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Association

SPEECH-LANGUAGE PATHOLOGY ASSISTANT SCOPE OF PRACTICE

SPEECH-LANGUAGE PATHOLOGY ASSISTANT SCOPE OF PRACTICE AD HOC COMMITTEE

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ABOUT THIS DOCUMENT

This scope of practice for the speech-language pathology assistant (SLPA) was developed by the American Speech-Language-Hearing Association (ASHA) Speech-Language Pathology Assistant Scope of Practice ad hoc committee. It was approved by ASHA's Board of Directors (January 2013). Members of the committee were DeAnne Wellman Owre (chair), Diane L. Eger, Ashley Northam, Mary Jo Schill, Rosemary Scott, Monica Marruffo, and Lemmietta McNeilly (ex officio). Gail J. Richard, vice president for speech-language pathology practice, served as the monitoring vice president. The composition of the ad hoc committee included ASHA-certified speech-language pathologists with specific knowledge and experience working with support personnel in clinical practice in schools, health care, and/or private practice, as well as two members who have served on the ASHA Board of Ethics (Diane L. Eger and Mary Jo Schill).

The document is intended to provide guidance for SLPAs and their supervisors regarding ethical considerations related to the SLPA practice parameters. The document addresses how SLPAs should be utilized and what specific responsibilities are within and outside their roles of clinical practice. Given that standards, licensure, and practice issues vary from state to state, this document delineates ASHA's policy for the use of SLPAs.

DEDICATION

In loving memory of Lisa Cabiale O'Connor (1937–2012), whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of SLPAs within the ASHA structure.

EXECUTIVE SUMMARY

This scope of practice presents a model for the training, use, and supervision of support personnel in speech-language pathology. Support personnel in speech-language pathology, or speech-language pathology assistants (SLPAs), perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists (SLPs). Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be performed successfully by individuals other than SLPs if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or licensed SLPs. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to SLPAs should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. The utilization of evidence and ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

This scope of practice specifies the qualifications and responsibilities for an SLPA and indicates the tasks that are the exclusive responsibilities of the SLP. Additionally, the document provides guidance regarding ethical considerations when support personnel provide clinical services and outlines the supervisory responsibilities of the supervising SLP.

Speech-Language Pathology Assistant Scope of Practice

INTRODUCTION

The SLPA scope of practice provides information regarding the training, use, and supervision of assistants in speech-language pathology that was established by the American-Speech-Language-Hearing Association to be applicable in a variety of work settings. Training for SLPAs should be based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in professional settings (e.g., hospitals and schools).

ASHA has established an associate affiliation program for support personnel in speech-language pathology and audiology. Individuals who are working in this capacity under the direct supervision of ASHA-certified SLPs or audiologists are eligible for this category of affiliation with ASHA.

ASHA has addressed the topic of support personnel in speech-language pathology since the 1960s. In 1967, the Executive Board of ASHA established the Committee on Supportive Personnel and in 1969 the document *Guidelines on the Role, Training and Supervision of the Communicative Aide* was approved by the Legislative Council (LC). In the 1990s, several entities—including committees, a task force, and a consensus panel—were established and the LC passed a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for SLPA programs, and in 2003 a registration process for SLPAs was established. Both were discontinued by vote of the LC because of fiscal concerns. In 2004, a position statement on the training, use, and supervision of support personnel in speech-language pathology was passed by the LC. Since then, the number of SLPAs has increased primarily in schools and private practice settings. Specific guidance from ASHA continues to be requested by ASHA members in many states.

This document does not supersede federal legislation and regulation requirements or any existing state licensure laws, nor does it affect the interpretation or implementation of such laws. The document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

STATEMENT OF PURPOSE

The purpose of this document is to define what is within and outside the scope of responsibilities for SLPAs who work under the supervision of properly credentialed SLPs. The following aspects are addressed:

- a. parameters for education and professional development for SLPAs;
- b. SLPAs' responsibilities within and outside the scope of practice;
- c. examples of practice settings;
- d. information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding services SLPAs perform;
- e. information regarding the ethical and liability considerations for the supervising SLP and the SLPA;
- f. supervisory requirements for the SLP and the SLPA.

QUALIFICATIONS FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

MINIMUM RECOMMENDED QUALIFICATIONS FOR A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

An SLPA must complete an approved course of academic study, field work under the supervision of an ASHA-certified and/or licensed SLP, and on-the-job training specific to SLPA responsibilities and workplace behaviors.

The academic course of study must include or be equivalent to

- a. an associate's degree in an SLPA program
or
a bachelor's degree in a speech-language pathology or communication disorders program
and
- b. successful completion of a minimum of one hundred (100) hours of supervised field work experience or its clinical experience equivalent
and
- c. demonstration of competency in the skills required of an SLPA.

EXPECTATIONS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

- a. Seek employment only in settings in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified and/or licensed SLP.
- b. Adhere to the responsibilities for SLPAs specified in this document and refrain from performing tasks or activities that are the sole responsibility of the SLP.
- c. Perform only those tasks prescribed by the supervising SLP.
- d. Adhere to all applicable state licensure laws and rules regulating the practice of speech-language pathology, such as those requiring licensure or registration of support personnel.
- e. Conduct oneself ethically within the scope of practice and responsibilities for an SLPA.
- f. Actively participate with the SLP in the supervisory process.
- g. Consider securing liability insurance.
- h. Actively pursue continuing education and professional development activities.

RESPONSIBILITIES WITHIN THE SCOPE FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

The supervising SLP retains full legal and ethical responsibility for the students, patients, and clients he or she serves but may delegate specific tasks to the SLPA. The SLPA may execute specific components of a speech and language program as specified in treatment plans developed by the SLP. Goals and objectives listed on the treatment plan and implemented by the SLPA are only those within their scope of responsibilities and are tasks the SLP has determined the SLPA has the training and skill to perform. The SLP must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the assistant. Under no circumstances should use of the ASHA Code of Ethics or the

quality of services provided be diluted or circumvented by the use of an SLPA. Again, the use of an SLPA is optional, and an SLPA should be used only when appropriate.

Provided that the training, supervision, and planning are appropriate, tasks in the following areas of focus may be delegated to an SLPA.

SERVICE DELIVERY

- a. Self-identify as SLPAs to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
- b. Exhibit compliance with The Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and SLPAs' responsibilities.
- c. Assist the SLP with speech, language, and hearing screenings **without** clinical interpretation.
- d. Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation
- e. Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation; refer to *Issues in Ethics: Cultural and Linguistic Competence* (ASHA 2017).
- f. Follow documented treatment plans or protocols developed by the supervising SLP.
- g. Provide guidance and treatment via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model.
- h. Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP.
- i. Program and provide instruction in the use of augmentative and alternative communication devices.
- j. Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP.
- k. Serve as interpreter for patients/clients/students and families who do not speak English.
- l. Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners.

ADMINISTRATIVE SUPPORT

- a. Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the SLP.
- b. Perform checks and maintenance of equipment.
- c. Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies and equipment).

PREVENTION AND ADVOCACY

- a. Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities.

- b. Advocate 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.
- c. Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders.
- d. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding.
- e. Support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs.
- f. Participate actively in professional organizations.

RESPONSIBILITIES OUTSIDE THE SCOPE FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

There is potential for misuse of an SLPA, particularly when responsibilities are delegated by administrative or nonclinical staff without the approval of the supervising SLP. It is highly recommended that the *ASHA Speech-Language Pathology Assistant Scope of Practice* (ASHA, 2013) and the *ASHA Code of Ethics* (ASHA, 2016) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication or related disorder and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that he or she is receiving services from an SLPA under the supervision of an SLP.

The SLPA should NOT engage in the following:

- a. represent himself or herself as an SLP;
- b. perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;
- c. perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging and oral pharyngeal swallow therapy with bolus material);
- d. tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;
- e. participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
- f. provide interpretative information to the student/patient/client, family, or others regarding the patient/client status or service;
- g. write, develop, or modify a student's, patient's, or client's treatment plan in any way;
- h. assist with students, patients, or clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
- i. sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the SLPA **should** sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);
- j. select students, patients, or clients for service;
- k. discharge a student, patient, or client from services;
- l. make referrals for additional service;

- m. disclose clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPAA and FERPA guidelines) unless mandated by law;
- n. develop or determine the swallowing strategies or precautions for patients, family, or staff;
- o. treat medically fragile students/patients/clients independently;
- p. design or select augmentative and alternative communication systems or devices.

PRACTICE SETTINGS

Under the specified guidance and supervision of an ASHA-certified SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

- a. public, private, and charter elementary and secondary schools;
- b. early intervention settings, preschools, and day care settings;
- c. hospitals (in- and outpatient);
- d. residential health care settings (e.g., long-term care and skilled nursing facilities);
- e. nonresidential health care settings (e.g., home health agencies, adult day care settings, clinics);
- f. private practice settings;
- g. university/college clinics;
- h. research facilities;
- i. corporate and industrial settings;
- j. student/patient/client's residences.

ETHICAL CONSIDERATIONS

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. The *ASHA Code of Ethics* (ASHA, 2016) sets forth the fundamental principles and rules considered essential to this purpose. The code applies to every individual who is (a) a member of ASHA, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

Although some SLPAs may choose to affiliate with ASHA as associates, the Code of Ethics does not directly apply to associates. However, any individual who is working in a support role (technician, aide, assistant) under the supervision of an SLP or speech scientist must be knowledgeable about the provisions of the code. It is imperative that the supervising professional and the assistant behave in a manner that is consistent with the principles and rules outlined in the ASHA Code of Ethics. Because the ethical responsibility for patient care or for subjects in research studies cannot be delegated, the SLP or speech scientist takes overall responsibility for the actions of the assistants when they are performing assigned duties. If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in violation of the code if adequate oversight has not been provided.

The following principles and rules of the ASHA Code of Ethics specifically address issues that are pertinent when an SLP supervises support personnel in the provision of services or when conducting research.

Principle of Ethics I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Guidance:

The supervising SLP remains responsible for the care and well-being of the client or research subject. If the supervisor fails to intervene when the assistant's behavior puts the client or subject at risk or when services or procedures are implemented inappropriately, the supervisor could be in violation of the Code of Ethics.

Principle of Ethics I, Rule of Ethics A: Individuals shall provide all clinical services and scientific activities competently.

Guidance:

The supervising SLP must ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently. If the supervisor fails to intervene or correct the actions of the assistant as needed, this could be a violation of the Code of Ethics.

Principle of Ethics I, Rule of Ethics D: Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

Guidance:

The supervising SLP must ensure that clients and subjects are informed of the title and qualifications of the assistant. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the clients or subjects and not rely on the individual to inquire about or ask directly for this information. Any misrepresentation of the assistant's qualifications or role could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule of Ethics E: Rule of Ethics E: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

Guidance:

The supervising SLP is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The SLP should document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics is not violated.

Principle of Ethics I, Rule of Ethics F: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Guidance:

The supervising SLP is responsible for monitoring and limiting the role of the assistant as described in these guidelines and in accordance with applicable licensure laws.

Principle of Ethics II: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Principle of Ethics II, Rule of Ethics A: Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

Guidance:

The supervising SLP is responsible for ensuring that he or she has the skills and competencies needed in order to provide appropriate supervision. This may include seeking continuing education in the area of supervision practice.

Principle of Ethics II, Rule of Ethics E: Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

Guidance:

The supervising SLP must ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws. If the assistant exceeds the practice role that has been defined for him or her, and the supervisor fails to correct this, the supervisor could be found in violation of the Code of Ethics.

Principle of Ethics IV: Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Principle of Ethics IV, Rule of Ethics I: Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

Guidance:

Because the assistant provides services as “an extension” of those provided by the professional, the SLP is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant. Failure to do so could result in the SLP's being found in violation of the Code.

LIABILITY ISSUES

Individuals who engage in the delivery of services to persons with communication disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, liability insurance is recommended as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in

practicum/fieldwork. Checking for liability insurance coverage is the responsibility of the SLPA and needs to be done prior to providing services.

SPEECH-LANGUAGE PATHOLOGIST'S SUPERVISORY ROLE

QUALIFICATIONS FOR A SUPERVISING SPEECH-LANGUAGE PATHOLOGIST

Minimum qualifications for an SLP who will supervise an SLPA include

- a. current ASHA certification and/or state licensure,
- b. completion of at least 2 years of practice following ASHA certification,
- c. completion of an academic course or at least 10 hours of continuing education credits in the area of supervision, completed prior to or concurrent with the first SLPA supervision experience.

ADDITIONAL EXPECTATIONS OF THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST

- a. Conduct ongoing competency evaluations of the SLPAs.
- b. Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills and needs of the students, patients, or clients served.
- c. Develop, review, and modify treatment plans for students, patients, and clients that SLPAs implement under the supervision of the SLP.
- d. Make all case management decisions.
- e. Adhere to the supervisory responsibilities for SLPs.
- f. Retain the legal and ethical responsibility for all students, patients, and clients served.
- g. Adhere to the principles and rules of the ASHA Code of Ethics.
- h. Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology.

GUIDELINES FOR SLP SUPERVISION OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

It is the SLP's responsibility to design and implement a supervision system that protects the students', patients', and clients' care and maintains the highest possible standards of quality. The amount and type of supervision should meet the minimum requirements and be increased as needed based on the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; the needs of students, patients, and clients served; the service setting; the tasks assigned; and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and interact in a professional manner.

As the supervisory responsibility of the SLP increases, overall responsibilities will change because the SLP is responsible for the students, patients, and clients as well as for supervision of the SLPA. Therefore, adequate time for direct and indirect supervision of the SLPA(s) and caseload management must be allotted as a critical part of the SLP's workload. The purpose of the assistant level position is not to

significantly increase the caseload size for SLPs. Assistants should be used to deliver services to individuals on the SLP's caseload. Under no circumstances should an assistant have his or her own caseload.

Diagnosis and treatment for the students, patients, and clients served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the students, patients, and clients. The supervising SLP is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

The supervising SLP must

- a. hold a Certificate of Clinical Competence in Speech-Language Pathology from ASHA and/or a state licensure (where applicable),
- b. have an active interest in use of and desire to use support personnel,
- c. have practiced speech-language pathology for at least 2 years following ASHA certification,
- d. have completed or be currently enrolled in at least one course or workshop in supervision for at least 1.0 CEUs (10 clock hours).

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible.

SLP TO SLPA RATIO

Although more than one SLP may provide supervision of an SLPA, an SLP should **not** supervise or be listed as a supervisor for more than two full-time equivalent (FTE) SLPAs in any setting or combination thereof. The supervising SLP should assist in determining the appropriate number of assistants who can be managed within his or her workload. When multiple supervisors are used, it is critical that the supervisors coordinate and communicate with each other so that minimum supervisory requirements are met and that the quality of services is maintained.

MINIMUM REQUIREMENTS FOR THE FREQUENCY AND AMOUNT OF SUPERVISION

First 90 workdays: A total of at least 30% supervision, including at least 20% direct and 10% indirect supervision, is required weekly. Direct supervision of student, patient, and client care should be no less than 20% of the actual student, patient, and client contact time weekly for each SLPA. This ensures that the supervisor will have direct contact time with the SLPA as well as with the student, patient, or client. During each week, data on every student, patient, and client seen by the SLPA should be reviewed by the supervisor. In addition, the direct supervision should be scheduled so that all students, patients, and clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all students, patients, and clients receive some direct contact with the SLP **at least once every 2 weeks**.

After first 90 workdays: The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders.

Minimum ongoing supervision must always include documentation of direct supervision provided by the SLP to each student, patient, or client **at least every 60 calendar days**.

A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.

Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.

Further, 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan that ensures the highest standard of quality care can be maintained for students, patients, and clients. The amount and type of supervision required should be consistent with the skills and experience of the SLPA; the needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and regulations that govern SLPAs. Treatment of the student, patient, or client remains the responsibility of the supervisor.

Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed by the assistant. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, because this allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing a taped session at a later time.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of assigned treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient, client, or student during presentation and application of assigned therapeutic procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication in real time while the SLPA is providing services. Indirect supervisory activities may include demonstration tapes, record review, review and evaluation of audio- or videotaped sessions, and/or supervisory conferences that may be conducted by telephone and/or live, secure webcam via the Internet. The SLP will review each treatment plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, phone, pager, or other immediate or electronic means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence and (b) make other arrangements for the SLPA's supervision of services while the SLP is unavailable or (c) inform the clients/student/patients that services will be rescheduled.

CONCLUSION

It is the intent of this document to provide guidance for the use of speech-language pathology assistants in appropriate settings, thereby increasing access to timely and efficient speech-language services. It is the responsibility of the supervising speech-language pathologists to stay abreast of current guidelines and to ensure the quality of services rendered.

DEFINITIONS

Accountability: Accountability refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

Direct Supervision: Direct supervision means on-site, in-view observation and guidance by an SLP while an assigned activity is performed by support personnel. Direct supervision performed by the supervising SLP may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g., general and telesupervision). The SLP can view and communicate with the patient and SLPA live viareal time telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a taped session later.

Indirect Supervision: Indirect supervision means the supervising SLP is not at the same facility or in close proximity to the SLPA, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, record review, review and evaluation of audio or videotaped sessions, and interactive television and supervisory conferences that may be conducted by telephone, e-mail, or live webcam.

Interpretation: Summarizing, integrating, and using data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

Medically Fragile: A term used to describe an individual who is acutely ill and in an unstable condition. If such an individual is treated by an SLPA, 100% direct supervision by an SLP is required.

Screening: A pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

Speech-Language Pathology Aides/Technician: Aides or technicians are individuals who have completed on-the-job training, workshops, and so forth and work under the direct supervision of ASHA-certified SLPs.

Speech-Language Pathology Assistant: Individuals who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

Supervising Speech-Language Pathologist: An SLP who is certified by ASHA and has been practicing for at least 2 years following ASHA certification, has completed not less than ten(10) hours of continuing professional development in supervision training prior to supervision of an SLPA, and who is licensed and/or credentialed by the state (where applicable).

Supervision: The provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

Support Personnel: Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. Support personnel include SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel.

Telepractice: This refers to the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation.

Telesupervision: The SLP can view and communicate with the patient and SLPA in real time via Skype, webcam, and similar devices and services to supervise the SLPA, providing the opportunity for the SLP to give immediate feedback. This does not include reviewing a taped session later.

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