

# The Profession of Speech Pathology and Audiology in Other Countries

## SPEECH PATHOLOGY IN FRANCE

*From: Shirley Berlin  
2 Allee de la Soulane  
Auzeville Tolosane  
31320 Castanet Tolosan  
France*

When filling in forms I still write "speech pathologist" in the blank beside "occupation", even though I have not received a regular paycheck for years. In an effort not to lose touch with the profession when we moved to Toulouse 3 years ago, I contacted the speech pathologist in the next village. She was welcoming and gave me the name of someone in the regional syndicate or union. However, my further overtures met with seemingly insurmountable complications. A foreigner was not eligible to be licensed; therefore attending the continuing education workshops would not be possible. Union meetings, while not political, I was assured, were concerned with protecting the interests of the members, salary negotiations, working conditions, etc., and would be of little interest to me.

When I contacted them again this year with reference to writing an article for Hear Here, their interest and helpfulness could not have been greater. It seems that changes are occurring in the profession in France and that an effort is being made to look around to see what is happening elsewhere. I was invited to visit programmes, offered use of the local union library, and even participated on the jury of a graduating class member's "memoire". So while the following information was not acquired while working within the system, it represents the impressions of many speech pathologists practicing in Toulouse in 1982. The statistics come from publications of the Fédération Nationale des Orthophonistes (F.N.O.) - see bibliography.

### TRAINING PROGRAMMES:

There are 13 programmes in France, all situated in the Faculties of Medicine. Applicants must have the Baccalaureat, which they insist is comparable to a (U.S.) Junior College degree. Acceptance to the programme is by competition. In 1981 of 730 applicants in Toulouse, only 80 were invited to continue the selection process after the written and medical exams. These went on to psychological testing and interviews with a jury of speech pathologists. Between 20 and 30 enter the programme. The course lasts 3 years and encompasses a minimum of 830 hours of coursework, taught by professors in the Faculty of Medicine and others on loan from other faculties such as linguistics and psychology. Speech pathologists from the community also teach courses. Clinical practice, according to the syllabus is listed at: first year:  $\frac{1}{2}$  day per week, also 20 hours of audiometry; second year: 3 half days per week; third year: 5 half days per week. These hours often take the form of observation rather than actual therapy experience.

The students I spoke with were discouraged about the quantity and quality of the clinical practice available. For one of them, the only "hands on" experience was repeating on Thursday the same lesson given by the supervisor on Tuesday. The supervisors, for their part, receive neither status nor remuneration for their services. Those who allow non-

qualified practitioners any autonomy find themselves in an ambiguous position vis-à-vis their professional responsibility. There is no University Speech and Hearing Clinic, and no formal philosophy or regular meeting opportunities for supervisors.

During the third year of training a "memoire" is prepared. This is a major paper of about 100 pages which is reproduced in many copies and bound, forming the basis of the faculty library. The topic is generally theoretical in nature, the preparation of which is complicated by limited library facilities.

One important difference in the training is that audiology is not treated, apart from simple audiometry and therapy techniques for the deaf. Another difference is an emphasis on therapy for reading and writing problems.

#### CONTINUING EDUCATION:

After receiving the Certificat de Capacité d'Orthophoniste, there are few opportunities for graduate work, and research opportunities are few and far between.

In Toulouse during 1982 there were 4 workshops sponsored by the F.N.O. The topics were as follows:

1. Space and Rhythm - 18 hours - \$75 (Approx.)
  2. Articulation and Deglutination - 6 Hours - \$25
  3. Language Testing - 12 hours - \$45
  4. Re-education for "dyscalculie" - 30 hours - \$150
- Most of the professionals I spoke to must pay for these workshops out of their own pockets, if they can get a place, as enrollment is limited.

#### EMPLOYMENT SETTINGS:

In 1982 there were upwards of 5000 speech pathologists in France. City areas are generally considered to be saturated, though there are vacancies in the country. New graduates face difficulties in finding jobs - not least because private practices are sold for between \$10,000 and \$20,000. In 1981, a survey by the F.N.O. showed 51% of speech pathologists were in private practice, while only 13% were salaried. Thirty-five percent did a mixture of both. Settings are similar to those in Canada, with the exception of schools.

Speech pathology in France began in the 1920's and from the beginning was defined, (I translate), as "having a special place at the side of Medicine, to intervene at the demand of medical doctors, with therapy relevant to the pathology of language." This historical precedent permeates the fabric of the profession. Every patient is referred by a doctor, the assessment report is returned to him, and it is he who makes the diagnosis, chooses the therapist, and determines what therapy will be carried out over what duration. This is the theory. In fact, I am assured he follows the recommendations of the speech pathologist, but there are obvious limitations built into the system.

In addition, there is a veritable ocean between the Ministries of Health and Education. Speech therapy comes under Health, which means that there are no speech pathologists in the school system. When one further considers that the school day in France runs until 5 p.m. (with all day Wednesday and Saturday afternoon free) the difficulties in programming can be appreciated. The Department of Education has a one-year retraining course which produces "psycho-reeducators" who teach special classes

for children with mixed problems, to which the speech pathologists are opposed. One speech pathologist, writing in the F.N.O. Bulletin put forward the point of view that speech therapy is better handled outside the school setting. Considering that the profession of speech pathology is badly defined and frequently misunderstood, this person feared that teachers would refer all cases of school difficulties.

Early diagnosis and screening programmes, as I understand them, are non-existent. In fact, screening tests are still in the process of being standardized. The school doctor sees all children in the last year of kindergarten for from 20 to 30 minutes with their parents, and checks for school readiness in the areas of physical and psychological screening, behaviour and language. My personal experience with this was not encouraging. My daughter, more or less trilingual at age 6 after living in France and Germany, was required to repeat a tongue twister, and was pronounced to have a "très bon accent". Children, as you all know, learn languages so easily, like little sponges. (I quote.)

Children considered by the teacher to need special testing can be referred to the psychologist, and thence via the doctor to the speech pathologist. For children who fail to learn to read after 2 years in Grade 1, there are special meetings uniting the teacher, the principal, a psycho-reeducator, and "it is hoped" that the speech pathologist who has been treating the child can be available to attend.

#### ROLE IN RELATIONSHIP TO OTHER PROFESSIONS:

My own strong feeling is one of great distrust between the various professions, due to lack of knowledge and poor communication, although between individuals there are undoubtedly warm and useful exchanges. One mother kept her child's speech therapy sessions a secret from the father and the school. A speech pathologist who accompanied a group of teenaged deaf adolescents on a weekend ski outing was criticized by colleagues from other professions for exceeding her mandate. In one institution the academic teachers of retarded children avoid meeting with the psychologist and speech pathologist so as not to be "unduly influenced" by their reports.

In one sense it is not always easy to share information with other professionals. Until recently there were no norms established on a longitudinal basis. "Test" is a mildly tainted word - much stress is placed on the uniqueness of each child, and the clinician's skill and experience often serve to delineate the problem. I have some interesting data on a group of children learning French and English simultaneously, but the data are only in English because no one could guide me to standardized tests for vocabulary or syntax.

#### THE FUTURE:

In 1980 the F.N.O. sponsored a study trip to Quebec, and the resulting document impresses me very much, pointing out in its conclusion the following cogent points:

1. a policy of prevention and early screening would respond to the needs of the population and the profession of speech pathology should participate in this fully. (I am reading between the lines here to see "bridge the gap between Health and Education".)
2. the legal status of speech pathologists in France is limited to following a medical prescription. If this could be revised, the profession

would stand on a wider basis of study and evaluation of normal language as well as pathology.

3. training programmes must be re-evaluated in the interest of providing further possibilities for education, giving rise to research opportunities and better contacts with allied professions.

HOWEVER.....

What may not be obvious from the above is that children and adults with communication problems are being helped brilliantly by speech pathologists who work with devotion for low salaries amidst incredible bureaucracy. I could describe at length the session of mime I saw with a group of institutionalized educable adolescents. The 3 speech pathologists concerned had followed an evening course on their own, and with persistence adapted it as a tool with multiple possibilities for their programme. Another speech pathologist described her quiet but determined battle to be admitted to sign language classes held by the deaf. They had been suspicious of the professionals who might "steal" their language.

The indications of change within the profession are positive. The willingness of the French speech pathologists to face the issues while building on their many strengths should effectuate a quiet revolution over the next few years.

The following addresses may be of interest:

A.R.R.L.O.E. (Association des Rééducateurs de la Parole et du Langage Oral et Ecrit.) Library: 10 rue de l'Arrivé, 75015 Paris. Mon.- Fri. 13:00 - 19:00, closed in August. Journal: Revue Rééducation Orthophonique.

Institut Supérieur d'Orthophonie, des Sciences de la Communication et du Langage, 82 Avenue du Niel, 75017 Paris.

Association Franche-Comte d'Audiophonologie, Faculté de Médecine, 25030 Besançon. Journal: Bulletin d'Audiophonologie.

Fédération Nationale des Orthophonistes (has 16 regional branches), 60 Bd. de Latour Maubourg, 75007 Paris. Journal: L'Orthophoniste.

Contact person: Olivier Heral, 10 place de Lafourcade, 31000 Toulouse.

#### BIBLIOGRAPHY

Enseignement et pratique de l'orthophonie au Québec et en France. Les Dossiers de la Fédération Nationale des Orthophonistes, No. 4, 1980.

L'orthophonie demain: propositions de la Fédération Nationale des Orthophonistes, X<sup>ème</sup> Congrès Fédéral, Nancy 1977.

L'orthophoniste dans la prévention: sa place, son statut, ses responsabilités. Les Dossiers de la Fédération Nationale des Orthophonistes, No. 3, 1980.

HEAR HERE