

# Maryjane Rees Center: Speech and Language Clinic

## APPENDIX III

### ASHA Scope of Practice for Speech-Language Pathology

**Note:** The following is taken directly from the ASHA Scope of Practice Document. The complete document and all references and resources can be found at <http://www.asha.org/policy/SP2007-00283/>. All Student Clinicians are required to review this link in its entirety.

**Reference:** American Speech-Language-Hearing Association. (2007). Scope of practice in speech- language pathology [Scope of Practice]. Available from [www.asha.org/policy](http://www.asha.org/policy). © Copyright 2007 American Speech-Language-Hearing Association. All rights reserved. Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain. doi:10.1044/policy.SP2007-00283 - See more at: <http://www.asha.org/policy/SP2007-00283/#sthash.zyKaG8PM.dpuf>

This scope of practice document is an official policy of the American Speech- Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Kenn Apel (chair), Theresa E. Bartolotta, Adam

A. Brickell, Lynne E. Hewitt, Ann W. Kummer, Luis F. Riquelme, Jennifer B. Watson, Carole Zangari, Brian B. Shulman (vice president for professional practices in speech-language pathology), Lemmietta McNeilly (ex officio), and Diane R. Paul (consultant). This document was approved by the ASHA Legislative Council on September 4, 2007 (LC 09-07).

#### Introduction

The Scope of Practice in Speech-Language Pathology includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

As part of the review process for updating the Scope of Practice in Speech- Language Pathology, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the Scope of Practice (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness). The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

## **Statement of Purpose**

The purpose of this document is to define the Scope of Practice in Speech- Language Pathology to

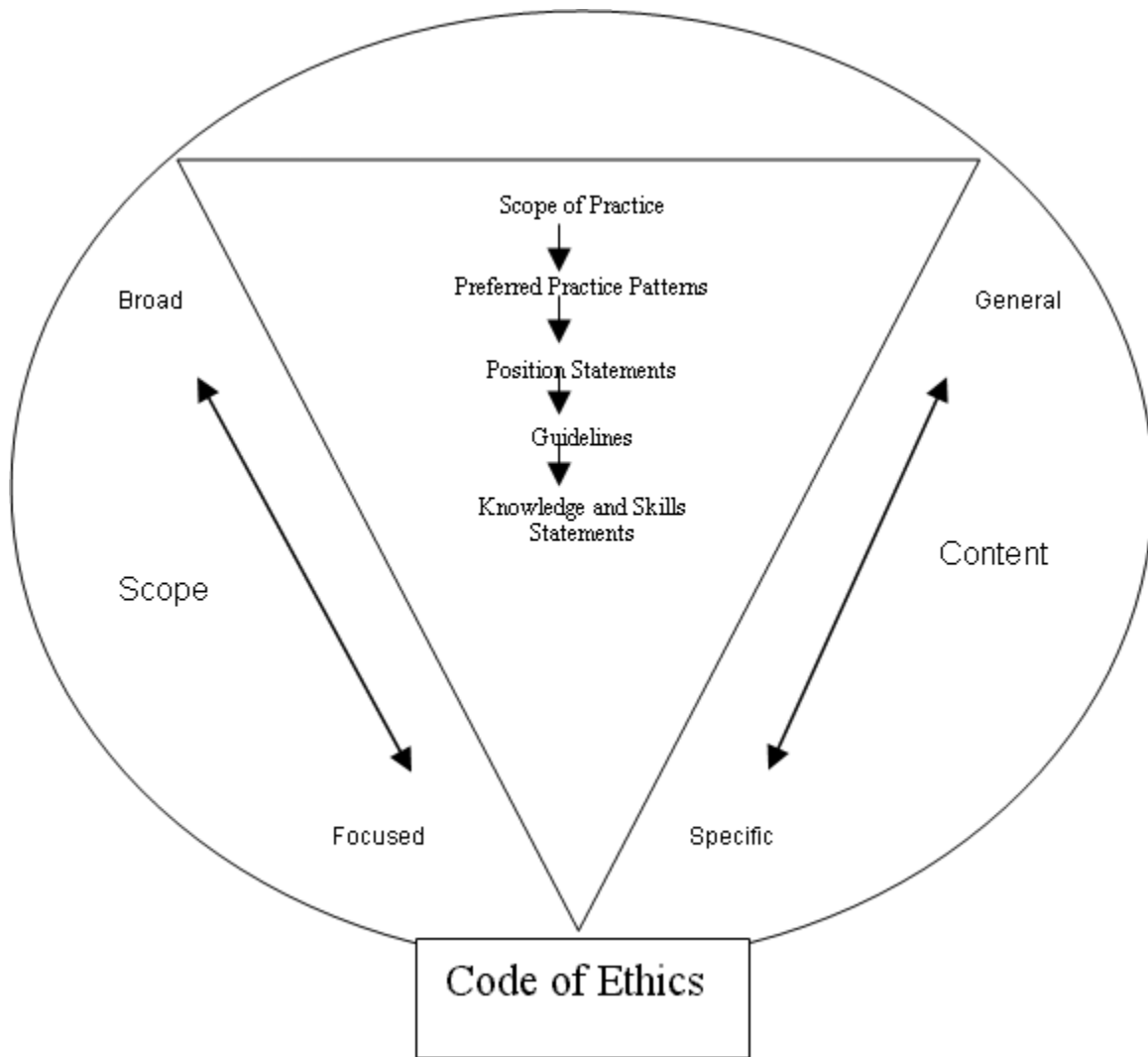
1. Delineate areas of professional practice for speech-language pathologists;
2. Inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers;
3. Support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing;
4. Support speech-language pathologists in the conduct of research;
5. Provide guidance for educational preparation and professional development of speech-language pathologists.

## **Scope of Practice in Speech-Language Pathology Scope of Practice**

This document describes the breadth of professional practice offered within the profession of speech- language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech- language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the Scope of Practice, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Figure 1. Conceptual Framework of ASHA Practice Documents - See more at: <http://www.asha.org/policy/SP2007-00283/#sthash.zyKaG8PM.dpuf>



Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this Scope of Practice does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they are serving but are not addressed in this Scope of Practice. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

## Framework for Research and Clinical Practice

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the speech-language pathologist in the prevention, assessment, and habilitation/ rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

### Health Conditions

- **Body Functions and Structures:** These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
- **Activity and Participation:** Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

## Contextual Factors

- **Environmental Factors:** These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.
- **Personal Factors:** These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech- language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech- language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech- language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

## Qualifications

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized post baccalaureate degree. ASHA- certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. Where applicable, speech- language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with pre-service education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech- language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals

## Professional Roles and Activities

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- Speech sound production
  - articulation
  - apraxia of speech dysarthria
  - ataxia
  - dyskinesia
- Resonance
  - hypernasality hyponasality
  - cul-de-sac resonance mixed resonance
- Voice
  - phonation quality pitch
  - loudness
  - respiration
- Fluency
  - stuttering
  - cluttering
- Language (comprehension and expression)
  - phonology
  - morphology
  - syntax
  - semantics
  - pragmatics (language use, social aspects of communication)
  - literacy (reading, writing, spelling)
  - prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
  - paralinguistic communication
- Cognition
  - attention memory
  - sequencing
  - problem solving
  - executive functioning
- Feeding and Swallowing
  - oral, pharyngeal, laryngeal, esophageal
  - orofacial myology (including tongue thrust)
  - oral-motor functions

## **Potential etiologies of communication and swallowing disorders include:**

- Neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- Developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
- Auditory problems (e.g., hearing loss or deafness);
- Oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral- motor dysfunction);
- Respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- Pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- Laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
- Neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
- Psychiatric disorder (e.g., psychosis, schizophrenia);
- Genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/ educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

## **Clinical Services**

Speech-language pathologists provide clinical services that include the following:

- Prevention and pre-referral
- Screening
- Assessment/evaluation
- Consultation
- Diagnosis
- Treatment, intervention, management
- counseling
- Collaboration
- Documentation
- Referral

## **Examples of these clinical services include**

1. Using data to guide clinical decision making and determine the effectiveness of services;
2. Making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;

3. Determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. Documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. Collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. Screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. Providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. Providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. Using instrumentation (e.g., videofluoroscopy, electromyography, nasoendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. Counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. Facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. Serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. Providing referrals and information to other professionals, agencies, and/or consumer organizations;
14. Developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. Providing services to individuals with hearing loss and their families/ caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speech reading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage);
16. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004);



18. Providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

## **Prevention and Advocacy**

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include

1. Improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. Presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;
3. Providing early identification and early intervention services for communication disorders;
4. Advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. Advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. Promoting and marketing professional services;
7. Advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. Advocating at the local, state, and national levels for funding for research;
9. Recruiting potential speech-language pathologists into the profession;
10. Participating actively in professional organizations to contribute to best practices in the profession.

## **Education, Administration, and Research**

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include

1. Educating the public regarding communication and swallowing;
2. Educating and providing in-service training to families, caregivers, and other professionals;
3. Educating, supervising, and mentoring current and future speech-language pathologists;
4. Educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. Fostering public awareness of communication and swallowing disorders and their treatment;
6. Serving as expert witnesses;

7. Administering and managing clinical and academic programs;
8. Developing policies, operational procedures, and professional standards;
9. Conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

### **Practice Settings**

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to

1. Public and private schools;
2. Early intervention settings, preschools, and day care centers;
3. Health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. Private practice settings;
5. Universities and university clinics;
6. Individuals' homes and community residences;
7. Supported and competitive employment settings;
8. Community, state, and federal agencies and institutions;
9. Correctional institutions;
10. Research facilities;
11. Corporate and industrial settings.