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Prevention and intervention in speech and language therapy for the success of lexicographical acquisitions

Georgeta BURLEA[*], *Ana Maria BURLEA*[**], *Roxana Cristina MILICI*[**]

Abstract

Identifying school acquired disorders can only be done during primary school, after the child experienced failure along with the eventual negative consequences on his/her whole development. Establishing the risk factors for the occurrence of dyslexic-dysgraphic symptoms will allow setting some landmarks in designing and enacting the recovery steps during preschool age. We are going to show the outcomes of a project aimed at promoting good reports between professionals, teachers and parents; the characteristics and the special needs of children at the risk of developing dyslexic-dysgraphic symptoms. Stating the determinant premises for the success of the lexicographic activity, knowing the signs of success and identifying and monitoring the risk factors for the occurrence of the dyslexic-dysgraphic manifestations, will become necessary and essential conditions for the prevention and, implicitly for an early remedial intervention. The achieved results confirm the efficiency of the intercession begun during the preschool age, materializing in avoiding failures in the following lexicographic activity. The lack of a bioethical frame specific for the speech therapist which exists at international level but has not been assimilated in our country may hinder the therapeutic success and thus the child's bio/psycho/social development.

Keywords: premises, lexicographic skills, prevention, bioethical frame.

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Biopsychological theories vs sociopedagogical theories

A clear outline of the premises that ensure the successful acquisition of the writing-reading processes will allow the establishment of an efficient educational intervention, leading to the maximum development of the pre-school child's potential. The efficiency of the intervention initiated during the pre-school stage is given by: (1) The possibility to conceive and apply the strategies meant to prevent, identify and improve the causes that might lead to the dyslexo-dysgraphical manifestations; (2) The existence of better conditions for the initiation and stimulation of compensatory mechanisms, due to the fact that the plasticity of the central nervous system is higher than in the subsequent stages of development; (3) Enough time for the development of such compensatory mechanisms; (4) The possibility to prevent the secondary disorders that might derive from the primary one, and the pseudo-compensatory manifestations; (5) The possibility to avoid failure, with all its inherent consequences, in the learning process.

The premises for success in the acquisition of writing-reading can be grouped in two big categories: *bio-psychological* and *socio-pedagogical.* The bio-psychological premises constitute the internal conditions that ensure the activity of the socio-pedagogical factors. The distinction between the two is relative and neither of the premises can be considered on its own, and their contribution to the success of the lexico-graphical activity is determined by the direct or indirect interactions with the other premises. In this paper we are going to analyze the *bio-psychological premises*, by referring to the state of health of the human body, the integrity of the analysers, the sensorial integration, the development of the motor abilities, of the perceptive-motor behaviours and structures, of the psychic processes, the harmonious development of personality.

The state of health – essential condition in the development of the lexico-graphical abilities

One of the first indicators that reveal the possibilities of functional adaptation of the body to the effort involved in the lexico-graphical activity is *the state of health*. Any major alteration of the structure and/or normal function of the body, caused by internal and external factors, represent a pathological state or a disease, with repercussions on the successful accomplishment of the lexico-graphical activity. *If the state of health represents a basic condition for the shaping and development of the lexico-graphical abilities, without ensuring its guarantee (small predictive value), the pathological state of disease will be a strong risk factor for the occurrence of the dyslexo-dysgraphical manifestations (high predictive value).* At the same time, the child's state of health depends on a balanced diet, in accordance with his chronological age. "Nutrition has an essential role at

the pediatric age, due to the rhythm of the somatic growth, and of the psychomotor development. It is known that the cellular elements of the central nervous system reach their definitive number in the first year of life, and no new cells are formed. Hence results the overwhelming importance of knowing and ensuring the nutritional needs, especially during the first year of life, but also during the next stages of childhood, until adolescence and maturity" (Burlea, 1999: 15). *The integrity of the analysers*, obviously reflected in the state of health, constitutes one of the fundamental premises of success in the lexico-graphical activity. The disturbances produced at any level (peripheral, leading, central) will affect the psychic development of the child, having a strong influence on their behaviour and life, and constitute at the same time risk factors for the occurrence of the dyslexo-dysgraphical manifestations. The shaping of personality, the delays and the specifics of the psychic development of children suffering from sensory or neuromotor disabilities require the early diagnosis and the initiation of specific actions meant to rehabilitate, compensate and educate.

The sensory integration implies the organization at brain level of the sensations sent by the sense organs, carrying information about the physical condition of the own body as well as the environment, being, as such, one of the most important brain functions. The brain will organize these sensations, tracing them, classifying them, ordering them, so that they make up perceptions generating behaviours. *The sensory integration ensures the functioning of the body, conditioning the performance of the lexico-graphical activity.* The dysfunctions, lesional or not, at the level of the brain, can prevent the integration and correct interpretation of sensory information, with repercussions on school success. "The school children with a problematic sensory integration are easy to recognize during the first years in school, experiencing difficulty in learning writing, reading and numeracy. Their notebooks look untidy, have dog-eared corners, showing the effort they make. The weak sensory integration is usually accompanied by the child being either hyperactive or hypoactive" (Muntean, 2006: 318). In order to prevent the occurrence of such problems, it is necessary to take intervention measures in the pre-school period, in order to improve the sensory integration.

The motor acquisitions determine an increase in the child's possibilities of discovering the world (the finer, more precise actions with objects offer the child more information and more specific details about them), of socializing, as well as the acquisition of their autonomy (the consolidation and the improvement of the behaviours related to clothes, food and hygiene). *The development of the motor skills will have a profound impact on the lexico-graphical abilities. Any disturbance at this level will become a strong risk factor for the occurrence of dyslexo-dysgraphical manifestations.* It is absolutely necessary to know the symptoms of the motor disorders, and to identify them during the pre-school stage, in order to ensure an efficient intervention that will allow for a "fast recovery that will

prevent the incorrect shaping of the motor functions and the consecutive damaging of the proprioceptive impulses" (Ghergut, 2005: 172).

The motor debility, described as a state of insufficiency and imperfection of the motor functions that influence considerably the adjustment to normal activities, is manifested through delays in walking and speaking, the persistence of paratonia (the impossibility of stopping the muscular contractions voluntarily), the persistence of synkineses, precarious balance and prolonged enuresis. *These will definitely affect the child's performance in school.* We will analyze the specific ratio between the motor disorders (apraxia, dyspraxia) and the graphical execution. Writing is directly connected to the evolution of the motor functions, being possible only when there is a certain level of development of the muscular system; of motor organisation and fine movement coordination. There is a strong connection between the ability to perform fundamental gestures and writing. The possibility to execute the double curved line is the motor condition of writing, as the letters present this feature. The analysis of the curve of the letters shows that there are twelve letters with a positive direction, six with a negative one, and eight mixed ones. The double curve implies a translation movement of proximal origin and a rotation movement of distal origin: the arm, the proximal segment, moves in parallel with its axis, while the hand, the distal segment, moves around the wrist. A double curved line (the garlands) includes the two directions of the curve successively (+), (-), or the other way round, (-), (+). In writing, we notice the two components of the rotation movement and translation movement. Rotation corresponds to the left or right direction. The orientation and direction, without having a constant mechanical origin, are distinct motor schemes: the orientation results from the rotation of the wrist and is given by the curve of the (+) or (-) trajectory, and can have a *local character* (the orientation of the trajectory changes). The direction is given by the direction of the line itself, towards right or left, having a global, rather than a local character. We can distinguish two aspects in the mechanism of the graphical act: a dynamic one, determined by movement, and a sequential one, determined by the gesture being performed in the graphical space. If in reproducing the double curve, the rotation is suppressed, the child will produce a straight line. If the translation is suppressed, he will produce an oval. If he alternates the two movements, without coordinating them, he will produce a line and a circle alternatively. This coordination comes in time, and the ratio between the speed of the two segments must remain constant, because the proximal acceleration (of the arm around its axis), will result in the reduction of the size of the loops. On the contrary, a distal acceleration will result in an overlapping of the loops. The proximal segment moves freely and at ease towards right for the right arm, whereas towards left, it is hindered by the distal segment which plays the double role of commander and performer. The reverse situation occurs in the case of the left arm, the movement is easily performed towards left, but it is hindered towards right. This explains the difficulty a left-handed person has in writing

towards right. The fact that one of the two segments leads and the other is guided, explains the hierarchy of the segments (Burlea, 2007: 115-119).

The ability to perform basic gestures must be assessed during the pre-school years, in order to establish remedial programmes if any disorders are noticed. The development of perceptive-motor behaviours and structures interfere significantly with the writing-reading skills, as well as with numeracy. Correlational studies have shown that the degree of organisation and structuring of perceptive-motor behaviours and structures, assessed at the pre-school stage, constitutes a good predictor of success in the lexico-graphical activity. *Any psycho-motor disorder is a strong risk factor for the dyslexo-dysgraphical manifestations.* Any disturbance in the corporal scheme leads to deficiencies in the relation subject-environment, which manifest themselves on the following levels: *perceptive* – disorders of space-time orientation-organisation-structuring, with direct implications on the lexical, graphical and calculation acts; *motor* – lack of coordination, incorrect attitudes, perceptive disorders, slowness in accomplishing tasks, having serious repercussions on the children's performance in school (deformed letters, their elongation, overlapping the lines, coming out of the graphical space, carelessness towards the material support, improper grasp of the writing instruments, etc.); *relational* – feelings of insecurity, affective disorders with an impact on their performance in school. Forcing a left-handed child to use his right hand will have severe implications on the lexico-graphical performance, given its consequences: *physical*: enuresis, squint, temporary blindness of a part of the visual field; *motor*: instability, hyper excitability, synkineses, tics, imprecision in the execution of movements; *intellectual*: general slowness, stutter, profound deterioration of the capacity to execute lexico-graphical acts: *affective*: negative attitude towards school, suspiciousness, irascibility, culpability, a feeling of inferiority. The operational schemes of the left hand, integrated at the level of the right hemisphere, will naturally hinder the process of development of the schemes for the right hand graphical execution movements, leading to some typical mistakes: deformation of the letters, inversions of the letters in words, omissions, word mergers, mirrored writing, irregularities in the size of the letters, etc. The difficulties in the space-time organisation and structuring will manifest themselves through the following symptoms: a) ignoring the spatial terms, the misperception of positions, the lack of space orientation and space organisation ability, difficulties in understanding spatial relations, the inability to reverse and transpose; b) the inability to notice the order and succession of events, the length of intervals, the inability to organise time. All these phenomena will have repercussions on school performance and, as a specific aspect, on the lexico-graphical act. Children suffering from these disorders will make confusions between the symmetrical letters by making a right-left inversion ("b"-"d", "p"-"q") or up-down inversion ("u"-"n", "d"-"p"); they'll swap letters within the words (for example: "lac" (n.tr. lake)-"lca", "rac" (n.tr. lobster)-"cra"); will organise the layout of the page poorly

(the spaces between the lines being either too close, or too far, the lines look broken, fluctuating), they cannot organise their time (do not manage to do their homework in the designated time). *Any psycho-motor disorder must be diagnosed during the pre-school years* in order *to initiate programmes of recovery* that will contribute to a normal school life for the children, preventing thus the experiences of school failure with its inherent consequences.

The Role of Intelligence

Intelligence as an aptitude is frequently considered as a guarantee of school success. Undoubtedly, intelligence and the learning process are closely related phenomena. "A more intelligent person can learn faster and more easily, and at a higher level will be able to behave more intelligently in certain problematic situations" (Kulcsar, 1978: 160). The operations in which the level of intelligence is reflected, such as the ability to notice the essential in a problem by filtering the information, to discover and comprehend multiple relations, to find solutions to the problem, to combine the new information with the previously acquired one in hierarchical ensembles, will greatly influence the efficiency of the lexico-graphical act. The IQ was long considered a reliable indicator of the individual's intellectual abilities, which lead to its frequent use in numerous correlational studies. *Without a doubt, the intellect deficit (at any degree designating the severity or gravity) will constitute a severe risk factor for the dyslexo-dysgraphical manifestations.* The pre-school diagnosis of a below average functioning of the general intelligence will require the urgent initiation of recovery procedures. As far as the predictive value of intelligence is concerned, (when it ranges within normal values) things are not as definite. This is not only due to the fact that success in acquiring writing-reading is determined by a series of non-intellectual factors (the affective-motivational and volitional characteristics of personality), but also to the fact that it is related to the successful coverage of the curricular contents, that is the specific intellectual performances. Therefore success is not automatically ensured by a normal or even superior intelligence. The given facts plead for the circumspect usage of general intelligence tests as predictors for school success. "The classical IQ - has to be interpreted more as an indicator of neuro-cerebral efficiency, rather than an expression of a phantom general intelligence that will determine specific performances. Obviously, a proper neuro-cerebral functioning is a necessary condition, but it is not enough to ensure superior performances in school" (Lemeni, 2004). In the traditional view, intelligence was conceived as a formal psychic faculty, linked to general abilities, not to specific knowledge, unchangeable, and the cognitive development was formal, independent of learning (action) and content. The consequences of this vision in the educational field are defeatism in relation to the modification of intelligence and inefficiency in attempting to improve the intellectual dysfunctions. The new

conception in the field of cognitive science, advocates for a real reorganization of the educational activity, considering that intelligence can be modified. The practical efficiency of this paradigm results from the fact that the ways in which this modification can occur is presented. Developing the intelligence of a child with modest performances requires: a) identifying the specific cognitive differences between a child with superior performances and a child with weak performances (identifying the cognitive processes and structures directly involved in accomplishing the respective performance, which determine the different levels of functioning); b) describing the stages (of the intermediary levels of performance) which a subject experiences in accomplishing a higher performance; c) building an interventional strategy to remedy these differences. The improvement and development of the intellectual functioning implies specific, clearly established tasks, the identification of the cognitive elements involved and specific training. There are no methods for the general development of intelligence; there are only methods of development for specific intellectual performances. Knowing the level the child is at a given moment, as well as the levels he has to go through on order to attain superior performance in a specific field, has the role to guide and organise the cognitive training.

The attributes of attention

Success in acquiring writing-reading will be conditioned by the attributes of attention: stability, volume, its ability to concentrate. The child cannot learn if he does not possess the ability to pay attention to the information that must be processed. Any processing begins with attention, which is an oriented response depending on stimuli, a condition for an efficient act of learning. "To channel the attention" means to increase the activating value of some cognitive representations in order to submit them to a more developed processing. The activating plus can come from some *motivational factors, affective factors, the person's intentions or due to some specific characteristics of the stimulus.* As a high risk factor of the *dyslexico-dysgraphical manifestations, we mention the attention deficit and hyperactivity disorder*. Its effects have serious implications. A diagnosis in the preschool period requires the *urgent initiation of assistance consisting of coherent strategies of educational intervention, while respecting the specific needs of the children suffering from ADHD, psycho-behavioural therapy and medical treatment.* A study carried out in Romania, in 2006, within the project "Imaginative education for the inclusion in schools of the children with special needs. Focus on ADHD", revealed the fact that in the surveyed category, the percentage of pupils displaying a significant set of ADHD symptoms was of 6.2% from the total number of pupils. *The significant number of cases calls for an increased attention on the part of both teachers and students in order to identify the first symptoms*

(which are manifest clearly and constantly before the age of seven), and to adopt adequate measures of improvement and multifactorial support. In what concerns the relation between certain specific aspects in the field of language and performance in the lexico-graphical activity, we can state that *a correct expression from a phonetic, semantic and syntactic point of view, smooth, fluent and expressive, constitutes a good premise for the lexico-graphical activity. Any speech disorder, in direct proportion with its gravity, is a risk factor for the dyslexo-dysgraphical manifestations.* We stress the necessity of an intervention from a speech and language therapist, who has a corrective role, thus ensuring the prevention of school failure, equal chances for learning, education and integration.

The phonetic processing abilities hold a central role *in the field of lexico-graphical activities.* The performance in writing-reading will depend on the shaping and development of these abilities in the pre-school period, on three levels: the phonological coding in the short-term memory; the phonological representation in the long-term memory; the access to the phonological structure of the word. *The phonological deficit will represent a high risk factor for the dyslexo-dysgraphical manifestations.* In order to understand this specific relation, it is necessary to discuss the way in which speech is decoded. Speech is recognized in a hierarchical order. The superior levels of the hierarchy are connected to understanding the meaning of words (*the semantic aspect*), the grammar structure (*the syntactic aspect*), and understanding the speech on the whole. The inferior levels deal with the division of the words in their smallest phonological units that are the phonemes. Before any word is understood at the superior levels, it is absolutely necessary for it to be decoded at the phonological level.

Through the phonetic processing, the sender (the speaker) automatically builds words from phonemes, and the recipients (the listeners) break the words into phonemes. Reading, analysed from this perspective, appears as a task in which the reader (as recipient) must learn to listen with his eyes. Even though we have the impression that we "hear words', our brain actually processes phonemes, combining them at such a high speed that we perceive the words as a whole. The same process is repeated with reading; the letters on the written page are converted into sounds and then put together into words. The sequence of letters in a written word constitutes its phonological structure. *The primary condition for the identification of the meaning of the read word is the existence of the ability to segment that word into the phonological elements that constitute it*. The reader must develop a conscious understanding of the fact that the letters represent sounds from the spoken language, making the connection between the sound unit and its corresponding graphic symbol. A phonological deficit will hinder the processing of words at the superior levels, the reader being unable to grasp the meaning of the written word, and implicitly, the meaning of the text as a whole. The unclear representations, the difficulty or even the inability to accede to the meaning of the word are results of a poor phonological processing. Other longitudinal studies

have established significant correlations between the performance in the lexico-graphical ability and the performance in the semantic processing of information in the working memory. Reading is not a simple act of deciphering, a mechanism that transforms the graphic structure into a vocal one based on lettering, its value and essence reside in the understanding of what it is written (Verza, 2003). Success in the lexico-graphical activity is definitely facilitated only if it is related to a logically organised semantic memory (Verza, 2009), in which knowledge is in a hierarchy based on some essential criteria. "The semantic memory is like a mental treasure, ordered knowledge the person has about words and other verbal symbols, with their meanings, their relations, their rules, formulae, and algorithms to manipulate these concepts and relations. The semantic memory does not record the perceptive properties of inputs, but the cognitive referents of the input signals" (Tulving, 1972: 386). If Jean Piaget explained failure in the process of learning through the fact that the child had not reached the stage corresponding to his age, the cognitive psychologists put it down to the limited memorizing ability of children, placing great stress on the working memory. It is not the long-term memory, but the working memory that determines the intellectual performances. "It does not matter how much knowledge and what processing mechanisms are in the long-term memory; what matters is how many of them are activated in order to perform a task efficiently" (Miclea, 1999: 234). One of the fundamental differences between the subjects with different intellectual levels is the different size of their working memory. Consequently, special attention has to be given to the exercises that facilitate the increase in the performance of the working memory.

Personality traits, volitional-character traits and affective-motivational traits – implications and complications

The personality traits, volitional-character traits and affective-motivational traits, developed during the pre-school period, will regulate the conduct, anticipating the performance in the lexico-graphical activity. Different motivational or affective factors can guide the cognitive system towards a more intense, more detailed processing of information. A strong, positive motivation leads to increased performances, while a weak motivation diminishes the involvement in the lexico-graphical act. Motivation will thus have the role of activator and catalyst for success. The educational activity in the pre-school period must have as focus the child's motivation. According to R. Muchielli, a good teacher is the one who knows to serve himself and serve the motivational system of the person. Curiosity, the core of internal motivation, has a native impulse as a basis and is present in the pre-school child. *The educator's skills will facilitate the cognitive, internal motivation.*

During the pre-school years, the motivational factors play a significant role in *shaping the attitude to school*, which will have a deep impact on the lexico-graphical activity. The desire to become a pupil can be a good premise for the school activity, anticipating a strong commitment, a mobilization of the intellectual, emotional and physical resources in order to accomplish specific tasks. A negative attitude on the child's part towards school constitutes a risk factor for school failure in general, anticipating the onset of some avoidance or rejection mechanism related to school work. Undoubtedly, the lexico-graphical performance depends on other factors, among which *the voluntary effort* has a very important role, in close relation to the volitional-character traits of the child. The American researcher H. Kelley has shown based on numerous studies that school success depends on intelligence in a proportion of 60% and on voluntary effort in a proportion of 40%. Learning implies effort, and involves certain volitional-character traits such as: perseverance and conscientiousness. Choosing and establishing aims, overcoming impulsive tendencies, overcoming motivational conflicts, mobilizing all the internal energy resources will be deeply affected by certain features such as laziness, passivity, negativity, stubbornness, etc. *Consequently, the educational intervention has to observe, from the pre-school period, the development of certain positive volitional-character features, as a premise for the harmonious development of personality, in general, and for school success, in particular.* Identifying negative volitional-character traits requires corrective educational actions, which have to be put into practice as early as possible in order to increase their efficiency. Any disturbing element discovered by the speech and language therapist in the child's development calls for a rehabilitating intervention. In its turn, the quality of the speech and language therapist intervention is a key factor for the recovery of the child. A high ethical and professional standard for all those who work in the field of speech and language therapy, for the welfare of clients/patients as well as for the good name of the profession, is dependent on the professional competence of speech and language therapists and on the climate of opinion in each country. Regardless of the general circumstances, the speech therapist must respect the professional standards, having as primary obligation the long-term physical and psychical welfare of their patients.

The speech and language therapist ethics – the essence of therapeutically schemes

Even though in Romania there is no ethics code of the speech and language therapists, as a country member of the EU, we can refer to the international documents of the professional organizations in this field. In what follows, we are going to present for the first time, the code of ethics of the Standing Liaison Committee of EU Speech and Language Therapists and Logopedists (CPLOL);

this committee drew up in Athens (1992) and Copenhagen (1993), the code of ethics for speech and language therapists and logopedists, in accordance with the OMS standards for ensuring the welfare of the citizens starting from the premise that speech disorders represent a public health issue. All the seven chapters of the Code of Ethics drew up by CPLOL target the professional responsibility, the professional conduct, the responsibility towards clients/patients, confidentiality, the responsibility towards colleagues, the responsibility to the community, and, last but not least, the ethical guidelines for research, all of these in accordance with the bioethical principles in the medical field.

1. Personal responsibility: (1.1) Practicing speech and language therapists should possess appropriate qualifications as recognized by the profession; (1.2) Speech and language therapists should have an adequate level of competence in the spoken and written form of the language in which they are practicing; (1.3) Speech and language therapists should maintain and advance their knowledge and keep up with technical progress throughout their career in order to offer their clients/patients the best treatment available; (1.4) Speech and language therapists should limit or interrupt their professional activities where temporary impairment of professional competence may have damaging consequences for the client/patient or the profession; (1.5) Speech and language therapists should respect the social, moral and legal norms of the society in which they work and recognize that deviation from these norms can affect the confidence of the public in the competence of the individual speech and language therapist and in the profession as a whole. They should therefore refrain from any action which might discredit themselves and the profession; (1.6) Speech and language therapists should offer the best possible treatment to their clients/patients and avoid exceeding their competence, referring to other professionals when this is necessary; (1.7) Speech and language therapists should not guarantee the effectiveness of any therapeutic procedure.

2. Professional conduct: (2.1) Speech and language therapists should uphold the dignity of the profession and conform to the profession's self-imposed standards; (2.2) The reputation of speech and language therapists is founded on their competence and integrity. They should not therefore advertise or canvass for clients/patients by making laudatory statements concerning their own professional expertise; (2.3) Speech and language therapists should not be influenced by professional advancement and financial interests in the giving of treatment. They should not accept gifts, or any financial or other inducements that might influence their professional judgment; (2.4) It is not acceptable to receive committees, discounts or other forms of payment for the referral of clients/patients to other professionals; (2.5) Speech and language therapists, who are involved in the promotion and development of materials, books or instruments for communication disorders, must present them in a professional and objective manner and not put personal gain above professional responsibility; (2.6) Speech and language

therapists who work in official or private institutions should not accept rules or directives which interfere with or limit their professional independence and integrity and should support colleagues in the defense of their independence; (2.7) Wherever possible, qualified speech and language therapists should assist speech and language therapy students to achieve theoretical and practical professional competence; (2.8) Speech and language therapists should not collaborate in any way with persons practicing illegal or inadequate speech therapy. Qualified speech and language therapists should not give, lend or sell material for diagnosis or therapy to unqualified persons; (2.9) Speech and language therapists should not, for reasons of personal gain, transfer to private practice clients/patients who are being assisted in a public institution; (2.10) Speech and language therapists should refrain from direct or indirect advertising. The reputation of speech and language therapists is based on their competence and integrity. Any notice in a directory or on a plaque should give only name, surname, professional title and (optionally) area of specialisation, dates and times for appointments and telephone number.

3. Responsibility towards clients/patients: (3.1) Speech and language therapists' primary responsibility is the long-term welfare of their clients/patients; (3.2) Speech and language therapists must not discriminate on the grounds of social standing, race, religion or sex in the delivery of professional services; (3.3) Speech and language therapists should not enter into personal relationships with clients/patients, that could disrupt the course of treatment; (3.4) Speech and language therapists should evaluate the effectiveness of their intervention and should terminate the therapeutic relationship when it is clear that the patient/client is not gaining from this intervention; (3.5) Fees are established by professional norms that protect the interest of the client and the profession, and should be agreed upon before the outset of the treatment; (3.6) Speech and language therapists should not allow treatment to be carried out by support personnel or students without providing them with adequate supervision and assuming full responsibility (Bradu, Sandu, 2008; Cojocaru, 2010). When, for educational purposes, a speech and language therapist allows a student to work under supervision with a client, that client and his/her relatives must be informed about this and have the right to refuse it.

4. Confidentiality: (4.1) Speech and language therapists must maintain strict professional confidentiality, including information acquired in the course of administrative or non-clinical duties, except in the following cases: a) If there is written consent by the client/patient, authorized relative or legal adviser; b) Where necessarily imparted to a close relative on the client/patient's behalf, in the latter's best interest; c) Where there is knowledge of abuse of minors; (4.2) Speech and language therapists should maintain adequate records of professional services on each client and ensure that the contents of these files remain confidential; (4.3) Where information is shared with professional colleagues or any other person, the

speech and language therapist must ensure that it is understood that the information is imparted in strict professional confidence.

5. Responsibility towards colleagues: (5.1) A speech and language therapist must not disparage a colleague in any way harmful to him/her personally and/or his/her professional standing; (5.2) Should a client/patient transfer, consultation between speech and language therapists is recommended, unless this is not wished for by the client/patient; (5.3) In the case of concurrent therapy, liaison should be established and maintained by the speech and language therapists involved; (5.4) Speech and language therapists should strive to increase knowledge within their profession and share research findings.

6. Responsibility to the community: (6.1) Professional associations of speech and language therapists and their individual members should make efforts to educate the public about all aspects of communication and related disorders; (6.2) They should ensure that all information given to the public regarding disorders is accurate; (6.3) They should not promote and make unqualified statements regarding new therapeutic procedures that are not yet sufficiently scientifically proven; (6.4) Professional associations of speech and language therapists and their individual members should strive to maintain and expand the provision of services.

7. Ethical guidelines for research: (7.1) During the course of research, the necessary ethical standards must be maintained and the welfare of the subject must not be adversely affected. Informed consent must be given by the patient, or his/her legal representative, in writing; (7.2) Due care must be taken not to infringe the subject's right to confidentiality; (7.3) The subject always has the right to withdraw from the research at any point; (7.4) If using medical records, prior consent should be given by the authority in charge of the files, and the patient.

Due to the particular conditions in which the Romanian speech and language therapists work, these standards are not fully applied and worse, they are not even known by the ones working in this field. This happens because speech and language therapy is insufficiently developed in our country, and it is not lined up with the European standards for professional development. Speech and language therapy became a science in the first decade of the 20th century, in France, as a discipline of medicine. After World War II, it developed as an inter-disciplinary science, by synthesizing, theorizing and applying in practice the ideas connected to the physiopathology and psychology of speech, ideas that also appeared from time to time in related fields: medicine (especially ORL, Neurology and Psychiatry), Psychology and Linguistics. Higher schools were established abroad, for the training of specialists in the field of speech and language therapy, with interdisciplinary training in medical universities which prepare the future speech and language therapists through initial studies. In Romania, this science and the specialists who work in this field have an anachronistic and sinuous status; even

though it is mentioned as a profession in the Job Nomenclature, there is no educational institution that will grant a degree or diploma that could be acknowledged in the EU or the non-EU countries with a tradition in this field. Consequently, a rethinking of the professional training and development methods becomes an imperative in the context of European integration, and requires the cooperation of all the responsible institutions in the field of education and law.

Conclusions

A high standard of ethic and professional behaviour for all those who work in the field of speech therapy, both for the activity and for the profession's reputation, depends on the professional competency of the speech therapists and on the public opinion on this profession in each country.

Regardless the circumstances in which the speech therapists work, it is compulsory for them to meet the profession's standards, having as only goal the patients' psychic and physical welfare on the long run.

Any disturbance in the child's development, noted by the speech therapist, determines the starting of e recovery intervention. The results achieved within the project that aimed at promoting good reports between specialists (physicians, speech therapists, psychologists and others), teachers and parents as well as the characteristics and the specific needs of children at the risk of developing dyslexic-dysgraphic symptoms, confirm the efficiency of the intercession began during pre-schooling age, materializing in avoiding failures in the following lexicographic activity.

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