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Research in Logopedics
Speech and Language Therapy in Finland

Edited by
Anu Klippi and Kaisa Launonen
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The Contributors

Liisa Ahopalo, Paciuksenkaari 27 A 20, 00270 Helsinki.
Kaisu Heinänen, Logopedics, Faculty of Humanities, University of Oulu.
Marja-Liisa Helasvuo, School of Finnish and General Linguistics, University of Turku.
Kerttu Huttunen, Logopedics, Faculty of Humanities, University of Oulu.
Anu Klippi, Department of Speech Sciences, University of Helsinki.
Anna-Maija Korpijaakko-Huuhka, Department of Speech Communication and Voice Research, University of Tampere.
Pirjo Korpilahti, Logopedics, Department of Psychology, University of Turku.
Pirjo Kulju, Department of Teacher Education, University of Tampere.
Kaisa Launonen, Department of Speech Sciences, University of Helsinki.
Eila Lonka, Department of Speech Sciences, University of Helsinki.
Leila Paavola, Logopedics, Faculty of Humanities, University of Oulu.
Seija Pekkala, Department of Speech Sciences, University of Helsinki.
Tuula Savinainen-Makkonen, Logopedics, Faculty of Humanities, University of Oulu.
Anne Suvanto, Logopedics, Faculty of Humanities, University of Oulu, and Private Practice (Speech & Language Therapy), Oulu.
Ritva Takkinen, Department of Languages/Finnish Sign Language, University of Jyväskylä.
Eeva Sala, Department of Otorhinolaryngology – Head and Neck Surgery, Turku University Hospital, Turku.
Susanna Simberg, Logopedics, Faculty of Arts, Åbo Akademi University.
Part 1

Introduction
Chapter 1

Challenges to Logopedics and Speech-Language Therapy in Finland

KAISA LAUNONEN and ANU KLIPPI

Finland: Special Characteristics

Finland is located in the northeast corner of Europe and is a part of the European Union. Culturally, it is situated between the Eastern influence of Russia and the Western influence of Scandinavia, especially of Sweden. Until 1809, Finland was part of Sweden and, after that, part of the Russian Empire for a little more than a hundred years. Therefore, Swedish and later Russian were the languages of administration before Finland gained its independence in 1917. Today, Finland is officially a bilingual country, the official languages being Finnish and Swedish. The population is predominantly Finnish-speaking, with a 6% minority speaking Swedish. The rights of people speaking Sami (a language spoken by some 30,000–50,000 people in Lapland, in the northern parts of Finland, Norway and Sweden), to use and develop their mother tongue, is guaranteed by law. Furthermore, the number of Russian-speaking people in Finland has been growing since the 1990s, as well as other minority language groups, such as Estonian, Somali and English. However, Finland has been, until quite recently, culturally a very homogeneous society and proud of its unique culture and special role at the frontier between Eastern and Western Europe. As part of the European Union, and along with the increasing mobility of people, internationalisation and multiculturalism are now rapidly increasing in Finland. The change from a monocultural to a multicultural and multilingual society is a big challenge in modern Finland (see also Bornman & Launonen, 2005).

Modern Finland can be defined as an education society, and it is well known for its high level of education. In the PISA comparisons (Programme for International Student Assessment) between 28 OECD countries, the skills of Finnish 15-year-old students were ranked highest in literacy (in 2000) and in mathematics (in 2003). The official age to start school is
seven years, but all children are entitled to one year of pre-school, which most children also attend. The nine-year comprehensive school is free of charge. Of each cohort, 56% continue to three-year upper secondary school, and 35% to vocational schools. The network of higher education is dense, and 64% of each cohort begin university every year. Men and women receive equal education, and the proportion of women beginning university is higher than men. Furthermore, the principles of the Nordic welfare society ensure that the needs of special groups are met. Children with disabilities start school one year earlier than other children, and they study according to an individual curriculum, planned in collaboration with their parents, teachers and other significant professionals. Most children with special needs are integrated in mainstream schools, either individually with their peers, or as groups in special classes. Some special schools still exist for children with severe motor or sensory impairments.

In addition to the high quality of public education, another characteristic feature of Finnish society is the social and health care system maintained by the government. Finland has municipal public day-care, which most families use, at least during the pre-school year of their children. Finnish maternity and child welfare clinics are highly regarded, and take care of women during their pregnancy and administer children’s annual health check-ups before school age (at school age they are administered by school health care, which is also part of municipal health care). As part of the annual health check-ups, the speech and language skills of children are screened by educated nurses, with screening tools developed by speech and language therapists. If needed, the child is referred for a thorough speech and language assessment by a speech and language therapist. Concerns expressed by parents or day care personnel are also sufficient cause for referral to a speech and language therapist for evaluation. These services are free of charge for the families, as is also intervention, when the need is determined by a speech and language therapist and confirmed by a physician. However, there are currently insufficient numbers of speech and language therapists to cover the need in Finland, which means that not all get the intervention they need, at a time when they would benefit from it the most.

The Development of Theory and Practice of Logopedics in Finland

The education of speech and language therapists in Finland was started at the University of Helsinki in the Department of Phonetics (since 2004 the Department of Speech Sciences) in 1947. In the early years, the education led to a Bachelor’s degree, and after graduating, students had six months of clinical studies and practical, training mainly in hospitals or rehabilitation centres. During the 1970s, the clinical studies were
organised more systematically and graduates in speech and language therapy, with a B.A. degree from the Faculty of Arts, attended a nine-month clinical course organised by the Ministry of Health. In 1980, the education programme was completely reorganised. All the students in speech and language therapy took a Master’s degree in logopedics, which included the clinical training (Klippi & Korpijaakko-Huuhka, 1998). This structure is mainly valid still today, even though all the university programmes and degrees were reformed in 2005, as part of the joint European improvement of higher education (Bologna process; http://www.dfes.gov.uk/bologna/; see also CPLOL, 1999; Wigforss et al., 1997, 1998, 1999).

The present programme in logopedics consists of a minimum of five years of study, leading to a Master’s degree and including theoretical, methodological and clinical studies, and a Master’s thesis. After taking the degree, an individual is qualified to apply for the right to practice as a licensed professional in speech and language therapy. This licence is granted to health care professionals by the National Authority for Medicolegal Affairs.

At the University of Oulu, education for speech and language therapists (logopedics) began in 1984. For a long time student numbers were small, around 15 new students annually in Helsinki and 20 in Oulu. Later, the numbers gradually increased, while still quite small: around 20 in Helsinki and around 30 in Oulu (2007). A new programme of logopedics started in 2005 as a network of three universities: the Universities of Tampere and Turku, and the Swedish speaking Åbo Akademi University. Thus, in fall 2006, the number of new students in logopedics was 80 in Finland. The number of practicing speech and language therapists is about 1000 (2007), serving a total population of 5.3 million in Finland.

The Finnish system of academic degrees has traditionally had four levels: bachelor, master, licentiate and doctor. Of those, the licentiate degree seems to be disappearing as a purely academic degree (with the exception of medical studies, where it remains the basic degree for professionals in medicine). It is, however, also a developing degree in certain fields, such as logopedics and psychology, where it is used as the specialist degree for speech and language therapists and psychologists. The specialist programme for professional psychologists already has a longer history, but the first specialist programme for speech and language therapists started in 2004 as a network programme of the Universities of Helsinki and Oulu, with two areas of specialisation: developmental and acquired neurological communication disorders. After the conclusion of the first four-year education at the end of 2007, there are plans for a new course, with the aim of making the programme permanent. The other specialisation areas will be voice and hearing disorders.

At the European level, and even globally, the quality of the education of Finnish speech and language therapists can be considered very high.
However logopedics as an academic subject with a research profile of its own (Klippi, 1996; Lehtihalmes, 1996) is a very young discipline. From the very beginning the professional aspects of education in logopedics were well taken care of, but in the early years, the methodological competence of professionals in the field did not yet support the development of the research of logopedics. It was not until the late 1990s that the first postgraduate students with a background in logopedics (and all of them with professional experience from clinical work, as well) received their doctoral degree. Since then, the growth has been stable and by the end of 2006, altogether 23 doctoral degrees within logopedics had been completed. Most of the contributors in this book are among the pioneers of logopedic research in Finland.

With the short history of Finnish research in logopedics and only a few people working in the field, most of the literature used in the education of Finnish speech and language therapists is in English. This gives the Finnish professionals the privilege of being able to follow the latest international literature from the very beginning of their studies. However, this could also easily lead to the unfortunate situation where the knowledge base of the Finnish speech and language therapists would be too heavily based on studies in languages other than the one in which they work. Therefore, it is the responsibility of Finnish researchers to produce Finnish literature, both for the students and professionals in the field, and for the Finnish general public. This, added to the obligation of researchers in all countries to share their findings internationally in the lingua franca of the scientific world, English, doubles the writing load of researchers working in such small language areas as Finnish. The readers of this book will find, however, that the number of Finnish references is relatively high, particularly in some chapters. This has been possible partly because many of the authors of this book have acted as supervisors for high quality Master’s theses, which they have been able to refer to in their chapters, as examples of the developing academic research in Finland.

At present, the programme of studies in logopedics has a strong research orientation from the beginning. All students write both Bachelor’s and Master’s theses before getting their degree. This means that all speech and language therapists start their clinical work equipped with an experience of doing research, albeit small studies under supervision. They are also encouraged to maintain a research orientation in their later clinical work. Not all professionals in the field are able or even willing to do so, but in some fields, for example augmentative and alternative communication, Finnish clinical speech and language therapists are very visible even in international scientific conferences, where they give presentations based on their clinical data or development projects. These presentations have also contributed to the Finnish studies referred to in this book.
The Structure and Contents of the Book

This book has been divided into four thematic main parts, with a short introduction to the Finnish language (Helasvuoto), and to the assessments methods used by the Finnish speech and language therapists (Huttunen, Paavola and Suvanto). The chapter by Huttunen et al. also discusses the need to develop assessment methods for the professionals to be able, even better than today, to recognise communication problems and serve the needs of Finns with communication disorders.

The first thematic part is comprised of three chapters focusing on speech and language development and its disorders (Korpilahti and Heinänen), including aspects of alternative communication used by people with the most complex communication needs (Launonen). The second thematic part focuses on acquired speech and language disorders. It looks at neurological communication disorders from the perspective of two studies on the communication of people with aphasia (Korpijaakko-Huuhka; Klippi and Ahopalo), and contains a review of semantic impairment in Alzheimer’s disease (Pekkala).

Three chapters on different aspects of communication and language in children with hearing disorders constitute the third thematic part of the book. They cover issues on sign language acquisition (Takkinen), cochlear implants in children (Lonka), and speech intelligibility of children with hearing impairments (Huttunen). A single chapter of part five on the screening of voice disorders (Simberg and Sala) provides an example not only of voice disorders and therapy, but also of preventative aspects in the work of speech and language therapists.

It is impossible in one single volume to give a comprehensive picture of communication disorders, their study and their treatment in any country or in any language. The editors of this book wish to provide the readers with interesting examples of and insights into the communication challenges in a language that differs substantially from those used in the majority of published reports in the field of language and communication disorders.

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