

Clinical markers of SLI in Italian L2 children with SLI

Gabriele Bianco and Maria Teresa Guasti

University of Groningen & University of Milano-Bicocca

Vender et al. (2016) found that 5-year-old L2 learners of Italian with at least one year of exposure to the L2 do not have problems in the repetition of non-words, while it is known that monolingual Italian children with SLI have severe problems (Bortolini et al. 2006). They also found that clitic production is problematic for the same L2 children, but unlike monolingual children with SLI, the L2 children did not omit clitics, but used an incorrect form or produced irrelevant sentences. These findings raise the possibility that scores on non-word repetition and clitic production tasks can identify L2 children with SLI. The predictions are that L2 children with SLI will score poorly in the non-word repetition, and will have problems with clitics. However, their profile in the production of clitics will be qualitatively and quantitatively different from that of L2 without SLI. To test these predictions, we examined the performance of 30 sequential bilingual children without SLI (BITD) and of 18 sequential bilingual children referred to clinical services for SLI (BISLI). All children were 5 year old at the time of testing, they had different L1, had been exposed to Italian for at least 2 years and were exposed to Italian from age 3. They were tested with a standardized non-word repetition test (Cornoldi et al. 2000), with a 3rd person direct object clitic production test and with a test assessing non-verbal intelligence. All children, scored within the normal level for non-verbal intelligence. In the non-word repetition, BISLI obtained scores significantly lower than BITD (M=29 vs M=54). The latter obtained score within the normal range for monolingual children, confirming the results of Vender et al. (2016). BISLI produced fewer clitics than BITD (27% vs. 73%). Their performance did not only differ quantitatively from that of BITD, but also qualitatively. The prevalent error of BISLI was omission (40% vs. in BITD 11%), while that of BITD was use of a noun. These findings support the view that good clinical markers for monolingual children with SLI are also good clinical markers for sequential bilingual children with SLI and suggest that the use of clinical markers is a viable solution to identify SLI within the bilingual population. As for clitic production, these results invite the conclusion that the difficulty experienced by the two bilingual populations is different. While for BITD the challenge can be characterized in terms of recovery of the correct form of clitics, for BISLI it can be characterized in terms of inability to perform the syntactic computation underlying the production of clitics.