AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Scope of Practice in Speech-Language Pathology

Ad Hoc Committee on Scope of Practice in Speech-Language Pathology

This document was approved by the ASHA Legislative Council in April 2001 (LC 7-01). Members of the 000 Ad Hoc Committee on Scope of Practice in Speech-Language Pathology who developed this document are Nicholas Bankson (chair), Allan Diefendorf, Roberta Elman, Susan Forsythe, Elizabeth Gavett, Alex Johnson (vice president for professional practices in speech-language pathology who serves as Executive Board liaison), Lori Lombard, Ninevah Murray, Arlene Pietranton (ex officio), and Carmen Vega-Barachowitz.

Statement of Purpose

The purpose of this document is to define the scope of practice in speech-language pathology in order to:

1. Delineate areas of speech-language pathology professional practice provided by members of the American Speech-Language-Hearing Association (ASHA) and clinical certification holders in accordance with the ASHA Code of Ethics;
2. Educate health care, education, and other professionals, consumers, payers, regulators, and members of the general public about professional services offered by speech-language pathologists as qualified providers;
3. Assist ASHA members and certificate holders in the provision of high quality and evidence-based services to individuals across the life span who present with communication, swallowing, or other upper aerodigestive concerns[1];
4. Provide guidance for education programs in speech-language pathology curriculum.

The scope of practice defined here and the areas specifically set forth describe the breadth of professional practice offered within the profession. Levels of education, experience, skill, and proficiency with respect to the activities identified within this scope of practice vary among individual providers; a speech-language pathologist does not typically practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may only practice in areas in which they are competent based on their education, training, and experience. However, speech-language pathologists may expand their current level of expertise. Certain situations may necessitate that speech-language pathologists pursue additional education or training to expand their personal scope of practice.

This scope of practice statement 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.

The schema in Figure 1 (see next page) depicts the relationship of the scope of practice to practice policy documents, certification standards, and the ASHA Code of Ethics. As indicated, individuals must fulfill the speech-language pathology certification standards in order to enter the practice of the profession. Practice policy documents (i.e., preferred practice patterns, position statements, guidelines, and knowledge and skills statements), address current and emerging speech-language pathology practice areas. These docu-

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Index terms: ASHA reference products, practice scope and patterns, SLP education and qualifications, SLP practice settings, SLP roles and activities, speech-language pathology, World Health Organization (WHO) framework

Document type: Practice guidelines and policies

[1] aeromechanical events related to communication, respiration, and swallowing (e.g., speaking valve selection, respiratory retraining for paradoxical vocal fold motion, stomal stenosis management and insufflation testing after total laryngectomy).

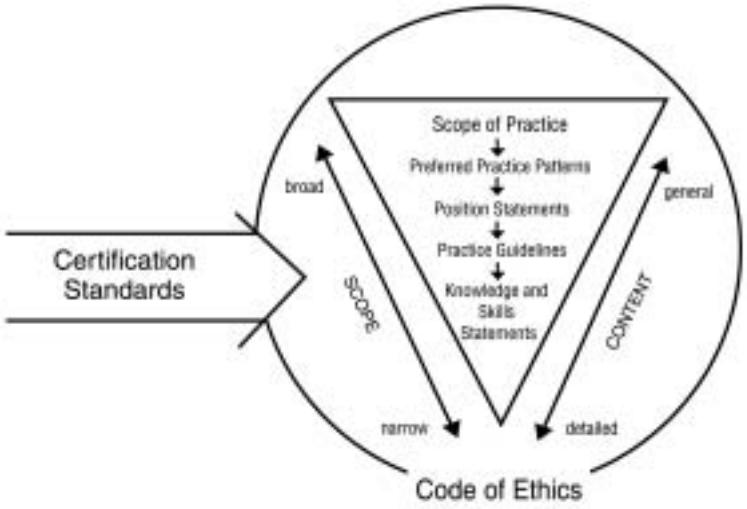
ments build on the knowledge, skills, and experiences required by the certification standards. The ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct to which members of the profession of speech-language pathology are bound.

Speech-language pathology is a dynamic and continuously developing profession; listing specific areas within this scope of practice does not exclude emerging areas of practice. Although not specifically identified in this document, in certain instances speech-language pathologists may be called on to perform services (e.g., "multiskilling" in a health care setting, collaborative service delivery in schools) for the well-being of the individual(s) they are serving. In such instances it is both ethically and legally incumbent upon professionals to determine that they have the knowledge and skills necessary to conduct such tasks. Finally, it should be indicated that factors such as changes in service delivery systems, increasing numbers of people needing services, projected United States population growth of cultural and linguistic minority groups, and technological and scientific advances mandate that a scope of practice statement for the profession of speech-language pathology be dynamic in nature. For these reasons this document will undergo periodic review and possible revision.

Framework for Practice

The domain of speech-language pathology includes human communication behaviors and disorders as well as swallowing or other upper aerodigestive functions and disorders. The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and / or swallow in natural environments, and thus improve their quality of life. This objective is best achieved through the provision of integrated services in meaningful life contexts. The World Health Organization

Figure 1. Conceptual Framework of ASHA Standards and Policy Statements



(WHO) is in the process of finalizing a multipurpose health classification system identified as the International Classification of Functioning, Disability and Health (ICIDH-2)* that offers clinical service providers an internationally recognized conceptual framework and common language for discussing and describing human functioning and disability (WHO, 2000). This framework can be used to describe the role of speech-language pathologists in enhancing quality of life by optimizing human communication behavior, swallowing, or other upper aerodigestive functions regardless of setting. The ICIDH-2 [ICF] framework has two parts. The first is termed Functioning and Disability; the second refers to Contextual Factors. Functioning and Disability includes the following two components:

- 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.
- 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.

Figure 2 illustrates the components of the framework as applied to the practice of speech-language pathology. Each component can be expressed as a continuum of function. One end of the continuum indicates intact or neutral functioning; the other

*Editor's note: In 2001 the original acronym, ICIDH-2, was changed to ICF.

Figure 2. Application of WHO (2000) Framework to the Practice of Speech-Language Pathology

indicates completely compromised function or disability (e.g., impairment, activity limitation [formerly referred to as *disability* (WHO, 1980)], or participation restriction [formerly referred to as *handicap* (WHO, 1980)]). For example, the component of Body Functions and Structures has a continuum that ranges from normal variation to complete impairment; Activity ranges from no activity limitation to complete activity limitation; and Participation ranges from no participation restriction to complete participation restriction.

The second part of the ICIDH-2 [ICF] framework refers to Contextual Factors. 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:

- Environmental Factors: defined as the physical, social, and attitudinal environment in which people live.
- Personal Factors: include such features of an individual as age, race, gender, educational background, and lifestyle. Although not formally classified in the ICIDH-2 [ICF], Personal Factors are acknowledged to be contributors to intervention outcomes.

The scope of practice in speech-language pathology encompasses all components and factors identified in the WHO framework. That is, speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and environmental barriers of the individuals they serve. They serve 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), including when such limitations or restrictions occur in the absence of known disease processes or impairments (e.g., individuals with differences in dialect). The role of speech-language pathologists includes prevention of communication, swallowing, or other upper aerodigestive disorders as well as diagnosis, habilitation, rehabilitation, and enhancement of these functions.

Education and Qualifications

Speech-language pathologists must hold a graduate degree, the Certificate of Clinical Competence (CCC-SLP) of the American Speech-Language-Hearing Association (ASHA), and where applicable, other required credentials (e.g., state licensure, teaching certification).

As primary care providers for communication, swallowing, or other upper aerodigestive disorders, speech-language pathologists are autonomous professionals; that is, their services need not be prescribed or supervised by individuals in other professions. However, in many cases individuals are best served when speech-language pathologists work collaboratively with other professionals.

Scope of Practice

The practice of speech-language pathology includes prevention, diagnosis, habilitation, and rehabilitation of communication, swallowing, or other upper aerodigestive disorders; elective modification of communication behaviors; and enhancement of communication. This includes services that address the dimensions of body structure and function, activity, and / or participation as proposed by the World Health Organization model (WHO, 2000). The practice of speech-language pathology involves:

1. Providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
   - speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
   - language (i.e., phonology, morphology, syntax, semantics, and pragmatic / social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness;
   - swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);
   - cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions).
   - sensory awareness related to communication, swallowing, or other upper aerodigestive functions.
2. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).
3. Providing services to individuals with hearing loss and their families / caregivers (e.g.,

auditory training; speechreading; 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).

4. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.
5. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.
6. Selecting, fitting, and establishing effective use of prosthetic / adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.
7. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and / or other cognitive-communication disorders.
8. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.
9. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.
10. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.
11. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positioning for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.
12. Providing services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal / professional communication effectiveness).
13. Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.

Professional Roles and Activities

Speech-language pathologists serve individuals, families, groups, and the general public through a broad range of professional activities. They:

- Identify, define, and diagnose disorders of human communication and swallowing and assist in localization and diagnosis of diseases and conditions.
- Provide direct services using a variety of service delivery models to treat and / or address communication, swallowing, or other upper aerodigestive concerns.
- Conduct research related to communication sciences and disorders, swallowing, or other upper aerodigestive functions.
- Educate, supervise, and mentor future speech-language pathologists.
- Serve as case managers and service delivery coordinators.
- Administer and manage clinical and academic programs.
- Educate and provide in-service training to families, caregivers, and other professionals.
- Participate in outcomes measurement activities and use data to guide clinical decision making and determine the effectiveness of services provided in accordance with the principles of evidence-based practice.
- Train, supervise, and manage speech-language pathology assistants and other support personnel.
- Promote healthy lifestyle practices for the prevention of communication, hearing, swallowing, or other upper aerodigestive disorders.

- Foster public awareness of speech, language, hearing, and swallowing, and other upper aerodigestive disorders and their treatment.
- Advocate at the local, state, and national levels for access to and funding for services to address communication, hearing, swallowing, or other upper aerodigestive disorders.
- Serve as expert witnesses.
- Collaborate with audiologists in identifying neonates and infants at risk for hearing loss.
- Recognize the special needs of culturally diverse populations by providing services that are free of potential biases, including selection and / or adaptation of materials to ensure ethnic and linguistic sensitivity.
- Provide services using tele-electronic diagnostic measures and treatment methodologies (including remote applications).

Practice Settings

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

- Public and private schools
- Health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, community clinics, behavioral / mental health facilities)
- Private practice settings
- Universities and university clinics
- Individuals' homes
- Group homes and sheltered workshops
- Neonatal intensive care units, early intervention settings, preschools, and day care centers
- Community and state agencies and institutions
- Correctional institutions
- Research facilities
- Corporate and industrial settings

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