

ALTERNATIVE APPROACHES TO INTERVENTION

Position Statement

Members are required to offer intervention that is in the best interests of the patients/clients. Members recommending novel, alternative or less commonly accepted approaches to intervention must ensure compliance with all relevant CASLPO requirements.

ASSUMPTIONS

1. CASLPO members are required to offer their services in the best interests of their patients/clients. In providing services to the public, members are guided by the Code of Ethics.

Principle 1

The primary ethical obligation of audiologists and speech-language pathologists is to practise their skills for the benefit of their patients/clients.

Principle 2

In the pursuit of patient-client benefit, audiologists and speech-language pathologists have an ethical obligation to respect patients/clients as persons.

Professional Constraints on Practice

Audiologists and Speech-Language Pathologists:

- 2.2 will practice within the limits of their competence as determined by their education, training and professional experience;
- 2.7 will exercise independent professional judgement before implementing professional service/prescription;

2. CASLPO members are also required to maintain professional standards, as described in the Professional Misconduct Regulation.

1. The following are acts or professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

(2) failing to maintain a standard of practice of the profession.

3. Informed consent from patients/clients is of critical importance when recommending less commonly utilized practices. The *Health Care Consent Act* stipulates what information is to be provided to patients/clients in obtaining their informed consent for intervention as listed below:

- The nature of the treatment
- The expected benefits of the treatment
- The material risks of the treatment
- The material side effects of the treatment
- Alternative courses of action
- The likely consequences of not having the treatment



BACKGROUND

The body of knowledge that is available to speech-language pathologists and audiologists grows rapidly. Members continue to expand their knowledge and skills and to integrate new methods and approaches into the intervention offered to patients/clients. This position statement was developed to guide CASLPO members considering novel, alternative or less generally accepted approaches to intervention.

GUIDING PRINCIPLES

CASLPO members are expected to utilize valid evidence-based intervention approaches. A set of generally accepted practices in assessment and treatment of patients/clients with communication and swallowing disorders exists in the fields of speech-language pathology and audiology. Approaches, methods and procedures that are evidence-based or have been discussed in peer-reviewed journals may also fulfill the criteria of acceptability and validity. Members are expected to utilize professional judgment in selecting amongst intervention methods.

2. The professions of speech-language pathology and audiology continue to evolve and acquire new knowledge, which is then integrated into current intervention approaches. When considering the use of novel, alternative or less commonly accepted intervention practices and methods, members should understand the rationale underlying the approach and review their rationale for selecting the approach, including a consideration of what evidence exists for the approach's efficacy. Members should also ensure that any novel or alternative approach addresses a communication or swallowing disorder and falls within the scope of practice of their profession. Members should also ensure they have the necessary competencies to provide the intervention.
3. When obtaining informed consent for any intervention approach, CASLPO members are required to discuss the required elements of information with patients/clients. When recommending the use of less generally accepted intervention methods, members are expected to inform patients/clients of the novel or alternative nature of the approach and their rationale for recommending its use. Members may also refer to CASLPO's Position Statement on Facilitated Communication. Members must also ensure that they fully discuss with patients/clients all elements required for informed consent, particularly the available alternatives. Members are also encouraged to offer to patients/clients written documentation discussing the recommended intervention method.
4. CASLPO encourages its members to participate in research and clinical work to develop evidence-based intervention methods to enhance the communication and swallowing skills of patients/clients. Speech-language pathologists and audiologists are autonomous professionals who are responsible for evaluating all intervention approaches in order to practice their skills for the benefit of their patients/clients. Members are also encouraged to collaborate in the collection of information that may assist in determining the efficacy of less generally utilized or accepted intervention methods and approaches.

CONCLUSION

CASLPO members are required to offer intervention that is in the best interests of the patients/clients. In selecting amongst various approaches to intervention, members must ensure compliance with all relevant CASLPO requirements.

RESOURCES

College of Audiologists and Speech-Language Pathologists of Ontario. Code of Ethics, May 1996.

Ontario Regulation 749/93: Professional Misconduct, made under the *Audiology and Speech-Language Pathology Act, 1991*.

College of Audiologists and Speech-Language Pathologists of Ontario. Health Care Consent Act: A Guide for Audiologists and Speech-Language Pathologists, September 1996.

College of Audiologists and Speech-Language Pathologists of Ontario. Revised Position Statement Facilitated Communication, May 1996.

College of Chiropractors of Ontario. Experimental Techniques, Technologies, Devices or Procedures, January 1998.

College of Psychologists of Ontario, Standards of Professional Conduct

College of Physicians and Surgeons of Ontario, Policies: Complementary Medicine, February 2000