Alberta College of
Speech-Language Pathologists
and Audiologists

Working with Support Personnel - Supplemental Article

This supplementary article has been developed by the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) to address some commonly asked questions regarding clinical supervision of Support Personnel (SP) by Speech-Language Pathologists (SLPs) and to dispel some common myths regarding supervisory responsibilities and accountabilities.

While this article highlights key points for consideration by administrators and staff, details regarding application can be found in the Speech-Language Pathologists' and Audiologists' Guideline for Working With Support Personnel.

SP are defined as "individuals who, following academic and/or on-the-job training, perform activities that are assigned and supervised by an SLP registered with ACSLPA. Individuals functioning as support personnel may have a variety of working titles. This excludes teachers, volunteers, students training in speech-language pathology and audiology, and family members."

SP's training and experience is diverse, and so their skill sets for working within the variety of roles and responsibilities assigned to them may differ. For example, SLPs working in educational settings frequently work with support personnel who have a wide range of training and experience (ranging from formally trained speech-language therapist assistants to on-the-job trained educational assistants and teacher's aides). Many support personnel (SP) are well trained and have been working with SLPs or audiologists for a long time. When economic times are challenging and resources are tight, health professionals may be faced with ethical concerns and questions when decisions have been made that allow SP to work directly with clients **in the absence** of their professional supervision.

However, ACSLPA is mandated under provincial legislation to protect and serve the public by regulating, supporting, and ensuring the competent, safe, and ethical practice of SLPs and audiologists. And according to ACSLPA's Code of Ethics and Standards of Practice, the SLP is accountable for speech-language service delivery, including assignment of service activities and clinical supervision of support personnel in carrying out these activities. It is important to note that the responsibilities of supervising SLPs do not vary based on the specific job title or training of the support personnel involved. ***The SLP is identified as having ultimate responsibility for the quality of service and to provide clinical supervision that ensures the delivery of competent, safe, and ethical speech-language services.***

The cornerstone of health professions regulation is protection of the public and minimizing the risk of harm to clients. In the realms of speech-language pathology and audiology, the following are some of the primary considerations made regarding the "risk of harm" as it relates to the provision of services by SP.

The Need for Supervision by SLPs

Whenever support personnel are implementing a therapeutic program ***addressing specific goals assigned by or under the direction of an SLP*****,** the therapist must provide clinical supervision and monitoring in accordance with the requirements of the regulatory college.

It is important to note that regardless of the support personnel's specific title, training, or role (e.g., speech-language assistant, educational assistant, rehabilitation aide, etc.) ***whenever*** they are assigned to provide therapeutic interventions addressing specific communication or feeding/swallowing goals, the SLP is accountable and responsible for the clinical supervision and service provision.

In addition, ***SP cannot be assigned activities that involve clinical interpretation***. SLPs and audiologists are regulated health professionals under the *Health Professions Act (HPA)* in Alberta. Their specialized training (typically at a master's level or greater) and experience allow them to perform assessment, consultation, treatment (including the supervision of aides and assistants), administration, teaching, and research. Under the *Health Professions Act*, they are also authorized to perform specific restricted activities, "procedures or services that pose significant risk and require a high level of professional competence to be performed safely". By comparison, while aides and assistants may have completed a formal training program, there is no legal requirement that they do so. While aides and assistants can perform assigned tasks, their background does not allow for the interpretation of assessment findings nor the setting and management of intervention goals. This includes the following situations:

Current or Recent Assessment

SLPs and audiologists are qualified to perform assessments which support the development of an appropriate care plan (e.g., treatment goals, intervention plans) for the client; SP are not. In the absence of a current, or even relatively recent assessment, setting goals and identifying priorities for intervention can be challenging, potentially placing the client at risk. Using outdated assessment information can result in inappropriate goals which could impede or delay the client from meeting their communication and/or feeding/swallowing potential. Incorrect hearing aid settings or inappropriate feeding and swallowing techniques based on out-of-date assessment information could result in physical harm to the client.

Differential Diagnosis

Assessment allows SLPs and audiologists to provide a differential diagnosis for a client that will set the direction in terms of therapy interventions, goals, and targets. The choice of target and how it can impact overall functioning and prognosis is developed using a combination of best practice evidence, appropriate training and education, and clinical judgement. Use of a dynamic assessment process also enables the implementation of strength-based interventions. While on first blush a need may appear obvious, in some cases there may be underlying health issues involved. For example, SLPs and audiologists are uniquely positioned to consider health factors that influence progress and outcomes for their clients, including mental health, hearing, and vision. Without adequate supervision by the SLP or audiologist, consideration of such factors could be missed, and the requisite follow up/referrals may not occur.

Goal/Intervention Plan Selection

The task of setting treatment or intervention goals can be complex. Often there are developmental factors that need to be considered. It is also important to understand how different delays/disorders impact one another and how to build on one area to improve gains in other areas. This knowledge is acquired through specialized education and training possessed by audiologists and SLPs.

Complex Errors and Patterns

Sometimes, issues can seem easy to remedy/treat. However, as mentioned previously, there can be underlying health issues or concomitant conditions. If all factors are not considered, the client can be at risk for additional delays/disorders or might even be harmed by the attempted intervention. The problem may become more difficult to remediate, and the cycle continues. For example, articulation delays might be rooted in other areas of difficulty, such as phonology (patterns of errors) or oral motor (motor planning and muscle control) difficulties. When treated using a simple articulation approach, new problems and disorders can arise making the problem even more difficult to remediate.

A Holistic Approach

As health professionals, SLPs and audiologists can support clients across all aspects of their life, tying together school curriculum, home, and daily life skills (holistic in their approach). This is important as rarely will a need "stop" at the end of a particular activity, be it academic learning, social interactions on the playground, or sharing emotions, both high and low, with friends and family. Skills transfer from one situation to another, as do delays and disorders. In the absence of direction and supervision, SP may not be able to implement strategies and tactics that transcend environments and tasks, thereby limiting the client's potential for rehabilitation, including the effective use of new communication skills and strategies in all aspects of their lives.

If clinical supervision is not possible, then the provision of clinical services by support personnel should be discontinued.

Direct vs Indirect Supervision – What's Required

ACSLPA's Standard of Practice 4.4 - Clinical Supervision states that regulated members must:

"Determine the amount of both direct and/or indirect supervision that is required for supervisees under one's direction and supervision. The regulated member should have sound rationale to support these decisions and should be able to articulate this rationale as required."

While there are no minimum ACSLPA prescribed amounts of direct vs indirect supervision that should take place, the Speech-Language Pathologists' and Audiologists' Guideline for Working With Support Personnel outlines that regulated members should use their professional judgement to determine the amount and type of supervision necessary to ensure competent, safe, and ethical services. The following factors should be considered in making these determinations:

- The nature of the activity,
- The likelihood of an adverse event,
- The client's conditions and needs,
- Anticipated rate of change,
- The SP's knowledge, skills, and competence, and
- The relationship the SLP or audiologist has with the SP.

In addition, it is important to consider the differing disorder types and severity levels of the clients on the SP's caseload, ensuring that supervision covers the breadth and depth of that caseload.

The Role of the Regulated Member in Training SP

ACSLPA's Standard of Practice 4.4 - Clinical Supervision states that regulated members must:

"Provide adequate on-the-job training and orientation to supervisees as it relates to the clinical and employment context."

The regulated member can achieve this by:

a) providing support personnel with any site-and service-specific training required to understand the intent of the assigned activities and to be competent with those activities, or
b) alerting their own employer of the training required.

The training required will vary depending on:

a) the complexity of the activities assigned,
b) the competence of the support personnel, and
c) the requirements of the speech-language pathology service.

In most cases, at least some on-the-job training by the SLP will be required before newly hired support personnel can be assigned activities. Scheduling time for in-servicing/formal training of support personnel by supervising SLPs can be particularly beneficial in situations when support personnel have limited or no formal educational background in speech-language pathology.

Implementation of Universal Strategies by SP in the Classroom

The implementation of universal communication suggestions/strategies (i.e., strategies that may be available to **all** children in a classroom regardless of an identified therapeutic need) is becoming more commonplace in educational settings. As these strategies address specific communication goals, clinical supervision of SP involved in the implementation of these strategies will be required to ensure safe, competent service.

Concerns About Clinical Supervision

It is important to note that while the SLP is responsible to provide adequate training and supervision to support competent clinical care by support personnel, the support personnel's employer/manager is accountable for the support personnel's overall job performance.

To that end, whenever, in the SLP's professional judgment, support personnel's performance with a particular activity falls below an acceptable level, the SLP should endeavour to retrain the support personnel in that activity. If concerns persist, the SLP should alert his/her own employer to the situation. The SLP should be prepared to assist his/her employer and/or the support personnel's employer in determining a further plan of action.

Regulated members should document any concerns that they may have about the clinical supervision process. While they may not be responsible for decisions related to how SP are utilized at their workplaces, they are responsible for expressing any concerns they have and working collaboratively to find potential solutions, thereby acting in clients' best interests. If questions arise regarding the appropriate supervision of SP, consider sharing concerns with relevant supervisors or employers focusing on the potential risk of harm to the client.

Feel free to contact slp@acslpa.ca or audiology@acslpa.ca with any practice support questions.