

IRISH ASSOCIATION OF SPEECH THERAPISTS,

SPEECH THERAPISTS IN THE SERVICE OF THE COMMUNITY

A Policy Document of:~

The Irish Association of Speech Therapists

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A C K N O W L E D G E M E N T S

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FOREWORD

The following document has been compiled by a working party of the Irish Association of Speech Therapists. It is an outline of the Association's views regarding future projections of a developing Speech Therapy Service for the community in the Republic of Ireland.

The formulation of the document has been undertaken for the following reasons:-

1. To develop an awareness within the Government, relevant professionals and the community in general, of the nature, extent and adverse effects of disorders of communication in our population.
2. To advise the relevant Government Departments (namely, Health and Education) of the Speech Therapist's role in the assessment and management of such disorders.
3. To set the scene for the formulation of a planned regional structure for Speech Therapy Services, in order to prevent wastage of scarce (Speech Therapy) resources.

SUMMARY

Nine major aspects have been discussed in this document:-

1. The importance of oral and written communication in everyday living.
2. The nature and extent of communication disorders in the community.
3. The adverse effects of such disabilities on the private, social and public life of the affected person.
4. The role of the Speech Therapist in the prevention, diagnosis and management of these disorders.
5. The appropriate care of the communication disordered person.
6. A projected structure for a Speech Therapy Service within the present framework of the Health Service.
7. The required staffing for the Speech Therapy Service.
8. The requisite pre-entry qualifications and training for the profession of Speech Therapy.
9. The necessity for research into disorders of communication in this country.

A number of recommendations have been made in the document:-

1. That research into disorders of communication be considered as a matter of urgency, with a view to increasing knowledge of the nature, extent and appropriate management of such disorders.
2. That communication disorders be officially registered as 'handicap', and thus be eligible for particular recognition in appropriate circumstances.

That residential and non-residential facilities be made available for team assessment and management of severe .disorders of communication.

That a regional plan for a comprehensive and effective Speech Therapy Service be implemented.

That qualifications for employment of Speech Therapists in the Republic be definitive, and that a grading structure, based on appropriate qualifications, experience and levels of clinical and administrative responsibility be implemented.

That the Speech Therapist's role in the clinical training of students be recognised, and be seen to be necessary.

That post-graduate University Courses at 'Master' and 'Doctorate' level be developed - in order to further knowledge and specialisation in the field of linguistic pathology.

That conditions of employment - notably physical conditions, salary structures and understanding by administrators of the nature of the role of the Speech Therapist - be investigated, with a view to implementation of necessary and appropriate changes.

3.0 INTRODUCTION

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3.1 The Importance of Human Communication

Human Communication has a four-fold function:-

- (i) The expression of feelings and emotion;
- (ii) The expression of ideas;
- (iii) The dissemination of information;
- (iv) The regulation of human behaviour.

From a consideration of the above, it can be seen that the need to communicate is a natural heritage. People deprived of this heritage have a right to expect professional help in this fundamental area of human functioning. It is recommended that disorders of communication be officially registered as 'handicap' and thus be eligible for particular recognition in appropriate circumstances.

3.2 History of the Profession in this Country

In the Republic of Ireland prior to 1969, there were approximately ten Speech Therapists working in the Health Service - all of whom trained in Britain. In 1969 training facilities (with full recognition from the Professional Body in Britain) were commenced by the National Rehabilitation Board at the Dublin College of Speech Therapy. Since then approximately one hundred students (99% of whom were female) have qualified. The numbers in employment have been somewhat depleted over the years by emigration and marriage responsibilities. At present there are 84 Speech Therapists in the Republic, 70.1 of whom are in employment. Because of these limited numbers, the profession has only slowly developed over the past ten years.

3.3 A Licence to Practice

Pre-entry qualification standards, the format of training courses leading to qualifications, examination setting, and the formulation of professional ethical standards, are the responsibility of the Professional Body - the College of Speech Therapists (London). On successful completion of approved training courses, each candidate applies to the Professional Body for a licence to practice. The past diploma course in the Republic was granted full recognition from the Professional Body, while the new B.A. degree course in Remedial Linguistics in University of Dublin has been granted provisional approval.

3.4 Definition of Speech Therapy

Speech Therapy involves the assessment, diagnosis, treatment and management of disorders of communication in the community, (often with the aid of other relevant specialists). Disorders of communication cover the fields of articulation, language, voice and fluency, together with the associated language disorders which are reflected in reading and writing problems.

'Speech Therapist' is somewhat of a misnomer for the nature of the work undertaken - which involves language and vocal aspects of communication in addition to that of speech. Other names have been suggested - 'Speech and Language Therapist', 'Logopaedist', 'Communicologist', 'Remedial Linguist'.

3.5 Scope of Speech Therapy

Disorders of communication may be divided into four main categories:-

- (a) Disorders of language
- (b) Disorders of articulation/phonology
- (c) Disorders of voice
- (d) Disorders of fluency.

These may be caused by neurological, physical, emotional,

intellectual, personality and environmental problems and apply across the spectrum of age, class and personality type.

3.6 Need for a Team Approach

Assessment, diagnosis and treatment of disorders of communication are often complex and lengthy processes, and may require information and intervention from other specialists. In this sense the Speech Therapist works as a member of an interdisciplinary team. If he/she is expected to work in isolation, his/her management of a communication-disordered patient, must, of necessity, be limited, particularly if the presenting disorder is part of a wider syndrome or anomelad.

3.7 Scientific Nature of the Work of the Speech Therapist

The assessment, diagnosis, treatment and prevention of disorders of communication, require a high degree of scientific knowledge, expertise and appropriate personality characteristics. The Therapist's natural endowments together with a rigorous academic and clinical training in the field of Speech Pathology and Therapeutics prepare him/her for a responsible and demanding role in the management of communication disorders. The profession of Speech Therapy is a discipline in it's own right, and increasingly employs research methods in assessment, diagnostic and therapeutic procedures.

3.8 Need for a Structure

It is necessary that Speech Therapy Services be so structured as to give a comprehensive and effective service to patients, and status and recognition to the Therapist for his/her important contribution to the fundamental welfare of the handicapped person. A structure is considered to be an urgent priority:-

- (a) to prevent wastage of scarce resources,
- (b) to promote the prevention, treatment and general management of disorders of communication in the community,

- (c) to develop a comprehensive Speech Therapy Service within the Health/Education Services.
- (d) to encourage motivation within Speech Therapists to remain working in the field, by affording them normal career opportunities.

THE ROLE OF THE SPEECH THERAPIST

The Basic Terms in Speech Therapy

For definitions of basic terms, please see Appendix I.

Description of Disorders of Communication

For a glossary of the main disorders of communication please see Appendix II. The Speech Therapist is concerned with the assessment, diagnosis, management and prevention of the following disorders as they present in the community.

- (a) Disorders of Language - Where there is a problem with comprehension and/or use of symbols (usually verbal) which signify reality. Language disorders may be found in association with:-
 - Brain damage
 - Mental Handicap
 - Emotional disturbance
 - Hearing impairment
 - Social, emotional and environmental deprivation.
- (b) Disorders of Articulation/Phonology - Where there is a problem with speech sound production, associated with:-
 - Congenital or acquired abnormalities of the oral structures
 - Neurological conditions affecting the speech musculature
 - Emotional and behaviour problems
 - Functional developmental disorders.
- (c) Disorders of Voice - Where there is a problem with sound production in the larynx (vocalisation) and it's modifications. Voice disorders take the form of pitch, resonance, quality, volume, rate and stress abnormalities. They occur in association with:-
 - Neurological conditions affecting breathing, vocalisation and resonance musculature
 - Neoplastic conditions in the larynx and resonance chambers
 - Structural abnormalities of the upper respiratory tract
 - Psychogenic disturbances.

- (d) Fluency Disorders - Where there is an interruption in the normal flow of speech. These may be associated

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with -

Brain damage
Genetic predisposition
Psychogenic disturbance
Neurological conditions.

4.3 Source of Referral

The majority of patients attending for Speech Therapy are referred by a doctor - who, presumably, has screened them for relevant medical conditions. In general, this referral is considered to be valuable, as many disorders of communication are caused by medical conditions. It is necessary for the Speech Therapist to know if there is a relevant medical pathology present, and also the nature and extent of that pathology. In requesting a medical referral the Speech Therapist is not, in any sense, delegating responsibility for the communication disorder to the doctor (as is often mistakenly assumed by administrators and doctors alike). In certain circumstances the Therapist will accept self-referral by a patient.

4.4 Management of Disorders of Communication

Management of patients who present with communication pathology may involve one or more of the following approaches:-

(a) Assessment and Diagnosis

An analysis of the nature, degree and cause of the communication disorder is carried out. A detailed case-history, compiled by the Therapist, together with an analysis of the presenting communication disorder helps the Therapist to formulate a linguistic profile of the patient. Such an analysis of the symptom may involve one or all of the following:-

Examination of the Speech musculature
with regard to structure and function.

A phonological profile analysis.

A language assessment (involving the use of standardised tests and informal observation).

A voice profile.

Attainment tests.

Audiometric and free field tests of hearing.

A personality inventory.

In the investigation of cause and in the formulation of a final diagnosis, further investigations by other specialists may be indicated, especially in the case of syndromes and anomalies. In these circumstances the Speech Therapist is involved in seeking advice and information from such relevant specialists as Social Workers, Psychiatrists, Neurologists, Plastic Surgeons, Otorhinolaryngologists, Psychologists, Audiologists and Teachers. The Speech Therapist is guided as to which of the possible underlying causes should be investigated by his/her insight and knowledge of communication disorders.

Specific Therapy

Techniques used in therapy vary greatly according to the nature and extent of the disorder as well as to the patient's age, personality and intellectual level. Therapy programmes are formulated for individual patients, taking into account their particular needs. This involves time-consuming preparation of programmes, which should form an intrinsic part of the working day of every Speech Therapist. Therapy programmes (formulated from information received in assessment) are based on relevant approaches to the psychology of learning. Theories of motivation, attention, perception, memory, forgetting are utilised in therapy. Various technical aids are available to the Speech Therapist in treatment - notably tape-recorders, language masters, speech trainers, clinical metronomes, amplifiers, bio-feedback machines, oscilloscopes, oral and laryngeal vibrators.

Training in oral communication forms the mainstream of therapy, but reading and 'writing problems are also dealt with, especially when they co-occur with brain damage and oral linguistic pathology. Non-oral systems of communication are taught to those patients whose disabilities are so severe as to prevent them from ever acquiring oral communication, e.g. many who present with severe cerebral palsy, mental handicap or articulatory apraxia.

The effectiveness of Speech Therapy with any patient will depend on the type and extent of the disorder, the underlying cause, his personality, motivation level, and to a certain extent, his age. Specialised techniques of Speech Therapy are valuable, their ultimate success depending on a good patient-therapist relationship.

The Speech Therapist attempts to evaluate progress by observation of the patient's functional speech and language, by the pre and post-test approach, and by seeking the observations of relatives and other team members.

Supportive Treatment

Anxiety, depression and frustration are side effects often found in association with disorders of communication. The Speech Therapist is concerned with lessening these side effects, thus improving the quality of life in patients who present with these conditions.

Many medical conditions causing disorders of communication are static or progressive. In these instances therapy aims are often limited to supportive approaches. The value of supportive therapy for such patients should not be underestimated.

Modification of the Environment

Language retardation often occurs in association

with a deprived linguistic environment. The Speech Therapist plays an active role in encouraging the appropriate modification of the environment (to the linguistic advantage of the patient, through life enrichment schemes). This is particularly relevant in deprived homes, residential settings, institutions for the mentally handicapped, homes for the chronic sick, and geriatric institutions.

General Management of the Communication Disordered Person

Other investigations and treatments are often necessary for patients prior to commencement of a course of speech therapy. The Therapist is often the first person to refer patients for such assessments and treatments. Job evaluation is sometimes an important consideration in the management of a communication disordered person. The Speech Therapist working with neurologically impaired, voice disordered and mentally handicapped patients for example, assesses the type and extent of communication required for different jobs, and gives advice and recommendations accordingly.

Prevention and Advice

In addition to direct treatment, the Speech Therapist advises the patient and his family. Timely advice may serve to prevent further deterioration in an existing communication disorder. Certain groups of communication disorders can be prevented from occurring, if appropriate advice is given at the right point in time - notably, certain forms of stammering, voice disorders (especially in at-risk groups - teachers, pop singers, actors, people who work in polluted conditions) and aspects of developmental language retardation. This area of prevention is most important, but is less well developed than other aspects of Speech Therapy Services at this point in time.

We recommend that Speech Therapy Services for the pre-school child be extended, particularly with a view to prevention.

(g) Involvement of Speech Therapists in Clinical Training of Students

Experienced Speech Therapists - especially those working in the Dublin area - are involved in the regular clinical training and supervision of Speech Therapy students during their three year training course at the Dublin College of Speech Therapy. Therapists have been carrying out this most necessary, responsible and demanding operation in very difficult circumstances - without adequate clinical accommodation, without any financial recompense from any source whatever, and with very great time pressures (derived from long waiting lists).

With a greater intake of students per year in the B.A. Course in Remedial Linguistics at Trinity College, there is likely to be an even greater demand in the future on the Therapists' time and expertise. It is our recommendation that adequate recompense be granted to Therapists for this responsible training role.

4.5 Relationship with other Professions and the Community in General

The Speech Therapist must seek to provide information on, and awareness of, her work by talking to different groups in the Community - notably parents, teachers, and special interest groups. Such discussion will encourage early referral, and may serve to inhibit the development of some disorders of communication. Linguistic pathology is complex, involving many areas of human dysfunction. In view of this, the Speech Therapist requires to work closely with a wide range of professional people. In his/her training the Speech Therapist studies the relevant role of such people in the management of disorders of communication. However, other professionals are often not aware of the Speech Therapist's role in such disorders. A knowledge of the type of work with which the Therapist is concerned

should be included in the training courses of Doctors, Nurses, Physiotherapists, Psychologists, Social Workers, Dentists, Orthodontists, Occupational Therapists, Play Therapists, Teachers, Child Care Workers, Psychiatrists, Otorhinolaryngologists, Audiologists, Public Health Nurses, and School Medical Officers. Great importance is attached to a team approach in management of many disorders of communication. Unfortunately, there is evidence that' this inter-professional co-operation at present is often impeded by lack of understanding and appreciation of the Speech Therapist's role. Disorders of spoken language are common to many disciplines such as neurology, neurosurgery, paediatrics, psychiatry and otolaryngology. It is hoped that in future there will be a development of mutual understanding, esteem and liaison between allied professions and Speech Therapy.

4.6 Areas of Growth

Any attempt to predict areas of growth and future development must be speculative, since much will depend on the results of research in allied fields. However, at this point in time in this country, some areas of linguistic pathology are being somewhat neglected, and will require injections of staff in the future, notably:-

(a) Pre-School Services

Early detection of communication disorders is important. Children presenting with these problems should be identified at the Child Development clinics. Such identification should be carried out only by those personnel who have been exposed to courses in communication disorders.

(b) School Medical Examinations

We do not consider the present system of identification of communication disorders in the school population to be effective. At present when there is an extreme shortage of Speech Therapists, we suggest that Nursing or Medical personnel who are currently

involved in such screening, be exposed to courses in identification of communication disorders.

Mental Handicap Services

The Speech Therapist has already established a place in the education and treatment of the mentally handicapped child. However, his/her role needs clarification, in relation to the Teacher and the Educational Psychologist. The Therapist is concerned with the formulation of language programmes (in association with the Teacher and Psychologist) and in specific therapy for language retardation/deviancy, and other linguistic disabilities.

Speech and language therapy services for adult mentally handicapped people are less well established. Many such adults have been committed to large Psychiatric Hospitals, and would be expected to spend most of their lives there. In view of this it seems not only feasible but appropriate and necessary that these patients be provided with a service which will stimulate the communication process. In this way it is hoped to prevent the development of reactive psychiatric conditions, and improve the quality of their lives in an institutional setting.

Teaching of Non-Oral Systems of Communication

Some conditions, notably severe neurological disease and severe mental handicap, prevent patients from ever achieving adequate oral communication. For such people, non-oral communication systems are a necessary alternative. There are a number of such systems available at present. The Speech Therapist should have access to special courses in these communication systems before training her patients in these media. In large institutions (notably homes for the chronic sick, mentally handicapped residences), where many patients may depend on non-oral communication, the Speech Therapist may be involved in training the staff in such systems, in order that they may be in a position to communicate with their patients.

(e) Research

Because of the complex nature and adverse effects of communication disorders, research in the field of linguistic pathology is of fundamental importance and it's undertaking by Speech Therapists is an urgent necessity.

For further discussion of this topic please see chapter on research.

4.7 Concluding Remarks on the role of the Speech Therapist

Although Speech Therapy draws on many disciplines for it's background knowledge, it's therapeutic techniques are it's own. As treatment is the central core of the profession, it is in this area that the Speech Therapist should enjoy the maximum professional independence. We recommend that the acceptance of communication disordered patients for assessment/treatment, and the planning and termination of treatment, should be recognised as the Speech Therapist's prerogative. However, in carrying out these functions, he/she should have regard to the value of inter-disciplinary co-operation.

5.0 ORGANISATION OF SPEECH THERAPY SERVICES

In the past, in the Republic of Ireland, Speech Therapy Services have functioned mainly under the Department of Health - Therapists being employed by Health Boards, Voluntary Hospitals and Voluntary Organisations. A very small minority has been employed by the Vocational Education Committee

Because of this involvement under the Department of Health, the future organisation of Speech Therapy Services must be planned in the context of a developing Health Service.

5.1 Present Organisation of the Health Service

The McKinsey Report (1971) recommended that Health Services should be conducted under three programmes of operation:-

- (i) The General Hospital Care Programme
- (ii) The Special Hospital Care Programme
- (iii) The Community Care Programme.

The Chief Executive Officer himself, or by delegation to the Manager in each of the above Programmes, is responsible for controlling the services provided by a Health Board. At present there are eight Health Boards in the Republic of Ireland, defined geographically. Although the Voluntary Hospitals and Voluntary Organisations are not directly under the control of Health Boards, they are, however, involved in all aspects of Health Programmes.

5.2 Present Organisation of Speech Therapy Services

In 1969 the Dublin College of Speech Therapy, with facilities for training, was established. Prior to this, a small number of Therapists had been employed in the Health Service, all of whom had trained outside Ireland. With the establishment of the training college in Dublin, there has been a steady increase of approximately fourteen

Therapists per year. These numbers have been somewhat depicted after qualification either by emigration or by withdrawal from active employment through marriage. At present (June 1979) there are 84 Speech Therapists living in the Republic of Ireland, 70.1 of whom are in employment. The following is a breakdown of the numbers currently employed:-

TABLE A - NUMBERS OF SPEECH THERAPISTS IN EMPLOYMENT
(June 1979)

EMPLOYING AUTHORITIES	NUMBERS IN EMPLOYMENT (full-time or full-time equivalent)
Health Boards	40
Voluntary Hospitals	13
Voluntary Organisations	17
Others (Vocational Education Committee)	0.1
TOTAL	70.1

(Figures based on information received from Survey of Irish Association of Speech Therapists, June 1979).

5.3 Present Areas of Operation in Health Board Programmes

In the General Hospital Care Programme - Communication disorders may occur in association with cerebral vascular accidents, cranio-facial surgical conditions, benign and malignant neoplasms of the head and neck, head injuries, neurological conditions and respiratory disorders. These may apply to both the child and adult population. A continued growth in demand for Speech Therapy Services in this Programme is envisaged, particularly in view of the increasing incidence of many conditions which are basic to communication disorders (e.g. road traffic accidents, cerebral vascular accidents, and cancerous conditions).

Specialised Units (e.g. Neurological - Neurosurgical Units, Medical Rehabilitation Centres, Ear, Nose and Throat Hospitals, Homes for the Chronic Sick), may have a special concentration of patients with communication disorders. Such centres, therefore, require a higher therapist-patient-ratio than do General Hospitals. Specialised Children's Units (e.g. Centres for Cerebral Palsied Children) may also have a high concentration of children with severe disorders of communication. Speech Therapy Services to these centres have been limited in the past, due mainly to shortage of qualified personnel. It is hoped that this needy area will be more adequately serviced in the future.

In the Special Hospital Care Programme - Many child or adult psychiatric conditions are either directly caused by a disturbance in the communication process, or have, as a consequence of the condition, a resultant communication disorder. The Therapist's contribution to this programme involves management of communication disordered patients presenting with the following conditions - autism, childhood emotional disturbance, mental handicap, mixed neurological learning disorders, anxiety, hysteria, obsessive compulsive states, depression, and geriatric conditions. The Speech Therapist has specific skills in these areas and should be included in the diagnostic and therapeutic teams in Child Guidance Clinics, units for the mentally handicapped, psychiatrically ill and geriatric patients.

In the Community Care Programme - Patients with communication disorders are normally seen at Out Patient clinics or, in the case of some geriatric patients, in the home.

In the pre-school sector the Speech Therapist is currently involved in only a small way with these children (due to pressures from other urgent areas). During this period

of child development - a most critical period from the linguistic point of view - the Therapist should be involved in advising parents regarding the norms of speech and language development, with a view to encouragement of appropriate linguistic stimulation and prevention of .certain disorders of communication, at this early stage.

At Out Patient clinics Speech Therapists are at present involved in the assessment and treatment of the school going child who presents with a disorder of communication (excluding that which is due to severe deafness, which condition is normally dealt with by an Audiologist and/or Teacher of the Deaf). It is recommended that the Speech Therapist visit schools in order to identify, and give and seek advice from the teacher - in relation to the school going communication-disordered child.

Adults in the community may present with varying types of disorder of communication - notably stuttering, voice disorders, developmental and acquired articulation and language problems. These patients are normally treated by the Speech Therapist in the Out Patients Department of a General Hospital. In this context, there is frequently a need for evening clinics for such patients - to allow them the opportunity of attending work daily (without regular interruption for therapy). Normally, hospital authorities show no objection to the holding of such evening clinical sessions.

In the geriatric sector, communication disorders are frequent - these are often accompanied by anxiety and depression at the disintegration of a basic human function. The Speech Therapist is currently involved with this group only in a small way (because of other pressures). It is our recommendation that he/she be involved in advisory and therapeutic programmes for the geriatric patient who is either at home, in hospital or in long-stay care.

5.4 Future Organisation of the Health Service

- (a) At the time of compilation of this document, new general hospitals are being planned - with a view to supplying in and out patient services for the acutely ill in concentrated population areas. In this context, many more Speech Therapists are likely to be required in the hospital service.
- (b) Further aspects of the McKinsey Report (1971) are being implemented - namely, a greater emphasis on community health, where the patient is encouraged to live at home and attend for treatment at out patient clinics. McKinsey recommended that this service be administered on a geographical basis, which involves the further sub-division of the larger Health Boards into several Community Care Areas. In this context, many more Speech Therapists are likely to be required (for example, in the Eastern Health Board, where there are ten such areas).

5.5 Future Organisation of the Speech Therapy Service

As there has been no structure in the past in the Speech Therapy Service in the Republic of Ireland, (Service having been supplied on a demand-supply basis), development has tended to be haphazard and disorganised. This has resulted in inefficient use of scarce resources, with an overlapping of services in some instances. Because of this lack of structure, which in turn has led to lack of job satisfaction, some Speech Therapists have left the profession, a worrying state of affairs when there is such a critical shortage and great need for this service. The formulation of a Regional Speech Therapy plan is therefore urgent.

Any envisaged structuring' and re-organisation of the service must take into account the developing nature of Health and Educational Services in Ireland. In view of

the historical development of-Speech Therapy in this country, (and because of the medical aspects of a high percentage of it's case-load), it would seem logical to see the service continuing to be allied to the Department of Health. On the other hand, some disorders of communication have no direct bearing on medicine and are more appropriately considered as educational problems.

It would thus seem appropriate that in considering future organisation of Speech Therapy Services, the relevance of both the Departments of Education and Health should be recognised. It is here suggested that Speech Therapy Services in the Republic of Ireland should be so structured that they can be adapted to either the Department of Health or Education, as appropriate.

If we accept that it should be allied to the Department of Health, it would seem logical to formulate a structure based on existing regional structures, e.g. the eight Health Boards. Such a structure could also be applied to Voluntary Hospitals and Organisations.

The Recommendation of the Irish Association of Speech Therapists regarding an appropriate Structure for Speech Therapy Services in the Republic of Ireland is as follows:

- (1) The aim of a regional Speech Therapy plan is to provide a humane and effective service to all communication handicapped people.
- (2) This regional plan should involve appropriate grades of Speech Therapists. This grading structure must reflect levels of qualification, experience, clinical and administrative responsibility.
- (3) Speech Therapy Services require to be planned by Speech Therapists - in consultation with other managerial grades of staff appropriate to the particular area of operation.
- (4) It is strongly recommended that newly qualified Speech Therapists work under the direct supervision of more experienced Senior Speech Therapists. On no account

should they be expected to organise Speech Therapy Services in Health Boards, Voluntary or other Organisations (a situation, which unfortunately existed in the past due to scarcity of qualified experienced personnel).

- (5) In order to estimate the extent of the need for Speech Therapy Services in the Republic, a survey of communication disordered patients in a selected random sample must be conducted in the near future.
- (6) The following staff structures require implementation to ensure that services are planned systematically, in accordance with need, supply, and economic resources available. It is envisaged that such a structure would lead to a unified service. This grading structure has been devised to reflect levels of qualification, experience, clinical and administrative responsibility.

It is considered that the planning by a Speech Therapist of Speech Therapy Services for Health Boards is a high managerial function, involving overall planning, direction and co-ordination across the three McKinsey programmes. At a lower level each Health Board Programme (or county boundary) as well as each Voluntary Hospital Group and Organisation requires one Speech Therapist to plan and co-ordinate Speech Therapy Services in the particular area of operation. In local clinical settings, there is need for particular clinical expertise in specialised areas of Speech Pathology and Therapy, as well as involvement of Speech Therapists in the practical training of students.

Finally, newly qualified Speech Therapists require to work under supervision of more experienced Senior Speech Therapists to allow opportunities for guidance and discussion in clinical and administrative aspects of work.

5.7 Proposed Grading Structure in the Speech Therapy Service

As Speech Therapy is essentially a service profession which caters- for the needs of communication handicapped, it is essential that all Speech Therapists, irrespective of grade, should have clinical involvement.

(a) Director of Speech Therapy

A Speech Therapist who is responsible for the over-all planning, organisation, direction and co-ordination of Speech Therapy Services within a Health Board. His/her reporting relationship is to all Programme Managers of the Health Board.

A minimum of seven years post-qualification experience is required for this position. It is envisaged that eight Speech Therapists (one in each Health Board) be appointed to this grade.

(b) Chief Speech Therapist

A Speech Therapist who is responsible for either:-

- (i) planning, organisation, co-ordination and development of Speech Therapy Services within a group of institutions e.g. a Hospital Group or a Voluntary Organisation, or
- (ii) organisation and co-ordination of Speech Therapy Services in a geographical region or programme of a Health Board. The population size and the extent of the geographical boundaries of a Health Board area will determine the manner of designation of duties of a Chief Speech Therapist in a Health Board.

Responsibilities of this grade include the supervision of several Speech Therapists. A minimum of five years post-qualification experience is required for this grade.

(c) Senior Speech Therapist

This is a grade of special clinical or administrative responsibility at a local level.

(i) Administrative Responsibility

A Speech Therapist who is responsible for the supervision of other Speech Therapists (in Community Care areas, sub-divisions of Special Hospital Care Programmes, Hospitals or other clinical settings).

(ii) Clinical Responsibility

"At present there is no opportunity for a Speech Therapist to attain senior status on the grounds of special experience and clinical responsibility. We feel it is important to reward clinical as well as administrative skills." (Quirk 1972)

Such clinical expertise would apply to specialised areas of Speech Pathology.

A minimum of three years post-qualification experience is required.

(d) Speech Therapist

A Speech Therapist who works under the supervision of a higher grade Speech Therapist.

All Speech Therapists under two years post-qualification experience should be appointed at this level.

Addendum on the Role of the Speech Therapist in Education

It is impossible to categorise many disorders of communication into either health or educational processes, and indeed one might ask if it is meaningful to try to do so. At present, children attending school are obliged to attend for speech therapy at a local 'Health Centre' or 'Child Guidance Clinic' or at a Children's Hospital. This procedure is time-consuming for the child and ineffective for the Therapist (particularly because of the difficulty in discussing the child's communication disorder with the teacher). It is obvious to those who come in contact with communication disorders in the school population that the Speech Therapist is a most relevant person in the educational setting. It is hoped that the Department of Education will reconsider the role of speech and language pathology and its effect on the educational process.

6.0 STAFFING

6.1 Population Growth

In the recent past there has been a steady increase in the population in the Republic of Ireland - which trend is likely to continue. In view of this, there is likely to be an increasing demand for all social/medical services, including Speech Therapy.

6.2 Numbers of Speech Therapists Required

It is difficult to estimate the numbers of Therapists required to provide an effective Speech Therapy Service - for the following reasons:

- (i) The difficulty of estimating the hidden need. With the underdeveloped state of the Service at present, some areas of the population of speech handicapped are being neglected. Extreme shortage of Speech Therapists has been a major factor in discouraging the referral of many patients, because it is known that there are not the resources to deal with them. The real need is therefore not known.
- (ii) Lack of surveys on the overall incidence of disorders of communication in the Republic of Ireland.

To our knowledge, only three surveys on aspects of disorders of communication in this country have been carried out. In 1961, it was ascertained that 3% of the primary school population (in 20 counties sampled) presented with disorders of communication. (Supple, 1961)

This figure of 3% was replicated in 1978 - in a population of primary school children in a rural county of Ireland. (Collins, 1978)

In 1979 a survey of 428 hospitalised mentally handicapped people in Dublin revealed a figure of 93.6% of such patients presenting with disorders of communication. (Marsh, Molony, Hickey, 1979)

There is no overall survey in Britain or Ireland on the incidence of communication disorders in the community. In the Department of Education and Science (Britain) report (Quirk, 1972) it is estimated that six full-time Speech Therapists per 100,000 population would be a minimum requirement. Applying this to the population of the Health Board areas in the Republic of Ireland, the following table indicates the minimal number of Speech Therapists which would be required. These population figures have shown a substantial increase since the census of 1971 - indicating an even greater need than is suggested in the table below for Speech Therapy Services now and in the future.

TABLE B - NUMBERS OF SPEECH THERAPISTS REQUIRED AND
IN EMPLOYMENT IN EACH HEALTH BOARD AREA

HEALTH BOARD AREA	POPULATION EST. (1971)	SPEECH THERAPISTS REQUIRED	IN PRESENT EMPLOYMENT
Eastern	987,000	59	38.1
South Eastern	328,000	20	8
Southern	465,000	28	4
Mid Western	269,000	16	4
Western	311,000	19	5
Midland	179,000	11	4
North Western	187,000	11	3
North Eastern	245,000	15	4
TOTAL POPULATION	2,971,000	179	70.1

6.3 Numbers of Speech Therapists at present in Employment

There are approximately 70 Speech Therapists in employment in Health Board areas. The following table is a summary of numbers of Speech Therapists employed in the different Health Board areas.

TABLE C - NUMBERS OF SPEECH THERAPISTS IN EMPLOYMENT
IN EACH HEALTH BOARD AREA

HEALTH BOARD AREA	NUMBER OF SPEECH THERAPISTS EMPLOYED	
	In Health Board	In Other Organisations
Eastern	11	27.1
South Eastern	8	
Southern	3	1
Mid Western	4	
Western	3	2
Midland	3	1
North Western	3	
North Eastern	4	
TOTAL	39	31.1
	70,1	

This figure of 70.1 is much less than half of the estimated number needed for a population of three million. There are several reasons for this shortage:-

- (i) The training of Speech Therapists in the Republic of Ireland did not begin until 1969, when the Dublin College of Speech Therapy was established. At present approximately only 14 therapists qualify each year.
- (ii) It is not possible to increase this number because of limited clinical training facilities (from the point of view of the number of qualified therapists, and the lack of availability of therapy rooms for students in the clinics).

(iii) Speech Therapy is predominantly a female profession at present, and in other countries the effect of the trend to early marriage has been one of loss to the Service of many of its therapists. In the short period of time since the inception of the Speech Therapy Course in this country, this effect has become a reality. Appropriate encouragement from employing authorities, to married Therapists to return to work (in terms of opportunities to refresh their knowledge and scientific approach, suitable working conditions and appropriate salary structures) could, perhaps, be rewarding.

6.4 Aspects of Career Organisation

Certain aspects of career organisation are essential to promote the efficiency of the Speech Therapy Service, namely:-

(a) Conditions of employment

Physical conditions - the accommodation which is apportioned to the Speech Therapist for his/her clinical and administrative work varies from one work location to another, but overall the situation is one of inadequacy and unsuitability. In this context, Health Centres are by far the least suitable to encourage communication in patients. Some of this improvised accommodation provided by administrators for the implementation of Speech Therapy portrays a total lack of awareness (in those responsible) for the needs and importance of the Service.

Recommendations

We would recommend the following as being minimal requirements for the efficient running of a Speech Therapy Service - a suite of rooms consisting of office, individual treatment room and group therapy room. The area should be relatively free from excess noise and should have furniture which is

appropriate in type and function for the service supplied. An observation room with a one-way vision mirror adjoining the therapy room, is useful. Phone, wash-basin, waiting area and toilet facilities are also required.

Clerical Assistance

For the efficient administration of Speech Therapy Services, the Therapist requires clerical/secretarial assistance - to help with record keeping, typing of reports, keeping an appointment system and for telephone communications. The availability of clerical assistance for Speech Therapists is generally poor.

Opportunities for professional liaison

Such opportunities are necessary for seeking advice, consultation and discussion of clinical matters.

Recommendations

We recommend: -

- (i) That newly qualified Speech Therapists have easy accessibility to more senior Speech Therapists.
- (ii) Where a number of Speech Therapists work for the same Health Board or Organisation that they be given an opportunity to meet regularly (e.g. monthly), to discuss clinical and administrative aspects and for presentation of papers of academic interest in the field of Speech Pathology and Therapy.

Restriction of different clinical locations

Many Speech Therapists are expected to supply a Speech Therapy service in several different work locations within the working week. For many reasons, this situation is unacceptable. Firstly, because

a fragmented service is unproductive for the patient and unfulfilling for the Speech Therapist. Secondly, because too much time is spent in travelling, resulting in depletion of the Service and exhaustion in the Therapist. Many administrators appear to be particularly unreasonable in this context. If this situation is envisaged at the outset, the post should be advertised as that of 'Peripatetic Speech Therapist'.

Recommendations

We recommend that the location, distance from headquarters and number of different clinical locations be formulated by a Speech Therapist who is in an administrative post, and not by other personnel (who apparently do not understand the nature of Speech Therapy) - as has been happening in the past. The maximum number of different clinical locations permitted should be three - but a programme of two is likely to be more effective.

Salary

Salary should be commensurate with training, experience, clinical and administrative responsibility - attaining parity with other kindred professions.

Opportunity for study and course leave

The field of Speech Pathology and Therapy is specialised, and so Speech Therapists should be afforded opportunity to attend courses of interest in their field of specialisation.

Vacation

Vacation period should be adequate, particularly in view of the intense nature of the work of the Speech Therapist.

Grading structure

A grading structure should be implemented as at present there is only one grade of Speech Therapist (basic grade) in the Republic of Ireland. This situation provides no framework for a developing

career and does not adequately or fairly reflect the varying responsibility levels encompassed within the field of Speech Therapy. It offers no promotion or career prospects and does not recognise appropriate higher qualifications. A proposed new structure has been formulated (see above - chapter on Organisation). Good working conditions and adequate supporting services not only contribute to the efficiency and effectiveness of a service, but are also a reflection of the esteem in which the service is held by employers and others - they thus contribute to morale. When conditions are such that constant frustration and difficulty attend the simplest routines of daily work it is not surprising that Speech Therapists feel grossly undervalued - which in turn forces some Therapists to seek employment in other fields and countries (a situation which pertains at the present time).

7.0 CARE OF THE PATIENT

7.1 Effect of Communication Disorder on the Patient

Human communication evolved for expression of feelings, ideas and emotions, for satisfaction of basic needs, and to influence the person's own and other people's behaviour. A person with a communication disorder may experience difficulty in one or all of these aspects of human functioning. In view of this all-pervasive influence of communication in life, it is necessary that appropriate facilities be made available for the prevention and management of disorders of communication in the community.

7.2 Need for Pre-School Play Groups

Language ability is partly innate, but it requires to be educated through appropriate linguistic stimulation. Many children in deprived families or areas do not receive such language stimulation through the normal channels and so require special 'play groups' to stimulate the communication process. We consider such Play groups as fulfilling a definite need for these children and suggest that Speech Therapists be involved in an advisory capacity for such groups.

7.3 Need for Specialised Centre for Investigation and Treatment of Children with Severe Language and Phonological Disorders

At present in the Republic of Ireland, there are many children who require intensive, long-term education and treatment for severe phonological and language disorders. Many such children are at present attending the normal school, and may also be having Speech Therapy on a once/twice weekly basis (while others may not be receiving therapy at all). Many of these children have associated reading and writing disorders. Unless their special educational needs are catered for in special classes/units, they will grow into adults who present

with severe speech, reading and writing problems. We recommend that a survey be carried out on the incidence of communication disorders in such children in the country with a view to planning for appropriate intensive education/therapy for them in specialised units in the near future. -The Speech Therapist would function as a member of an educational-clinical team in this context.

7.4 Need for Residential Centres for Adults With Severe Communication Disorders

Many adults require intensive investigation and treatment of communication disorders, because of:-

- (i) The nature of the disorder.
- (ii) Vocational rehabilitation requirements.
- (iii) Social factors.
- (iv) Geographical location.

The availability of such centres for adults would result in more effective management of certain communication disorders and would also facilitate much needed research.

7.5 Need for Day Centres for Intensive Therapy for Adults with Severe Communication Disorders

Brain damaged adults are often forced to relinquish their former jobs and may be confined to home for the rest of their lives. Day centres for such patients are required for long-term treatment - as an extension of the Community Care programme.

7.6 Need for Social Clubs for Adults with Specific Disorders of Communication

Many adults who have disorders of communication are at a social disadvantage, and may require 'clubs' to encourage communication and social interaction. It is envisaged that Speech Therapists become actively involved in the future in this extension of therapy - aiding with the establishment of, for example, stroke clubs, laryngectomy clubs, and clubs for adult stutterers.

Availability of Resources

Greater use could- be made of existing resources, i.e. residential schools during vacation periods - for intensive therapy for communication disordered children and adults.

High Ethical Standards of Speech Therapists

Because of the Speech Therapist's involvement with perhaps the most human of functions (communication), and because of the confidential nature of his/her work, high ethical standards within the Therapist are required - if he/she is to give the appropriate care to the patient. At present the Professional Body generally monitors ethical conduct within the profession.

8.0 QUALIFICATIONS AND TRAINING

8.1 Pre-Entry Qualifications (June 1979)

(a) Educational requirements

The basic educational requirement is the Leaving Certificate of the Republic of Ireland, or equivalent. Candidates must secure the Leaving Certificate with passes in six subjects which are recognised for the purpose of Matriculation, including English and Mathematics. Grade ^TC minimum at higher level must be secured in three of these, one of which must be chosen from Group A, **one** from Group B, and one from either Group A or B.

Group A subjects - A language on the Leaving Certificate Course.

Group B subjects - Physics, Chemistry, Biology, Physics and Chemistry, Applied Mathematics, Mathematics.

(b) Age requirements

Applicants must be 18 years of age by 1st October of the year in which they commence their training.

(c) Personality requirements

Adaptability, patience and interest in people are necessary qualities in intending Speech Therapy students.

8.2 Training in the Republic of Ireland

The Past:

(a) Undergraduate training

The Professional Body in Britain (The College of Speech Therapists) has been responsible for assessment and approval of training courses for Speech Therapists both in Britain and Ireland.

On qualification, Therapists have applied to the College of Speech Therapists for a licence to practice and have been allowed use the letters L.C.S.T. (Licentiate of the College of Speech Therapists) having thus registered as diploma students. Those qualified to practice Speech Therapy as recognised by the Professional Body include:-

- (i) Those who have passed the College's own examination (the diploma of the College of Speech Therapists).
- (ii) Those who hold degrees of B.Sc.(Speech) and B.A. (Speech).
- (iii) Therapists from other countries (e.g. Australia, some South African countries with which the Professional Body have made arrangements for reciprocal recognition of qualifications, and who are thus granted a licence to practice in Britain or Ireland). Applications from other countries are judged on individual merit.
- (iv) Therapists from the United States of America who have a relevant degree at master's level, and who have an additional qualification required by the American Speech and Hearing Association i.e. the Certificate of Clinical Competence.

The training in the Republic of Ireland in the past has taken place at the Dublin College of Speech Therapy. The course has extended over three academic years, with the award of a diploma in Speech Therapy on successful completion of same. The intake was limited to 15 students per year - this limitation being due, in the main, to extreme shortage of qualified Therapists, who are required to train and supervise students in the clinical aspects of the work. Preference has been given to applicants born in Ireland, or normally resident in Ireland.

(b) Post-Graduate training

In order to advance knowledge in the field of Speech Pathology and Therapeutics, some Speech Therapists have gone to other countries (mainly to Britain) and have qualified at teaching diploma or masters level. Unfortunately, Speech Therapists who possess these higher qualifications receive no monetary reward and often remain at basic grade levels - a situation which is unlikely to pertain in some other professions.

The Present

Training in the Republic of Ireland at this point in time (June 1979) is in a state of transition from diploma to degree qualification. The new training course (which extends over three academic years), leads to a pass degree qualification (B.A. in Remedial Linguistics), with an optional fourth year for specialisation in the field, leading to a B.A. Mod. degree. This course is organised by the Arts Faculty of the University of Dublin (Trinity College) and has been granted provisional recognition from the Professional Body in Britain.

In October 1977, the first students were accepted for the degree course. These students will qualify under this new training system in 1980, graduating with a pass B.A. degree in Remedial Linguistics. Some of these students will later qualify with B.A. Mod. degree in 1981, which will allow them to specialise in a particular aspect of Speech Pathology and Therapeutics.

It is hoped that University based post-graduate courses for Speech Therapists will be introduced in the near future in the field of Speech Pathology and Therapeutics.

8.3 Opportunities for Further Study

- (a) The profession of Speech Therapy is a developing one, as it calls on many developing sciences for

it's background, e.g. psychology, linguistics, neurology. In this context Therapists require to attend general refresher courses in Speech Pathology and Therapeutics, as well as courses dealing with relevant specialisations, e.g. cleft palate, stammering, cerebral palsy, mental handicap, aphasia, .dysphonia, etc.

- (b) Persons working for additional qualifications should be granted appropriate study leave, with pay and expenses.

RESEARCH

"The understanding of human »communication and it's disorders is still gravely limited and can only be increased by a greatly expanded programme of research in all the relevant disciplines. Speech Therapists, with their clinical and practical experience have a unique contribution to make to such research."
(Quirk Report 1971)

While Speech Therapy as a profession is expanding in this country, this expansion must necessarily be limited by our lack of involvement in relevant research. Trained personnel are not yet available to meet this need. As the profession continues to grow, it is imperative that this situation be remedied.

The Nature of Research

We feel that our emphasis on the need for research is well justified. Existing tests must be standardised on Irish children. At present, our reliance on tests standardised elsewhere is unsatisfactory and we must consequently make subjective allowances in evaluating test results, mean deviations etc. We must also think in terms of devising new tests for clinical use - which will be both sensitive and predictive i.e. which could give criteria for case load selectivity. It is only when using the principle of selectivity that the Therapist's case load could allow him/her time for the detailed record keeping essential to research.

The Scope for Research

This is" very broad and relates to the areas of prevention, assessment and treatment. General areas of research have been suggested and these are listed below.

Research and the Team Approach

Speech Therapists need to become more familiar with the whole area of research and to develop expertise in its application. The importance of the team approach (including interdisciplinary teams) to research all aspects of communication must be emphasised.

The profession should encourage promising students to pursue research by providing the necessary resources for further study in speech and related fields - and even to providing the opportunity for Therapists to combine clinical and research work.

Local authorities or employing bodies should, where possible, provide funds and study leave for adequately qualified Therapists wishing to conduct research. Our ultimate aim would be the establishment of a research centre where data could be received, channelled and stored.

The use of standardised case history forms and the maintenance of accepted record keeping should be encouraged with a view to compiling future research data. In this respect also, a universally accepted classification of speech and language disorders is desirable.

Areas of Priority in Research

- (a) The pre-school child.
- (b) Devising tests and scales (with inbuilt standardisation), including tests for the older speech handicapped child (7 years +)
- (c) Stuttering.
- (d) Survey of numbers in Ireland requiring therapy. This survey *would probably need to take place on a total population basis rather than using numbers known to be in need of therapy.

- (e) Effectiveness of intensive versus weekly therapy.
- (f) Effectiveness of Speech Therapy with mentally handicapped and cleft palate patients.
- (g) Alternative methods of communication e.g. simple symbol system for the severely mentally, neurologically and physically handicapped.
- (h) Short-term therapeutic evaluation with control groups.
- (i) The restrictions imposed on developing language by physical limitations.
- (j) The indications for terminating therapy observed - especially in relation to voice recovery after surgery, and acquired language disorders in adults.

10.0 CONCLUSION

A person with a communication disorder is often unable to express his need for help. As Speech Therapists, we interpret his needs, seeking to alleviate the condition by providing him with an adequate means of communication. In this way, he is helped to function more humanly and the quality of his life is enriched.

APPENDIX I

THE BASIC TERMS OF SPEECH PATHOLOGY AND THERAPEUTICS

ARTICULATION	the motor act of producing speech sounds involving the appropriate use of the speech muscles.
FLUENCY	the uninterrupted flow of speech.
HUMAN LANGUAGE	a conventional means of symbolic communication, whose characteristic features of displacement, cultural transmission, duality of patterning and creativity are limited or absent in the communication systems of other species.
PHONOLOGY	a patterned system of speech sound production.
VOCALISATION	: the production of laryngeal sound.

APPENDIX II

GLOSSARY: DISORDERS OF COMMUNICATION

• AGRAPHIA	Inability to express thoughts in writing due to a lesion in the central nervous system. Often found in association with aphasia.
• ALEXIA	Complete inability to read, characterised by an associative-learning disability, often found in association with aphasia.
• ANARTHRIA	Inability to articulate due to damage to brain or peripheral nerves which innervate the articulatory muscles.
• APHASIA	A deficit in the ability to process symbolic material - which may exist in all stimulus modalities (auditory, visual, tactile) and in all response modalities (speaking, writing, gesturing).
• APHONIA	Loss or absence of voice as a result of the failure of the vocal cords to vibrate effectively.
CLUTTERING	Rapid speech, marked by elisions and omissions of sounds or syllables.
HYPERNASALITY	Excessive nasal resonance and/or nasal escape on speech sounds, especially vowels.
HYPONASALITY	Insufficient nasal resonance
<u>PHONOLOGICAL DISORDER</u>	Abnormal patterning of speech sounds
STUTTERING	A disturbance of the rhythm and fluency of speech by an intermittent blocking, a convulsive repetition or prolongation of sounds, syllables, words, phrases (Scott Wood 1972). This term is used interchangeably with 'stammering'.

- Disorders marked with an asterisk may have an incomplete aspect, when the prefix 'dys' is used, e.g. dysphonia (impairment of voice).

APPENDIX III

SYLLABUS FOR B.A. DEGREE IN REMEDIAL LINGUISTICS, UNIVERSITY OF DUBLIN

First Year Studies Normal Development including Psychology, Linguistics, Phonetics, Anatomy and Physiology, Language Acquisition, Education, observation of the normal " child.

Second Year Studies Linguistics, Phonetics, Psychology, Child Development, Sociology, Neurology, Speech Pathology and Therapeutics, Education, clinical observation and treatment under supervision.

Third Year Studies Psychology, Speech Pathology and Therapeutics, Neurology, Linguistics, Education, clinical practice under supervision.

In addition to attending lectures, students also visit hospitals and other clinics to observe and practice Speech Therapy. At the end of the first year, students will sit a written examination, which they must pass before being allowed to continue their studies. Students who successfully complete the three year course will be awarded the degree of Bachelor of Arts (Remedial Linguistics) which is recognised by the Professional Body, the College of Speech Therapists, London.

A further higher degree (B.A. Mod.) is available to those graduates who qualify and who wish to specialise in a particular aspect of Remedial Linguistics.

APPENDIX IV

ADDITIONAL QUALIFICATIONS OF SPEECH THERAPISTS CURRENTLY
EMPLOYED IN THE REPUBLIC OF IRELAND

- (i) D.T.S.T. (Diploma in Teaching Speech Therapy)
- (ii) B.A. (General)
- (iii) M.Sc. (Human Communication)
- (iv) M.Phil.

A few Speech Therapists are currently pursuing higher qualifications - notably M.Sc. and Ph.D.

APPENDIX V

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