



*Report
on prevention
of speech and
language disorders
in the
European Union*

Survey carried
out by C.P.L.O.L
1995-1997

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I - Background

The CPLOL General Assembly in 1995 in Luxembourg concluded its work on ethical questions and decided to charge the working party, which had been concerned with ethics since 1989, with work on prevention in speech and language therapy in the European Union. There are both ethical and socio-economic reasons for making prevention a major focus of the profession within Europe. Furthermore, research in speech and language therapy during the past ten years has allowed continual refining of early screening methods. The profession has also undertaken a programme of information with professionals concerned with children and their parents on communication disorders and how they can be identified.

The working party was set the following aims:

- *establishing the current practice in prevention*
- *a study of common tools used for screening and detecting language disorders in children*
- *a draft plan for Europe-wide action on prevention.*

The working party immediately put in train two areas of work which it considered as priorities: the organisation of a European day of speech and language therapy at the end of 1996 and a survey of the current state of play in prevention of language disorders in children and adults. Three meetings of the working party were held to discuss these issues : Luxembourg (May 1995), Paris (November 1995) and Dublin (May 1996). The group was also successful in obtaining funding from the European union for this work. The survey was conducted from 1995-97. The circumstances described in this report date back to 1997. This means that they may have changed in some countries after this survey was made.

A separate report has presented an evaluation of the European Day of Speech and Language Therapy organised on November 14th , 1996. This report attempts to evaluate the European survey, and has been drawn up by the working party and approved by the General Assembly. It is

important to record that this survey involved a major translation exercise from French into English in order to remove, as far as possible, any ambiguity in terminology or concepts used. The Spanish representatives undertook the task of listing the terms for a glossary of the terms used in this report.

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II - Prevention of speech and language disorders

As well as providing information on the current state of play, this survey should also enable CPLOL in the longer term to define a harmonised approach to prevention in the area of speech and language disorders within the European Union.

Of course, in this area more than elsewhere, approaches may differ in so far as they are linked to the specific socio-economic system, political traditions and public health service in each of the different countries.

If it is accepted that the concept of prevention of speech and language disorders would be based on the definition provided by the WHO for prevention in a medical context, taking account of the specific features of the Speech and Language Profession, the task remains to harmonise concepts, concerning age of intervention, the way in which Speech and Language Therapists will act, the involvement of the profession in public health policies as well as the definition of prevention as it relates to early screening or detection of disorders.

It is also important to establish the involvement of our profession in each country in respect of rules of procedure, competence and teaching of these ideas within courses.

The above outlines the purpose of this survey, which was difficult to complete, and in some ways to decipher. The results will, however, provide more clarification and allow us to start considering how harmonisation can be achieved, which would open the way to study and research into common tools for assessment and even subsequently to wide-ranging epidemiological studies on a European scale.

III - List of member countries participating in the CPLOL survey

16 countries answered the final version of the survey :

- Germany
- Austria
- Belgium*
- Denmark
- Spain
- Finland
- France
- Greece
- Italy
- Ireland
- Luxembourg
- the Netherlands
- Portugal
- the United Kingdom
- Sweden
- Switzerland

Note : Greece and Luxembourg do not run qualifying courses and were therefore not able to respond to questions on education and training.

* = **only** the French-speaking part of Belgium

IV - General Issues

Question 1 :

**Is the profession involved
in prevention in your country ?**

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain		NO
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : Only Spain reported that it is not professionally involved in prevention of language disorders. Involvement in this area has implications for a whole series of professional activities which make prevention an important area of activity and relates more widely to the sphere of public health.

Question 2 :

Are there any statutory regulations existing in your country relating to prevention of speech and language disorders ?

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium	YES	
Denmark	YES	
Spain		NO
Finland	YES	
France	YES	
Greece		NO
Ireland		NO
Italy	YES	
Luxembourg		NO
the Netherlands	YES	
Portugal	YES	
the United Kingdom		NO
Sweden	YES	NO
Switzerland	YES Italian and German Switzerland	NO French Switzerland

Conclusion : 7 EU countries are not officially recognised as having competence to work in this area, while 8 are. For Switzerland, which is not a member of the EU, this varies according to canton. For the second group of countries, obtaining official recognition of responsibility to work in this area would therefore appear to be a priority. The experience and legal framework of members of the profession where this already exists could provide a basis of negotiating harmonised European practice in this area.

Question 3 :

Are there any statutory regulations existing in your country relating to prevention in other professions?

COUNTRY	YES	NO
Germany		NO
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece		NO
Ireland	YES	
Italy	YES	
Luxembourg		NO
the Netherlands		NO
Portugal		NO
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : 9 countries in the EU share responsibility for this area with members of other professions while 5 countries do not. Switzerland is again divided. Only Germany, Greece and Luxembourg, which replied in the negative to both questions, do not appear to be officially involved in preventing language disorders.

Question 4 :

Does the profession have documented standards of good practice in relation to prevention ?

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium		NO
Denmark		NO
Spain		NO
Finland		NO
France		NO
Greece		NO
Ireland		NO
Italy		NO
Luxembourg		NO
the Netherlands	YES	
Portugal		NO
the United Kingdom	YES	
Sweden	YES	
Switzerland		NO

Conclusion : Only 3 countries have procedural rules relating to prevention - The Netherlands, the UK and Sweden. It might perhaps be appropriate to draft a code of ethics relating specifically to this area, which could then be harmonised at European level.

Question 5 :

Does your organisation work in accordance with the definition given by the World Health Organisation (WHO) in three stages?

COUNTRY	YES	NO
Germany	YES	
Austria		NO
Belgium	YES	
Denmark	YES	
Spain		NO
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : Only Austria and Spain use a definition of prevention that differs from that drawn up by the W.H.O. in 1948. In the case of Spain, which reported that it is not involved in this area, the profession has not yet considered this area of practice.

Question 6 :

If your definition is different, please summarise it:

No CPLOL member reported using an approach which was different from that of the W.H.O., discussed at the Athens congress in 1992. It appears that, on the whole, speech and language therapists in the European Union follow this definition, which is summarised at the end of this report.

However, Luxembourg commented as follows: "in Luxembourg, the ministry of health systematically organises prevention and screening through audiophonological services; only speech and language therapists carry out this work."

Question 7 :

Is prevention part of the curriculum for initial education?

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain		NO
Finland	YES	
France	YES	
Greece	no training provided	
Ireland	YES	
Italy	YES	
Luxembourg	no training provided	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : Only one country do not include prevention in their pre-qualifying curriculum (Greece and Luxembourg have no qualifying courses).

Question 8 :**Is prevention part of continuing professional development ?**

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : By contrast, prevention is included as a theme in continuing professional development in all countries.

V - PREVENTION: Information - Health Education

Question 1 :

Is the profession involved in this field ?

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : Members of the profession in all countries reported that they are involved in primary prevention, i.e. providing information and health education. This is an important factor, as it provides the basis for coherent practice aimed at preventing language disorders.

Question 2 :

**Is the profession officially recognised
as being competent in this field ?**

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece		NO
Ireland	YES	
Italy	YES	
Luxembourg		NO
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : Although all the countries are concerned with primary prevention, members of the professional in 4 countries do not have statutory powers in this area of work.

Question 3 :

Where are speech and language therapists involved in information and health education ?

a) In school :

	GER	AUST	BEL	DEN	SPA	FIN	FRA	GRE	ITA	IRL	LUX	NL	PO	RU	SWE	SWI
		yes	yes	yes	yes	yes	no	yes	no	yes	no	yes	yes	yes	yes	yes

b) Within undergraduate education programmes for :

	GER	AUST	BEL	DEN	SPA	FIN	FRA	GRE	ITA	IRL	LUX	NL	PO	RU	SWE	SWI	
doctors		yes	no	yes	no	no	yes	no	no	no	yes	no	no	no	yes	yes	yes*
child welfare workers		yes	yes		yes	no	yes	no	no	no	yes	no	no	no	yes	yes	yes*
social workers		yes	no		yes	no	yes	no	no	no	yes	no	no	no	yes	yes	yes
teachers		yes	yes	yes	no	yes	yes	no	no	yes	yes	no	yes	yes	yes	yes	yes
other			yes				yes	no	no	yes	yes	no	yes	yes	yes	yes	yes

*Except for Italian Switzerland

Other : The groups involved are mainly teachers specialising in children with disabilities (Austria, Italy, Ireland), dentists, occupational therapists and physiotherapists (Finland, Italy, Portugal), nursery teachers (Ireland, Sweden), nurses (the Netherlands, Portugal, UK), psychologists (Switzerland), paediatricians, occupational and physiotherapists (Sweden), nurses for the Elderly (Austria). In France, the input into pre-qualification training is occasional rather than systematic :

c) In meetings of groups or associations :

	GER	AUST	BEL	DEN	SPA	FIN	FRA	GRE	ITA	IRL	LUX	NL	PO	UK	SWE	SWI	
parents		yes	yes	yes	yes	yes	yes	yes	yes	no	yes	no	yes	yes	yes	yes	yes*
professionals		yes	yes	yes	yes	yes	yes	yes	yes	yes	no	yes	yes	yes	yes	yes	yes*
other		no	no	yes	no	no	yes	no	yes	no	no	no	no	no	no	yes	no

* Except for Italian Switzerland.

Other : Mainly groups such as Rotary, Soroptomist etc. (Belgium), or groups of parents with impaired children (Finland) or associations of the disabled

d) in continuing professional development :

	GER	AUST	BEL	DEN	SPA	FIN	FRA	GRE	ITA	IRL	LUX	NL	PO	UK	SWE	SWI
S&L Therapists	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no	no	yes	yes	yes	yes*
health professions	yes	yes	no	no	no	yes	yes	no	yes	yes	no	yes	yes	yes	yes	no
other professions	no	no	no	yes	no	yes	yes	no	no	yes	yes	yes	yes	yes	yes	yes**

Other : Mainly staff in nurseries or crèches (Denmark, Finland, Ireland), Health visitors and social workers (France, Ireland, Portugal, UK), teachers (the Netherlands, Portugal, UK, French Switzerland), psychologists (Portugal), special teachers (French Switzerland), teachers, personnel working in nurseries and crèches (Sweden)

* Except for French Switzerland

** Except for Italian Switzerland

e) In the media :

GER	AUST	BEL	DEN	SPA	FIN	FRA	GRE	ITA	IRL	LUX	NL	PO	RU	SWE	SWI
no	no	yes	no	no	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes*

* Except Italian Switzerland

Conclusion : The location of input varies widely according to country. The results can be summarised as:

- at school, 12 countries are involved
- pre-qualifying education of other professions : only 7 countries are involved, this is rare in the South of the EU.
- interest groups : most countries contribute to the work of a wide range of groups.
- continuing professional development of other professions : most countries are involved
- the media : 12 countries reported utilising this method of informing the public.

Question 4 :

Which themes are the information activities based on?

	GER	AUST	BEL	DEN	SPA	FIN	FRA	GRE	ITA	IRL	LUX	NL	PO	UK	SWE	SWT*
normal language development in children	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
spoken language disorders in children	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
written disorders of language in children	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no	no	yes	yes	yes
voice disorders in children	yes	yes	yes	yes	yes	yes	yes	no	no	yes	yes	yes	yes	yes	yes	yes*
language disorders in adults		yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
others		no	no	yes	no	yes	no	no	yes	yes	no	no	yes	yes	yes*	yes

* Except for French Switzerland

* for Sweden, the other information activities are based on stuttering in children and in adults, dysphagia, voice disorders in adults

Conclusion : The types of information provided are largely identical across countries and encompass normal development of language through to communication disorders. Harmonisation therefore, already exists in the area of information provision which supports the idea of a European dimension in speech and language therapy.

Question 5 :

Has the profession published any documents for information and health education ?

COUNTRY	YES	NO
Germany	YES	
Austria		NO
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg		NO
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : Nearly all countries have drawn up information and health education documents aimed at different audiences to support their informing role.

VI - Advice and guidance to parents and early intervention

Question 1 :

Is the profession involved in this field ?

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : All countries responded 'yes'. This area of activity therefore forms part of the practice of prevention of communication disorders.

Question 2 :

Is the profession officially recognised as competent in these fields ?

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium	YES	
Denmark	YES	
Spain		NO
Finland	YES	
France	YES	
Greece		NO
Ireland	YES	
Italy	YES	
Luxembourg		NO
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : 11 countries reported that they were officially recognised as competent to provide advice and guidance, while 16 countries work in this area. The remainder should seek to obtain official recognition of their competence to ensure regulations are brought in line with practice.

Question 3 :

Are speech and language therapists trained in these matters ?

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece		
Ireland	YES	
Italy	YES	
Luxembourg		
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : All countries responded positively. (not applicable to Greece and Luxembourg).

Question 4 :

Please describe briefly what the work consists of for SLT/logopedists :

Germany : theoretical and practical training programmes for parents

Austria : basic parental advice and guidance and early education (how to stimulate and foster communication in babies, how to cope with feeding and swallowing problems)

Belgium : meeting parents during or outside school time (centres for guidance), and providing a regular follow-up, and respond as requested for specific advice or guidance.

Denmark : information meetings with parent groups, advice given by professionals to parent groups, tailor-made advice for parents of children with problems.

Finland : information from professionals to families, health teams, organisations of the disabled, articles journals and magazines...

France : information and guidance, advice on referring, etc. to enable better language stimulation for children, and early detection of disorders

Greece : PORTAGE and MAKATON programmes, mobile units in some regions, advice and guidance for parents

Italy : early education in the case of congenital disorders, advice to families and information to teachers of clients, etc

Ireland : information to organisations of parents with children who have problems, information in nursery schools.

Luxembourg : advice to parents at the time of the 30 month check-up in order to foster development of language, advice where there are feeding problems.

Netherlands : HANEN programme for parents and information programme in hospitals and schools

Portugal : meetings with parents (Hanan, Portage, Makaton, PIAF programmes - Individual Help Programmes for families), visits at home and at school

United Kingdom : various strategies for intervention: training programmes for parents, prenatal preventive work, voice workshops for student-teachers, courses for parents of children with hearing problems, support programmes for children with Down syndrome, etc.

Sweden : programmes to support children with disabilities, information to parents and teachers, advice and guidance

Switzerland: information on the development of language during a meeting with parents, advice for parents and other therapists

This question called for various and specific answers from each country. Exchange and sharing of experience may be valuable.

VII - Early screening of language disorders in children

Question 1 :

Is the profession involved in this field ?

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : All countries are involved in the area of early screening of language disorders in children (secondary prevention). This is an important point, since secondary prevention can be considered as the second most important part of prevention.

Question 2 :**Is the profession officially competent in these fields ?**

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece		NO
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES French Switzerland	NO Italian and Switzerland

Conclusion : This shows once again, that practice is in advance of the regulations, since 16 countries are involved in screening, although only 12 countries have legal competence (a divided answer for Switzerland). 3 countries should be able to seek legal recognition.

Question 3 :

Is the profession the only one in charge of speech and language screening ?

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium		NO
Denmark		NO
Spain		NO
Finland		NO
France		NO
Greece		NO
Ireland		NO
Italy		NO
Luxembourg		NO
the Netherlands		NO
Portugal		NO
the United Kingdom		NO
Sweden		NO
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion: this interesting question proves how much our profession is at the meeting point of medical, social and teaching disciplines. In all the EU countries language screening is shared with other professionals.

Question 4 :**If NO, is this shared with other professionals ?**

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : In 16 countries, the competence for screening is shared with other professions.

Question 5 :

If YES, who with ?

	GER	AUST	BEL	DEN	SPA	FIN	FRA	GRE	ITA	IRL	LUX	NL	PO	UK	SWE	SWI*
doctors	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
nursery nurses	NO	NO	YES	YES	YES	YES	YES	NO	NO	YES	NO	YES	NO	NO	YES	YES
social workers	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES
teachers	NO	YES	YES	YES	NO	YES	NO	YES	NO	YES	YES	YES	NO	YES	YES	YES
psychologists			YES	YES	NO	YES	NO	YES	YES		YES	NO	YES		YES	YES

Conclusion : Other professions involved mainly in the detection of language disorders are doctors (16 countries), teachers (11 countries), nursery nurses (9 countries) and psychologists (9 countries) Other professions marginally involved are social workers (in one country).

Apart from speech and language therapists, it seems that doctors on the one hand, and teachers on the other, are well placed to help with screening for language disorders.

Question 6 :

Has the profession utilised or created specific tools for early detection ?

COUNTRY	YES	NO
Germany	YES	
Austria	YES	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal		NO
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : Only Portugal and French-speaking Switzerland have no specific tool for early detection.

Question 7 :**If YES, are these tools standardised ?**

COUNTRY	YES	NO
Germany		NO
Austria	YES*	
Belgium	YES	
Denmark	YES*	
Spain	YES*	
Finland	YES*	
France	YES	
Greece		NO
Ireland	YES*	
Italy	YES*	
Luxembourg		NO
the Netherlands	YES*	
Portugal		NO
the United Kingdom	YES*	
Sweden	YES*	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : * = some tools are standardised, some are not. 12 countries scientifically validated some of their screening tools, 4 countries use only non-standardised tools.

VIII - Screening for written language disorders

Question 1 :

Is the profession involved in this area ?

COUNTRY	YES	NO
Germany	YES	
Austria		NO
Belgium	YES	
Denmark	YES	
Spain		NO
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg		NO
the Netherlands	YES	
Portugal		NO
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES	

Conclusion : Responses varied more widely in relation to screening for written language disorders than they did for spoken language disorders: only 12 countries clearly indicated their involvement.

Question 2 :

Is the profession recognised as officially competent in this area ?

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland	YES	
France	YES	
Greece		NO
Ireland	YES	
Italy	YES	
Luxembourg		NO
the Netherlands		NO
Portugal		NO
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : Only 10 countries stated that they were officially recognised as able to undertake this type of screening.

Question 3 :

Is the same methodology used to screen written and spoken language pathology?

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium	YES	
Denmark		NO
Spain		NO
Finland		NO
France	YES	
Greece		NO
Ireland		NO
Italy		NO
Luxembourg		NO
the Netherlands	YES + NO	YES + NO
Portugal		NO
the United Kingdom		NO
Sweden	YES + NO	YES + NO
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : There are few clear-cut procedures in EU countries for screening for written language disorders: only 5 countries state they use one. In Switzerland, only two areas report "yes". In Sweden and in The Netherlands the answer shows some ambiguity.

Written language disorders are an important area within the range of disorders treated by speech and language therapists ; such disorders will have a range of effects (failure at school, social failure, lack of education, marginalisation, exclusion and illiteracy, etc...) It is important for our profession to tackle this area and to put in place intervention strategies as well as specific appropriate screening tools.

Question 4 :

Is the screening shared with other professionals ?

COUNTRY	YES	NO
Germany	YES	
Austria	*	
Belgium	YES	
Denmark	YES	
Spain	YES	
Finland		NO
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	*	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : Most share the screening with others.

* = no screening tests used by logopedists, only for other professionals. This question caused some confusion and the answers perhaps do not reflect what actually happens.

Question 5 :

**If the profession is not the only one to screen
for written language disorders,
who does or who is it shared with ?**

Germany : with doctors, teachers and psychologists

Belgium : with neurolinguists and special teachers

Denmark : with psychologists and specialised teachers

Finland : with special teachers, psychologists

Greece : with teachers and psychologists

Italy : with psychologists, some doctors and educational teams

Ireland : with psychologists and specialised teachers

Austria, Portugal : not shared, only other professionals do it, as teachers, specialised teachers, psychologists

Luxembourg : with teachers and psychologists

Netherlands : with psychologists and orthopedagogues, teachers, specialised teachers

United Kingdom : with teachers and educational psychologists.

Sweden : pre-school teachers, teachers, psychologists, CHC nurses

Switzerland : German Switzerland with "Legasthenietherapeuten", Italian Switzerland with the educational services for nursery and primary school.

IX - Screening for disorders in adults

Question 1 :

Is the profession involved in this area of prevention ?

COUNTRY	YES	NO
Germany	YES	
Austria		NO
Belgium	YES	
Denmark		NO
Spain		NO
Finland	YES*	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden (<i>see note below</i>)	YES	
Switzerland	YES	

Conclusion : Contrary to expectation, 13 countries said they are also involved in screening adults for language disorders. Screening is therefore not exclusively limited to children

* = only in research circumstances

Question 2 :

Is the profession officially competent in this area of prevention ?

COUNTRY	YES	NO
Germany	YES	
Austria		NO
Belgium	YES	
Denmark	YES	
Spain		NO
Finland	YES	
France	YES	
Greece		NO
Ireland	YES	
Italy	YES	
Luxembourg		NO
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES Italian and Switzerland	NO French Switzerland

Conclusion : In 5 countries speech & language therapists do not have legal recognition for screening in the adult population.

Question 3 :

Is the profession solely in charge of screening for disorder in adults and elderly people ?

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium		NO
Denmark		NO
Spain		NO
Finland		NO
France		NO
Greece		NO
Ireland		NO
Italy		NO
Luxembourg		NO
the Netherlands		NO
Portugal		NO
the United Kingdom		NO
Sweden		NO
Switzerland		NO

Conclusion : All countries responded 'no' on this question.

Question 4 :

If NO, who assesses ?

Germany : doctors

Belgium : neurolinguists

Greece : doctors

Finland : neuro-psychologists, neurologists, otorhinolaryngologists, specialist doctors for speech and voice disorders (foniatriy)

France : doctors, neuro-psychologists specialists in elderly and/or neurology

Italy : some doctors

Ireland : physicians, psychologists and occupational therapists

Luxembourg : general practitioners, ENT specialists and neurologists

Portugal : ENT specialists, neurologists, psychologists and psychiatrists

The Netherlands : psychologists, some doctors

United Kingdom : doctors and care of the elderly nursing teams

Switzerland : neuro-psychologists, doctors, occupational therapists, physiotherapists and social workers

Sweden : occupational therapists, psychologists

Question 5 :

Are there any specific tests used to screen for adult language pathology ?

COUNTRY	YES	NO
Germany		NO
Austria		NO
Belgium		NO
Denmark		NO
Spain	YES	
Finland (<i>see note below</i>)		NO
France	YES	
Greece		NO
Ireland	YES	
Italy		NO
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland	YES French Switzerland	NO Italian and Switzerland

Note : Finland : To screen - NO : To systematically look for certain disorders to evaluate the quality and severity of the disorder with different kinds of tools, like quick tests and more detailed test batteries (after referral to our clinic - YES)

Conclusion : Only 9 countries have specific tools.

This is another area which remains to be explored by the profession given that medical progress, improved life-styles and eating habits are resulting in ageing populations.

X - General questions

Question 1 :

Have there been developments in the area of prevention in your country over the last few years ?

COUNTRY	YES	NO
Germany	YES	
Austria		NO
Belgium	YES	
Denmark	YES	
Spain		NO
Finland	YES	
France	YES	
Greece	YES	
Ireland	YES	
Italy	YES	
Luxembourg	YES	
the Netherlands	YES	
Portugal	YES	
the United Kingdom	YES	
Sweden	YES	
Switzerland		

Conclusion : Given the number of affirmative answers to this question, it appears that work in prevention of language disorders has seen significant development in recent years. The involvement in this area might perhaps be seen as a mark of maturity within a profession that had hitherto concentrated on clinical work, or it might be a consequence of rapid progress in research which has allowed us to screen at early ages for potential disorders, or it might simply have become an economic necessity for the public health system. CPLOL should investigate these issues further.

Question 2 :

How long have speech & language therapists been involved in prevention in your country ?

COUNTRY	
Germany	for about 15 years
Austria	since 1961
Belgium	since early 70ies
Denmark	since 1923
Spain	for about 20 years
Greece	since 1982
Finland	since 1966
France	since 1980
Italy	since 1980
Ireland	for a long time
Luxembourg	for about 25 years
the Netherlands	for about 40 years
Portugal	since 1974
the United Kingdom	for a long time
Sweden	since 1970
Switzerland	since 1960

Conclusion : It appears that this involvement dates back more that 15 years or more in the countries.

Question 3 :

In which circumstances are speech & language therapists involved in prevention ? (who funds the programmes ?)

	GER	AUST	BEL	DEN	SPA	FIN	FRA	GRE	ITA	IRL	LUX	NL	PO	UK	SWE	SWI*
Department of Health	YES	YES	YES	YES	NO	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES
Association	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	NO
Education authority	?	YES	YES	?	NO	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES
as a paid employee	YES	YES	YES	YES	NO	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES
outside work time (voluntarily, without pay)	?	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES
Voluntary organisations	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES

Conclusion : The replies show a wide variety of situations, reflecting history and position of the profession in each country as well as different employment arrangements.

Question 4 :

Are there any programmes of prevention being developed at the moment ?

Greece : adaptation into Greek language of the ERTL 4

Italy : yes, some screening projects

Ireland : yes, a national week for prevention, screening test for dyslexia

Luxembourg : yes, a project for early intervention called "Action Benjamin", and a plan to introduce a compulsory audiometric test of all babies aged 6 months, as well as assessment tests called Bilan 30. Bilan 36 and 42 are being carried out.

Portugal : screening projects, projects for early intervention

Sweden : yes, a screening project for dyslexia in children aged 5^{1/2}

The Netherlands : yes, about prevention between 0 and 6 years.

UK : yes many throughout the country, also a further national awareness campaign.

Question 5 :

Are there any research projects on the subject and, if YES, who with ?

Belgium : yes, at the ILMH and the ULC

Denmark : yes, at DLH and at university

Spain : yes, at University.

Finland : yes, Johansson Early Screening project

France : yes, at University, in training centres and amongst professional bodies.

Greece : within the professional association and some institutions.

Italy : research is carried out by the National Research Centre, the national authority on research by the project FATMA, on hearing impairment, communication and learning disorders.

Luxembourg : European HELIOS project for the Benjamin - Luxembourg project.

The Netherlands : yes, there are some evaluation-projects for example with the Hanen-programme

Portugal : projects for early intervention at CEACF (Centro de Estudos e Apoio à Criança e à Família) and a project " Ser Criança " - Montemor-o-Novo

Sweden : screening projects: for 2^{1/2}-3 year-olds, 4 year-olds, and 5^{1/2} year-olds written language; with Universities and The National Board of Health and Welfare

Switzerland : yes, in some institutions

UK : yes, Universities, Health Trusts, Education Authorities, Charitable Organisations etc.

XI - General conclusion and proposals for harmonising prevention of speech and language disorders in Europe

This first attempt at a survey at European level provides a wide range of information :

1. Prevention is a major focus for the profession and underlines its unified nature, as has been revealed on other occasions (survey of pre-qualification education, comparison of areas of competence);
2. Prevention is a relatively recent focus for the profession. This factor can be attributed to the youth of the profession in terms of its legally based existence in the various countries (between 30 and 52 years), and to the priority initially given to diagnosis and treatment.
3. Although prevention is a major focus in all countries, the regulatory structure is often less well developed compared with actual practice.
4. Primary prevention (information, counselling, guidance, early education, training of other professionals) is widely practised, as is secondary prevention (early screening for disorders). This demonstrates that the concept of prevention is unanimously shared by the profession across Europe, and that it accords well with the definition of prevention developed by the W.H.O..
5. Priority is given to prevention and screening of spoken language disorders rather than prevention of written language disorders and adult disorders.
6. The profession is still lacking scientifically validated and standardised screening tests in some countries that would provide fully reliable screening.

7. There were many examples of the need to collaborate in screening and detection of disorders with other professional groups, in particular doctors and nursery nurses as well as teachers.

Proposals for further work

Following on from this survey, whose results will be analysed in more detail by the CPLOL Prevention working party, we can already suggest a number of areas for consideration if CPLOL wishes to move towards a harmonisation of European practice:

1. Consider and draft an ethical charter for the practice of prevention in speech and language therapy
2. Ask those countries, that do not already have one, to obtain a regulatory framework giving them legal competence in the area of prevention
3. Clarify the concepts of screening for and detection of disorders
4. Explore screening for written language disorders in children
5. Explore screening for language and voice disorders in adults
6. Make proposals for studying screening tools or protocols based on a common approach so that comparative studies can be carried out on the population in different countries
7. Carry out joint longitudinal research and studies in order to evaluate the impact on given populations of early screening
8. Draw up and produce joint information products for community populations (leaflets, the Internet...)
9. Establish contact with various organisations of parents with children with disorders and adults with disabilities, in order to collaborate with them in different activities (Specific Language Impaired children, dyslexic children, acquired deafness...)
10. Ask the European Community to provide funding to set up Europe-wide prevention and screening initiatives.

This list shows that a wide range of activities is required to achieve harmonised practice across Europe.

XII - Appendices

References for standardised screening tools from selected countries

BELGIUM :

- *ordinary batteries, BELEC (Evaluation et dépistage des troubles du langage écrit)*

DENMARK :

1. *EVA, Eichen and Ege, Evaluates Comprehension and spoken language of children at the age of 2 years*
2. *Den Bornholmske, 3 years screening, Jan Niedersøe, Evaluates hearing, language and motor development*
3. *TEE, Language screening, Eichen and Ege, Evaluates comprehension and spoken language at the age of four years*
4. *4 years, language screening, Kaufmann and Lauritzen, Evaluates comprehension and spoken language*
5. *Screening of literacy and pre-requisites of literacy, John Ivan Maul, Evaluates comprehension, motor, visual and auditive-perception, spoken language, reading (literacy) and writing capacity, standardised from the age of 9*
6. *Nikolaj, Bent Kjaer, Evaluates phonology/pronunciation/syntax/morphology, age 5,6 - 6,6 years.*

FINLAND :

(tests are not standardised in Finnish)

Early Screening :

- *Vocabulary test (Remes)*
- *Bo Ege I, II and III ; vocabulary and concepts*
- *Nelli (Sahlstedt et al.)*
- *Tokka Nokka (Pulli et al.)*
- *5 year screening (Pesonen et al.)*
- *Misu (Mitrunen et al.)*
- *Fonem*

- Lunda
- Ringstedt : syntax
- Boehm (Heimo) : concepts
- Tutustumistupa
- Eva (Bo Ege)

FRANCE :

1. TDP 81 : *Test de dépistage précoce des troubles instrumentaux, de la parole et du langage oral chez l'enfant de 3 ans 6 mois à 5 ans 6 mois* : Pierre Ferrand, Editions EAP
2. ERTL4, *Epreuve de Repérage des Troubles du Langage de l'enfant lors du bilan de 4 ans* ; Brigitte Roy & Christine Maeder, Ortho-Edition-FNO
3. PEL 92 : *Test de repérage des troubles du langage de l'enfant de 4ans*, Français-Crôle, Syndicat des Orthophonistes de Guadeloupe-Ellène Ezelin
4. 4. *Bilan de dépistage des troubles du langage oral*, Chevrie-Muller

GREECE :

- *uses British, American, Spanish tests, and the Rating Scale from Portage : these screening tests are not standardised; two screening tests (one for speech and language therapists, and one for paediatricians) are in preparation..*

ITALY :

1. Caselli, Casadio 1996 - 8 - 18 months and 16 - 30 months : *Verbal and Non-verbal communication*
2. Camaioni, Caselli, Volterra, Luchetti, 1993 - 2nd year - *includes Behaviour and Motor Abilities Evaluation*
3. TPL 1996 : *Test del Primo Linguaggio : Pragmatics, Lexicon, Syntax*
4. PFLI Bortoloni 1995 : *Phonetic, Phonological Evaluation*
Caselli, Casadio (Lexical Test) until 3rd year : *in preparation*
A few general psychological tests for adults, non language specific

IRELAND :

- *Mayo Screening Test - Gavey et al.*
- *Uses British and American tests*

LUXEMBOURG :

1. *Bilan 30 mois : speech and language therapists in audiophonological services (screening in children, aged between 30 and 36 months, delays in language development, speech delays, hearing problems, voice disorders, psychomotor problems)*

2. "Bilan 36 mois" and "Bilan 42 mois" are in preparation.

The NETHERLANDS :

1. NVLF Screeningsinstrument
2. Collectieve Preventieve Logopedie - SSG/NVLF
3. TSI, Taal Screening Instrument, Gerritsen
4. FAST (Frenchay Aphasia Screening Test)

PORTUGAL :

Tests are not standardised in Portugal, they are only adapted or created by Portuguese :

1. Teste de Articulação Verbal-Essa (Escola Superior De Saude Do Alcoitao) ;
(it is a screening for speech)
2. PAOF (Protocol de Evaluation Orofacial) - Isabel Guimaraes, 1995 (it is a screening for oral motor function)
3. Voice Assessment - Dr Speech Science -Tiger Electronics (it is a screening for voice)
4. Teste de discriminação auditiva - Isabel Guimaraes e Margarida Grilo, 1996.
(it is a screening for verbal auditory discrimination)

The UNITED KINGDOM :

Below is a small selection of some of the tests currently in use as screening tools ; not all are standardised. There are many more - too numerous to list.

1. Hearing : Mc Cormick Toy Discrimination Test
2. Language : Renfrew Tests
 - Bankson Language Screening Test
 - Carrow Screening Test for auditory comprehension
 - Cohen pre-school screening instrument
 - Fisher ZAP 2 : A screening test for young school children
 - Gilham : language Screening 18 - 36 months
3. Whurr (adults)
4. Enderby : Frenchay " FAST " (adults)

SWEDEN :

1. Språkbobservation av 3-åringar (comprehension and expression)
2. There are other screening instruments covering comprehension and expression used in Sweden e.g. Jönköpingscreeningen - 2^{1/2} år, Västeråsscreeningen - 2^{1/2} -3 år... They are all used by CHC-nurses

3. *Värmlandstestet, Taltest for 4-åringar (phonology, grammar) Thelander & Kvarnevik used by CHC-nurses*
4. *Språkundersökning på BVC och logoped inför skolstart - 5^{1/2} -6år (linguistic awareness) Frylmark ; to be used by CHC-nurses and SLTs. (an ongoing project)*
5. *Aning (aphasia) - Werner & Lindström*
6. *PAPAP (aphasia) – Pia Apt*

SWITZERLAND :

1. *Test per le valutazione del linguaggio : Adriana de Filippis (Milano)*
2. *Spracherwerbsstörungen : Barbara Zollinger*
3. *Aachener Aphasia Test*
4. *Test Basso Milano*
5. *Ines Schlienger : Vademecum für die Entwicklung*
6. *Sprachverständnistest : 4 - 8 Jahre*
7. *Pizzamiglio - Sprachverständnistest : 3 - 7 Jahre*
8. *DRT : Deutscher Rechtschreibtest : 8 - 12 Jahre*
9. *Zürcher Lesetest : 8 - 12 Jahre*
10. *PET : Psycholinguistischer Entwicklungstest*

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Glossaire de prévention

A

APHASIE : atteinte du langage affectant la compréhension et/ou la production, suite à une dysfonction cérébrale.

ARTICULATION : ensemble des mouvements coordonnés des organes phonateurs, nécessaires à la formation des phonèmes.

AUDITION : perception des sons par l'ouïe.

B

BEGAIEMENT : trouble dans le rythme et le flux normal du langage caractérisé par des répétitions ou/et des allongements des sons et des syllabes, ou/et des interruptions dans le débit verbal ainsi que par l'importante variation de ces symptômes en fonction des conditions de l'interaction sociale.

BILAN : en logopédie, ensemble des moyens d'évaluation ou ensemble des résultats obtenus grâce à eux.

Glossary on prevention

APHASIA : communication disorder caused by brain damage and characterized by impairment of language comprehension, formulation and use.

ARTICULATION : in speech, vocal tract movements for speech sound production.

HEARING : the sense, receptive in nature, through which spoken language is received by response to sound pressure waves.

STUTTERING : disturbance in the normal fluency and time patterning of speech, characterised by involuntary repetition and/or prolongation of speech sounds and syllables and/or fluency interruptions, as well as important variation of these symptoms in relation with social interaction conditions.

ASSESSMENT : in speech and language therapy, the entirety of the evaluation procedures or the entirety of the results which have been obtained through them.

C

COMMUNICATION : ensemble des processus par lesquels des individus échangent des expériences, des idées, des connaissances ou des sentiments. La communication peut être verbale ou non verbale.

COMPREHENSION : fait de comprendre une situation, un événement, un message.

D

DEPISTAGE : identification présumée d'une pathologie ou d'une déficience par la passation rapide de tests, examens ou autres procédures. Le dépistage permet de départager les individus apparemment sains qui pourraient développer une pathologie, de ceux qui n'en développeront probablement pas. Le dépistage n'a pas une valeur diagnostique.

DEVELOPPEMENT DU LANGAGE : est divisé en différents stades, dont le premier commence dès la naissance avec le proto-langage (mimiques, cris, gestes..) puis avec le babillage, les mots monosyllabiques, les mots-phrases; puis le niveau de compréhension et d'expression du langage atteint un niveau de plus en plus complexe, cependant que l'articulation et la parole s'affinent.

COMMUNICATION : any means by which an individual relates experiences, ideas, knowledge and feelings to another, in a verbal or non-verbal manner.

COMPREHENSION : knowledge or understanding of an object, situation, event, or verbal statement.

SCREENING : the presumptive identification of unrecognised disease or defect by the application of tests, examinations or other procedures which can be applied rapidly. Screening tests sort out apparently well persons who may have a disease from those who probably do not. A screening test is not intended to be diagnostic.

LANGUAGE DEVELOPMENT : divided into several stages, it begins at birth with cooing, gurgling and crying, then babbling, monosyllabic words, single-words ; then the level of comprehension and expression of language increases, and articulation and speech skills appear.

DYSPHASIE : existence d'un déficit durable des performances verbales, significatif en regard des normes établies pour l'âge. Cette condition n'est liée ni à un déficit auditif, ni à une malformation des organes phonatoires, ni à une insuffisance intellectuelle, ni à une lésion cérébrale acquise au cours de l'enfance, ni à un trouble mental envahissant du développement, ni à une carence grave affective ou éducative. Ces problèmes spécifiques dans le développement du langage touchent généralement à la fois la compréhension et l'expression du langage, mais il arrive également qu'ils n'apparaissent qu'au niveau de l'expression.

E

EDUCATION SANITAIRE : actions mises en place par des institutions, des associations ou les pouvoirs publics, destinées à instruire les personnes dans un domaine particulier et visant à changer les comportements quant à un problème particulier de santé publique. L'éducation sanitaire fait partie du premier stade de la prévention.

ETALONNAGE : évaluation d'un test en l'appliquant à un échantillon aléatoire représentatif de la population à laquelle ce test est destiné. Cela permet la comparaison des résultats d'un patient à ceux du groupe de référence.

SPECIFIC LANGUAGE IMPAIRMENT (SLI-DLI): impairment of language in the absence of hearing loss, cognitive impairment, articulatory or other motor problems, psychoemotional disturbance and any known neurological deficit or accident. In English, developmental language impairment -DLI- is a subtype of SLI in that the former perseveres through an individual's linguistic development well into adulthood. These specific problems in language development usually occur both in expressive and receptive use of language but it is also possible that they occur only in expression.

HEALTH EDUCATION : initiatives carried out by institutions, associations or public authorities, to inform and educate people in one particular area, to change behaviours relating to a specific health problem. Health education is a part of the first stage of prevention

STANDARDISATION : an evaluation of a test by trying it to a random sample representative to the population in which it is intended to be used, which makes it possible to compare the scores of a patient with those of the norm group.

G

GUIDANCE FAMILIALE : techniques et conseils d'accompagnement donnés aux parents et à l'entourage d'un sujet atteint de troubles de la communication, destinés à favoriser la stimulation et une bonne insertion dans le milieu.

FAMILY COUNSELLING : techniques and advices given to the family and circle of friends of a patient with communication disorders, to facilitate adequate stimulation and adaptation.

H

HANDICAP : dans le domaine de la santé et pour un individu donné, désavantage résultant d'une déficience ou d'une incapacité qui limite ou empêche l'accomplissement de cet individu (en fonction de l'âge, du sexe, de facteurs sociaux et culturels).

HANDICAP : in the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, social and cultural factors) for that individual.

I

INFORMATION : une des techniques de l'éducation sanitaire pour prévenir l'apparition d'une pathologie ou d'un trouble dans une population donnée, ou pour permettre à une catégorie professionnelle de participer à la prévention. L'information fait partie du premier stade de la prévention.

INFORMATION : one of the techniques used in health education to prevent a disease or a disorder in a specific population, or to enable professionals to undertake prevention. It is a part of the first stage of prevention.

L

LANGAGE : ensemble structuré de symboles utilisés pour la communication humaine; interrelation de la réception, de l'intégration et de l'expression de l'information.

LOGOPÉDIE-ORTHOPHONIE: discipline qui assure la responsabilité de la prévention, de l'évaluation, du traitement et de l'étude scientifique des troubles de la voix, de la parole et du langage, chez l'enfant et l'adulte.

P

PAROLE : réalisation motrice du langage au moyen de la coordination de la respiration, de la phonation, de l'articulation et de la résonance. En logopédie-orthophonie, concerne l'enchaînement phonologique des sons pour former des mots.

PREVENTION : l' O.M.S. a défini la prévention en 3 stades distincts et successifs pour permettre une rationalisation des interventions médicales allant des moyens à mettre en oeuvre pour empêcher l'apparition de pathologies jusqu'à leur thérapeutique et, éventuellement, la réinsertion sociale des malades.

LANGUAGE : any accepted, structured, symbolic system for interpersonal communication, an interrelation of the reception, integration and expression of information.

SPEECH AND LANGUAGE THERAPY : the profession responsible for preventing, assessing, diagnosing and treating voice, speech and language disorders in childhood and adults.

SPEECH : motor act of respiration, phonation, articulation and resonance. In speech and language therapy, relates to the phonological chain of sounds used to form words.

PREVENTION : WHO separated prevention into three successive stages enabling a rational medical intervention, including the means to help prevent new diseases from appearing, therapeutic options and sometimes social rehabilitation of patients.

PREVENTION PRIMAIRE : ce stade de la prévention concerne tous les actes destinés à "diminuer l'incidence d'une maladie dans une population et donc à réduire, autant que faire se peut, les risques d'apparition de nouveaux cas" ; en logopédie, cela concerne essentiellement l'information et l'éducation sanitaire d'une population, ainsi que la formation de tous ceux qui ont un rôle à jouer auprès de cette population.

PREVENTION SECONDAIRE : elle recouvre les actes destinés à "diminuer la prévalence d'une maladie dans une population, donc à réduire sa durée d'évolution"; en logopédie, cela concerne essentiellement le repérage et le dépistage précoces.

PREVENTION TERTIAIRE : elle vise à "diminuer la prévalence des incapacités chroniques ou des récidives dans une population, donc à réduire les modalités fonctionnelles consécutives à la maladie"; en logopédie, cela concerne les soins, c'est-à-dire la rééducation, les techniques diverses de remédiation et les interventions écologiques pour une bonne réinsertion scolaire, familiale, professionnelle, sociale et culturelle du sujet.

FIRST-STAGE PREVENTION : relates to all activities aimed at "reducing the incidence of a disease within a population, and therefore reducing, whenever possible, the risks of new cases", in speech and language therapy, this means mainly information and health education, as well as training of all those professionals dealing with a specific population.

SECOND STAGE PREVENTION : relates to all activities aiming at "reducing the prevalence of a disease, and therefore reducing the time of evolution", in speech and language therapy, this means mainly screening and early detection.

THIRD STAGE PREVENTION : aims at "reducing the prevalence of chronic disabilities or recurrence of a disease, thus reducing the functional modalities due to the disease"; in speech and language therapy, various techniques of rehabilitation and intervention in the environment of the patient aiming at adequate integration at school, work, and within the family, also the social and cultural background of the person.

R

REEDUCATION : voir THERAPIE.

RETARD DE LANGAGE : trouble spécifique du développement du langage oral qui se caractérise par un décalage entre l'évolution de l'ensemble des capacités d'un enfant normalement constitué et celle de ses aptitudes langagières, principalement expressives.

RETARD DE PAROLE : trouble du développement de l'acquisition de la parole qui se caractérise par un décalage entre l'évolution de l'ensemble des capacités langagières d'un enfant normalement constitué et celle de ses performances phonétiques et phonologiques, c'est-à-dire de la capacité à organiser les phonèmes de la langue pour constituer des mots.

T

TEST : méthode d'évaluation à partir d'un ensemble d'épreuves dont les conditions d'application et d'interprétation sont étalonnées.

THERAPIE LOGOPEDIQUE ou

REEDUCATION ORTHOPHONIQUE : intervention spécialisée visant à la prévention, la correction, l'atténuation ou l'élimination des troubles de la communication, de la voix, de la parole et du langage oral ou écrit chez un individu. Elle peut également viser à la mise en place de moyens de communication alternative lors de pathologies dont les conséquences ne peuvent être réduites.

LANGUAGE DELAY : a specific disorder in the development of oral language characterized by a discrepancy between the development of the entirety of the capacities of a normal child and language abilities, mainly with regard to expressive language.

SPEECH DELAY : a disorder in the acquisition of speech characterized by a discrepancy between the development of the entirety of language abilities and the phonetic and phonological performance, which is the ability to organise phonemes to form words.

TEST : a method of evaluation through a given set of items whose conditions of application and interpretation are standardised.

THERAPY : in speech and language, specialized intervention aiming at preventing, correcting, reducing or curing disorders relating to communication, voice, speech, oral and written language in a person. Can also be aimed at finding means of alternative communication to a disorder whose consequences may not be avoided.

TROUBLES DEVELOPPEMENTAUX : troubles qui apparaissent après la naissance ou dans le courant de l'enfance.

TROUBLES DU LANGAGE : terme générique qui comprend l'ensemble des pathologies développementales ou acquises du langage, quel que soit l'âge du sujet.

TROUBLES du LANGAGE ECRIT :

ces troubles peuvent être :

- acquis : tout trouble acquis de la lecture et/ou de l'écriture faisant partie d'un syndrome aphasique plus général, ou
- développementaux (troubles spécifiques de l'apprentissage), il s'agit alors de difficultés dans un ou plusieurs des domaines suivants : lecture, écriture, orthographe et mathématiques, qui ne peuvent être résolues par l'enseignement traditionnel.

DEVELOPMENTAL DISORDERS: disorders which occur after birth or during childhood.

LANGUAGE DISORDERS : broad classification including all developmental or acquired disorders of language, affecting all ages.

DISORDERS of WRITTEN LANGUAGE :

can be :

- acquired: include any acquired reading and/ or writing disorder which presents as part of an overall aphasia syndrome, or
- developmental (specific learning difficulties): difficulty in one or more of reading, writing, spelling and mathematics and which do not respond to normal teaching.

V

VOIX : ensemble des sons produits par la vibration des cordes vocales, modifiés par les résonateurs et influencés par des facteurs personnels, relationnels et environnementaux.

VOICE : in speech, Sound produced by the vibration of the vocal folds, modified by the resonators and influenced by personal, relational and environmental factors.