



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

The Roles of Speech-Language Pathologists Working With Individuals With Dementia- Based Communication Disorders: Position Statement

Ad Hoc Committee on Dementia

Reference this material as: American Speech-Language-Hearing Association. (2005). *The Roles of Speech-Language Pathologists Working With Individuals With Dementia-Based Communication Disorders: Position Statement* [Position Statement]. Available from www.asha.org/policy.

Index terms: dementia

DOI: 10.1044/policy.PS2005-00118

© Copyright 2005 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.

About This Document

This position statement is an official policy of the American Speech-Language-Hearing Association (ASHA). It was developed by the Ad Hoc Committee on Dementia. Members of the committee included Kathryn Bayles, Michelle Bourgeois, Tammy Hopper, Danielle Ripich (chair), Susan Rowe, and Amy Hasselkus (ex officio). Celia Hooper, ASHA vice president for professional practices in speech-language pathology (2003–2005), served as monitoring vice president.

Introduction

It is the position of the American Speech-Language-Hearing Association (ASHA) that speech-language pathologists (SLPs) play a primary role in the screening, assessment, diagnosis, treatment, and research of cognitive-communication disorders, including those associated with dementia. An estimated 4.5 million Americans suffer from Alzheimer's disease, a number that has doubled since 1980 (Hebert, Scherr, Bienias, Bennett, & Evans, 2003). By the year 2050 the number of affected individuals will rise to between 11.3 and 16 million. Because the elderly segment of the population (65+) will rise from its current proportion of 13% to 20% by 2030, people with dementia-associated communication problems are the profession's fastest growing clinical population (Kinsella & Phillips, 2005). Given the growth in the number of older adults in the United States, the high incidence and prevalence of dementia in this population, and the negative impact of dementia on cognitive-communication abilities, appropriate assessment and intervention are critical.

In addition to cognitive-communication problems, swallowing disorders are often present in persons with dementia. SLPs have a primary role in the screening, assessment, diagnosis, treatment, and research of swallowing disorders associated with dementia; however, a discussion of these responsibilities is beyond the scope of this document. A thorough discussion about the role of the SLP in working with individuals with swallowing and feeding disorders, including those associated with dementia, can be found in a number of ASHA policy documents (ASHA, 2001, 2002a, 2002b).

Roles

SLPs are knowledgeable about normal and abnormal neurological functioning and related aspects of communication. Their educational background and clinical training prepares them to serve a number of roles related to communication and dementia. These include, but are not limited to, the following:

1. *Identification*: identifying persons at risk for dementia, taking into account the incidence and prevalence of dementia in different culturally and linguistically diverse populations
2. *Assessment*: selecting and administering clinically, culturally, and linguistically appropriate approaches to diagnosis and assessment of cognitive-communication disorders of dementia across the course of the underlying disease complex
3. *Intervention*: selecting and administering clinically, culturally, and linguistically appropriate evidence-based practice techniques for direct intervention with persons with dementia and indirect intervention through their caregivers and environmental modifications

Ethical Considerations

4. *Counseling*: providing culturally and linguistically appropriate counseling for individuals with dementia and their significant others and caregivers about the nature of their dementia and its course
5. *Collaboration*: collaborating with individuals with dementia and personal and professional caregivers to develop intervention plans for maintaining cognitive-communication and functional abilities at the highest level throughout the underlying disease course
6. *Case Management*: serving as a case manager, coordinator, or team leader to ensure appropriate and timely delivery of a comprehensive management plan
7. *Education*: developing curricula and educating, supervising, and mentoring future SLPs in research, assessment, diagnosis, and treatment of cognitive-communication problems associated with dementia; educating families, caregivers, other professionals, and the public regarding the communication needs of individuals with dementia
8. *Advocacy*: advocating for services for individuals with dementia; serving as an expert witness
9. *Research*: advancing the knowledge base of cognitive-communication problems in the dementias and their treatment through research

Most common dementia-associated diseases are progressive in nature, and SLPs have an ethical responsibility to provide appropriate services that will benefit the individual and maximize cognitive-communication functioning at all stages of the disease process. Principle of Ethics II, Rule B of the ASHA Code of Ethics (ASHA, 2003) states, "Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience." SLPs must ensure that they maintain their knowledge and skills about cognitive-communication disorders, including those associated with dementia, to fulfill the aforementioned roles.

References

- American Speech-Language-Hearing Association. (2001). Roles of speech-language pathologists in swallowing and feeding disorders: Technical report. *ASHA 2002 Desk Reference*, 3, 181-199.
- American Speech-Language-Hearing Association. (2002a). Knowledge and skills needed by speech-language pathologists providing services to individuals with swallowing and feeding disorders. *ASHA Supplement 22*, 81-88.
- American Speech-Language-Hearing Association. (2002b). Roles of speech-language pathologists in swallowing and feeding disorders: Position statement. *ASHA Supplement 22*, 73.
- American Speech-Language-Hearing Association. (2003). Code of ethics (Revised). *ASHA Supplement 23*, 13-15.
- Hebert, L. E., Scherr, P. A., Bienias, J. L., Bennett, D. A., & Evans, D. A. (2003). Alzheimer disease in the U. S. population: Prevalence estimates using the 2000 Census. *Archives of Neurology*, 60(8), 1119-1122.
- Kinsella, K., & Phillips, D. R. (2005). Global aging: The challenge of success. *Population Bulletin*, 60(1).