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Language abilities in monolingual- and bilingual- exposed children with autism or other developmental disorders



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ABSTRACT

Background: Parents and providers are sometimes concerned that exposure to two languages will impair language acquisition in children with autism spectrum disorder (ASD) or other developmental disorders (DD). However, research to date suggests that language milestones and abilities are unaffected by this exposure. The current study explored language abilities in toddlers with ASD or DD exposed to one versus multiple languages, prior to intervention. To our knowledge, this is the largest investigation of language learning in bilingual-exposed (BE) children with ASD. **Methods:** Participants were 388 children evaluated as part of a larger study on the early detection of ASD. Parents were asked to list all languages that primary caretakers use to communicate with their child. One hundred six BE children (57 ASD, 49 DD) were compared to 282 monolingual-exposed (ME) children (176 ASD, 106 DD). The Mullen Scales of Early Learning assessed nonverbal and verbal abilities. Multiple regression was used to evaluate the relationship of BE to language abilities, beyond the influence of nonverbal cognitive abilities, diagnosis, and socioeconomic status.

Results: Results showed greater language impairment in ASD than DD, but no main effect for language exposure group nor any interaction of language group by diagnosis. Results remained consistent after controlling for socioeconomic status.

Conclusion: This study suggests that bilingual caregivers can communicate with their children in both languages without adverse effects on their children's language functioning.

1. Introduction

The use of a language other than English in United States homes increased by 148 percent between 1980 and 2009, and growth in the diversity of children's language-learning environments is projected to continue (Ortman & Shin, 2011). It is important to understand the impact of this language diversity on children's language learning. The existing literature comparing language skills of typically developing (TD) children with simultaneous bilingual exposure (BE) (i.e., exposure to two languages at the same time) to their monolingual-exposed (ME) peers is inconsistent. Some studies suggest that BE children achieve language milestones at rates similar to their ME peers (Genesee, Paradis, & Crago, 2004; Kay-Raining Bird, Genesee, & Verhoeven, 2016), whereas others report language delays in BE compared with ME children (Oller, Pearson, & Cobo-Lewis, 2007; Paradis, 2016). TD children who acquire a second language sequentially (i.e., relatively soon after their first language) initially perform developmentally 'behind' in their second language relative to ME children, yet they catch up to their ME peers on this language after a few years of exposure (Paradis, 2016).

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Several factors impact the rate and degree of language acquisition in TD children with simultaneous or sequential BE. Specifically, the age at which the child was first exposed to an additional language (Hammer et al., 2012; Paradis, 2016), the richness of the language environment (Paradis, 2016), the duration of exposure to the language (Blom & Paradis, 2015; Hammer et al., 2012), maternal education (Hammer et al., 2012), socioeconomic status (Hoff, 2006), maternal immigration status (Winsler et al., 2014), and maternal language proficiency (Hammer et al., 2012) influence children's language abilities. However, research consistently demonstrates that even when TD children experience delays in language acquisition, these disappear by late primary school (Uljarević, Katsos, Hudry, & Gibson, 2016).

The potential effects of BE on language skills in children with autism spectrum disorder (ASD) and other developmental disorders (DD; i.e., cognitive and language disorders) are particularly important as children with these diagnoses, even those exposed to only one language, exhibit impaired language acquisition and functioning. Many parents of young children with developmental delays believe that BE would be advantageous to their children. For example, parents claim that BE would likely have positive influences on their children's intellectual development, social and family involvement, and future employment (Beauchamp & MacLeod, 2017; Hampton, Rabagliati, Sorace, & Fletcher-Watson, 2017; Iarocci, Hutchison, & O'Toole, 2017).

Despite believing that BE is likely to result in several benefits for children with ASD and other DD, bilingual parents also worry that exposure to multiple languages will further disrupt language development in these children (Beauchamp & MacLeod, 2017; Drysdale, van der Meer, & Kagohara, 2015; Hampton et al., 2017; Ijalba, 2016; Kay-Raining Bird, Lamond & Holden, 2012; Kremer-Sadlik, 2005; Uljarević et al., 2016). Childcare providers from a wide range of disciplines share this belief and recommend that parents of children with neurodevelopmental disorders speak only one language when communicating with their children (Beauchamp & MacLeod, 2017; Ijalba, 2016; Kay-Raining Bird et al., 2012; Kremer-Sadlik, 2005; Yu, 2013).

Bilingual parents, either independently or through internalizing this message from providers, often believe that learning more than one language is too difficult for their child (Ijalba, 2016; Kay-Raining Bird et al., 2012). Therefore, parents of children with developmental delays may believe that they must decide between their child mastering one language, or learning two languages less proficiently (Kay-Raining Bird et al., 2012). In most cases, parents decide to speak to their child in the culture's dominant language (e.g., English in the United States), even when this language is not the parents' native or most proficient language (Hampton et al., 2017; Kremer-Sadlik, 2005; Yu, 2013). This decision is further influenced by the limited availability of early intervention services in languages other than the culture's dominant language, and the fact that subsequent school-based instruction and other societal demands likely will also be in the culture's dominant language (Hampton et al., 2017; Kay-Raining Bird et al., 2012; Yu, 2013).

Several consequences emerge when parents communicate with their children exclusively in the cultural majority language. Parents provide their children's earliest and initially most important language input (Baron-Cohen & Staunton, 1994; Kremer-Sadlik, 2005). Speaking frequently, directly, and responsively to children significantly improves their language development (Hoff & Core, 2013; Hoff, 2006; Weisleder & Fernald, 2013). However, if a child's input comes primarily from the parent's non-dominant, less-proficient language, the child is likely to hear fewer words, inconsistent morphology, and significantly fewer complex grammatical structures (Altan & Hoff, 2018). Therefore, relying on communication in a language in which a parent is not fully fluent may have negative consequences for a child's language acquisition (Place & Hoff, 2011; Ross & Newport, 1996). In an extreme example, one parent reported that she stopped communicating with her children for a year after a speech-language pathologist advised that she only speak to them in English, because she felt unable to communicate effectively in English (Ijalba, 2016). Instead, the mother relied on intervention services and television to promote English language development in her children. Additionally, language is a major avenue of socialization. Children with developmental disorders are often already excluded from family conversations and interactions because of their unique interests and communication deficits (Kremer-Sadlik, 2005). If children are not taught one of the household languages by parents or by intervention providers, they will inevitably be further excluded from the opportunities that engaged dialogue provides for the enhancement of their social skills (Kremer-Sadlik, 2005; Uljarević et al., 2016). Such a decrease in communication reduces the quality of parent-child interactions, which can then cascade into social communication impairments with other communicative partners (Beauchamp & MacLeod, 2017; Charman, 2003; Kremer-Sadlik, 2005).

In addition to the adverse impacts of this decision on children, parental emotions are also affected. First, parents express sadness and a sense of personal loss when they cannot speak with their children in their native language (Fernandez y Garcia, Breslau, Hansen, & Miller, 2012). Second, speaking English is difficult for some bilingual parents, and they worry that channels of communication with their children will be further disrupted if their children do not learn the family's native language (Yu, 2013). Even if parents are capable of speaking English, many bilingual parents report feeling uncomfortable speaking English at home, and they feel that their conversations in English are not as personal and casual as those in their dominant language (Hampton et al., 2017; Yu, 2013). Indeed, bilingual parents with greater language competence in their non-native language reported feeling more comfortable interacting with their child in this language, relative to parents with lower non-native language competence (Hudry, Rumney, Pitt, Barbaro, & Vivanti, 2017). Similarly, adolescents who were not taught the family's native language reported a worse relationship with their parents than peers who learned their parents' native language (Tseng & Fuligni, 2000). Finally, parents of children with developmental disorders report high levels of stress (Estes et al., 2009), and advising them to avoid speaking their primary language to their children (and to find caregivers who only speak English) is likely to further compound parental stress. This may be particularly true when grandparents partake in childcare, or are perhaps excluded from doing so because they speak the family's native language exclusively.

Despite the pervasive notion that children with ASD or DD should only be exposed to one language, there is no empirical evidence to support this recommendation. Few studies have explored language development in young bilingual children with ASD; these studies unanimously reported that ME and BE children show similar timing of language milestone acquisition (Beauchamp & MacLeod, 2017; Ohashi et al., 2012) and comparable receptive and expressive language abilities when tested in either English or in

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