Vocabulary Development with Culturally and Linguistically Diverse Children.

Catherine J. Crowley, MA CCC-SLP, JD
Teachers College, Columbia University

Donna M. Valenti, Ph.D.
New York City Board of Education

Vocabulary development with a culturally and linguistically diverse (CLD) child is essentially the same as with any other child. The ultimate goal for all children is to support them to reach their highest academic potential in school. For the school-age child, the vocabulary development must support the current academic demands. For the preschool child, the vocabulary development is guided by those concepts the child needs to master to prepare for the demands of kindergarten and beyond.

There are some issues that significantly influence which particular words the child knows, what s/he knows about the word, and where and when the child will best demonstrate that knowledge. When working with CLD children, an understanding of these issues will shape both assessment and intervention approaches and increase their effectiveness. This article will focus on those issues.

Sociolinguistic Considerations

There are many reasons why CLD children may have, or appear to have, depressed vocabulary skills. They simply may have a language delay/disorder resulting in lower vocabulary. Other children may come from homes rich in words and word meanings, but these words might not be consistent with the vocabulary terms and concepts needed at school. Still others may experience language attrition whereby they lose skills developed in L1 before fully developing the age- and grade-appropriate skills in English. (Kohnert and Bates, 2002). Typically developing children may be incorrectly identified as having depressed vocabulary skills due to cultural or linguistic biases in assessment tools.

Vocabulary development is dependent on a child's experience--which is primarily shaped by culture. The vocabulary of a language is an inventory of the items a culture talks about and has categorized to make sense of the world (Romaine, 1994). To understand the vocabulary development of any child, one needs to understand how social factors, such as socioeconomic class, education, ethnicity, and culture, may affect the language and vocabulary development of the child (Saville-Troike, 1996)

Until relatively recently the literature, assessment tools, and research studies in our field have focused on the impact of these sociolinguistic factors for children from one cultural group in this county--that is children from mainstream American middle-class, school-oriented cultures (Heath, 1983). To identify and address the needs of a CLD child, the same focus must be applied to that child's cultural and linguistic group (Taylor, 1986,
Wolfram, Adger and Christian, 1999). Without these considerations, we will continue to over-refer CLD children for speech-language services (IDEA, 1997).

*Which words are learned and when*

Probably the most obvious example of the impact of sociolinguistics on vocabulary development is identifying which words the child hears more frequently. Cultural experience dictates exposure, and vocabulary development is dependent on that exposure (Saville-Troike, 1996). For example, children raised in rural areas may not be as familiar with words associated with subway systems. For urban children, a test item of a tractor might be more challenging simply because they do not hear the word often and are less likely to have hands-on experience with tractors.

While the two preceding examples are rather obvious, sometimes the frequency of word exposure is not so apparent. One study comparing the frequency of lexical occurrences between lower class children in Missouri and middle-class children in New England found significant differences in the number of times particular words used by these four-, five- and six-year olds. The reason certain words were used more frequently was not immediately obvious. Examples of those words with significant differences in frequency of exposure were *apron, party,* and *whip.* (Sherk, 1973, described in Saville-Troike, 1996). This study underscores how differences in regional and ethnic experiences can lead to differences in vocabulary development that are neither intuitive nor predictable.

In addition to frequency of exposure, the cultural weight or value given to particular concepts shapes a child's vocabulary. For example, children are generally not expected to learn the cardinal points, *north, south, east,* and *west,* until late elementary school in the United States. Yet, in Navajo society, because of their importance to the beliefs and practices of the community, Navajo children master these terms and concepts before they come to kindergarten (Saville-Troike, 1996). An example from mainstream American middle-class school-oriented culture is the caterpillar. The caterpillar has a special cultural significance in its ability to transform into a butterfly. This cultural significance may have been present before the Eric Carle book, *The Very Hungry Caterpillar,* but this popular book continues to reinforce the significance of the caterpillar. In other cultures where this transformation has less cultural resonance, the caterpillar is just another bug.

Social class also has a significant influence on language exposure. One factor that appears to influence the number and type of words that the child is exposed to is the child's family's social class (Hart and Risley, 1995). In research, the mother's educational level continues to be one of the highest predictors of her children's academic success in school (See, e.g., Catts, et al, 2001). Yet, while a child may have depressed vocabulary skills due to lack of exposure to the terms and concepts he/she might hear from a parent with a college education, this does not mean that the child has a disorder requiring the skills of a speech-language pathologist. That distinction can be subtle, but it is a critical distinction that speech-language pathologists must make in order to determine whether a child has a language disorder or a language difference (See, Stockman, 2000, discussing Washington and Craig, 1999).
One additional consideration in the vocabulary development of CLD children is that their knowledge in both languages should be considered as a whole. A bilingual person is not the same as two monolinguals put together (Grosjean, 1989). Indeed, most bilinguals acquire each language in different contexts resulting in some complementary knowledge across the two languages (Patterson, 1998). Patterson recommends assessing vocabulary skills by combining the child's vocabulary skills in both languages because the child's lexical knowledge is distributed across two languages (Patterson, 1998).

How cultures use language
Cultures reflect different approaches to life, which are represented in the language use of the people of that culture. These differences are then reflected in the way words are used and ideas expressed. For purposes of this article, several such differences are discussed which impact vocabulary development in children.

Mainstream American middle-class school-oriented cultures tend to focus on discrete parts. Consequently, there is a great deal of focus on identifying those parts. This is evident in the emphasis on the identification of colors, body parts, part-whole relationships, and spatial relationships at the preschool level (Heath, 1982). In contrast to that discrete focus, Heath described how children in an African American mill town in the rural south made “connections between situations or items not by specification of labels and features in situations, but by configuration links.” (Heath, 1982, p. 69). These links were relational and associative patterns seen in one situation and connected to another. Yet, without a cultural focus on discrete parts, when the child gets to school, s/he may have difficulty doing that kind of analysis and may lack the vocabulary resulting from that analysis.

Related to the issue of discrete parts is whether there is a cultural focus on labeling objects. In mainstream American middle-class school-oriented cultures, labeling is part of parenting. Children are presented with books at an early age and much focus is on identifying objects in the pictures (Heath, 1982). Children engage in a question-answer routine where the parent asks a "what" question and already knows the answer (Heath, 1983). Other cultures do not have that same focus on identifying objects by labeling them. Peña and Quinn (1997) described studies that focus on the interactions of certain Puerto Rican and Mexican-American mothers with their children. In these studies, the mothers tended to use directives and focused on object function rather than labeling of objects (Peña and Quinn, 1997, describing Quinn, 1992; Gutierrez-Clellen and Iglesias, 1989; Laosa, 1982; Heath, 1982). With less cultural focus on labeling, children may not develop that skill and may lack the terms and concepts that would develop from that focus.

Language socialization applied to vocabulary assessment
The impact of these language socialization patterns on a child's performance can be significant. Peña and Quinn (1997) looked at a group of African-American and Puerto Rican children in a Head Start program. Some of the children had typically developing language skills and the others had disordered skills. The children were given one of our most commonly used vocabulary tests--a test that assesses expressive vocabulary skills
through labeling of picture stimuli. That test did not differentiate the typically developing children from the language-impaired children. The children were then given a different test that required that the children describe objects and their functions. The response requirements of the second test matched the language demands of the children's homes more consistently. As a result, the second test more successfully discriminated between the typically developing children and the children with disordered language (Peña and Quinn, 1997).

Finding assessment tools for vocabulary skills that meet basic psychometric standards is a difficult task even for children from mainstream American middle-class school-oriented cultures (McCauley and Swisher, 1984; Vance and Plante, 1994). With CLD children, the psychometric problems are intensified. These additional problems include inapplicable norming samples and the usual focus on one dialect and/or one cultural group. As a result, several alternative means of assessment have been suggested.

One alternative assessment tool is dynamic assessment. Peña has demonstrated the usefulness of dynamic assessment with Latin American bilingual (Spanish/English) speakers (See, e.g., Lidz and Peña, 1996). Peña’s work has focused on the ability of dynamic assessment to distinguish among CLD children who all presented with depressed skills on vocabulary tests which were based on word labeling. The mediated learning strategies revealed the children's learning potential, or "modifiability", which distinguished the those with language disorders from those with typically developing language (See, Gutierrez-Clellen and Peña, 2001).

Another approach is to consider child’s semantic knowledge when determining whether the child has a disorder or a difference. For example, one 11 year old, who was a recent immigrant from Mexico, did not know the label “zodiac”, for one of the items on a vocabulary test. But, he did say that it was about “your sign” and “tells you about your luck.” In another example, a 19-year-old Spanish/English Puerto Rican bilingual was presented with the picture of a gondola. Because she did not know the word “gondola” she initially said that she did not know what it was. (It is likely that after having weathered many such vocabulary tests she had learned that all that counted was the label itself.) With some significant encouragement, she described the gondola as “a boat for boyfriends and girlfriends.” When asked if she knew where the boat was from she said, “France?” Although she did not know the label or that the boat was from Venice, the girl did show significant knowledge about that boat--especially for a girl from a low socioeconomic community. In both cases these responses would have been wrong on a picture-labeling vocabulary test. By probing further, however, the students revealed significant semantic knowledge about those words which otherwise would have not been evident.

Peña (2001) suggested two other alternatives tools for assessing semantic knowledge, -- the use of feedback and clinical interviewing (Peña, 2001). Feedback is used to probe whether the child's incorrect responses are due to lack of understanding of the testing situation or exposure to the task demanded in the test. The evaluator provides feedback on each item such as "oh, you told me what it does, can you think of a special name for
Through this process, the child may learn the task and provide the single-word responses sought or, similar to the method described in the proceeding paragraph, the child may demonstrate the breadth of his/her semantic knowledge. In the clinical interview, questioning is used to help the child verbalize about what they are doing and how to solve a problem--the idea is to probe a child's reasoning. This clinical interviewing process can show whether the child has developmentally appropriate strategies to learn new terms and concepts.

**Intervention strategies with CLD children**

The use of alternate assessment approaches increases the likelihood of accurately differentiating between a language disorder and a language difference. Once a CLD child has been correctly identified as having vocabulary deficits related to a language disorder, the speech language pathologist can begin therapy.

When planning the intervention methodology and goals, the development of the language socialization patterns of mainstream American middle class school-oriented cultures can be included. These cultural patterns prepare those children for many tasks in school including “Show and Tell,” oral book reports, learning to read, class participation (Heath, 1982), and vocabulary-based items on achievement tests. In fact, a CLD child with a language disorder may need the support of a speech language pathologist to identify those skills, whereas a typically developing CLD child much more likely to learn these skills over time through exposure in the classroom.

**Teach vocabulary through context using multiple exposures**

When teaching any new content that is cognitively-demanding, children learn best when the information is context-embedded (Cummins, 1989). So in school the CLD child will benefit from context-embedded learning, preferably through hands-on learning. For example, if a student is learning about electricity in science, the speech language pathologist might work with the science teacher to develop experiments done with the student, perhaps in the classroom. The speech language pathologist can help the child learn strategies to identify and acquire the terms and concepts of the experiment.

One difference between vocabulary development for a CLD child is the amount of exposure that child needs to learn new words. If Standard American English is the language of instruction in school, the CLD child may have only been exposed to the vocabulary word in the one context, that is in the classroom. Even though the child from a mainstream American middle-class school-oriented culture with a language disorder may not know the particular vocabulary word, s/he may have heard that word in one context or another many times already. If the CLD child with a language disorder comes from a sociolinguistic environment where little academic vocabulary is used with children, s/he may have never heard the word in his home language or dialect either. For all these reasons, one of the most critical tenets of vocabulary development with language disordered CLD children is to provide repeated exposure to that word, and its semantic meaning, in various contexts again and again.
Related to the lack of prior exposure to the word is the provision of multiple exposures to the syntactic meaning of a word. Merely exposing the child to the semantic meaning and the label for the object does not provide the child with the needed exposure to how that word can be used in the language. So, if the child is being exposed to the word "house", the speech language pathologist engages the child to activate his/her knowledge base about "house." The speech-language pathologist may provide multiple context-embedded exposures to the syntactic meaning of the word such as, "That is a house", "The house is full", "There is the red house", "The boy gave the house to the girl", and "The door to the house is open."

Incorporate and build on the child's experiences
To be effective and to maintain the child's interest in the process, intervention aimed at developing vocabulary skills will incorporate and build upon the child's own experiences.

Certain types of vocabulary development methods are more conducive to bringing the child's experiences into the intervention process. One example is the use of graphic organizers such as the semantic web. Here, the speech language pathologist puts a word from the curriculum in a center circle, and the students brainstorm saying what they know about that word. The Instructional Conversations method creates opportunities for students to engage in thoughtful, discussions about ideas, texts and concepts. Fewer known-answer questions are used, with questions more open-ended and high-order questions, with no one correct answer. (Echevarria, 1995). In this way, the students deepen their semantic knowledge of the words and their connection to the curriculum texts.

Nelson (1998) provides a strategy that incorporates the child's experiences when learning new vocabulary. This strategy involves seeing if the student recognizes any part of the word; looking at the sentence to try to figure the word out from context; reading the sentence again and try to put another word into the spot where the new word is; asking someone if they have heard of the word; checking in the back of the book to see if it tells you what the word means; and, as a last resort, looking it up in the dictionary (Nelson, 1998). This strategy relies upon the student's prior experiences, including any information a bilingual student might know from his/her non-English language.

Through metalinguistic awareness a CLD child can use knowledge of the vocabulary of one language or dialect to infer meaning in the other language or dialect. But a CLD child with a language disorder may not have this metalinguistic understanding. The speech language pathologist can incorporate metalinguistic awareness into the child's goals as a strategy for vocabulary development.

Adopt an additive approach:
As a final word, children are better served by speech-language pathologists who advocate an additive model as to dialect, language and culture. This model recognizes that learning to function in the dominant culture and dialect is a positive benefit for the child, as is maintaining the ability to function in the cultures of the child's home and community. In
this way, the children can use the tools and strategies learned with their speech language
pathologist to acquire new vocabulary in all their linguistic environments.

References:


