |  |  |
| :---: | :---: | :---: | :---: |
| Factors affecting the learner: <br> 1. Motivation - | Maintenance | loss | unknown |
| 2. Valorization - |  |  |  |
| 3. Skills in LI - |  |  |  |
| Factors in the family: <br> 1. Language of the Home - |  |  |  |
| 2. Generational Pattern - |  |  |  |
| 3. Immigration Plans - |  |  |  |
| Factors in the community: <br> 1. Valorization of L. |  |  |  |
| 2. Opportunities to Use L1- |  |  |  |
| Factors in the government: <br> 1. Policies - |  |  |  |
| 2. Education - |  |  |  |
| Other: 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| Total: |  |  |  |

## Evaluation:

Factors suggest that L.1 skills may have been (a) arrested/deteriorated, or (b) maintained. Explain:
LI assessment (a) is feasible, or (b) is not feasible, because:

