



The use of the ICF-model in the perceptive and productive assessment and instruction for second language learners

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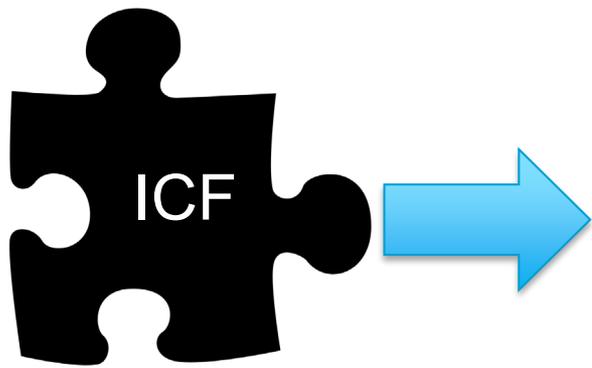
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**RESEARCH CENTRE
FOR HEALTHY AND
SUSTAINABLE LIVING**

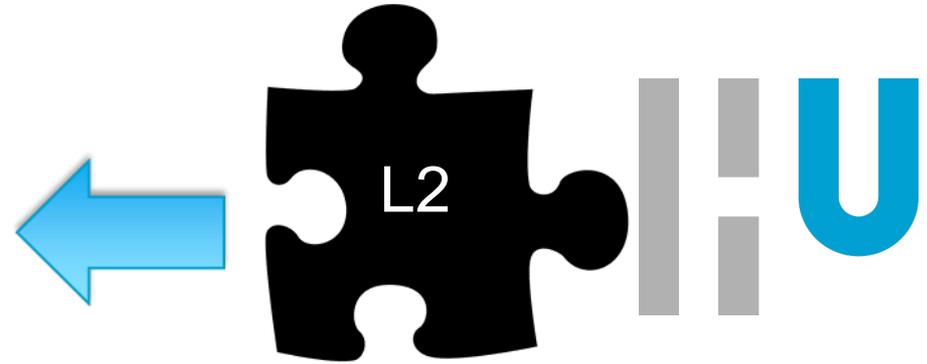
Background

- University of Applied Sciences Utrecht
- Ba Speech and Language Therapy
- Research group Speech and Language Therapy: Participation through communication





- Since 2001: American Speech-Language-Hearing Association (ASHA)
- Since 2007: standard practice in NL
- Fundament of training at HU



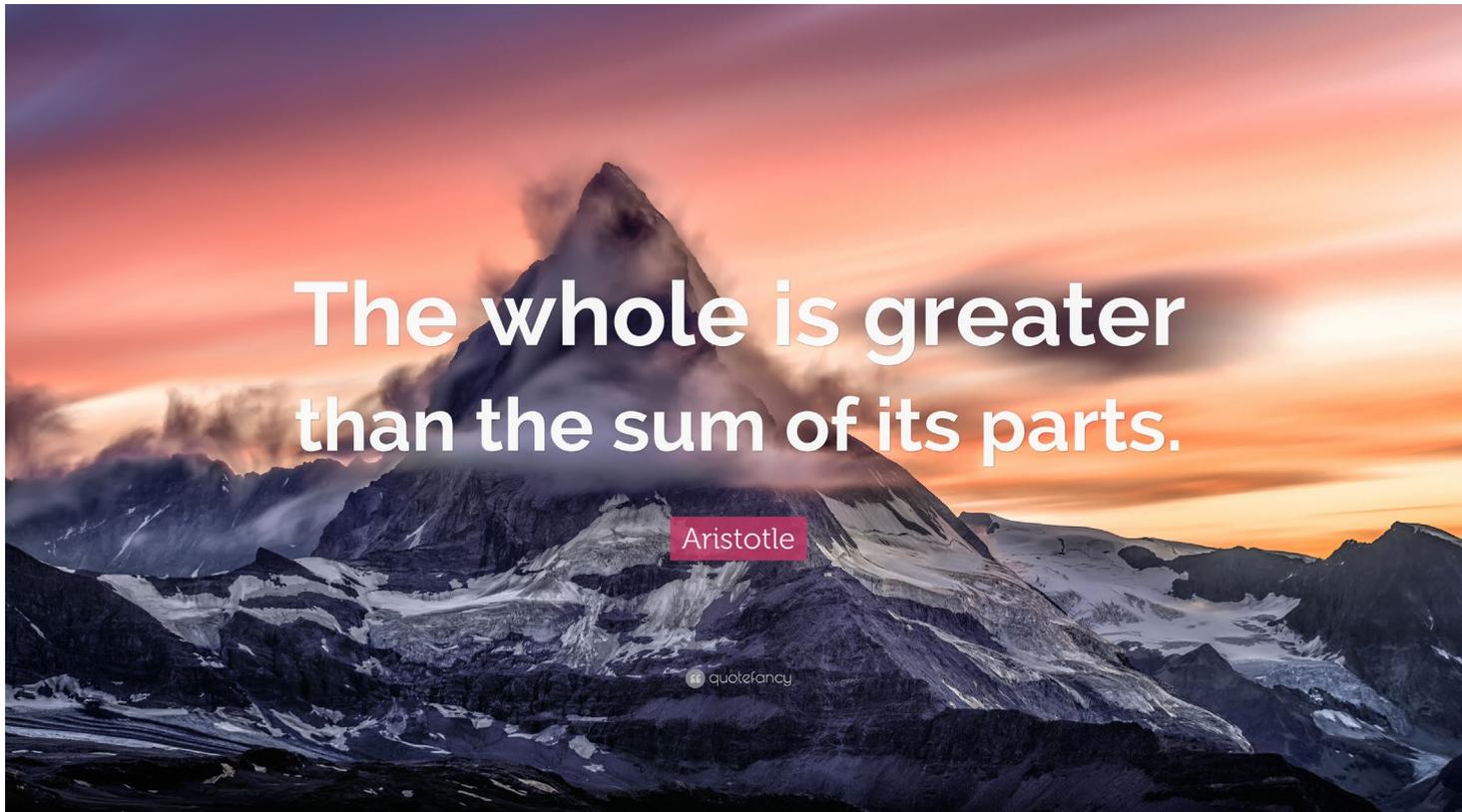
- Expertise in Student led SLT-Clinic
- Political and social circumstances
- Growing awareness of importance of intelligibility in L2
- Prebachelor for refugee students
- Screening of pronunciation and intelligibility

- **Developping Dutch diagnostical protocol LONT** (Blessenaar et al, 2018)

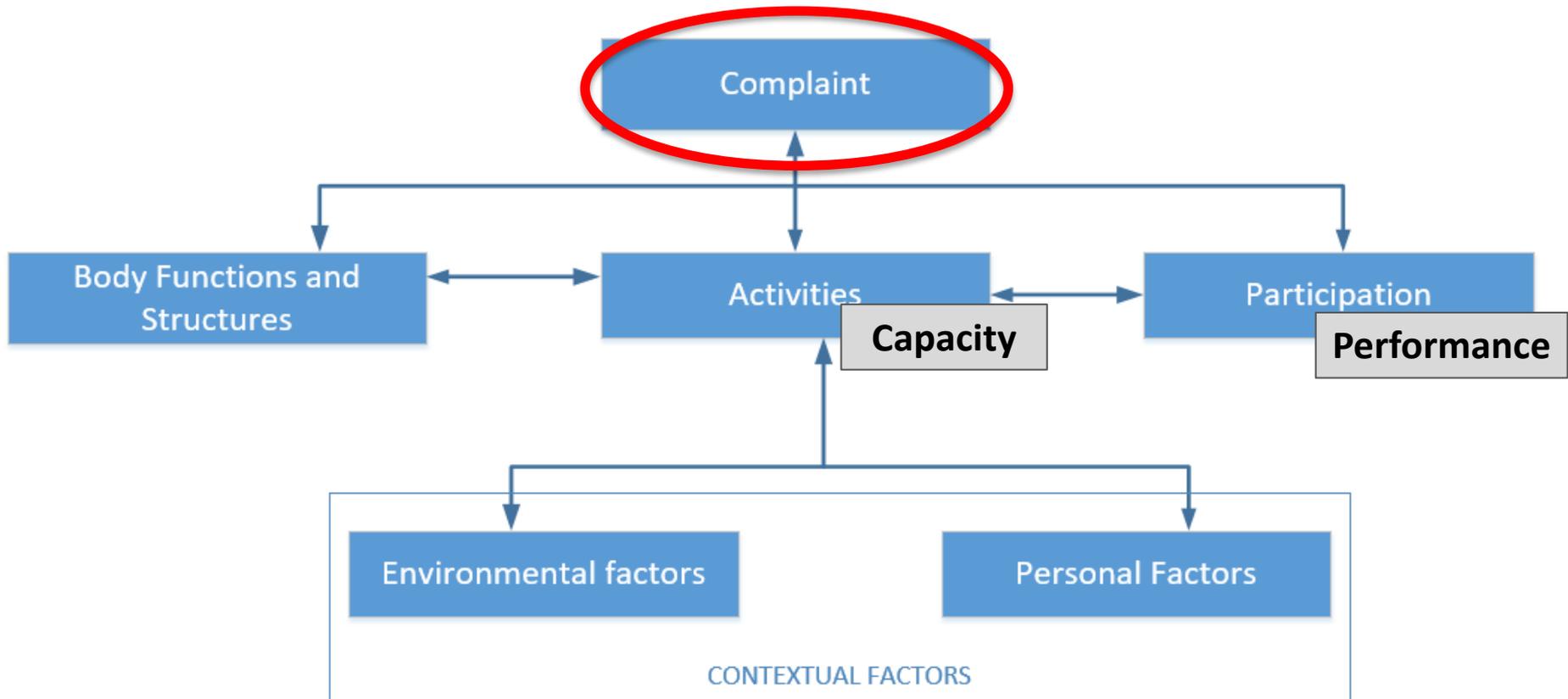
International Classification of Functioning, Disability and Health (WHO, 2001)



- Standard language and framework:
 - description of health and health-related states
 - Philosophy
- Multipurpose classification
- Used in Health and health-related domains
- Passive receiver → Participant → actual **centre of efforts**
- Client's needs and wishes considered
- **Functioning**



ICF (WHO, 2001)



Case: Mahmout L.

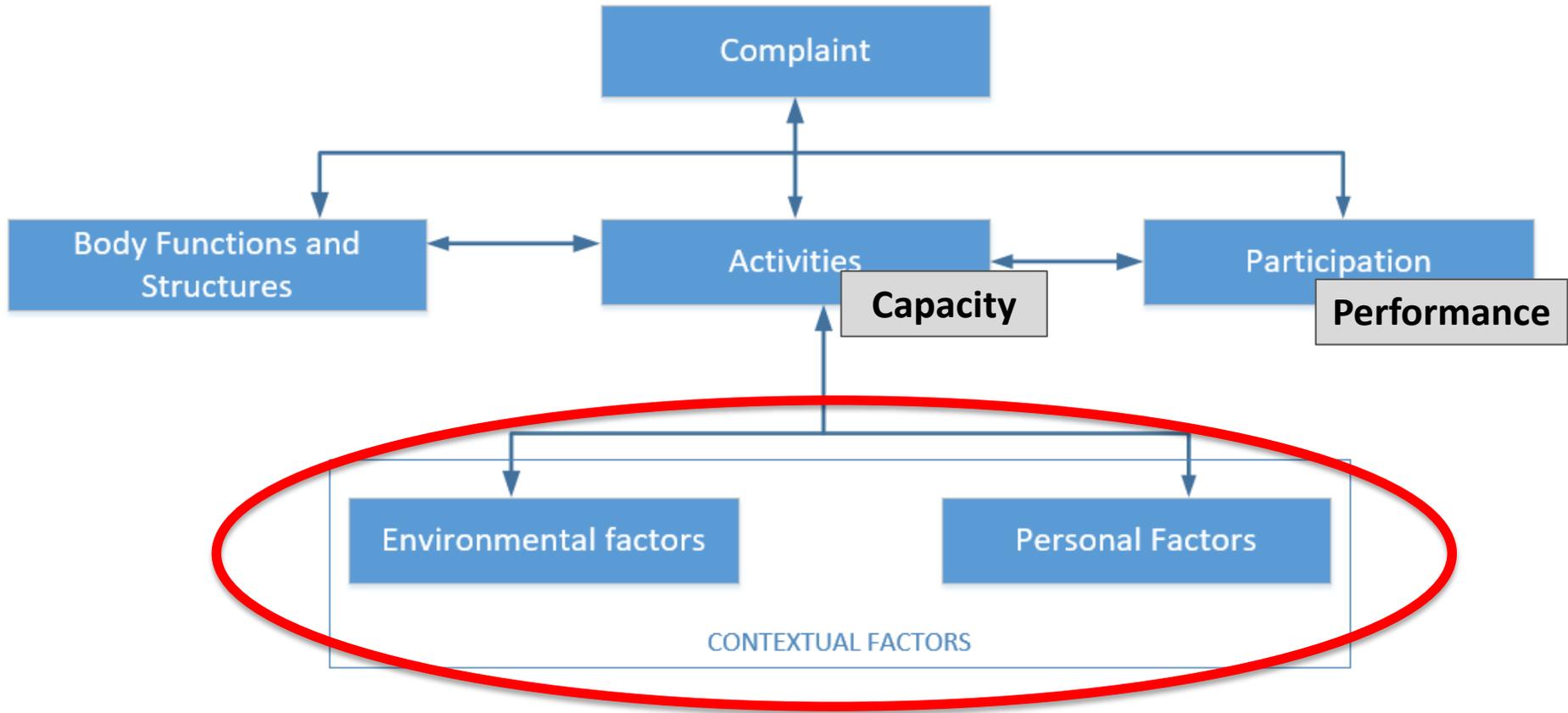
- Complaint:



*Dutch people often don't understand me.
I want to improve because I want to be a
teacher again.*

Client oriented
Centre of efforts

ICF (WHO, 2001)



Contextual Factors (WHO, 2001; Howe, 2008)



- Complete background of an individual's life and living
- Impact on functioning
- **Environmental factors**
 - Identify and reduce negative factors or barriers to communication
 - Advocate for positive factors or facilitators
- **Personal Factors:**
 - Unchangeable → adapt services:
 - » gender, age, ethnic background, past experiences
 - Changeable → other services:
 - » coping skills, opinions, knowledge, lifestyle, individual psychological assets, behavior

Case: Mahmout L. : Intake/Client History

Personal Factors

- Male, 28 years old
- Former high school Biology Teacher in Syria
- Mothertongue: Syrian Arabian
- Proficiency in Spoken English is good (3rd Language)
- Arrived in the Netherlands in 2016, Proficiency in Dutch: B1
- Highly motivated, self-referred
- Wants to qualify as a teacher in the Netherlands
- No prior SLT
- Perfectionist, expresses frustration about Dutch pronunciation
- Wants to reside permanently in NL.
- Works parttime as computer consultant.
- Came alone to NL at first, in 2017 his wife followed.
- Syrian Arabic: /œy/, /o/, /ø/, /ɛɪ/, /b/ do not exist, wordstress often on 1st syllable
- His wife wants to return to her family eventually. He doesn't.
- Speaks Syrian at home and a lot with friends and family.
- Watches Syrian television and CNN. Reads a lot of English.
- No medical issues.
- Precarious financial and housing situation.
- Is enrolled in Prebachelor programme 17-18, wants to enroll in Biology after the summer.

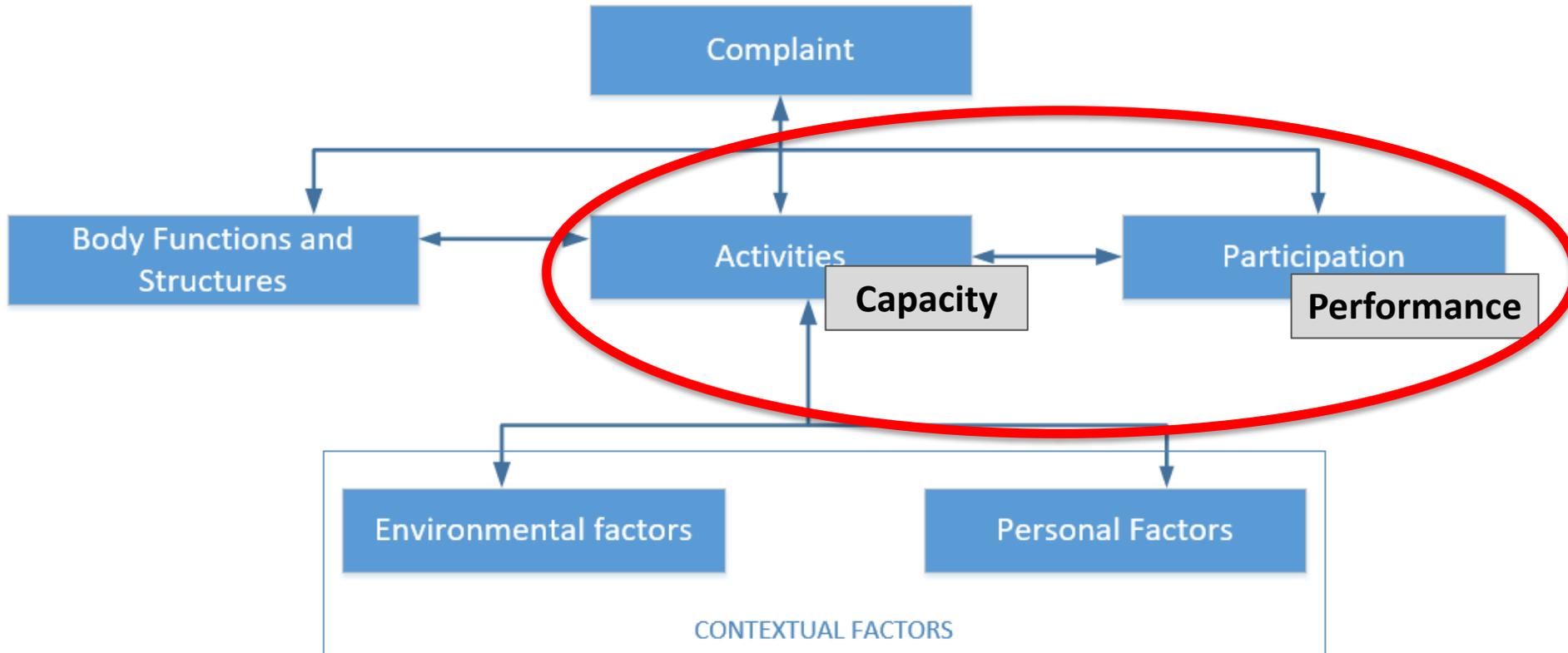
Environmental Factors

Activities and Participation (O'Halloran, 2008)



- Individual's functioning as a whole person
- Basic → complex
 - » dressing, eating, and bathing
 - » work, schooling, civic activities
- **Activities:** 'execution of a task or action by an individual' (WHO, 2001)
- **Participation:** 'involvement in a life situation' (WHO, 2001)
- Identify **Limitations** in functioning

ICF (WHO, 2001)



Case Mahmoud L.

Results LONT Questionnaire/Interview (LONT, 2018)



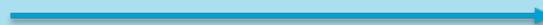
Activities



Limitations

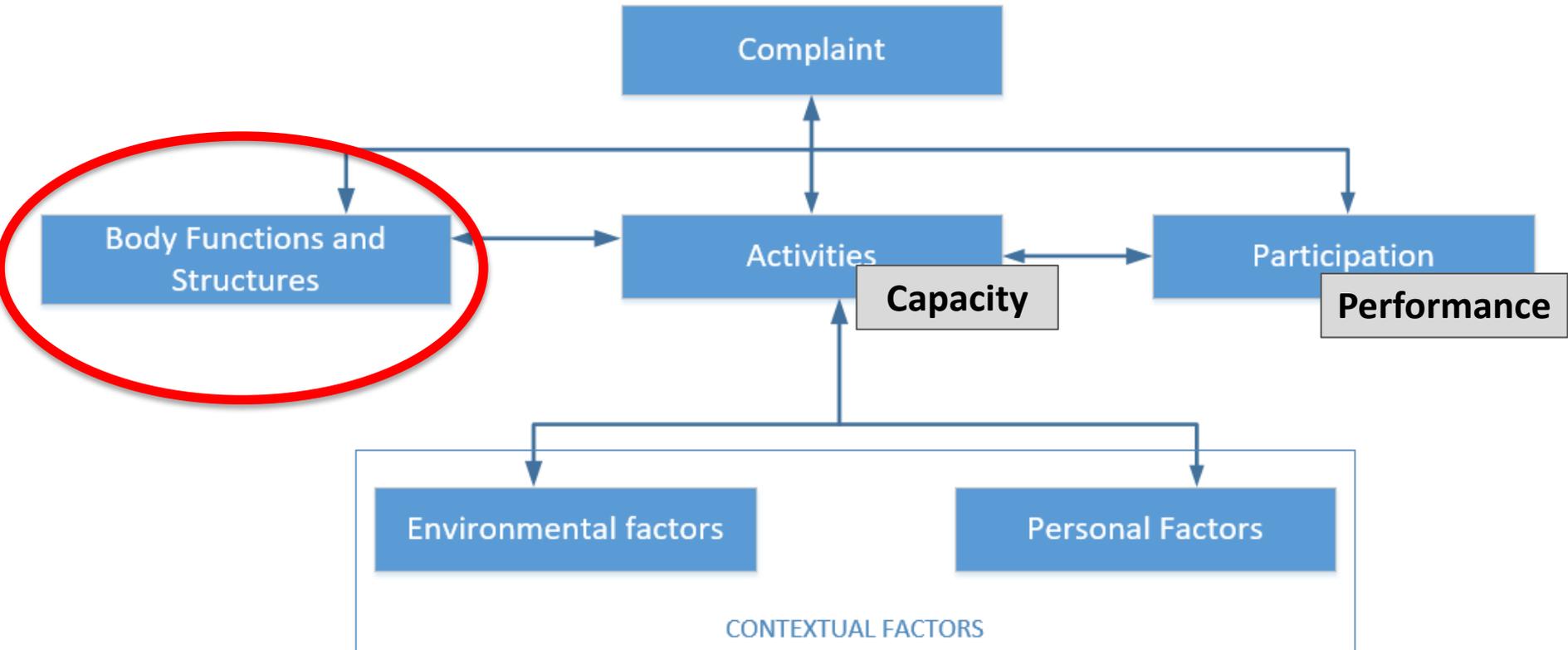
- Recurring miscommunications, with strangers, acquaintances and friends.
 - More problems occur on the phone or in group situations.
 - More difficult when exposure to Dutch was less that week.
 - He speaks Dutch in approximately 40% of the time.
-
- He missed a promotion at work because of his intelligibility
 - He fears he won't be accepted into Teacher training next year. He feels limited in his social abilities because of his intelligibility. He would like to make more meaningful connections to Dutch people.

Participation



Limitations

ICF (WHO, 2001)



Body Functions and Structures (BF/BS) (McCormack, 2008)



- Physiological and psychological function or body systems
- functional abilities and impairments
- Not linked to cause

- L2:
 - body structure considered to be intact
 - Difficulty with body functions: production of speech sounds.
 - Assessment: articulation/phonology tests

Case Mahmout L.

Result Assessment (1) (LONT, Blesenaar et al, 2018)



Body Functions

A. SEGMENTAL

- /œy/ → /au/ e.g. /huis/ → /haus/
- /o/, /ø/ → /ɔ/ e.g. /deur/ → /dor/
- /ɛɪ/ → /a:i/ e.g. /geit/ → /gaait/
- /b/ → /p/ e.g. /binnen/ → /pinnen/

– Perception: identification and discrimination insufficient for all listed above.

B. SUPRASEGMENTAL L SEP

- Wordstress: persistent on 1st syllable
- Rhythm and intonation: patterns inconsistent

Case: Mahmout L.

Result Assessment (2) (LONT, Blesenaar et al, 2018)

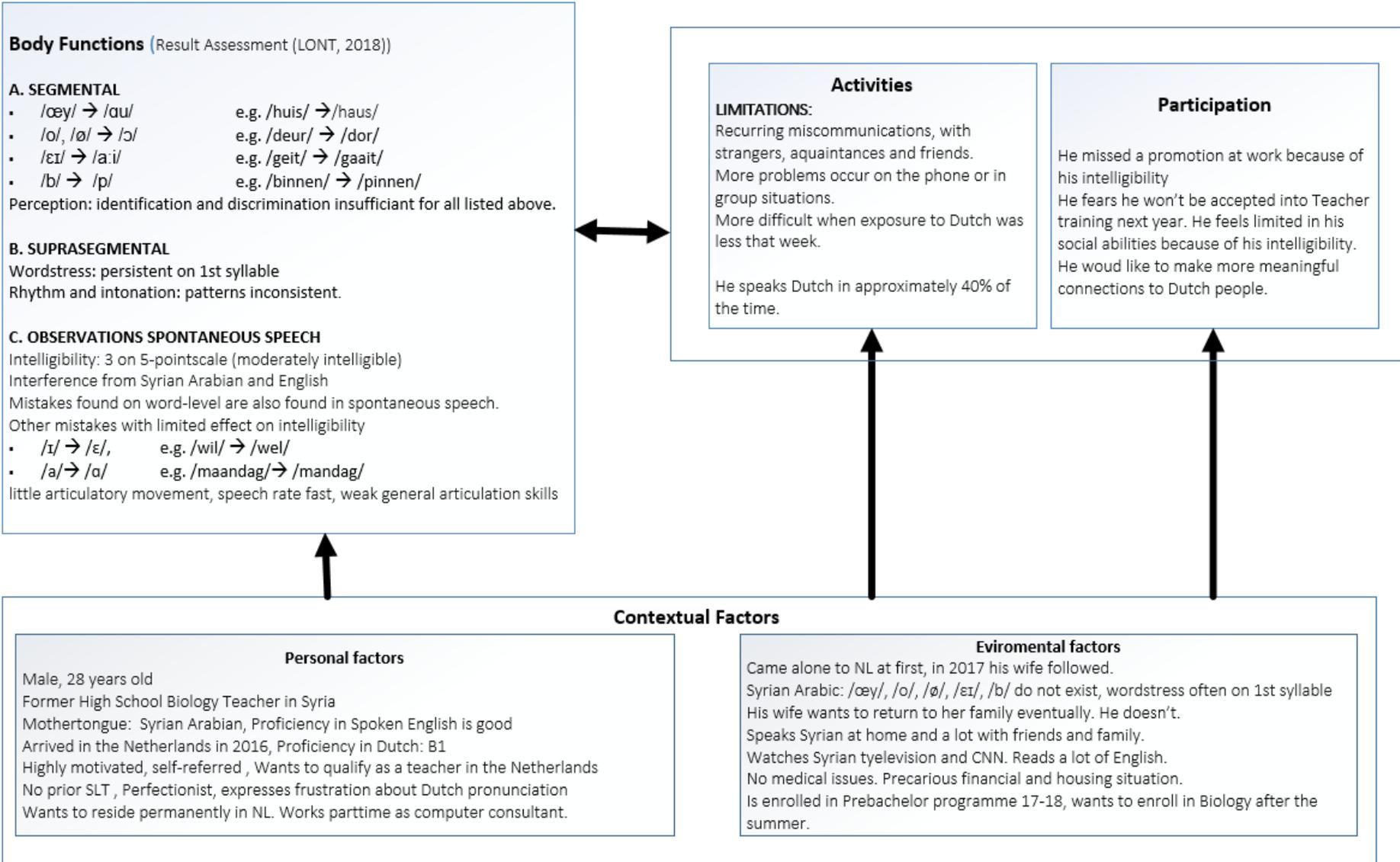


Body Functions

C. OBSERVATIONS SPONTANEOUS SPEECH

- Intelligibility: 3 on 5-pointscale (Moderately intelligible)
- Interference from Syrian Arabic and English
- Mistakes found on word-level are also found in spontaneous speech.
- Other mistakes:
 - /ɪ/ → /ɛ/, e.g. /wil/ → /wel/
 - /a/ → /ɑ/ e.g. /maandag/ → /mandag/
- little articulatory movement, speech rate fast, weak general articulation skills

Disorder: Low intelligibility as a result of learning Dutch at an adult age



Why use ICF?



- Standard set of **internationally recognized** terms
- Different languages.
- Improve clients' communication in their **everyday environments**
- Consideration of **functional implications** of intelligibility
- **Functioning**
 - multifaceted
 - interaction or complex relationship (WHO, 2001)
- **Targeted**, effective intervention

L2 practice & ICF



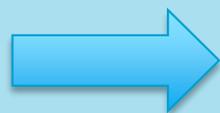
- Assessment:
 - » Diagnostical Protocol (LONT)
- Clinical reasoning → most appropriate management
 - » understanding relationships
 - » Determining central problem
 - » Determining priorities
- Develop adequate treatment goals
 - correct production of speech → **intelligible conversational speech within a person's environment**
 - Mismatch between performance and capacity
- Evaluate treatment plans
- Prognosis
 - » Barriers
 - » Facilitators
- Recommendations

Case: Mahmout L.

Treatment plan



- Goal:
 - » Reducing accent is NOT a goal
 - » Intelligibility → **Professional in Dutch**
- Segmental and suprasegmental errors contribute equally to unintelligibility. (Caspers, 2010)
- Vowels and diphthongs before consonants (Neri et al., 2006)
- **Perception** before production (Derwing & Munro, 2005)
- /œy/, /o/, /ø/, /ɛɪ/, /b/ do not exist in Syrian Arabic
 - new phonological categories
- /ɪ/, /a/ partially acquired but low effect on intelligibility
- Negative influence **general articulation**
- Limitations in groups, phoneconversations



Reflected in goals, priorities, means



Case: Mahmout L.

Treatment plan

- Prognosis
 - + motivation
 - + self-aware
 - + invested in NL society
 - - economic factors
 - - Perception weak
 - - exposure to Dutch in daily life limited
 - - considerable time spent with 3rd language (English)
- Recommendation
 - Increase contact Dutch
 - Reduce exposure to English
 - Focus on applying what is learned in daily life
 - Talk about expectations of being a teacher

Questions?



More information?

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References

- Blessenaar, I., Aprea, M., van Bommel, E. & Oonk, L. (2018) LONT: Logopedisch Onderzoeksprotocol NT2. In development.
- Brown, J. E., & Hasselkus, A. L. (2008). Professional associations' role in advancing the ICF in speech-language pathology. *International Journal of Speech-Language Pathology*, 10(1-2), 78-82.
- Caspers, J.(2010) The influence of erroneous stress position and segmental errors on intelligibility, comprehensibility and foreign accent in Dutch as a second language. *Linguistics in the Netherlands* 2010, 17–29.
- Derwing, T. & Munro, M. (2005). Second language accent and pronunciation teaching: A research-based approach. *TESOL Quarterly* 39. 3. 379-397.
- Heerkens, Y.F. & de Beer, J. (2007) International Classification of Functioning Disability and Health: Gebruik van de ICF in de Logopedie. *Logopedie*, 4, 112-119.
- Howe, T.J. (2008) The ICF Contextual Factors related to speech-language pathology *International Journal of Speech-Language Pathology*; 10(1 – 2): 27 – 37.
- McCormack, J., & Worrall, L. E. (2008). The ICF Body Functions and Structures related to speech-language pathology. *International journal of speech-language pathology*, 10(1-2), 9-17.
- McLeod, S., & Bleile, K. (2004). The ICF: a framework for setting goals for children with speech impairment. *Child Language Teaching and Therapy*, 20(3), 199-219.
- Neri, A., Cucchiarini C. en Strik, H. (2006) Selecting segmental errors in non-native Dutch for optimal pronunciation training. *IRAL* 44, 357-404.
- O'Halloran, R., & Larkins, B. (2008). The ICF Activities and Participation related to speech-language pathology. *International Journal of Speech-Language Pathology*, 10(1-2), 18-26.
- Threats, T. (2008) Use of the ICF for clinical practice in speech-language pathology. *International Journal of Speech-Language Pathology*; 10(1 – 2): 50 – 60
- WHO (2001) International Classification of Functioning, Disability and Health.
- WHO (2002) Towards a common language for Functioning, Disability and Health.
- <http://www.who.int/classifications/icf/en/>