




cplol



1988-1998
10 years of activities

november 1998

***STANDING LIAISON COMMITTEE OF
SPEECH AND LANGUAGE THERAPISTS
OR LOGOPEDISTS OF EUROPEAN UNION.***

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PREFACE

By Ben Mondelaers, Président of CPLOL

Ten years ago, a number of professional organisations representing speech and language therapists or logopedists in different European countries met in Paris on the suggestion of the Federation Nationale des Orthophonistes (FNO) in order to discuss a new proposal to encourage collaboration at international level.

In a very short time, this plan became a reality since it clearly met an important need. The **Standing Liaison Committee of Speech and language therapists or logopedists in the European Community** (known by its French initials: **CPLOL**) was formed in 1988 at the instigation of Jacques Roustit, who became its first and much respected President.

Ten years after its formal establishment, it is no exaggeration to say that CPLOL has developed in a remarkable way.

The representatives of the nine founder countries were quickly joined by others and they first of all spent time getting to know and respect each other. Working meetings took place on a regular basis. The organisation was recognised as a Non-Governmental Organisation (NGO) and was marked by cooperation, mutual respect and a real spirit of cooperation and European solidarity.

It has proved possible to achieve substantial results during the past decade.

The professional profile of the speech and language therapist or logopedist in Europe and a charter of ethics have been agreed. An analysis of the programmes offered by education centres across Europe has led to the drawing up of baseline recommendations for the initial education of speech and language therapists or logopedists in the European Union.

A report on the current state of practice in the area of prevention of language disorders has been drawn up and, in November 1996, a European Information Day on speech and language therapy was organised.

A bibliographical database is being developed. As a result of its international scope and use of new information technology, this should eventually support the diffusion of varied theoretical approaches, knowledge and clinical innovation, concepts and ways of practising the profession.

Three international conferences have been held: in Athens, Antwerp and Lisbon. The next meeting is already being organised in Paris for June 2000. This will focus on the quality and efficacy of speech and language therapy interventions.

These scientific events and the other developments which I have described above have enabled us to set up an extensive network for exchange, collaboration and professional solidarity right across the continent of Europe.

Who would have predicted back in 1988 that such a rich harvest would be reaped from a mere 10 years of work?

I take particular pleasure today in writing the preface to this publication which brings together some of CPLOL's most significant achievements. This is an impressive collection which allows us to hope for a similarly fruitful decade ahead.

1 – SPEECH AND LANGUAGE THERAPY

Orthophonie Logopedics Speech and language therapy

These three terms cover the same concept in all countries, with small differences in individual countries reflected in areas of competence or professional practice.

✓ Definition and areas of competence

The speech and language therapist or logopedist is concerned with communication and with language, and treats all disorders of speech, voice and spoken and written language, regardless of aetiology, in children, adolescents, adults and the elderly.

The speech and language therapist is the professional responsible for the prevention, assessment, treatment and scientific study of human communication and associated disorders. In this context, communication encompasses all those processes associated with the comprehension and production of spoken and written language, as well as appropriate forms of non-verbal communication.

Speech and language therapists or logopedists provide treatment in the following areas:

- *disorders of articulation*
- *speech disorders*
- *voice disorders (with a functional cause, as a result of trauma or organic, developmental or acquired)*
- *spoken language disorders*
- *written language disorders (dyslexia, dysorthographia, dysgraphia)*
- *disorders affecting mathematical and logical reasoning*
- *early education and therapy for a variety of disabilities in young children*
- *teaching of lip-reading to people who have developed a hearing impairment*
- *teaching deaf children to speak, and language therapy for people with acquired hearing impairment*
- *aphasia therapy and other speech and language disorders with a neurological origin*
- *feeding and swallowing therapy*
- *therapy for disorders affecting the Eustachian tube*
- *maintaining communication for people with cerebral disorders associated with aging*

Increasingly, speech and language therapists or logopedists are involved in prevention work (training and informing health professionals and health promotion) and in screening (early screening for language disorders in children).

Through their work, speech and language therapists or logopedists help people to return to educational, professional, social and cultural life. They are also involved in disorders arising in the aging adult population, and in the field of illiteracy (through their specific areas of expertise).

They collaborate with the patient's medical practitioner, their family, and educational, work or social contacts.

They undertake a preliminary assessment, examining and assessing the disorders observed, identifying as far as possible their cause and making both diagnosis and prognosis; they then decide whether therapy is required.

Using individual or group therapy, speech and language therapists or logopedists draw on their clinical experience to employ techniques which will enable all clients to maximise their verbal or non-verbal communicative potential.

✓ Professional practice

Speech and language therapists or logopedists across Europe may practise in different sectors and settings, according to the particular socio-economic circumstances in their own country:

- in the **health** sector, in particular in:
 - hospitals ;*
 - therapeutic and rehabilitation centres ;*
 - special medical-educational institutions ;*
 - special centres for children with disabilities (the deaf and hard of hearing, those with motor disabilities, blind and partially sighted, learning disabilities ;*
 - child psychiatric units ;*
 - nursing homes ;*
 - private practice (this sector has a long history in France and is now becoming established in all other countries).*
- in the **education** sector
 - special units ;*
 - mainstream schools which integrate children with disabilities.*
- in the area of **prevention** (special services for prevention and screening for health and social problems)
- in the area of combatting **illiteracy**

✓ Demographic composition

The profession has a similarly female profile in every country: it is composed of 95% women with an average age of 38-40 years. Speech and language therapy is therefore a young and dynamic profession.

COUNTRY	Inhabitants (millions)	Speech and language therapists or logopedists	Inhabitants per SPEECH AND LANGUAGE THERAPISTS OR LOGOPEDISTS
Austria	7 500 000	1 000	7500
Belgium	10 170 226	10 280	989
Denmark	5 200 000	1150	4522
France	59 000 000	12500	4720
Finland	5 100 000	700	7286
Germany	81 800 000	6000	13633
Greece	10 000 000	156	64103
Italy	54 000 000	5 000	10800
Ireland	3 750 000	256	14648
Luxembourg	423 700	37	11451
Netherlands	16 000 000	4 000	4000
Portugal	10 000 000	300	33333
United-Kingdom	58 000 000	7 000	8286
Spain	39 000 000	4500	8667
Sweden	9 000 000	750	12000

ALL U.E.	368 943 926	53 629	6880
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✓ Funding for therapy

In different countries, therapy is usually financed either by:

- social security systems (sickness insurance)
- individual private health insurance
- by the State or other public authorities

In many countries, because of the statutory basis of the profession, therapy must be prescribed by a medical practitioner and the costs are then covered with their agreement.

✓ Education of speech and language therapists or logopedists

Depending on the country, the initial education of speech and language therapists or logopedists lasts between 3 and 6 years after completing the *Baccalaureat* or its equivalent. Education centres are usually within university medical faculties. Therapists are sometimes taught within special schools attached to therapy or rehabilitation centres.

The education programme is based on the skills and knowledge required of speech and language therapists or logopedists who provide language and communication therapy. Since the discipline stands at the crossroads of a number of different sciences, education encompasses a wide range of different areas of study, i.e.:

- language sciences
- ENT (phonation, hearing, swallowing)
- neuropathology
- anatomy, physiology and the nervous system
- phoniatrics
- specific speech and language pathologies
- psychology and psychiatry
- gerontology
- disabilities and specific syndromes
- linguistics and phonetics
- neuropsychology
- theories of communication
- organisation of the education and health systems
- physical and acoustic sciences
- informatics
- ethics and legislation
- research methodology.

In addition to taught classes and directed learning, students also undertake a large number of practical sessions in a variety of clinical settings and specialised centres. Initial education concludes with a final examination and submission of a report or thesis.

The theoretical parts of the course are delivered by members of the medical faculty or university lecturers from the relevant disciplines and speech and language therapists or logopedists.

The clinical practicum is carried out under the supervision of practising professionals.

2 - HISTORICAL PERSPECTIVE - THE AIMS AND ACTIVITIES OF CPLOL

Constitutional Charter of the Standing Liaison Committee of Speech and language therapists or logopedists - PARIS 6 March 1988 :

Over the last few decades, logopedics and speech and language therapy have gone through extensive development in the different countries. The rapid evolution of logopedic and speech and language therapy practices now leads us to hope that one day a science of speech and language therapy will be created.

For this purpose, we have to reinforce our collaboration with university staff and to share with them both fundamental and applied research in order to pass on, in return, a synthesis of the theories involved and of our practice.

But this approach can only be considered complete if there is international sharing of our know-how. This willingness to exchange and to meet has already been manifested in the various scientific meetings that have been held.

The development of European awareness, the importance of the decisions made by its institutions and, more recently, the political will to see a European entity confirmed, will provoke far-reaching changes in professional exchanges.

When the Single European Act enters into force in 1991, it will create a new dynamism between the EU member states and therefore, naturally, between our professions.

That is why the appointed delegates of professional organisations representing speech and language therapists or logopedists and logopedists in the 12 EU countries are undertaking the creation of a Standing Liaison Committee for EU Speech and Language Therapists - Logopedists.

More concretely, this structure will make it possible to :

- harmonise professional statutes;
- study, on a Community-wide basis, the various texts needed (specific to speech and language therapists or logopedists) that we should like to add to the General EU Directives regulating the free movement of professionals;
- support the evolution of training and of our professional practice in our respective countries by encouraging scientific exchanges and research so as to add depth to our professional experience and our scientific practice;
- foster collaboration with speech and language therapists or logopedists in the European Community, already widely practised during existing international scientific exchanges

We, the undersigned, as representatives of the professional organisations of Speech and language therapists or logopedists of the EU hereby declare :

- that as founder members, we will abide by the objectives of the Constitutional Charter of the Standing Liaison Committee for EU Speech and Language Therapists - Logopedists,
- that we will make every endeavour to achieve the goals entrusted to the Standing Committee.

✓ History

The discipline began to develop at the end of the 19th century at the time when the first significant research findings were appearing in the fields of medicine, neurology and psychology; it has made considerable progress since the end of the Second World War. Education programmes have multiplied throughout every country in Europe and today there are estimated to be around **50,000** speech and language therapists or logopedists in the European Union. To this total should be added the speech and language therapists or logopedists in countries which are poised to join the EU in the near future.

- **On 6 March 1988** in Paris, at the instigation of the Federation Nationale des Orthophonistes (France), the organisations or associations representing the nine countries of the European Community (Belgium, Denmark, France, Germany, Greece, Italy, Luxembourg, Spain, United-Kingdom) signed the constitutional charter which set up the Standing Liaison Committee of EU Speech and language therapists or logopedists (**CPLOL**); the founding President was Jacques Roustit.

- **In 1989**, 15 organisations representing the 12 countries of the Community joined as members of CPLOL.

- **Each year** one of the member countries hosts the General Assembly.

- **In April 1992** the first CPLOL scientific congress was held in Athens; the theme was '*Current trends in the Science of Speech and Language Pathology in Europe*'

- **In September 1994**, Belgium organised the Second European Congress in Antwerp.

- **In 1995** Finland, Sweden and Austria were automatically admitted as CPLOL members following their joining the European Union

- **In 1997**, the Third CPLOL Scientific Congress was held in Lisbon with the theme: '*Prevention - Assessment and Measuring Efficacy*'

- **In May 1998**, at the General Assembly in Naples, Estonia and Cyprus, which are both seeking to join the European Union, were admitted as observer members of CPLOL

CPLOL is now composed of **19 member countries and 21 professional and scientific organisations of speech and language therapists or logopedists**

The official languages within CPLOL are English and French.

✓ **Aims and objectives**

CPLOL was created with the aim of harmonising the profession at European level by putting in place structures that would enable leading members of the profession in the countries of Europe to meet together.

Aims

In its statutes, CPLOL identifies the following aims:

A: To represent member professional organisations to the political, parliamentary and administrative authorities at European and international level.

B : Within the EU member states to promote:

- free movement and the right to establish services for professionals within the member states of the EU
- coordination of conditions for practising speech and language therapy
- the equivalence of qualifications
- the harmonisation of regulations governing the profession
- exchange of scientific and research information in speech and language therapy
- the harmonisation of initial and continuing education

C: To examine the regulations and decisions produced by the European authorities with relevance for speech and language therapy, and to present them with proposals and plan

D: To facilitate meetings with other EU liaison committees representing other professions sharing interests in common with speech and language therapists or logopedists

E: To provide assistance to member organisations if the proposals made are of common interest

F: To organise European scientific congresses for speech and language therapists or logopedists

G: To publish any scientific or professional journal and any materials matching CPLOL's mission and that of speech and language therapists or logopedists

H: To establish contacts with professional and scientific organisations of speech and language therapists or logopedists across the world

I: To examine and to publish any text or recommendation relevant to speech and language therapy in Europe

J: To nominate experts in speech and language therapy in response to requests from any political, parliamentary, administrative authority or other recognised body

K: To foster the development of speech and language therapy through education, contacts and taking in new members

Objectives

CPLOL exists as an organisation for NETWORKING, EXCHANGES and SHARING KNOWLEDGE. It is a conduit for information which is vital for the building of speech and language therapy in Europe for:

- professional bodies
- national governments and European institutions
- health insurance
- qualifying education and continuing professional development
- research

CPLOL has a CLARIFYING role;

Internally it is concerned continually to adjust

- its role
- its aims

and to define:

- European speech and language therapy terminology
- speech and language therapy concepts

Externally it aims:

- to establish definitions of disorders, a comprehensive list of the competences of speech and language therapists
- to define the role and activities of speech and language therapists or logopedists
- to justify speech and language therapy interventions
- to clarify the medical and social effects of speech and language therapy
- to clarify the social, educational, medical and professional consequences if speech and language therapy treatment is not provided

CPLOL is a CENTRE FOR RESOURCES, DOCUMENTATION and STUDY, which provides

- a bibliographic database
- epidemiological studies

- demographic studies
- economic studies, etc

CPLOL carries out in-depth STUDY OF LIKELY FUTURE PROBLEMS, taking full account of scientific and professional developments

CPLOL encourages the development of EVALUATION and EVALUATIVE METHODOLOGY by reflecting on the most appropriate criteria which would support evaluation in different areas of intervention; this is achieved by bringing together groups of experts in order to explore specific questions.

This work enables CPLOL:

- to draw up quality criteria
- to demonstrate the efficacy of treatment types
- to develop measurement tools

CPLOL proposes guidelines, based on the above criteria, for the content of initial EDUCATION

CPLOL serves as a reference point

- aiming towards continued improvement of speech and language therapy across Europe
- as experts in speech and language therapy
- as initiator of approaches, and scientific and professional tools (e.g. prevention and screening)
- in relation to professional and scientific publications
- in relation to conferences
- in international relations

In order to achieve this, a number of working parties have been set up to carry out the following tasks:

- comparison and harmonisation of initial education, drawing up of a reference work setting out minimum standards for initial education;
- harmonisation of professional profiles (a European profile was agreed in October 1990);
- comparison of regulatory frameworks and professional practice;
- examination of the ethical basis of the profession which led to the adoption of a European Charter of Ethics in 1992;
- research and documentation leading to the creation of a bibliographical database;
- ongoing examination of the possibility of setting up a bilingual European scientific journal, and a bulletin for exchanging professional information;
- carrying out work in the area of prevention of communication disorders (drawing up common tools, European information campaigns, etc);
- organisation of European congresses.

Over the course of a few years, European speech and language therapy has made considerable progress and real steps towards harmonisation have been taken by members of the profession and their representative organisations.

Since 1992, CPLOL has been recognised by the European Committee as a **Non-Governmental Organisation** and, as such, is consulted on all issues within its area of competence.

✓ How CPLOL works

General Assembly

This is made up of the member organisations of CPLOL and usually meets once a year.

Each country has three votes, irrespective of the number of organisations or their membership. European countries which are not EU members participate in the work of CPLOL as observer members, without voting rights.

Executive committee

President : Ben Mondelaers – Netherlands

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General Secretary : Jacques Roustit – France

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Vice-President – Education : Marianne Leterme – Belgium

Vice-President - Professional practice : Dietlinde Schrey-Dern – Germany

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Vice-President - Research-publications-congresses : Pierre Dessailly – Belgium

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Vice-President – Prevention : Birgitta Rosén-Gustafsson – Sweden

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Vice-President - International relations : Thalia Zolotas – Greece

Treasurer : Bent Kjaer – Denmark

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Working parties

There are three working parties, known as Committees, and they bring together representatives from all member countries at least twice a year:

Education/professional practice Committee

Research-publications-congresses Committee

Prevention Committee

The Committees are chaired by the Vice-president responsible for that area of work and they are composed of one representative from each member country. They meet several times each year.

The Committees can set up expert working groups on common themes. The theme 'Evaluation and measuring efficacy of speech and language therapy interventions' has been a priority theme since the 1998 Naples General Assembly and is being examined by a working group formed from two Committees.

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3 - SPEECH AND LANGUAGE THERAPY IN THE EUROPEAN UNION

The findings described below result from a study carried out between 1992 and 1994 and published in 1994. It does not cover countries which joined the European Union in 1995.

Introduction

Within the framework of CPLOL activities, especially those of the professional profile committee and the education committee, a questionnaire on the professional practice and training of speech and language therapists or logopedists was put together and completed by representatives of the countries within the European Union. The first draft of the questionnaire was drawn up during the meeting of both committees in Malaga on the 13, 14 and 15 November 1992. The answers supplied by member countries were analysed in the spring of 1993. The answers were further verified at the meeting of the committees concerned, in Copenhagen on 7, 8 and 9 May 1993. Here the representatives of the various affiliated organisations checked whether the answers had been correctly interpreted. Lack of clarity in some of the questions led to a supplementary questionnaire being sent. The answers to this were processed in the autumn of 1993.

The answers were critically analysed once more and revised at the meetings in Paris on the 23 and 24 October 1993 and on 15 and 16 January 1994. The final responses were recorded at the meeting in Cologne on 18, 19 and 20 February 1994. The following text sets out the data and findings of the survey.

Definition of the profession

The profession of speech and language therapist is defined as a health care profession in all the countries except Denmark. In Denmark the profession is related to education. The profession has both a health care and an educational component in Spain.

Legal status and organisation of professional practice

The professional title is protected in Germany, France, Luxembourg, The Netherlands and Portugal. The profession has a legal status in these same countries and in Great Britain and Ireland. In most of the countries there are criteria for being admitted to and for practising the profession. Exceptions to this are privately established professional practice in Denmark, Spain, Greece, Italy and Great Britain. Speech and language therapists or logopedists are required to maintain confidentiality with regard to their patients in Belgium, Denmark, Germany, France, Ireland, Luxembourg and The Netherlands. Transfer of patients to a colleague is allowed in Belgium, France, Ireland, The Netherlands, Portugal and Luxembourg. In order to receive reimbursement from health care funds it is necessary to enter into a contract with the fund in Belgium, Germany, France, Luxembourg and The Netherlands. Hospitals must conform to standards for space, equipment and material in Great Britain and Italy. This is also the case in Denmark with regard to normal and special education and in The Netherlands, Germany and Italy with regard to the private practice. Germany and Luxembourg have standardised protocols for examination, while Germany also has standardised protocols for treatment. There are rules with respect to the retention of patients' files, after treatment has been terminated, in Germany, Great Britain, Ireland, Italy and The Netherlands and Luxembourg and in Denmark as far as children are concerned. The retention obligation usually varies from 5 to 10 years.

Countries	Title protected	Legal status	Confidentiality duty	Retention rules of patients' files
Belgium			+	
Denmark			+	+
France	+	+	+	
Germany	+	+	+	+

Great Britain		+		+
Greece				
Ireland		+	+	+
Italy				+
Luxembourg	+	+	+	
The Netherlands	+	+	+	+
Portugal	+	+		
Spain				

Table 1: Professional status

Professional practice Fields of work

Speech and language therapists or logopedists work in hospitals and other medical institutions in all the countries. Organisationally, speech and language therapy is usually situated within a paramedical unit in Dutch speaking Belgium, Spain, Greece and The Netherlands, whereas in other cases it may be seen as a special service.

They work in ordinary primary education in Belgium, The Netherlands, Denmark, Spain, Great Britain, Greece, Ireland and Portugal; their status is exclusively as an employee in Denmark, Spain, and The Netherlands, whilst it is also possible to work as a self-employed practitioner in ordinary primary education in Belgium, Spain, Great Britain, The Netherlands and Portugal.

Speech and language therapists or logopedists work in special education or in other institutions that are specifically aimed at children in all the countries. As a rule they work there as an employee, although in Germany, Spain, Great Britain, Italy and Portugal it is also possible to work in that context as a self-employed practitioner.

They can work in private practice in all the countries except Denmark. It is also possible to work as an employee in a privately established practice in The Netherlands, Germany and Portugal.

They can also be employed in companies in Dutch-speaking Belgium, Germany, Denmark and The Netherlands. In addition they are employed in education establishments, in research settings and in various specific work settings in most of the countries.

Salaries and fees

It was found that agreements with the public authorities, with regard to gross salaries or rates for those who receive a salary, are usual in all the countries. In private practice in Belgium, Germany, France, Luxembourg and The Netherlands agreements about fees are made at a central level. In the other countries the rates are not centrally determined. In the commercial sector there is freedom to negotiate a rate for payment. Seniority has, as far as salary level is concerned, an influence in each country. In seven countries salary is determined by the professional's diploma, in about five by the professional title and in four countries age influences salary level.

	Age	Seniority	Diploma	Professional title
Belgium	+	+	+	+
Denmark		+		+
France		+	+	

Germany	+	+	+	+
Great Britain		+	+	+
Greece		+	+	+
Ireland		+		
Italy		+	+	
Luxembourg	+	+	+	
The Netherlands	+	+		
Portugal		+	+	
Spain		+		

Table 2: Factors that influence salaries

The minimum salary varies from 8,157 to 32,005 ECU in hospitals and comparable institutions, while the maximum varies from 11,000 to 57,448 ECU. In ordinary primary education minimum salaries vary from 8,000 to 23,000 ECU and maximum salaries from 10,000 to 38,050 ECU. The minimum salaries vary from 8,854 to 24,000 ECU in special education and the maximum from 11,000 to 38,050. The fee for a 30-minute treatment in a privately established practice varies from 12 to 30.7 ECU. Group treatment is possible in most countries, with the exception of Denmark, Ireland and Luxembourg. Rates per patient within group treatment vary from 3 to 15 ECU.

Work setting	Minimum ECU		Maximum ECU	
	from	to	from	to
Hospitals	8.157	32.005	11.000	57.448
Ordinary primary education	8.000	23.000	10.000	38.050
Special education	8.854	24.000	11.000	38.050
Individual treatment (per 30 minutes)	12		30,7	
Group treatment (per person)	3		15	

Table 3: Salaries and fees in the work settings.

Relationship with health care insurers

With regard to private professional practice, speech and language therapists or logopedists need a contract with health care insurers in Germany, France, Luxembourg and The Netherlands, while there is an agreement with the insurer in Belgium and Portugal. An agreement with a health care insurer is necessary to ensure the patient is eligible for reimbursement by the insurer. This is required in Belgium, Germany, France, Luxembourg, Portugal and The Netherlands. In Germany and Luxembourg this also holds for those working as an employee.

In Great Britain, Greece, The Netherlands, Portugal and Luxembourg full reimbursement is given for a speech and language therapy assessment; in Belgium, Germany, France, Greece, Portugal and Great Britain reimbursement is only partial for those patients with private health care insurance reimbursement is partial. Partial reimbursement varies from 60 to 90%. Speech and language therapy treatment is fully reimbursed in Denmark, Great Britain, Greece, Luxembourg, The Netherlands and Portugal, and partially in Belgium, Germany and France, or for patients in Greece and Great Britain who have private health

care insurance. The level of this partial reimbursement is the same as that for a speech and language therapy assessment.

Group treatment is fully reimbursed in Great Britain, Greece, The Netherlands and Portugal and partially in Belgium, Germany, France, Italy and for those who are not fully covered in Great Britain, Greece and Portugal. Transportation costs for a domiciliary treatment are fully covered by insurers in Germany, France and Luxembourg if the patient cannot travel. Speech and language therapists or logopedists are allowed, in all countries, to form partnerships with colleagues, while those who run a privately established practice may employ colleagues in all the countries except Greece and Luxembourg.

Countries	Logopedic examination	Logopedic treatment	Group treatment	Transportation costs for domiciliary treatment, paid by insurer	Possibility to employ colleagues in privately established practice
Belgium	partial	partial	partial		+
Denmark		integral			+
France	partial	partial	partial	integral	+
Germany	partial	partial	partial	integral	+
Great Britain	fully (NHS) partial (priv. ins.)	fully (NHS) partial (priv. ins.)	fully (NHS) partial (priv. ins.)		+
Greece	integral or partial	integral or partial	integral or partial		
Ireland					+
Italy			partial		+
Luxembourg	integral	integral		integral	
The Netherlands	integral	integral	integral	partial	+
Portugal	integral or partial	integral	integral or partial		+
Spain					+

Table 4: Reimbursement by health care insurers

To be eligible for reimbursement for speech and language therapy examination and treatment it is necessary, in virtually all of the countries, to have a referral by a medical practitioner. Exceptions to this rule are Great Britain and Ireland (where speech and language therapy treatment is free in the public sector) as well as Spain.

Referrers

Who may prescribe a speech and language therapy assessment? This can be a general practitioner in all the countries except Belgium and Germany or a medical specialist in all the countries (except Greece). Orthodontist may refer in all the countries except Belgium and Greece, while a dentist may not refer directly to the speech and language therapist in these two countries nor in The Netherlands. Psychologists may also refer in Portugal and Spain. The speech and language therapy assessment is performed by speech and language therapists or logopedists in Great Britain, Ireland, Greece, Luxembourg, The Netherlands and Portugal. Doctors, phoniaticians, and occasionally other professionals may perform this in Belgium, Germany, Spain, France and Italy.

In all the countries except Belgium speech and language therapy treatment may be prescribed by a medical specialist as well as by a general practitioner. This is also the case for dentists in Germany, France, Luxembourg and Portugal. Speech and language therapists or logopedists may determine the

length of the treatment themselves in Denmark, Great Britain, Greece, Spain, Ireland and Portugal. In the other countries this is restricted to the referring medical practitioner. In some countries the speech and language therapist may refer directly to a medical specialist; exceptions are Germany, Denmark, France, Italy and The Netherlands.

Speech and language therapists or logopedists may refer the patient directly to other paramedical professionals in the same countries. They may also refer the patient directly to psychologists and special teachers in all the countries except Germany, Denmark, Italy and The Netherlands. Speech and language therapists or logopedists may prescribe medical apparatus only in Great Britain and Denmark, although hearing aids are an exception to this in Denmark.

Countries	General Practitioner		Medical specialist		Orthodontist		Dentist	
	examin	treatm	examin	treatm	examin	treatm	examin	treatm
Belgium			+	+				
Denmark	+	+	+		+	+	+	
France	+	+	+	+	+	+	+	+
Germany		+	+	+	+	+	+	+
Great Britain	+	+	+		+	+	+	
Greece	+	+	+	+				
Ireland	+	+	+		+	+	+	
Italy	+	+	+	+	+	+	+	
Luxembourg	+	+	+	+	+	+	+	+
The Netherlands	+	+	+	+	+	+		
Portugal	+	+	+	+	+	+	+	+
Spain	+	+	+	+	+	+		

Table 5: Referrers to the speech and language therapist

Which disorders are treated?

The following disorders are treated in different work settings:

- myofunctional disorders
- craniomandibular dysfunction
- dentomaxillary dysfunction
- swallowing disorders
- eating and drinking problems
- speech delay
- singular dyslalia
- multiple dyslalia
- nasality
- cleft palate
- prosodic disorders
- rhythm disorders
- hypotonic articulation
- post-traumatic dysarthria
- progressive dysarthria

stuttering
 language delay
 language disorders
 stammering
 dyslexia
 dysorthographia
 dysgraphia
 dyscalculia
 aphasia
 memory disorders in old age or post-traumatic
 morphologic alteration of the vocal folds (nodules, polyps, Reinke's oedema, etc.)
 dysphonia
 laryngeal paralysis
 disorders following laryngeal carcinoma
 voice mutation
 voice virilisation
 psychogenic aphonia
 iatrogenic voice disorder
 auditory synthesis disorder
 auditory analysis disorder
 auditory discrimination disorder
 auditory integration disorder
 auditory memory disorder
 conductive hearing loss
 perceptive hearing loss
 deafness
 hyperventilation
 disorders of the functioning of the Eustachian tube
 functional respiratory disorder
 visual disorder
 illiteracy
 communication disorders in the elderly population
 augmentative communication

Treatment of certain disorders is not carried out in a limited number of countries. For instance, in Belgium, disorders without a physiological origin; in France, parental guidance, prevention and treatment of the function of the Eustachian tube; in Luxembourg, written language, elocution and disorders with a functional origin; in The Netherlands, dyslexia, dys(ortho)graphia, dyscalculia, visual disorders and illiteracy.

Ages of patients

There is some variation between countries in the distribution of patients among different age groups.

	0 - 3 years	3 - 12 years	12 -18 years	adults	elderly
Belgium	5	60	10	15	10
Denmark	2	60	10	15	15
France	5	50	15	20	10
Germany	5	30	15	35	15
Great Britain	70			30	
Greece	10	40	30	20	0
Ireland	70			30	

Italy	55			40	5
Luxembourg	-	-	-	-	-
The Netherlands	2	45	25	15	13
Portugal	-	-	-	-	-
Spain	5	60	10	20	5

Table 7: Proportional distribution of the ages of the patients treated

On average, approximately 70% of patients are children up to 18 years and about 30% are adults and the elderly.

Treatment pattern

The average number of treatment sessions a week varies, mainly due to the type of disorder. Overall, there is an average of 2 to 3 sessions a week, or 8 to 12 treatments on a monthly basis. The average length of a treatment varies from 30 to 90 minutes, with a timespan of 30 to 45 minutes quoted most frequently. The total treatment time varies, depending on type and severity of the disorder. Reliable figures on this are not available. Most replies showed a treatment duration of 6 months and more.

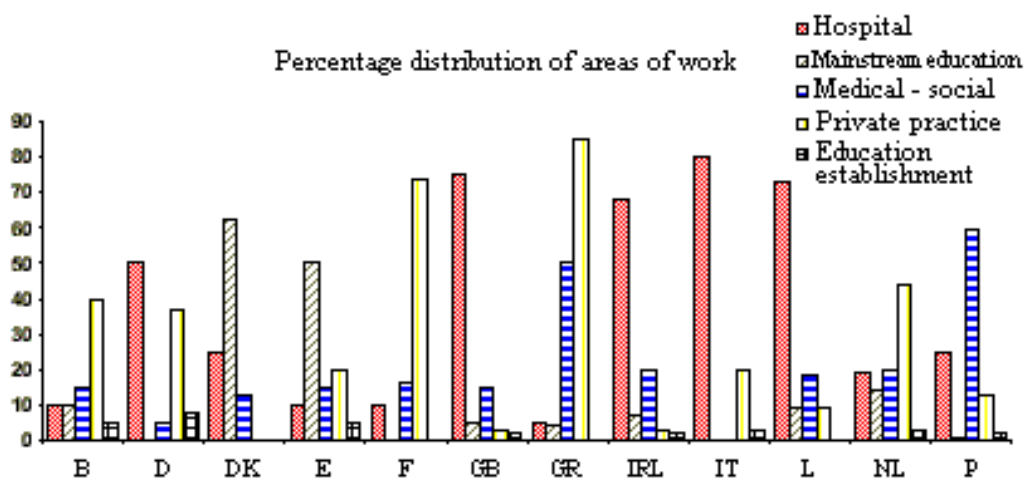
Total number of speech and language therapists or logopedists

An overview of the number of speech and language therapists or logopedists in the different EU countries younger than 65 years is given below. When we relate this to the number of inhabitants in each country the resulting ratio of one speech and language therapist per x inhabitants is as shown below in Table 8.

Countries	Number of inhabitants	Number of speech and language therapists < 65 years	Ratio 1 speech and language therapist per x inhabitants	Number of speech and language therapists or logopedists < 65 years active as speech and language therapists or logopedists
Belgium	9.942.000	7.000	1.420	-
Denmark	5.143.000	1.500	3.428	1.000
France	57.050.000	10.500	5.433	10.000
Germany	79.978.000	4.000	19.995	3.500
Great Britain	57.861.000	12.000	4.821	5.500
Greece	10.083.000	120	64000	120
Ireland	3.468.000	320	10.837	280
Italy	58.003.000	2.000	29.002	1.800
Luxembourg	440.000	40	11.000	38
The Netherlands	15.203.000	5.500	2.764	4.026
Portugal	10.450.000	300	34.833	242
Spain	39.622.000	-	-	-

Table 8: Number of practices per number of inhabitants

Great Britain is the country that has the most speech and language therapists or logopedists younger than 65. Yet less than half of them work as a speech and language therapist. In that respect Great Britain stands out from the rest of the countries. The histogram below gives an overview of the proportional distribution of speech and language therapists or logopedists across different fields of work. It should be mentioned that, in Greece, many therapists work in education in the morning and in their own private practice in the afternoon



The number of speech and language therapists or logopedists with a foreign qualification who are active in the different countries ranges between 0 and 3%. Exceptions are Greece and Luxembourg, where all therapists have trained abroad, as these two countries have no qualifying course for speech and language therapists or logopedists.

Working hours

For those speech and language therapists or logopedists subject to an employment contract, full-time employment signifies a working week of between 22 and 40 hours. In private practice this varies from 30 to more than 50 hours a week.

Role, function and occupation of the speech and language therapist

Speech and language therapists or logopedists are concerned in all countries with prevention as well as screening. Screening is carried with babies, pre-school and school-aged children in all countries. Diagnosis, actual treatment and advising parents or family are usual activities in all the countries. Paid scientific research also takes place in most of the countries. Speech and language therapists or logopedists also have an advisory role in all the countries of the EU and they are involved in raising general public awareness.

Writing up the assessment and reporting on the progress of the patient is normal in all the countries. Reports are directed, in the main, to the referrer and the health care insurer. In institutions fellow professionals are provided with the necessary information. In all the countries, speech and language therapists or logopedists are responsible for their own professional actions.

Speech and language therapists or logopedists can, except in Denmark, Spain and Italy, become head of a hospital department in the different countries. They can participate in the training of future colleagues across the whole EU. This applies to the practical work and developing clinical skills as well as to the theoretical education. Additional training is required, in most of the countries, for those employed in the education establishments. The speech and language therapist may teach on all the courses in 7 countries. They may be used to supervise trainees in all the countries, as long as they fulfil the condition that they have had sufficient practical experience themselves. They can be designated as the principal of

educational establishment in all the countries which train speech and language therapists or logopedists, except in Italy.

Treatment can be delivered individually as well as in a group everywhere. The speech and language therapist can function as a sole practitioner or collaborate in a multi-disciplinary team.

Initial education and continuing professional development

The length of study to become a speech and language therapist varies from 2 to 6 years. A 2-year course is usually a postgraduate course. Most common are 3 and 4 year courses. The study is at university level in Belgium, Denmark, Spain, France, Great Britain, Ireland and Italy and of a higher vocational level in Belgium, The Netherlands and Portugal. In Germany the study varies between intermediate and higher vocational level. Too many speech and language therapists or logopedists are trained in Belgium and The Netherlands, sufficient in Spain, France, Great Britain and Denmark, and too few in the other countries.

Countries	Number of speech and language therapy training schools
Belgium	13
Denmark	7
France	13
Germany	32
Great Britain	15
Greece	0
Ireland	1
Italy	14
Luxembourg	0
The Netherlands	7
Portugal	2
Spain	15

Table 10: Number of speech and language therapy training schools in the countries of the EU

The number of education establishments is generally left to the discretion of the government. In Spain and Italy the universities may decide the number of students themselves. A numerus clausus is employed in Denmark, France, Ireland, Portugal, The Netherlands and Italy. The level of the numerus clausus is determined by the relevant government department and must be adhered to.

Speech and language therapists or logopedists may provide the practical training, while other academics and speech and language therapists or logopedists usually provide the theoretical part of the study. Which expert may teach a certain subject is decided by subject in Belgium, France, Denmark, Great Britain, Portugal and Italy. To function as a teacher at an educational establishment in Belgium, Denmark, Spain, Great Britain, Ireland and Italy it is necessary to have a university degree. A postgraduate degree is necessary in Belgium and The Netherlands. Supplementary requirements are necessary in Belgium and France. Special training is available for speech and language therapy teachers in Germany, The Netherlands and Portugal. Only in France are the clinical training supervisors governed by statutory regulations.

The costs incurred while training to become a teacher at a speech and language therapy education establishment are (partially) refunded in Denmark, Spain, Great Britain, The Netherlands and Portugal. At

the moment there is no compulsory in-service training or refresher course for graduate speech and language therapists or logopedists in any of the countries of the EU, with the exception of Great Britain and Luxembourg. In no country of the EU are there officially recognised specialisations.

Professional associations

The speech and language therapist is not required in any of the countries of the EU to join a professional association. Membership of the professional associations varies from 30 to 90%. An overview of the percentage of speech and language therapists or logopedists affiliated to a professional association is shown in the following table.

Countries	% affiliated speech and language therapists or logopedists
Belgium	42 - 50 %
Denmark	75 - 80 %
France	50 %
Germany	90 %
Great Britain	75 - 80 %
Greece	80 %
Ireland	65 %
Italy	65 %
Luxembourg	90 %
The Netherlands	90 %
Portugal	76 %
Spain	30 - 40 %

Table 11: Affiliation rating of speech and language therapists or logopedists to the professional association

The aims of the professional associations are to promote and advance the profession and its field of work, to support the interests of the members or to represent them officially, to foster and provide in-service training and refresher courses. The professional association is the official representative on scientific aspects in France, Great Britain, Greece, Ireland, Italy and The Netherlands.

With respect to education and training issues, speech and language therapists or logopedists are officially represented by the professional association in Germany, France, Great Britain, Ireland and Italy. Where the professional practice is concerned, the professional association officially represents speech and language therapists or logopedists in all the countries except Denmark, Spain and Portugal.

Only one professional association exists in all the countries except Belgium, Denmark, Spain and France. In Belgium there are two, one for the French speaking part and one for the Dutch speaking part of the country. The professional association is the designated body, in all the countries except Spain and Denmark, which may talk to and deal with the different government agencies.

In no country does the professional association act as a trade union and therefore does not directly determine the level of salaries of speech and language therapists or logopedists. The professional association negotiates, as a full partner, on the scale of fees in private practice in Germany, France, Greece, Luxembourg and The Netherlands. The professional association has a permanent relationship with one of the trade unions in all the countries except Belgium, Denmark and Spain.

Conclusion

The picture of professional practice by speech and language therapists or logopedists in Europe shows many common features. It is desirable to record these similarities and to continue working towards the phasing out of current differences. This harmonisation should lead to improving speech and language therapy in every country without creating a rigid model which is not in accord with the social-political-economic reality of the country concerned. CPLOL can play an important role in this process of harmonisation.

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4 – ACHIEVEMENTS

. PROFESSIONAL PROFILE OF THE SPEECH AND LANGUAGE THERAPIST

London, 7 October 1990

Cologne, 20 February 1994

Lisbon, 1 May 1997

I - Definition of the speech and language therapist

The speech and language therapist is the professional responsible for the prevention, assessment, treatment and scientific study of human communication and related disorders. In this context human communication encompasses all those processes associated with the comprehension and production of oral and written language, as well as appropriate forms of non-verbal communication.

II - Description of disorders

Disorders relate to speech and language, which are two of the most complex and developed aspects of cerebral functioning, as well as auditory, visual, cognitive -including learning-, oral muscular, respiratory, swallowing and vocal functioning. Disorders may be simple or complex, when multiple communication disorders are involved.

III - Role and function of the speech and language therapist

The speech and language therapist or logopedist has the following roles:

1 - Prevention

The speech and language therapist acts at every stage to prevent the occurrence or development of communication disorders by:

- a) teaching
- b) information
- c) carrying out screening procedures designed for early détection of disorders in children or adults
- d) any other action appropriate for clients and their environment.

2 - Assessment and diagnosis

Assessment requires a comprehensive appraisal of functional and other aspects of communicative competence, and changes in these observed in clients (who may or may not consult the speech and language therapist on their own initiative). Account must be taken of the needs of clients and their individual social environment.

Assessment is a continuing process and will often involve collaboration with professionals from other disciplines. The speech and language therapist arrives at a diagnosis through objective testing and clinical observation, and formulates a hypothesis about the nature and duration of intervention.

3 - Intervention

In the case of human communication disorders, therapeutic intervention may be direct or indirect. It involves therapy, rehabilitation and reintegration into social and working life, as well as early intervention, and guidance and counselling. Therapeutic actions have technical, interpersonal and general social dimensions.

Speech and language therapy aims to bring clients to the highest possible level of functioning and communication which is appropriate to their social, educational and working environment, in order that they may achieve or maintain an independent lifestyle. Age is therefore not significant as disorders may appear at any stage in a person's life, and may be developmental or acquired.

An essential part of intervention is the evaluation of its efficacy.

Where there is a medical pathology, intervention by the speech and language therapist may complement medical treatment. Speech and language therapy also involves collaborating in therapy programmes within a multidisciplinary context.

4 - Professional conduct

Speech and language therapists or logopedists must abide by the code of ethics drawn up by their professional body and/or the relevant national government.

They are accountable for their professional actions within the national legal framework currently in force.

5 - Scientific study and continuing education

Speech and language therapists or logopedists should :

- enhance their knowledge and personal skills through continuing education;
- contribute to the development of the profession by sharing their knowledge and skills through publications, participation in meetings and courses, and by teaching;
- become involved in tutoring students during their theoretical studies and in supervising their clinical practice;
- draw up proposals for and participate in research programmes.

IV. The competences and attitudes of speech and language therapists or logopedists - logopedists

Speech and language therapists or logopedists should be both clinicians and researchers (i.e. "practising researchers"). At the outset of therapy, they should consider relevant theoretical models and assess the client's ⁽¹⁾ communication skills and disorders in order to plan a suitable programme of therapy. Speech and language therapists or logopedists should regularly evaluate therapy outcomes and make necessary adjustments to the therapy programme on the basis of the new information obtained.

The speech and language therapist is primarily concerned with human interaction. Speech and language therapists or logopedists should therefore demonstrate competences and develop attitudes which are appropriate for the most effective exercise of their profession.

The full range of competences is described below. This is based on a detailed analysis of the roles and functions of speech and language therapists or logopedists in their professional practice. Reference is also made to the Charter of Ethics adopted by CPLOL.

Phase 1: Referral interview

Speech and language therapists or logopedists must be able **to communicate in an appropriate way** with the client in order to obtain information and **to identify** the reason(s) why the client has presented him/herself.

They must therefore be able **to conduct an interview**, i.e. listen to the other person, demonstrate a sympathetic attitude to the client's mode of expression, understand the messages emanating from the client, ask questions to clarify issues for both parties, identify the reason for referral and understand the client's needs, and display good verbal and non-verbal means of expression.

¹ The term 'client' corresponds to the term 'patient' used in some countries.

Based on the information gained during this interview, speech and language therapists or logopedists must be able **to make a decision** about the course of action to be followed and to **inform the client** of this. Such information must be clearly presented and comprehensive, so that the client can understand the details and intended outcome, and he/she will be motivated to follow the proposed programme once it has been agreed.

Speech and language therapists or logopedists must therefore be able to draw conclusions from the information obtained, to determine the best course of action, to refer if necessary to another therapist and to explain the practical details of the therapy programme. In order to achieve this, speech and language therapists or logopedists must be familiar with different types of intervention, their specific objectives and their limitations. If appropriate, they must also be aware of different ways of funding therapy.

Phase 2: Assessment and diagnosis

Assessment involves establishing the **client's communicative competence** and **communication impairments**. Speech and language therapists or logopedists must therefore be able:

- to listen, actively observe and to use appropriately the chosen assessment tool/observation technique;
- to extract relevant information from their observations to complete a case history and to establish both qualitatively and quantitatively, the client's communication skills and deficits;
- to record and analyse data, to formulate and verify hypotheses, to carry out a differential diagnosis in as accurate and precise a way as possible;
- to write a detailed report;
- to communicate their findings to the client and his/her family (or carers) and to the other members of the therapy team (or to the referring medical practitioner);
- to plan an appropriate and clear therapy programme, which takes into account the needs of the client and his/her environment.

These skills presuppose a good knowledge of human behaviour and functioning, and their development, as well as **disorders** which may affect this functioning, and **different ways of investigating and identifying** disorders.

Phase 3: Intervention

When assessment has been completed, speech and language therapists or logopedists must be able to use their conclusions **to draw up therapy aims** and **a therapy programme**. Interventions may be both direct and indirect.

Speech and language therapists or logopedists must therefore be familiar with interventions which are appropriate for the skills and disorders in question, be aware **of the techniques and methods of therapy and rehabilitation available**, including counselling and early intervention. However, therapy interventions should never be seen as a technical application of learned procedures: therapy is rather a problem-solving activity because, in order to be effective, speech and language therapists or logopedists must be able to carry out ongoing assessment of the efficacy of the intervention to that changes or corrections can be made. Speech and language therapists or logopedists must therefore be creative and must be aware how to access the additional information required for efficient therapy.

Throughout therapy, speech and language therapists or logopedists must show respect for the clients and their families/carers; they must be able **to collaborate** with other professionals, and they must **abide by the code of ethics** and other regulations in force in that country.

Speech and language therapists or logopedists must regularly extend and update their knowledge and personal skills through continuing professional development and access **to research and other appropriate information** (through lectures, seminars and scientific conferences). They must be aware of the importance of new scientific research and must be familiar with different research methodologies.

Conclusion

Speech and language therapists or logopedists combine scientific knowledge and clinical skills to achieve the best possible management of their clients.

Speech and language therapy is a developing profession at the crossroads of pure and applied science. These guidelines may therefore be subject to revision and modification as the profession continues to develop.

. CODE OF ETHICS AND PROFESSIONAL CONDUCT DRAWN UP BY THE STANDING LIAISON COMMITTEE OF SPEECH AND LANGUAGE THERAPISTS OR LOGOPEDISTS IN THE EUROPEAN COMMUNITY (CPLOL)

ATHENS, 1 May 1992 and COPENHAGEN, 9 May 1993

Introduction

The maintenance of a high standard of ethical and professional conduct is essential to all those working in the field of speech and language therapy, both for the welfare of the clients/patients and for the reputation of the profession as a whole. The interpretation of what constitutes professional competence may vary with time, climate of opinion, individual countries and according to the circumstances of each particular case. However, it is believed that the following guidelines provide a framework for the proper exercise of the profession of speech and language therapy. At all times, the primary professional obligation for all speech and language therapists or logopedists is the long-term welfare of their clients/patients.

1. Personal responsibility

1.1 Practising speech and language therapists or logopedists should possess appropriate qualifications as recognised by the profession.

1.2 Speech and language therapists or logopedists should have an adequate level of competence in the spoken and written form of the language in which they are practising.

1.3 Speech and language therapists or logopedists should maintain and advance their knowledge and keep up with technical progress throughout their career in order to offer their clients/patients the best treatment available.

1.4 Speech and language therapists or logopedists should limit or interrupt their professional activities where temporary impairment of professional competence may have damaging consequences for the client/patient or the profession.

1.5 Speech and language therapists or logopedists should respect the social, moral and legal norms of the society in which they work and recognise that deviation from these norms can affect the confidence of the public in the competence of the individual speech and language therapist or logopedists and in the profession as a whole. They should therefore refrain from any action which might discredit themselves and the profession.

1.6 Speech and language therapists or logopedists should offer the best possible treatment to their clients/patients and avoid exceeding their competence, referring to other professionals when this is necessary.

1.7 Speech and language therapists or logopedists should not guarantee the effectiveness of any therapeutic procedure.

2. Professional conduct

2.1 Speech and language therapists or logopedists should uphold the dignity of the profession and conform to the profession's self-imposed standards.

2.2 The reputation of speech and language therapists or logopedists is founded on their competence and integrity. They should not therefore advertise or canvass for clients/patients by making laudatory statements concerning their own professional expertise.

2.3 Speech and language therapists or logopedists should not be influenced by professional advancement and financial interests in the giving of treatment. They should not accept gifts, or any financial or other inducements that might influence their professional judgement.

2.4 It is not acceptable to receive committees, discounts or other forms of payment for the referral of clients/patients to other professionals.

2.5 Speech and language therapists or logopedists, who are involved in the promotion and development of materials, books or instruments for communication disorders, must present them in a professional and objective manner and not put personal gain above professional responsibility.

2.6 Speech and language therapists or logopedists who work in official or private institutions should not accept rules or directives which interfere with or limit their professional independence and integrity and should support colleagues in the defence of their independence.

2.7 Wherever possible, qualified speech and language therapists or logopedists should assist speech and language therapy students to achieve theoretical and practical professional competence.

2.8 Speech and language therapists or logopedists should not collaborate in any way with persons practising illegal or inadequate speech therapy. Qualified speech and language therapists or logopedists should not give, lend or sell material for diagnosis or therapy to unqualified persons.

2.9 Speech and language therapists or logopedists should not, for reasons of personal gain, transfer to private practice clients/patients who are being assisted in a public institution.

2.10 Speech and language therapists or logopedists should refrain from direct or indirect advertising. The reputation of speech and language therapists or logopedists is based on their competence and integrity. Any notice in a directory or on a plaque should give only name, surname, professional title and (optionally) area of specialisation, dates and times for appointments and telephone number.

3. Responsibility towards clients/patients

3.1 Speech and language therapists or logopedists' primary responsibility is the long-term welfare of their clients/patients.

3.2 Speech and language therapists or logopedists must not discriminate on the grounds of social standing, race, religion or sex in the delivery of professional services.

3.3 Speech and language therapists or logopedists should not enter into personal relationships with clients/patients, that could disrupt the course of treatment.

3.4 Speech and language therapists or logopedists should evaluate the effectiveness of their intervention and should terminate the therapeutic relationship when it is clear that the patient/client is not gaining from this intervention.

3.5 Fees are established by professional norms that protect the interest of the client and the profession, and should be agreed upon before the outset of the treatment.

3.6 Speech and language therapists or logopedists should not allow treatment to be carried out by support personnel or students without providing them with adequate supervision and assuming full responsibility. When, for educational purposes, a speech and language therapist allows a student to work under supervision with a client, that client and his/her relatives must be informed about this and have the right to refuse it.

4. Confidentiality

4.1 Speech and language therapists or logopedists must maintain strict professional confidentiality, including information acquired in the course of administrative or non-clinical duties, except in the following cases :

- If there is written consent by the client/patient, authorised relative or legal adviser.
- Where necessarily imparted to a close relative on the client/patient's behalf, in the latter's best interest.
- Where there is knowledge of abuse of minors.

4.2 Speech and language therapists or logopedists should maintain adequate records of professional services on each client and ensure that the contents of these files remain confidential.

4.3 Where information is shared with professional colleagues or any other person, the speech and language therapist must ensure that it is understood that the information is imparted in strict professional confidence.

5. Responsibility towards colleagues

5.1 A speech and language therapist must not disparage a colleague in any way harmful to him/her personally and/or his/her professional standing.

5.2 Should a client/patient transfer, consultation between speech and language therapists or logopedists is recommended, unless this is not wished for by the client/patient.

5.3 In the case of concurrent therapy, liaison should be established and maintained by the speech and language therapists or logopedists involved.

5.4 Speech and language therapists or logopedists should strive to increase knowledge within their profession and share research findings.

6 . Responsibility to the community

6.1 Professional associations of speech and language therapists or logopedists and their individual members should make efforts to educate the public about all aspects of communication and related disorders.

6.2 They should ensure that all information given to the public regarding disorders is accurate.

6.3 They should not promote and make unqualified statements regarding new therapeutic procedures that are not yet sufficiently scientifically proven.

6.4 Professional associations of speech and language therapists or logopedists and their individual members should strive to maintain and expand the provision of services.

7. Ethical guidelines for research

7.1 During the course of research, the necessary ethical standards must be maintained and the welfare of the subject must not be adversely affected. Informed consent must be given by the patient, or his/her legal representative, in writing.

7.2 Due care must be taken not to infringe the subject's right to confidentiality.

7.3 The subject always has the right to withdraw from the research at any point.

7.4 If using medical records, prior consent should be given by the authority in charge of the files, and the patient.

. INITIAL EDUCATION OF SPEECH AND LANGUAGE THERAPISTS OR LOGOPEDISTS (²) -LOGOPEDISTS

RESULTS OF SURVEY CARRIED OUT IN 1996-1997

May 1997

Introduction

The recent objective of the CPLOL Committee dealing with Education and Professional Profile has been to give a more detailed and comprehensive description of the education of speech and language therapist or logopedist as it exists in European Union countries today.

The aims were:

1 - firstly in the short term (and following the Directives on free movement of professionals in Europe) to obtain precise details of the education followed by speech and language therapists or logopedists in education establishments.

2 - and secondly, in the long term, to study in detail the type of education given by each education establishment: including the curriculum, the way courses are taught, and the type of assessment used. This was in order to establish whether the education offered is compatible with the Professional Profile developed by CPLOL, and to establish the minimum standards necessary for high quality education. These minimum standards are intended as European guidelines for education and could serve as directives for the countries where no speech and language therapy qualifying course yet exists.

3 - finally this study will facilitate scrutiny of the level of education and the professional profile of speech and language therapists or logopedists who are members of professional associations wishing to join CPLOL.

In order to achieve this, a questionnaire was drawn up and submitted to each education establishment in CPLOL member countries. Greece and Luxemburg could not reply since they do not, currently, provide initial education for speech and language therapists or logopedists. Answers from Switzerland, an observer member of CPLOL, were also analysed. An overview of the position in Great Britain was given because of the number of courses (16 institutions, some of which offer more than 1 course each) and the diversity of content.

All the results are presented in the full text using graphics and diagrams, detailing responses to each question.

In the following text, we have attempted to show the ways and extent to which the existing education programmes prepare future speech and language therapists or logopedists to fulfil their roles and discharge the functions as described in the CPLOL document "European Professional Profile of Speech and language therapists or logopedists", adopted in London on 10 October 1990 and modified in Cologne on 20 February 1994.

I - Definition of the Speech and Language Therapist/Logopedist

*"The speech and language therapist is the professional responsible for the **prevention, assessment, treatment and scientific study** of human communication and related disorders. In this context, human communication encompasses all those processes associated with the comprehension and production of oral and written language, as well as appropriate forms of non-verbal communication".*

² The professional title "speech and language therapist" covers all Professional titles in Europe: - list of the CPLOL-statuts

I . 1. Nature of Education

Each education establishment for speech and language therapists or logopedists in the European Union has a curriculum which includes theoretical and practical courses to prepare students for their future duties as described in the definition of the speech and language therapist or logopedist.

The percentage of clinical placements in the total number of hours of study varies from 5 to 43 %, averaging 25%. The remaining number of hours of study is made up of theoretical and practical courses and a dissertation is required in every country except Germany and Ordinary (non-honours) degrees in Great Britain.

I . 2. Clinical placements

In every country clinical placements are supervised except in Spain where the students have to hand in a written report. In general, supervision is carried out by a speech and language therapist (SPEECH AND LANGUAGE THERAPISTS OR LOGOPEDISTS teacher, clinician or SPEECH AND LANGUAGE THERAPISTS OR LOGOPEDISTS supervisor). Two countries accept psychologists or medical practitioners as supervisors (French-speaking Belgium and Switzerland). In every country except Italy, the number of hours spent in placements is determined per year (Spain did not answer the question). Some countries have even defined the number of placements working with adults and those working with children, for example French-speaking Belgium, Finland, Germany, The Netherlands and Portugal. The Royal College of Speech and language therapists (RCSPEECH AND LANGUAGE THERAPISTS) in Great Britain issues guidelines on the content of the clinical component.

I . 3. Observations and visits

Each education establishment (except 2 French-speaking Belgian institutes) thought students would benefit from visiting different practice locations. They therefore visit a range of settings such as hospital wards, private practice locations, multi-disciplinary centres, special and ordinary schools, and nurseries.

I . 4. Assessment

In every country the different parts of courses are assessed (theory, clinical skills, clinical placements, dissertation). In Spain only theoretical knowledge and the dissertation are assessed. Oral and written assessments take place in every country. Clinical skills are part of a specific form of assessment in Austria, Germany, Great Britain, Italy, Ireland, the Netherlands, Switzerland and in most of the French-speaking Belgian establishments.

Final assessments take place in each educational establishment except Spain (2 centres of the French-speaking Belgium did not answer this question). However, the form of assessment varies according to the country/course. In Austria, Flemish-speaking and French-speaking Belgium, in France, Great Britain, Italy, Portugal, Finland, Germany, Sweden, and Ireland the qualification may only be obtained if the student has passed the theoretical and practical examinations as well as placements and dissertation assessments. Spain and the Netherlands were not specific when answering this question.

II Description of Disorders

“ Disorders relate to auditory, visual, cognitive - including learning -, oral, muscular, respiratory, swallowing and vocal functioning, as well as speech and language, two of the most complex and developed aspects of cerebral functioning. Disorders may be simple or complex, when multiple communication disorders are involved ”.

II . 1. Scientific study of Speech and Language Pathology

In every country scientific study corresponds with the definition of the European professional profile, in that it covers the following aspects of speech and language pathology: aphasia, dysarthria, developmental language disorders, developmental speech disorders, voice disorders, fluency disorders, resonance disorders, feeding-swallowing disorders, hearing impairment, dyslexia, cerebral palsy.

Other subjects may be taught in the educational programmes: i.e. dyscalculia, emotional and behavioural difficulties, psychiatric disorders, intellectual impairment, ageing, disorders related to cognitive functions, disorders related to the Eustachian tube etc.

II . 2 . Content of Clinical Placements

In Austria, French-speaking Belgium, Germany, Great Britain, Ireland, Portugal, Finland, Sweden and Switzerland there are some guidelines/requirements that the content of clinical placements should include the following subjects: aphasia, dysarthria, developmental language disorders, developmental speech disorders, voice disorders, fluency disorders, resonance disorders, feeding-swallowing disorders, hearing impairment.

A more global requirement (in terms of total of placement hours) is made in Austria, France, Ireland, Italie and Portugal.

III. Role and Function of the Speech and Language Therapist/ Logopedist

III .1. Prevention :

Initial education prepares future speech and language therapists or logopedists to be responsible for the prevention and screening of disorders through:

- theoretical courses in every country, except 2 centres from French-speaking Belgium;
- supervised placements (although these placements are possible but not compulsory for all students) in Austria, Belgium and Germany. There are rarely specific placements focusing only on prevention in Finland, Great Britain, Ireland, the Netherlands, Portugal, Sweden and Switzerland.

In other countries there are no supervised placements for this subject (Denmark, France, Italy and Spain).

III . 2. Evaluation and Diagnosis :

All education establishments (except one in French-speaking Belgium) have specific theoretical courses concerning "assessment methodology" in their curricula. All centres in each country give students the possibility to practise assessment of communication skills and related disorders with patients⁽³⁾ during supervised placements.

III . 3. Intervention :

Every education establishment provides specific theoretical courses on speech and language therapy intervention except 2 French-speaking Belgian educational establishments.

Future speech and language therapists or logopedists have the opportunity to treat different disorders during their supervised placements in every EU country. In one education establishment in French-speaking Belgium, this training is optional.

The types of disorders treated by students of speech and language therapy vary greatly from one country to another (see paragraph II. 2 of this document).

³ The term " patient " corresponds with the term " client " in some countries.

III . 4. Professional ethics

Specific courses entitled “ Professional ethics ” are provided in each country except the Spanish establishments, 1 Finnish and 1 Swedish institute.

III . 5. Scientific research and continuing professional development

Courses on research methodology are provided in every country except Italy. Each education establishment gives courses on statistics except Spain.

During initial education future speech and language therapists or logopedists must undertake a dissertation including scientific research except Germany and “Ordinary” Degrees in Great Britain. Austria and Spain did not indicate which type of dissertation paper has to be written in their education establishments. The dissertation paper is assessed in every country.

Speech and language therapists or logopedists take part in scientific research programmes in 3 educational establishments in French-speaking Belgium, 2 in Germany, 5 in the Netherlands, 3 in Switzerland, all in Great Britain, Ireland, Finland and Sweden.

In some countries the initial qualification allows the student to undertake postgraduate study (doctorate); that is the case in Belgium, Denmark, Great Britain, Finland, Portugal, Spain, Sweden and 1 Swiss educational establishment.

Speech and language therapists or logopedists take part in the education of students:

- as teachers for speech and language pathology in all countries;
- during placements in Austria, Belgium, Denmark, Finland, France, Germany, Great Britain, Ireland, Italy, the Netherlands, Sweden and 1 Swiss educational establishment;
- as examiners of dissertations in every country where a dissertation is required.

MINIMUM STANDARDS FOR INITIAL EDUCATION

Naples, 1 May 1998

Introduction

Following the comprehensive description of undergraduate education of speech and language therapists or logopedists (SPEECH AND LANGUAGE THERAPISTS OR LOGOPEDISTS/L) as it is currently organised in the different countries contributing to its activities ⁽⁴⁾, CPLOL considered it important that some minimum standards should be laid down concerning undergraduate education. The aim of this work is:

- to establish European standards for the undergraduate education of SPEECH AND LANGUAGE THERAPISTS OR LOGOPEDISTS, which would enable CPLOL to assess and analyse education programmes currently proposed, particularly when considering an application for membership of CPLOL;
- to suggest guidelines to countries wishing to set up undergraduate education in speech and language therapy;
- to suggest guidelines to countries wishing to reorganise undergraduate education.

The first resolution adopted by CPLOL relating to undergraduate education was to require a minimum overall duration of three years of study after the Baccalaureat/A-levels, in accordance with the First General Directive EEC 48/89 concerning the recognition of diplomas.

Principles ⁽⁵⁾

1. It is recommended that all objectives, content of curricula and methods used for teaching speech and language therapy should always be in accordance with CPLOL's Ethical Charter.
2. *"The programme should make its students aware of the complexity of human communication and its disorders.*
3. *The study of disorders of communication should be based on a foundation of the study of normal communication.*
4. *The programme should integrate the teaching of theory with the teaching of the practical applications of theory, and include a substantial element of clinical practicum.*
5. *The programme should inculcate an awareness of social and cultural differences both within and across countries, and a respect for differences both amongst individuals and amongst societies."* ⁽⁶⁾

Content

"The programme should include coverage of the supporting disciplines (...). Such coverage should provide the students with an overview of the main contexts of each discipline, and detailed study of such theories and approaches as are directly relevant to the understanding of human communication and its disorders. The relevance of each discipline to the study of logopaedics should be made clear to the students. The study of each of these disciplines should include a practical component." ⁽⁶⁾

⁴ See CPLOL-document, results of the questionnaire Undergraduate Education

⁵ Nos. 2-5 are reproduced from IALP Guidelines 1995, p. 297

⁶ See IALP Guidelines 1995, p. 297

1. Theoretical subjects

Introduction

In order to work efficiently, SPEECH AND LANGUAGE THERAPISTS OR LOGOPEDISTS need a good knowledge of the functions of the human being in relation to communication, of normal development (biomedical sciences, language sciences) as well as of all disorders which may alter these functions (speech and language pathology) and the different ways of investigating and measuring these disorders. They must also be able to analyse the behaviour of the patient and the way in which the disorder interferes with the patient's life (behavioural sciences, including psychology).

In addition, the profession should contribute to the advancement of knowledge about communication disorders, methods of assessment and remediation and treatment planning. Consequently students need to be helped during their undergraduate education to develop into 'practitioner-researchers', who will continually seek out the latest information concerning the various branches of their profession.

Biomedical sciences

Study in this area must include theoretical knowledge of:

- biological bases of language and speech; anatomy and physiology; physics of speech and sound;
- clinical medical sciences such as neurology, ENT, paediatrics, geriatrics, psychiatry, orthodontics, audiology.

Language sciences

Study in this area must include linguistics (phonetics/phonology, semantics, lexicon, morphology/syntax and pragmatics), psycholinguistics, neurolinguistics, sociolinguistics and multilingualism.

Behavioural sciences

The study of behavioural sciences must include the following disciplines: psychology (developmental, clinical, cognitive, social), neuropsychology, education and sociology.

Speech and language pathology

The study of speech and language pathology must include the following: aphasia, dysarthria, developmental speech and language disorders, voice disorders, fluency disorders, feeding-swallowing disorders, disorders of written language, disorders arising from cerebral palsy, hearing impairment and complex disorders.

Research skills

These skills must include the following theoretical aspects: research methodology and the application of statistical analysis and qualitative methodology; practical work in observation, data collection, transcription, measurement and analysis; case studies. The students should be able to access information from international scientific publications.

2. Clinical work

Methodology

Methodology must cover the main aspects of clinical work: prevention, assessment, diagnosis and intervention. In order to achieve competence in the different fields of methodology, the student has to acquire different clinical skills which must cover the following competences:

- a) To adapt the way he/she communicates with the patient in order to:
1. identify the reason for which the client presented for therapy;
 2. identify the client's communication competences;
 3. set aims for therapy and plan care.
- b) To have thorough knowledge of appropriate intervention methods for different disorders, and of available techniques and methods of rehabilitation and therapy, including counselling and early intervention.
- c) To understand how to collaborate with other members of multidisciplinary teams.

Clinical practicum

The study of speech and language pathology must include clinical practicum carried out under the responsibility of competent and qualified speech and language therapists or logopedists. The clinical practicum should be organised so as to enable the student to acquire generalisable skills and to work out detailed therapy plans adapted to the clients' needs.

a) Placements

During initial education, students have to acquire practical experience to fulfil the different roles and functions which will be required in the exercise of their profession: prevention, assessment, diagnosis and treatment of speech and language disorders.

Students must obtain practical experience by working with:

- both adults and children
- clients having acquired and developmental speech and language disorders

It is of great importance to take into account the potential variety of disorders: aphasia, dysarthria, developmental speech and language disorders, voice disorders, fluency disorders, feeding-swallowing disorders, disorders of written language, disorders arising from cerebral palsy, hearing impairment and complex disorders.

b) Ability to apply theory to practice

It is important that the student learns through clinical work that every speech and language therapist should be both a clinician and a researcher. At the outset of therapy he/she should consider relevant theoretical models and assess the client's communication skills and disorders in order to plan a suitable programme for therapy. During the course of therapy, the speech and language therapist should evaluate the effects of the therapy in order to assess therapy outcomes and make adjustments if necessary to the therapy programme to match the progress of the client. At each moment (of intervention) he/she should be able to integrate theoretical knowledge with practice and to recognise that practice enriches scientific knowledge by offering examples, facilitating adjustments and showing its limits.

Assessment

It is important to monitor regularly the progress of the students towards becoming a speech and language therapist in relation to their theoretical knowledge and their practical competence and attitudes.

The students should be assessed on their taught courses and clinical placements. Skills in scientific research must be assessed by the writing of a dissertation/thesis at the end of their studies.

Qualifications of lecturers and supervisors

Lecturers giving courses to future speech and language therapists or logopedists must have comprehensive knowledge of the profession, its scope of activity and the role and functions required of speech and language therapists or logopedists in their daily professional practice. Speech and language

pathology courses should only be taught by speech and language therapists or logopedists. The clinical placements should be supervised by speech and language therapists or logopedists who have the necessary clinical expertise relating to the disorders being treated.

RESEARCH-DOCUMENTATION-CONGRESSES

The 'Research - Documentation - Congresses' committee has a number of different aims, of which the most important are:

- the organisation, every three years, of an international scientific congress in one of the major cities of Europe;
- the establishment of a European speech and language therapy bibliographical database
- setting up systems for gathering and disseminating speech and language therapy information across the countries of Europe.

Scientific congresses

As a major international scientific event, the congress aims to be the showcase for the current state of speech and language therapy knowledge and techniques in Europe and to be a place where the therapists of Europe can meet and from which they will derive particular benefit.

Bibliographical database

The aim of this resource centre, which is so vital for the development of the profession, is to provide the greatest possible number of clinicians, researchers and speech and language therapy students with information on developments in the knowledge base and practice of their profession.

The database - whose original feature is its presentation in two languages (French and English) - brings together more than 10,000 summaries of articles published in scientific journals and in speech and language therapy documents from the countries of Europe.

The database is produced on a prototype CD-ROM, which is currently being revised in order to refine the key-words and the indexation of the articles included. The possibility of carrying it on the Internet is now being investigated.

The further development of the database will be linked to the existence of terminological tools (the translation of the working keywords into different European languages and the definition of the most commonly used speech and language therapy concepts). Basic English - French terminology has been agreed and it is intended to extend this.

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Journals indexed

<i>Acta Phoniatica Latina</i>	Italy
<i>Actes Congrès F.N.O</i>	France
<i>American Journal of Speech-Language Pathology</i>	USA
<i>ANAE</i>	France
<i>Aphasie und Verwandte Gebiete</i>	Germany
<i>A.S.H.A.</i>	USA
<i>Australian Journal of Human Communications Disorders</i>	Australia
<i>Bulletin d'Audiophonologie</i>	France
<i>C.P.C.</i>	France

<i>CTNERHI</i>	France
<i>Dansk Audiologopaedi</i>	Denmark
<i>Entretiens d'Orthophonie</i>	France
<i>European Journal of Disorders of Communication</i>	U.K.
<i>Glossa</i>	France
<i>Human Communication</i>	U.K.
<i>Human Communication Canada</i>	Canada
<i>I Care</i>	Italy
<i>International Journal of Language & Communication Disorders</i>	U.K.
<i>Journal of Clinical Speech and Language Studies</i>	Ireland
<i>Journal of Fluency Disorders</i>	USA
<i>Journal of Speech and Hearing Disorders</i>	USA
<i>Journal of Speech and Hearing Research</i>	USA
<i>Journal of Speech-Language Pathology and Audiology</i>	Canada
<i>La Recherche</i>	France
<i>Langage & Pratiques (Paroles d'Or)</i>	Switzerland
<i>Language, Speech and Hearing Services in Schools</i>	USA
<i>Le Journal des Psychologues</i>	France
<i>Le Langage de l'homme</i>	France
<i>Logopedie</i>	Belgium
<i>Logopedie en Foniatrie</i>	Netherlands
<i>Logos Phonie Omilia</i>	Greece
<i>Mémoires d'Orthophonie</i>	France
<i>Neurolinguistik</i>	Germany
<i>Neuropsychiatrie de l'Enfance et de l'Adolescence</i>	France
<i>Omtrent Logopedie</i>	Belgium
<i>Psychologie et Education</i>	France
<i>Questions de Logopedie</i>	Belgium
<i>Rééducation Orthophonique</i>	France
<i>Revista de Logopedia, Foniatria y Audiologia</i>	Spain
<i>Revue de Laryngo-Oto-Rhinologie</i>	France
<i>Revue de Neuropsychiatrie Infantile</i>	France
<i>Revue de Neuropsychologie</i>	France
<i>Riabilitazione Oggi</i>	Italy
<i>Sciences Humaines</i>	France
<i>Speech Therapy in Practice</i>	Great Britain
<i>Sprache-Stimme-Gehör</i>	Germany
<i>Suomen Logopedis-Foniatrinen Aikakaulehti</i>	Finland
<i>The British Journal of Disorders of Communication</i>	U.K.
<i>Topics in Language Disorders</i>	USA

Gathering and disseminating speech and language therapy information across Europe

The exchange of professional information amongst therapists in Europe will encourage greater cooperation amongst clinicians in different countries. Various projects are currently being investigated: a scientific journal, information bulletin, European project databank, speech and language therapy research activities, etc.

PREVENTION

It had clearly become important for CPLOL to place prevention in the forefront of its discussions and activities given the significant increase in attention paid to this area of activity throughout Europe, especially over the past 20 years.

The need to increase work aimed at preventing disorders is partly due to taking on board the research carried out in Europe mainly during the 1980s, which showed that:

- a significant proportion of young children (almost a quarter of the population) presented with language disorders
- for the great majority of these, early screening and a small amount of parental guidance would be enough to ensure that the disorder disappeared
- that those children with disorders who did not receive appropriate treatment would eventually become children at risk and were in danger of developing disorders of written language and anti-social and difficult behaviour

It is also due the increasing interest of governments in pursuing a health policy geared towards containing the cost of care.

The setting up of a systematic policy of prevention of language disorders may appear cumbersome to some people (with its formal early screening and provision of information for health and education employees). However, it seems increasingly clear that such a policy is cost-effective in the long term because episodes of care are shorter, less frequent, and more effective - not to mention the incalculable improvement in well-being for the children and their families.

DEFINITION OF PREVENTION

The committee started by adopting the definition of prevention drawn up by the World Health Organisation (WHO) in 1948. The WHO identifies three successive stages covering the means to be set up to prevent pathologies, therapy and, if possible, the social reintegration of patients:

primary prevention: this stage of prevention covers all activities designed to 'reduce the instances of an illness in a population and thus to reduce, as far as possible, the risk of new cases appearing'; in speech and language therapy this mainly covers information and health education of a population, as well as training all those who have a role to play with the population in question;

secondary prevention: this covers activities aimed at 'reducing the prevalence of an illness in a population and thus to reduce its duration'; in speech and language therapy this mainly concerns identification and early screening;

tertiary prevention: this aims 'to reduce the incidence of chronic incapacity or recurrences in a population, and thus to reduce the functional consequences of an illness'; in speech and language therapy, this relates to care provided, i.e. therapy, various rehabilitation techniques and intervention designed to assist the patient to return to educational, family, professional, social and cultural life.

COMMITTEE AIMS

The committee identified two short-term objectives:

- to organise a European 'speech and language therapy' day;
- to draw up a report on the stage of development reached in the area of prevention in each of the member countries; when completed, this report would provide a base line for determining future activities:

harmonisation in the practice of prevention, the creation of evaluation measures and means of sharing information, etc.

1) EUROPEAN DAY OF PREVENTION - 14 NOVEMBER 1996

The aim was to set up a Europe-wide event, which would be taken up by the media and which would inform the general public about all aspects of the profession and its contribution: the development of voice and language disorders in children, adults and the elderly, therapies and types of care, the extent of speech and language therapists or logopedists' competence and their education, etc

The activities: the general public was able to contact speech and language therapists or logopedists anonymously by telephone. A press pack and press release were compiled to inform the media about the profession. This activity was supported by a partnership established under the auspices of the European Helios II programme. A poster, designed in Italy, was produced in Greece and sent to each country to display the telephone details of professional associations.

In total there were 340 radio broadcasts, 506 newspaper or magazine articles, 72 television programmes and more than 100,000 posters which publicized this event across Europe. Hundreds of speech and language therapists or logopedists voluntarily provided responses to 7159 queries during the day: 37% related to children's spoken language, 15% to stammering, 9% to written language and 22% to training and prospects within the profession.

The success of the day was demonstrated both by the involvement of members of the profession and by the number of calls recorded. This underlined the need for increased publicity. Furthermore, it should be noted that the demand for speech and language therapy is still not satisfied in many countries.

2) EUROPEAN REPORT ON PREVENTION IN SPEECH AND LANGUAGE THERAPY

A European study has been carried out into the different areas of intervention practised by the profession in order to establish the current state of practice in prevention of speech and language therapy disorders. This survey will enable us to understand better the role of speech and language therapy in prevention, as well as to establish our position within the structures existing in each of the countries of the European Union and Switzerland.

The areas investigated were:

- information and health education
- parental guidance, advice and early education
- early screening for language disorders in children
- screening for written language disorders
- screening for disorders in adults
- general issues

We are able to draw the following conclusions:

1. - prevention has become a major area of activity for the profession
- 2 - the profession has a relatively short history in all our countries (around 30-40 years in most) and priority was initially given to clinical work so that emphasis on prevention has developed more recently;
- 3 - in spite of unanimous agreement that prevention is required in all countries, the regulatory framework is often lagging behind practice;
- 4 - all the stages of prevention are covered: this supports the view that the concept of prevention in speech and language therapy is shared unanimously by the profession across Europe and that it is fully in accord with the concept of prevention laid down by the WHO.

5 - the general emphasis is on prevention and screening of language disorders in children, to the detriment of prevention of written language disorders and disorders in adults;

6 - in some countries, the profession still does not have scientifically validated screening tools;

7 - in many cases, there is a clear need to share prevention and screening of disorders with other groups of professionals: principally doctors, nurses and teachers

Attached to the report are:

- a) references to validated screening tools which already exist in various countries
- b) a lexicon containing definitions of terms currently in use in the area of prevention

FUTURE PROJECTS

Following completion of the report, the General Assembly in Naples agreed on the following projects:

- the creation of information (packs, pamphlets...) covering different aspects of health promotion in speech and language therapy ;
- examination of European screening protocols using existing tools which have already been validated, with a view to being able eventually to carry out comparative studies;
- longitudinal comparative studies on the value and efficacy of prevention programmes across Europe;
- the publication of examples of national and local prevention activities which will allow more comprehensive sharing of knowledge and exchange of information (for example, via the Internet)
- the drawing up of a practical guide to prevention in Europe

These five areas will form the basis of the work of the Prevention Committee over the next few years and will help to fulfil the aims laid down by CPLOL: to work towards harmonising the concepts of prevention across Europe, to set up research projects and to establish shared tools which will enable the common development of prevention in speech and language therapy .

5 - C.P.L.O.L. SCIENTIFIC CONGRESSES

These scientific congresses organised every three years by CPLOL provide an important arena to draw together the progress made in the therapeutic treatment of spoken and written communication disorders. - both within Europe and internationally.

They bring together experts in the area and provide a reference point for the basic work carried out by speech and language therapists or logopedists of the European Union and continent of Europe within CPLOL. This is demonstrated by the requests for membership from numerous countries of former Eastern Europe (Poland, Czech Republic, Rumania, Russia, Bulgaria, Slovenia, Hungary, etc).

The first CPLOL congress took place in Athens in 1992.

The second took place in Antwerp in 1994.

The third took place in Lisbon in 1997.

The fourth will take place in Paris in June 2000 with the theme: *'Language: quality and efficacy in speech and language therapy'*.

The scientific programme will focus on quality, efficacy, and measuring the efficacy of speech and language therapy interventions, particularly in spoken language.

The presentations will concentrate on treatment of disorders and handicaps, as well as prevention, early intervention, individual and group therapy, evaluation, efficacy criteria, methodology and instruments of measurement.

These CPLOL congresses are also an arena for debate and professional discussion. At previous congresses, speech and language therapists or logopedists have had an opportunity to address the issues of education, specialisation, regulations, areas of intervention, competences and ethical issues.

At the fourth congress, they will concentrate on the problems that arise in the sometime hostile context encountered when financial constraints confront social aims in relation to health and clinical and therapeutic advances.

Such difficulties can also lead to progress being made as they force members of the profession to pay more heed to efficacy and to develop more effective and efficient diagnostic, therapeutic and evaluation tools.

6 - REFERENCES - USEFUL ADDRESSES

Professional Associations of speech and language therapists or logopedists

AUSTRIA

BUNDESVERBAND DER DIPLOMIERTEN LOGOPADINNEN FÜR OSTERREICH

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VLAAMSE VERENING VOOR LOGOPEDISTEN

Stadspoortstraat 21 bus 3 - 2200 HERENTALS

Tél: 32/ (14) 21 90 11 - Fax: 32/ (14) 22 08 73

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AUDIOLOGOPAEDISK FORENING

Kongensgade 66 - 5000 ODENSE C

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http://www.multimania.com/aloweb - e-mail : aloweb@multimania.com

NETHERLANDS

NEDERLANDSE VERENING VOOR LOGOPEDIE EN FONIATRIA
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PORTUGAL

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