

IRISH ASSOCIATION OF SPEECH AND LANGUAGE THERAPISTS



**Speech and Language Therapy Scope of
Practice**

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Speech and Language Therapy Scope of Practice

Introduction

The Irish Association of Speech and Language Therapists (IASLT) is the recognised professional body for Speech Language Therapists (SLTs) in Ireland. The purpose of this document is to define the Scope of Practice of Speech and Language Therapists working within the Republic of Ireland as members of IASLT. The IASLT Scope of Practice document has been developed in conjunction with the association's Code of Ethics (revised 2005) and clinical guidelines.

The 'scope of practice' refers to the breadth of professional practice offered within the profession and aims to outline populations served, contexts in which the service is provided, rationale for service provided and the modalities in which it is presented. Thus, the scope of practice outlines services provided by the profession as a whole, however, it is likely that individual therapists will not work within all contexts or with all clinical populations, rather, they may choose to specialise within a particular area/population. This document is aimed at informing health service managers, employers and the general public about the role of Speech and Language Therapists within the Republic of Ireland and their areas of expertise.

Education and Qualification

Speech and Language Therapists who are members of IASLT must hold a qualification in Speech and Language Therapy that is recognised by IASLT. Overseas graduates are required to go through a validation process and those whose first language is not English or whose training in speech and language therapy is not through the medium of English are required to sit an examination to verify that their competence in English is appropriate for the practice of Speech and Language Therapy (CECE Examination).

The IASLT Code of Ethics decrees that Speech and Language Therapists may only practice in areas in which they are competent (Code of Ethics, 2006). Assessment of competency is made on the

basis of their education, training and experience and by a measurement of their ongoing continuous professional development (CPD), which is necessary for practising membership of IASLT. It is required that all Speech and Language Therapists continue to update and further their skills during the course of their career.

Speech and Language Therapists working within the Republic of Ireland are recognised as being members of an autonomous profession, that is, their services need not be prescribed or supervised by individuals in other professions. However, Speech and Language Therapists, by the nature of the profession, almost without exception, work alongside and with other professionals and individuals as part of a multi-disciplinary team to ensure the most holistic and complete care of their clients.

The contexts and breadth of the speech and language therapy profession and the services provided are continually expanding and progressing. This document will be regularly revised and updated to take into account these changes. Due to the ever-expanding and developing nature of our profession the identified lists of current service provision (as below) is not exhaustive and may be added to in the future to reflect new service developments.

Framework for practice

Speech and language therapy includes the assessment and diagnosis, diagnosis and management of communication disorders and behaviours as well as swallowing disorders. The objective of speech and language therapy services is to enhance an individual's ability to communicate and /or swallow in everyday environments to improve their quality of life. This can be achieved by providing integrated services in meaningful life situations. The World Health Organisation (WHO) has produced the International Classification of Functioning, Disability and Health (ICF). The ICF document offers clinical service providers an internationally recognised conceptual framework and common language for discussing and describing human functioning and disability, (WHO 2000). The ICF provides a framework to describe the role of speech and language therapists in enhancing an individual's communication, behaviour and swallowing function, regardless of setting, thus improving their quality of life.

The ICF framework has two parts. The first is termed **functioning and disability** and the second **contextual factors**.

1) Functioning and Disability includes the following two components:

a) Body Functions and Structures: **Body Functions** refers to the physiological or psychological functions of body systems; **Body Structures** refers to the anatomic parts of the body and their components.

b) Activity and Participation: **Activity** refers to the performance of a task or action of a given individual; **Participation** refers to an individual's involvement in a life situation.

Both Activity and Participation components are modified with **Capacity and Performance** qualifiers. The Capacity qualifier describes an individual's ability to execute a task or an action in a standardized or uniform environment. The Performance qualifier describes what an individual does in the current environment or actual context in which s/he lives.

2) Contextual factors may interact with body functions and structures, activity or participation as facilitators or barriers to functioning. Contextual factors include the following two components:

a) Environmental Factors: defined as the physical, social, and attitudinal environment in which people live.

b) Personal Factors: include such features of an individual as age, culture, race, gender, educational background, and lifestyle. Although not formally classified in the ICF. Personal Factors are acknowledged to be contributors to intervention outcomes.

The scope of practice in speech and language therapy includes all components and factors identified in the WHO ICF framework. Speech and Language Therapists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and environmental barriers of their clients.

Speech and Language Therapists work with individuals with known disease processes (e.g., aphasia, cleft palate) as well as those with activity limitations or participation restrictions (e.g., individuals needing classroom support services or special educational placement).

(WHO 2000, ASHA 2001)

Scope of Practice

The practice of speech and Language therapy includes the assessment, diagnosis, identification, prevention, habilitation and rehabilitation of individuals presenting with communication and swallowing disorders. This document is divided into five sections in order to clearly outline the populations served, the mix of clinical, management and other services provided, contexts in which the service is provided, rationale for service provided and the modalities in which it is presented.

SECTION ONE:

Populations: Recipients of Speech and Language Therapy Input

1.1 In the Republic of Ireland, Speech and Language Therapists may provide a service to:

- Children (from neonates up to & including school age), adolescents and adults with difficulties or disorders in communication and /or swallowing associated with
 - Diagnosed impairments, genetic, acquired neurological disorders and medical conditions
 - Trauma
 - Acquired Neurology
 - Developmental Delays
 - Cultural and Linguistic Diversity
 - Intellectual Disability
 - Mental Health problems
- Children (from neonates up to & including school age), adolescents and adults with difficulty/disorders in the following areas:
 - Speech (e.g. articulation)
 - Voice and resonance
 - Fluency
 - Language (e.g. phonology, morphology, syntax, semantics and pragmatic/social aspects of communication) including receptive and expressive language in oral, written, graphic and manual modalities
 - Receptive Communication (e.g. sensory losses associated with hearing impairment, specific auditory processing difficulties)
 - Social Skills and Pragmatics
 - Cognitive-Linguistic aspects of communication/higher level language functions (e.g. verbal problem solving, attention, memory, executive functions)

- Literacy, written language (e.g. preliteracy and language-based literacy training including phonological awareness)
- Sensory awareness related to communication, eating, drinking and /or swallowing
- Eating, drinking, swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events, Alternative and Augmentative Communication (AAC) (e.g. developing, selecting, prescribing and reviewing AAC systems and devices)

1.2 Speech and Language Therapists may also work alongside or closely with the following in order to ensure the best model of care for their clients:

- Parents and families, caregivers, communication partners, friends and colleagues of people with communication and swallowing disorders
- Employers
- General public/community (e.g. holding information sharing days/ contributing to radio/newspaper etc to increase knowledge and understanding of communication and swallowing disorders)
- Other professionals including:
 - Allied health professionals
 - Doctors, including hospital consultants and general practitioners
 - Nurses, care attendants and nursing home carers
 - Speech and Language therapy assistants (IASLT position paper on SLT assistants)
 - Teachers, resource teachers, visiting teachers, pre-school teachers
 - Interpreters
 - Social workers
 - Psychologists
 - Clinical Engineers
 - Speech and Language Therapy students
 - Speech and Language Therapy colleagues

SECTION TWO

Services: Speech and Language Therapists working within the Republic of Ireland may provide the following services

2.1 Clinical Services

- Prevention, screening, assessment and diagnosis, early intervention, consultation, treatment, intervention, management of communication and eating, drinking, swallowing disorders
- Modification or enhancement of communication performance, e.g. transgendered voice, maintenance and improvement of professional voice, personal/professional communicative effectiveness
- Client/family/carer education and support
- Report writing
- Making appropriate onward referrals to other relevant services as required, follow up services.
- Teacher and carer training
- Discharge and resolution planning
- Making clients aware of entitlements and available supports including support organisations
- Advocacy- to promote and facilitate self-advocacy for clients with communication disabilities, e.g. facilitating people with aphasia to communicate decisions with regard to legal issues

2.2 Instrumentation Services

Use of instrumentation to assess, diagnose, treat, manage, evaluate and measure communication and/or eating, drinking and swallowing disorders (e.g. use of videofluoroscopy, surface electromyography, nasendoscopy, stroboscopy, electrical stimulation etc.) in conjunction with relevant other multi-disciplinary team members as required. Users should be deemed competent before operating instrumentation.

2.3 Communication/Swallowing Equipment Selection/Provision Services

Provide specialist advice on the selection and prescription, design and establishment of intervention programs and training in the optimal use/maintenance and ongoing re-evaluation and therapy in the use of specialised equipment. (Ref CPLPOL Survey Report, Oct 2005) For example:

- Augmentative, alternative communication techniques/equipment (AAC devices) and assistive communication devices (e.g. speech generating devices etc)
- Communication technology and software

- Tracheostoma, laryngectomy and voice prostheses, speaking valves, electrolarynges etc. (role for more experienced SLT)
- Use of delayed auditory feedback in management of fluency disorders

2.4 Audiology Services

The management of hearing loss by practising members of IASLT is restricted to the following:

- Providing services to individuals with hearing loss and their families e.g. auditory training, speech and language intervention secondary to hearing loss, visual inspection and listening checks of amplification devices for the purpose of troubleshooting and/or interpretation of audiological report (ref IASLT guidelines on hearing impairment)

2.5 Behaviour Management and Environmental Modification Services (in the context of the multi-disciplinary team)

- Addressing behaviours and environments that affect communication and/or eating, drinking and swallowing, (e.g. dietary modification, fluency management, tracheostomy management, vocal hygiene techniques etc)

2.6 Management Services

- Managing Speech and Language Therapy teams, provision of supervision and support of/to SLT colleagues, SLT assistants and SLT students
- Recruiting SLT staff/teams to facilitate provision of adequate staffing levels to address the needs of those requiring speech and language therapy services
- Business planning and financial management
- Marketing and public relations
- Maintaining and implementing quality improvement initiatives and accreditation of services
- Negotiating service delivery models, referrals and prioritisation procedures
- Initiating and implementing policies and procedures to facilitate the effective use of SLT resources within a management framework
- Responding to the needs of changing populations and adapting services on an as-needs basis (e.g. increasing ageing

- populations, increasing multicultural and linguistically diverse populations)
- Servicing the needs of culturally and linguistically diverse populations by providing services that are free of potential biases, use of interpreters where necessary, adaptation of material to ensure ethnic and linguistic sensitivity and adjusting therapy provision to suit the needs of changing populations (Ref Best Practice Guidelines for meeting the Speech and Language needs of clients from culturally and linguistically diverse backgrounds)

2.7 Education Services

- Educating, supervising and mentoring SLT students, SLT assistants and SLTs returning to work
- Providing further education and in-service training to other health professionals/educators/employers/financial planners about the role of the SLT working with clients with communication and/or eating, drinking and swallowing disorders
- Providing training to other health and educational professionals which will facilitate the implementation of communication and/or swallowing programmes of intervention
- Educating and providing in-service training to family member/caregivers

2.8 Research

- Conducting clinical research in order to contribute to evidence based practice
- Participating in measuring therapy outcomes to guide clinical decision making and evaluating current service provision to contribute towards best practice guidelines
- Conducting clinical audits
- Conducting needs analysis projects to work towards adequate service provision for changing populations

2.9 Legal Services

- Act as expert witness in court

SECTION THREE

Contexts: The settings in which SLT services may be provided

3.1 SLTs work in a variety of settings which include the following. However, this list is not exhaustive:

- Hospital settings
 - Acute Hospitals
 - Community Hospitals
 - Rehabilitation Hospitals
 - Adult and Paediatric Intensive Care Units
- Community Rehabilitation Centres
- Community Health Care Centres
- Nursing Homes and Long Term Care Facilities
- Education Settings:
 - Pre-schools
 - Primary Schools
 - Language Classes
 - Secondary Schools
 - Special Schools and special education units
 - Early intervention centres
 - Child Development Centres
- Private practice centres
- Universities and university clinics
- Individual clients homes
- Group homes, sheltered houses for clients with learning disability/mental illness etc.
- Mental Health centres, including acute wards, day hospitals and day centres, hostels
- Community and national agencies and institutions
- Charitable organisations
- Voluntary/Non-statutory organisations
- Self-help groups

3.2 SLTs currently may also provide a service in the following contexts under special circumstances:

- Correctional Institutions
- Detention Centres
- Corporate Settings
- Industrial Settings

SECTION FOUR

Rationale for Speech and Language Therapy Intervention

Due to the nature and diversity of the clinical caseloads that Speech and Language Therapists may work with, the rationale for intervention may differ considerably from one client/caseload to the next.

4.1 Speech and Language Therapists may work with clients to achieve one or more of the following outcomes:

- Improvement in/optimisation of communication, eating, drinking and /or swallowing function of clients
- Maintenance of current communication, eating, drinking and /or swallowing function in clients
- Monitoring and adapting to changes in communication, eating, drinking and/or swallowing over time
- Improvement /optimisation or maintenance of quality of life and general well-being for clients with communication, eating, drinking and /or swallowing disabilities
- Prevention of communication, eating, drinking and /or swallowing disabilities in vulnerable client groups
- Prevention of respiratory and other medical sequelae from eating, drinking and /or swallowing disabilities
- Improvement in family, work and social interactions
- Improvement in the knowledge and understanding of communication, eating, drinking and /or swallowing abilities and disabilities amongst clients and their families/caregivers and amongst other health/education professionals
- Improvement in the communicative environment for clients with communication disabilities
- Improvement or maintenance of access and participation in education programmes, return to work programs and return to life activities

SECTION FIVE

Service Provision Modalities: How is therapy provided?

5.1 Depending on the caseload and case setting SLTs may work with clients in one or more of the following formats:

- Individual 1:1 assessment and diagnosis and therapy in clinic/hospital/healthcare setting

- Within the client's natural communicative or eating, drinking, swallowing environment (e.g. at home, pre-school, classroom, work based, community, long term care facility etc) and thereby working alongside other members of the clients interdisciplinary team
- Intensive workshop programs
- Group therapy with similar clients requiring similar outcomes
- Indirectly-e.g. working with the clients family members/carers/teachers and significant professionals by advising, educating, facilitating and counselling, as well as providing school based, home based or resource teacher programmes as required
- Long term access
- Health promotion activities

In all contexts, speech and language therapists are fundamentally part of multi and inter disciplinary teams. Therefore, SLTs work closely with other professionals, carers, family members etc in order to provide the most holistic and client centred approach to the management of communication, eating, drinking and swallowing disorders.

Reference and Resource List

- IASLT Code of Ethics (2005)
- IASLT Position Paper for Speech and Language Therapists on the Management of Feeding, Eating, Drinking and Swallowing Disorders (Dysphagia) (2006)
- IASLT Standards of Practice Document (see also RCSLT Clinical Guidelines)
- IASLT- Position paper on Programme Assistants in Speech and Language Therapy
- IASLT guidelines on hearing impairment
- Best Practice Guidelines for meeting the Speech and Language needs of clients from culturally and linguistically diverse backgrounds, Community Speech and Language Services, HSE-Northern Area, Ireland
- CPLOL Survey Report (2005), Provision of Communication Aids for Adults with Communication Disabilities.
- World Health Organisation (2000). International Classification of functioning, disability and health (ICF): Geneva, Switzerland
- American Speech Language Hearing Association (ASHA), 2001, 'Scope of Practice in Speech-Language Pathology'