

01 CHOOSE THE GOAL FIRST

Choose a bilingual intervention

Evidence and practical decisions for Spanish and English

Start with a communication need, then select an approach and a way to check whether it helps.

If the priority is	Consider	Check beyond practice
Learning useful words	Explicit meaning teaching in stories and hands-on activity, with planned support in both languages. [1]	Meaning, naming and use separately in Spanish and English.
Building sentences	Focused recasts around an assessed structure; add accessible explanations when useful. [4,5]	New words in the same structure; a later sample; each relevant language.
Explaining what happened	Explicit story structure and supported retelling, followed by less support. [6]	A new story and a personal event, not only the practiced retell.
Being understood	Language-informed speech targets and practice, with measures in both sound systems. [7]	Untaught words and everyday intelligibility in each language.

WHAT THE EVIDENCE LABELS MEAN

Direct evidence includes Spanish–English participants. It can still be preliminary or narrowly applicable. Indirect evidence comes from a different language or task. Practice guidance supports clinical decisions but is not a treatment trial.

Before selecting an activity

Confirm the treatment need using a culturally and linguistically appropriate assessment. Agree on meaningful goals, languages and communication modes with the child and family. An unfamiliar English word or a Spanish dialect feature alone is not a disorder. [12]

This is a focused clinical guide, not a systematic review or a ranking of every program. Suggested scripts and decision steps are original adaptations. They have not been validated as a treatment package.

What direct language trials support

Study schedules describe what researchers delivered. They are not a prescription for every child.

DIRECT EVIDENCE • RANDOMIZED VOCABULARY TRIAL

Restrepo and colleagues 2013

202 preschool Spanish–English learners with language impairment, ages 43–68 months, entered four vocabulary or mathematics conditions; 54 typically developing peers received no intervention. Over 12 weeks, groups of 2–5 had four 45-minute sessions weekly: 25 minutes vocabulary plus 20 minutes of separate language work. There were 45 word targets, nine new-word weeks and three review weeks. Bilingual groups used Spanish on two days and English on two. [1]

Clinical move: Spanish and conceptual target vocabulary favored bilingual vocabulary teaching. English vocabulary outcomes did not significantly differ between the two vocabulary groups. This does not establish equivalence, a universal word count, or broad vocabulary normalization.

DIRECT EVIDENCE • MULTICOMPONENT INTERVENTION

Ebert and colleagues 2014

59 Spanish–English children, ages 5;6–11;2, with primary language impairment received English, bilingual, nonlinguistic-processing or deferred experimental treatment. Visits included 75 therapeutic minutes, four times weekly for about six weeks; attendance ranged from 13–24 sessions. All groups also received regular school services. Between-group advantages over deferred treatment reached significance on only two tasks. [2]

Clinical move: Use language treatment tied to the child’s needs. Do not present cognitive training as the best substitute for bilingual language intervention.

FOLLOW UP AND A NEWER DELIVERY OPTION

The related three-month analysis included 48 active-treatment participants, ages 5;6–11;3. English gains and Spanish maintenance were observed, but there was no deferred-treatment follow-up and bilingual-group attrition was 60%. [3] CABVI’s preliminary 2026 trial enrolled 21 preschoolers and targeted 37 words. Spanish target outcomes favored bilingual CABVI; both intervention groups improved in English, with gains retained at six weeks. The public abstract does not establish a DLD-only sample or exact session dose. Our kits are not CABVI. [11]

Match the method to the structure

Transfer is an outcome to measure. A similar idea across languages does not mean identical grammar.

DIRECT EVIDENCE • EARLY EFFICACY

Recasts for conditional sentences

Castilla-Earls and Owen Van Horne (2023): 15 Spanish–English children with DLD, randomized to Spanish only (5), English only (6) or bilingual (4), completed about 16 hours of telepractice. Gains on treated conditional structures exceeded change on untreated relative clauses. The 11 single-language participants improved in both languages on the treated structure. [4]

Clinical move: Promising for the overlapping structure studied. It does not demonstrate automatic transfer to Spanish articles, adjective agreement or every complex sentence.

DIRECT EVIDENCE • SMALL EXPLORATORY STUDY

Explicit English grammar with Spanish connections

Kornelis and colleagues (2025): three children, ages 4–8, received 16 sessions targeting English regular past tense and present-tense singular forms, with recorded Spanish comparisons. Actual sessions were reported as 15–25 minutes, 1–3 weekly; a design table lists 20–30 minutes. Outcomes varied and cross-language evidence was limited. A bilingual SLP delivered the study treatment. [5]

Clinical move: A practical option to investigate, not proof that recordings alone make a clinician competent to assess or teach Spanish grammar.

DIRECT EVIDENCE • MULTIPLE BASELINE STUDY

Story Champs with third graders

Risueño and colleagues (2024): four Spanish–English third graders completed 12 sessions, about twice weekly, with checks at 1, 2 and 4 weeks. The authors found story-retell structure benefits for three children overall, with variable performance. They did not establish efficacy for the other examined outcomes, including listening comprehension and personal narratives. [6]

Clinical move: Teach a specific narrative feature and measure a new narrative. An improved rehearsed retell does not establish better comprehension or transfer to daily storytelling.

Dosage that tells you something

A total is useful only when the unit, language, opportunity and outcome are clear.

Indirect vocabulary evidence	What it supports	What it does not establish
Storkel et al. 2017 27 kindergarten children with language impairment; 12, 24, 36 or 48 exposures. [8]	Improvement increased through 36 exposures in that book-reading protocol, with no further group-level gain at 48.	A rule that all bilingual children need 36 or more than 36 exposures.
Storkel et al. 2019 34 kindergarten children with DLD, ages 5;0–6;2; different schedules totaling 36 exposures. [9]	Learning during treatment; forgetting after treatment ended across schedules.	That reaching a total means the word is retained.
Gordon et al. 2025 37 kindergarten children with DLD; varying retrieval opportunity proportions during book reading. [10]	Higher retrieval proportions did not improve learning or retention in this study.	That asking more questions always improves learning.

MODEL

Adult says the word and links it to meaning. Count a feedback model too.

RECALL OPPORTUNITY

Child gets a chance to retrieve without hearing the answer immediately first.

INDEPENDENT RESPONSE

Child responds without an additional cue. Keep the denominator and language.

ORIGINAL RECORDKEEPING EXAMPLE

Six models are not six successful recalls

You model “fragile” six times. Across two later naming invitations, the child retrieves it once and needs a cue once. Record 6 English models; 2 recall opportunities; 1 of 2 independent recalls. A correct explanation without “fragile” counts as expressed meaning, not target-word retrieval.

Clinical move: Probe before reteaching on a later date. Choose the next teaching step from remembering and use, not the exposure total alone.

05 PRACTICE EXAMPLES

Turn evidence into a clinical move

These are original examples for an individualized plan. They do not reproduce the cited treatment packages.

VOCABULARY

SLP: “Fragile means it can break easily. This thin cracker is fragile.” Later, show a different delicate object: “What word describes something that can break easily?”

If the child explains the idea but cannot name it, preserve the successful meaning response and support retrieval. If meaning is unclear, teach another example before asking again.

SENTENCE

Child: “Rain. We stay.” SLP: “If it rains, we stay inside.” Later, use another situation: “Tell me what we will do if the field is wet.”

Select conditional sentences only if assessment supports that goal. A qualified Spanish collaborator can plan and examine Spanish forms such as “Si llueve, nos quedamos adentro”. [4]

NARRATIVE

SLP: “They needed the bridge because the path was flooded. What did they try, and did it work?” Later: “Tell someone who was not here how they solved the problem.”

Record the problem, action and consequence separately. Fade the picture or question support, then try a new story. This three-part example is not a standardized narrative score. [6]

For speech goals

A two-child study of five-year-old sequential bilinguals, one with childhood apraxia of speech, used treatment 2–3 times weekly for eight weeks, in Spanish on at least two of every three treatment days. Speech improved in both languages, including some untreated errors. This is small, direct evidence, not a universal target-selection algorithm. [7]

MAKE THE NEXT STEP SPECIFIC

Select a participation need, analyze both sound systems and dialects, then choose a target and probe untreated words. An English-speaking SLP should arrange qualified Spanish input and analysis rather than score unfamiliar Spanish productions by English expectations. [12,13]

SPANISH HOME PRACTICE TO PERSONALIZE

“Esta semana estamos practicando _____. Prueben durante _____. Muestre un ejemplo y converse sobre lo que pasa. Dele tiempo para responder con palabras, señas o su sistema de comunicación. Si necesita ayuda, ofrezca un modelo y sigan jugando. Cuéntenos qué le resultó fácil y qué fue difícil”. Agree on one feasible routine, demonstrate it, and invite the caregiver to try it with support.

Coordinate practice and decide what changes

An English-speaking SLP can lead the English component and coordinate language access. Spanish homework adds practice; it does not replace needed Spanish clinical services.

Brief → teach → debrief

Agree on the target, family wording and response modes before the session. Record actual teaching and cues. Review unclear Spanish responses with a qualified collaborator before interpreting them.

The SLP retains clinical responsibility. A trained interpreter supports language access; a qualified bilingual SLP can contribute language-specific clinical analysis. Families identify useful routines and preferred wording. Do not ask a family member to make diagnostic or novel grammatical judgments for the clinician. [12,13]

What you observe	Next clinical move
Accurate only after a model	Separate imitation from independent use; reduce support gradually and probe again.
Skill appears in therapy only	Change the partner or context; teach the transfer explicitly; check before prompting.
One language improves	Inspect opportunities and access in the other language; coordinate direct support instead of assuming transfer.
Little growth despite delivered practice	Check target fit, comprehension, access, attendance and fatigue; change a defined component and monitor.

Child code and goal • language and communication mode • partner or context

Baseline and planned probe • actual teaching delivered • independent response and cue

Later check date • observed change • next adjustment and reason

Sources for direct bilingual evidence

Read the population, comparison and outcome before carrying a finding into a different clinical situation.

- [1] Restrepo, M. A., Morgan, G. P., & Thompson, M. S. (2013). The efficacy of a vocabulary intervention for dual-language learners with language impairment. *Journal of Speech, Language, and Hearing Research*, 56(2), 748–765. [https://doi.org/10.1044/1092-4388\(2012/11-0173\)](https://doi.org/10.1044/1092-4388(2012/11-0173))
- [2] Ebert, K. D., Kohnert, K., Pham, G., Disher, J. R., & Payesteh, B. (2014). Three treatments for bilingual children with primary language impairment: Examining cross-linguistic and cross-domain effects. *Journal of Speech, Language, and Hearing Research*, 57(1), 172–186. [https://doi.org/10.1044/1092-4388\(2013/12-0388\)](https://doi.org/10.1044/1092-4388(2013/12-0388))
- [3] Pham, G., Ebert, K. D., & Kohnert, K. (2015). Bilingual children with primary language impairment: 3 months after treatment. *International Journal of Language & Communication Disorders*, 50(1), 94–105. <https://doi.org/10.1111/1460-6984.12123>
- [4] Castilla-Earls, A., & Owen Van Horne, A. (2023). Recast therapy for treating syntax in bilingual children with developmental language disorder: A feasibility and early efficacy study examining the role of language of intervention on outcomes. *Journal of Speech, Language, and Hearing Research*, 66(8), 2783–2801. https://doi.org/10.1044/2023_JSLHR-22-00452
- [5] Kornelis, M., Ebert, K. D., & Finestack, L. H. (2025). Exploring explicit intervention to target grammatical forms with Spanish–English bilingual children with developmental language disorder. *Language, Speech, and Hearing Services in Schools*, 56(4), 864–880. https://doi.org/10.1044/2025_LSHSS-24-00132
- [6] Risueño, R. J., Gray, S., & Romeo, S. (2024). The efficacy of Story Champs for improving oral language in third-grade Spanish–English bilingual students with developmental language disorder. *Language, Speech, and Hearing Services in Schools*, 55(3), 938–958. https://doi.org/10.1044/2024_LSHSS-23-00121
- [7] Gildersleeve-Neumann, C., & Goldstein, B. A. (2015). Cross-linguistic generalization in the treatment of two sequential Spanish–English bilingual children with speech sound disorders. *International Journal of Speech-Language Pathology*, 17(1), 26–40. <https://doi.org/10.3109/17549507.2014.898093>

LI, PLI and SLI are the labels used in older studies. Their eligibility criteria are not identical to every current DLD definition. A bilingual sample is not evidence of equal representation of all dialects, disability profiles or educational settings.

Sources for dosage and service delivery

Evidence checked September 26, 2026. Original examples are clinical planning aids, not tested treatment protocols.

- [8] Storkel, H. L., Voelmle, K., Fierro, V., Flake, K., Fleming, K. K., & Swinburne Romine, R. (2017). Interactive book reading to accelerate word learning by kindergarten children with specific language impairment: Identifying an adequate intensity and variation in treatment response. *Language, Speech, and Hearing Services in Schools*, 48(1), 16–30. https://doi.org/10.1044/2016_LSHSS-16-0014
- [9] Storkel, H. L., Komesidou, R., Pezold, M. J., Pitt, A. R., Fleming, K. K., & Swinburne Romine, R. (2019). The impact of dose and dose frequency on word learning by kindergarten children with developmental language disorder during interactive book reading. *Language, Speech, and Hearing Services in Schools*, 50(4), 518–539. https://doi.org/10.1044/2019_LSHSS-VOIA-18-0131
- [10] Gordon, K. R., Moss, D., Swinburne Romine, R. E., Fleming, K. K., & Storkel, H. L. (2025). Interactive book reading to accelerate word learning by kindergarten children with developmental language disorder: Incorporating retrieval-based practice into training. *Language, Speech, and Hearing Services in Schools*, 56(4), 1110–1125. https://doi.org/10.1044/2025_LSHSS-24-00147
- [11] Rivera Pérez, J. F., Lund, E., Abdelaziz, M., & Regalado-Lee, A. (2026). Monolingual clinicians using computer-assisted bilingual vocabulary instruction to promote Spanish and English in dual language learners. *Language, Speech, and Hearing Services in Schools*, 57(2), 386–405. https://doi.org/10.1044/2025_LSHSS-25-00066
- [12] American Speech-Language-Hearing Association. (n.d.). Multilingual service delivery in audiology and speech-language pathology. Practice Portal. Retrieved September 26, 2026. <https://www.asha.org/practice-portal/professional-issues/multilingual-service-delivery/>
- [13] American Speech-Language-Hearing Association. (n.d.). Collaborating with interpreters, transliterators, and translators. Practice Portal. Retrieved September 26, 2026. <https://www.asha.org/practice-portal/professional-issues/collaborating-with-interpreters/>

USE WITH THE CHILD IN FRONT OF YOU

Combine research with clinical expertise, the child's communication access and preferences, and family priorities. Record adaptations. This guide does not establish one best approach for every child or guarantee transfer, a particular dose, or a particular outcome.

Review scope: selected primary intervention studies and ASHA service-delivery guidance. The guide does not cover every intervention, age group or co-occurring condition. Independent bilingual clinical peer review and usability testing remain appropriate before public release.