

## **Vignette: Lebanon**

**Edith Kouba Hreich and Camille Messarra**

*Institut supérieur d'orthophonie, Saint Joseph University of Beirut.*

### **1. History of Speech Therapy and Language Impairment (LI) in Lebanon –**

*The origin of the profession of Speech and Language Therapy (SLT)*

Before the development and employment of the profession of Speech and Language Therapy in Lebanon, in the 1990's, children with Language Disorders had been most often assessed and followed up by psychologists and educators. "Language delay" or "speech delay" had been considered as symptoms of under-diagnosed or mis-diagnosed pathologies. Thus, children having LI were often confused with children with 'autism' or children with Intellectual Deficiency or "Selective Mutism" (Kouba-Hreich, Henry & Megarbané 2002)

Hence, the history of Language impairment in Lebanon is directly related to the implementation and the evolution of the profession of speech therapy in the country and the development of clinical interventions and later on clinical research in the field (e.g.: creation and adaptation of standardized assessment tools), (Kouba-Hreich & Messarra, in progress). The latter is directly related to the development of SLT degree at Lebanese Universities.

In 1968, the department of Speech Therapy, currently known as "Institut Supérieur d'Orthophonie", affiliated to the faculty of medicine, was founded at Saint Joseph University (USJ), the leading French speaking university in Lebanon ([www.usj.edu.lb](http://www.usj.edu.lb)). The activities of this department were interrupted during the war in Lebanon (1975-1990). There is no record of the degrees given back then, nor of the number of students that would have attended these courses (Ducruet & Awit 2006). Some oral testimonies have been given regarding the degree granted after two years, as well as the major that had been focused on phonetics and on speech rehabilitation.

Speech therapy had started to develop in Lebanon with the establishment of around ten private clinics between 1980 and 1995. These clinics were run by Lebanese speech therapists, who had travelled abroad to pursue their majors - most of them to France - and then came back to Lebanon. Some of these SLTs had also practiced in specialized centers, namely at IRAP, the Institute of Hearing and Phonetic Rehabilitation, one of the first Lebanese institutions to have recruited speech therapists.

Along with these few Lebanese professionals, some local associations (Service Social pour le Bien-Etre de L'Enfant, Liban, SESOBEL, Association pour le Foyer de l'Enfant Libanais, AFEL,

and IRAP) used to call NGO's partners (Association des Amis de Soeur Emmanuelle ASMAE, Orthophonistes du monde), to hire foreign SLTs in temporary volunteering missions.

Among the Lebanese speech therapists, Rouba EL Khoury, who held a degree from Paris, witnessed the obvious need of language intervention for the Lebanese population who had LI and other impairments related to the SLT domains. She suggested to the Saint Joseph University of Beirut, that the speech therapy department reopen and so she department reopened in 1995 (L'Orient-Le Jour, 1998). This project was implemented with the support of Orthophonistes du Monde Association. The major curriculum was set up with the valuable partnership of the school of speech therapy at Tours University, in France. The speech and language therapy programme has developed in conformity with the previous French<sup>1</sup> system in which the degree is awarded after four years of study (240 credits ECTS). The courses were delivered through French (227 ECTS credits) with some language specific program's components delivered in Arabic (13 ECTS credits). The program contains some particular aspects related to the specificities of the multilingual context of Lebanon as well as to the necessity of guaranteeing competent therapists to practice in Arabic (the official language of Lebanon) and in French (the teaching language in 53.5% of schools (CRDP 2018) and universities. A second university major was set in 1996 at the Lebanese University UL, the Lebanese public university, in conformity with this same French system and in partnership with the school of speech therapy at the University of Toulouse Le Mirail in France. From 2007, at the request of potential students/degree candidates, the programme at UL was delivered through English, since many students were graduates of English schools.

And since 1999, the universities in Lebanon have granted 518 degrees in speech therapy after four years of study.

However, during this time, professional SLT practice has been taking place without official regulation, because the SLT profession has not yet been officially recognised by the Lebanese government. Obviously, this situation has direct impacts on the profession and on the development of the degree/qualification. In fact, the actual willingness of the universities to train speech therapists having the Master degree (4 years of bachelor studies followed by one year for Master degree, or 5 years of study following the highschool qualification) will stay partially possible until the government recognizes this profession. Nevertheless, consistent with international trends in development of the profession in the last few years, in 2012 the USJ opened , a Master's curriculum

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<sup>1</sup> Until 2014, SLT degree in France was awarded after 4 years of study. Starting 2015, the diploma was delivered after 5 years.

in speech therapy (60 credits ECTS) accessible (but not obligatory) following completion of the 240 credits of the initial degree. This master's in speech therapy, which was set up in response to strong advocacy by Lebanese speech therapists, has been awarded to 71 SLTs, representing 14% of the total population of Lebanese SLTs. Additionally, other degrees in SLT have commenced in two regional universities in Lebanon.

### *Current practice of Lebanese SLTs (with children with language impairment)*

There are no official data describing the practice of speech and language therapists, including the number that actually practice the profession, the kinds of interventions they use, in what languages and in which settings'.

The sole source of information, which describes the situation of the Lebanese SLTs is the Lebanese Association of speech therapists (ALO). This is the only official professional body in the country. In 2017, this association consisted of 240 members, representing fewer than half of the total number of SLTs in Lebanon. The directory listing SLT clinicians in Lebanon, published by the ALO, once every two years, shows that SLTs are based in several Lebanese regions, with Beirut and Greater Beirut having the greatest number of practitioners. It should also be noted that 15 professionals are registered to practice in neighboring Arab countries (Dubai, Qatar...). The majority of SLTs claim to practice in the three languages: Arabic, French and English. Also, many professionals admit that they work with different populations across different settings.

SLT's practice mainly follows the "Medical Model" of intervention, widely spread in private clinics. It is often paired with a paid job, either in schools, day care centers, specialized schools or dispensaries....) (Kouba Hreich, Messarra, Martinez-Perez and Maillart 2018)

In Lebanon, Developmental language disorders are still rarely recognized and not yet described regarding the specificities of the language. So far, there are no studies concerning the prevalence of LI in Lebanon. (Kouba Hreich and Messarra, to appear).

## **2. Policy and legislation: How has it developed and what does it mean?**

The speech therapists are the first to be concerned by language impairment in Lebanon. Policies and legislation, which are specifically related to language disorders, do not exist yet in Lebanon, mainly arising from the non-recognition of the SLT profession. However, based on initiatives by

the ALO, some changes have been proposed by the government for children with Specific Learning Disorders or other learning disabilities. Once the profession is recognized, policies will have to emanate from the Ministry of Health in coordination with the Ministry of Education, while taking into consideration the development of speech and language practice in schools.

Most speech and language therapy services are funded on a private basis, by families or NGOs or some governmental organizations (Army, Internal Security Forces, General Security). Hence, access to services is often difficult for a wide range of the population for social and economic reasons, bearing in mind that 29% of people are poor or very poor (Kosmerelli-Asmar & Ghosn 2004). Private initiatives attempt at compensating these funding difficulties by offering services at reduced prices, for example, at university clinics (e.g.: Centre de diagnostics et de soins orthophoniques-CDSO-USJ) or affiliated clinics subsidized by independent owners. (e.g.: Centre d'orthophonie, Aida Naffah Najjar-COANN).

While parent associations could assist with supporting families and their access to services, there are no parental bodies for LI,. Existing parents' groups represent Down's syndrome, Autism, and Dyslexia.

### **3- Who delivers service and where?**

*So far, and taking into consideration the fact that the profession is still new, the majority of the observations reported below are based on several work conducted in the frame of university projects (thesis and research) that haven't become scientific publications yet.* As programmes and the development of the speech and language therapy profession in the Lebanon have occurred relatively recently, there are few scientific publications relating to this work. To this end, information related to the practice of speech and language therapy here is mostly derived from unpublished university theses and research studies which are not yet published in journals or books.

In Lebanon, SLTs are mainly responsible for diagnosis of and intervention with children presenting with LI. Initially, the children are referred either by schools (Nawar & Henry 2009), most often around the age of 3. Kindergarten might often be the first place that children's difficulties are noticed. Some other professionals such as psychomotor therapists or psychologists also refer children with LI to speech therapy services. Sometimes, family members or parents themselves seek SLT services having noticed a developmental language delay in their child. A few

referrals are made by doctors, pediatricians, neuro-pediatricians and others (Husseinovitch, Ghanem & Kouba Hreich 2009).

Screening and assessments essentially take place in private clinics. Fifteen years ago, the increased development of multidisciplinary clinics and centers was observed. These settings allow childhood professionals in several domains, to work together to provide multidisciplinary services for children with LI, such as: speech therapy, cognitive, psychomotor, educative or even sometimes medical assessments. Multidisciplinary diagnostic services in hospital are still not well developed. In all cases, services are more developed in Beirut and Greater Beirut than in other areas which are far from the capital (Hreich et al. 2017).

SLTs are still at the forefront of the process of assessment and intervention in children with LI. However, they struggle with diagnostic challenges that are mainly due to the lack of validated assessment tools. This clinical situation has become more complex in a multilingual context, where children are exposed to different languages, from kindergarten, and where most of their learning is done in a second language (51.4% through French, 48.6% through English (Lebanon, CRDP 2017-2018). Evaluation of all of the child's languages has become a must.

Interventions are mostly organized according to the 'medical' system: either an individual direct intervention or sometimes, group intervention.

This kind of service is increasingly developing in school settings, through collaboration with some 'inclusive' schools and teams of professionals outside the school. These professionals may be independent and some centers can be affiliated to schools or hospitals. In all cases, SLTs often adopt individual direct intervention to provide services for children with LI.

Less commonly, speech and language therapists conduct interventions in a home-based setting. This is more likely when children have marked neurodevelopmental disorders such as cerebral palsy. Home-based services are also developed in vulnerable environments, such as in refugee camps. In most cases these services tend to be based on interesting collaborations between SLTs and health service providers, educators and/or social workers (UNRWA 2015) Few speech therapists work in hospitals (Kouba Hreich et al. 2018).

The involvement of families is definitely strongly recommended. Parents do not deny their role to back up the language development of their child. Mothers are often more involved in intervention and their direct involvement facilitates achievement of targeted goals. However, cultural, environmental, social and economic variables affect the type and the quantity of this

involvement (Awada, Francis & Saad 2018). Some parents tend to hold the school or the therapists responsible for the development of the child's language. Recently, a tension has developed between health professionals and families. In fact, Parents recognize that they are not always getting the optimal amount of service due to funding issues, and they are also unhappy with outcomes, presuming that they are not getting the best quality service which has been made more complicated by the struggle around funding of services for the families. New regulation is needed to outline the code of practice and to emphasize the need to involve families and children more in their treatment.

#### **4- What do people do with children with DLD?**

Taking into consideration the cultural and linguistic diversity and the systematic situation of bilingualism in the child's environment, speech therapists are facing more and more difficulties in choosing interventions appropriate to the child's different languages. While the diagnostic process, is becoming easier with the recent development of evaluation tools for oral language in the Lebanese multilingual setting (Institut supérieur d'orthophonie, USJ), the choice of intervention approach, is still very disparate and strongly depends on the speech therapist, his/her knowledge and beliefs. Validated university curricula tend to develop validated protocols according to the principles of the evidence-based practice (Institut supérieur d'orthophonie 2018). However, these practices still require adaptations in their form and in their philosophy in order to be easily implemented in the Lebanese context and to correspond to the patterns of the particular language that is used by the child with developmental language disorder.

In indirect intervention involving parents and children, speech therapists are trained more to apply Hanen type practices and they also work on validating indirect intervention programs, which are based on several approaches that include parent- or caregiver-child interaction activities (direct teaching, video recording, etc.). SLTs are currently working to make these approaches applicable in the Lebanese context with its cultural diversity (Wehbi, Hajjallie, Messarra 2018; Nouneh, Hajjallie & Kouba Hreich, 2017).

In direct intervention, practices are still hybrid and multifaceted based on cognitive, instrumental or didactic approaches, conceived in a way that maximize clinical effectiveness without disregarding the child's individual profile and his/her particular environment.

For more severe pathologies, alternative and augmentative communication (AAC) methods are widely used. The one most widely used with children presenting LI is the Makaton programme (Classes Orange<sup>2</sup> 2018)

The majority of these interventions are provided to children and young people under the age of 14. By adolescence, services become rare and services are provided by other professionals such as occupational therapists and educators who mainly work on the professional insertion, such as the preparation for work. The focus is then much less oriented towards language.

### **5. Looking for the future -What would make a difference?**

Looking forward to seeing the profession of speech therapists in Lebanon emerged in a legal frame, the first step would be to propose a nomenclature of the professional acts shedding the lights mainly on the different roles speech therapists play for children presenting LI.

#### *The efficiency of practices*

A legal framework shall also allow the development of work that relies on partnership between governmental authorities on one hand, and universities on the other hand. This work must be based on the principles of evidence based practice and must require speech and language therapists to reconsider their interventions according to contextual priorities and to the needs of the population. Since 2008, the Institute supérieur d'orthophonie at Saint Joseph University has worked on the development of oral language assessment tools adapted to the multilingual Lebanese context, thus helping professionals and clinicians to improve diagnostic processes. In order to improve the outcomes of interventions, efforts must be now deployed to develop optimal contextualized interventions, reconsidered in their form, while giving priority to indirect practices, which include the training of other key adults in child's environment. This will facilitate access to services with increased benefits for children, their helpers, teachers and families.

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<sup>2</sup> Guillemette Henry, French Speech and Language Therapist is a Makaton certified SLT in Lebanon and first to introduce the program into a specialized school in Lebanon, Classes orange.

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