



College of Audiologists and  
Speech-Language Pathologists of Ontario

Ordre des Audiologistes et  
des Orthophonistes de l'Ontario

# PRACTICE STANDARDS AND GUIDELINES FOR THE ASSESSMENT OF ADULTS BY SPEECH-LANGUAGE PATHOLOGISTS

5060-3080 Yonge Street, Box 71  
Toronto, Ontario M4N 3N1  
416-975-5347 1-800-993-9459  
[www.caslpo.com](http://www.caslpo.com)

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## A) PREAMBLE

[Practice Standards](#) and [Guidelines \(PSGs\)](#) are necessary to ensure quality services to adults in Ontario who require speech-language pathology screening and/or assessment. These screening and assessment components are important to the provision of quality services.

It is the intent of this PSG document to provide SLPs in Ontario with an overview of the screening and assessment processes and to outline some of the knowledge necessary to make responsible decisions regarding these services.

This PSG is meant to be used as a decision-making framework. It is not intended to be a tutorial or to provide SLPs with all the information required to provide screening and assessment to adults. SLPs are ethically responsible to ensure competence in performing screening and assessment and to ensure that any risk of harm is minimized during the provision of these services. It is essential that SLPs have the necessary expertise and resources to perform screening and assessment procedures for the adults they serve.

This PSG incorporates both “must” and “should” statements. In PSGs, “must” statements establish *standards that members must always follow*. In some cases, “must” statements have been established in legislation and/or CASLPO documents.

Other “must” statements describe standards that are established for the first time in these PSGs. In PSGs, “should” statements establish *guidelines that members should follow to the greatest extent possible*. SLPs must exercise professional judgment, taking into account the environment(s) and the needs of the adult when considering deviating from these guidelines. SLPs must be prepared to fully explain any departure from the guidelines.

## B) DEFINITION OF SERVICE

This PSG focuses on adults who require speech-language pathology screening/assessment for communication and/or swallowing disorders, based on their communication, cognition, educational, vocational, social, health and/or emotional needs.

For the purpose of these PSGs, "adult" has been defined as a person 18 years of age and over. It is recognized however that in some situations, these PSGs may apply to individuals below the age of 18.

A communication disorder is an impairment in the ability to receive, comprehend and send verbal, non-verbal and graphic symbol messages.

A communication disorder may:

- be evident in the processes of hearing, language, speech and/or cognition
- range in severity from mild to profound
- be developmental or acquired.

Individuals may demonstrate one or any combination of communication disorders which may result in a primary disability or may be secondary to other disabilities.

Skills in effective communication are necessary to function successfully in society. Communication difficulties can have a significant effect on self-esteem, confidence, relationships, vocational aspirations, education and health, as well as family, workplace, and community participation.

### 1. Adult communication disorders include:

- **Language Disorder** - Difficulty in formulating, expressing and/or understanding language in any modality.
- **Cognitive-Communication Disorder** - Difficulty with communication related to cognitive deficits
- **Speech Disorder** - A speech pattern that is mildly to severely impaired or unintelligible due to misarticulation of speech sounds and/or dysprosody.
- **Fluency Disorder** - A disorder of speech production in which the natural flow of speech is disrupted by involuntary repetition of sounds, syllables or words, sound prolongations, blocks and/or pauses.
- **Voice Disorder** - An abnormality of one or more of the three characteristics of voice: pitch, intensity and quality.
- **Resonance Disorder** - A dysfunction in the coupling of the nasopharyngeal cavities affecting verbal communication.
- **Hearing Disorder** - An impairment in the auditory system affecting the perception or hearing of sounds in the environment, including conversation.

### 2. **Dysphagia**

Dysphagia (swallowing disorder) is defined as "an impairment or disorder of the process of deglutition affecting the oral, pharyngeal and/or oesophageal phases of swallowing." Difficulties may range from mild to severe and include non-oral feeding.

## C) SCOPE OF PRACTICE

[The Audiology and Speech-Language Pathology Act, 1991](#), states: "The practice of speech-language pathology is the assessment of speech and language functions and the treatment and prevention of speech and language dysfunctions or disorders to develop, maintain, rehabilitate or augment oral motor or communicative functions." Although reading, writing, and pragmatics are not specifically stated within the scope of practice, they are implied by the terms "language functions" and "communicative functions." Cognitive-communication is also a well-defined and internationally accepted area of practice within the field of speech-language pathology. Similarly, although dysphagia is not specifically stated within the scope of practice statement in the [Audiology and Speech-language Pathology Act](#), its inclusion is implied by the term "oral motor functions."

As stated in CASLPO's [Code of Ethics](#), members "will practice within the limits of their competence as determined by their education, training, and professional experience." An individual SLP's scope of practice with regard to these PSGs may vary based on this statement.

As well as providing screening/assessment, SLPs may act as a resource for adults, their family members, and other significant individuals in the adult's life. This may involve educating healthcare colleagues and the public regarding communication and swallowing disorders and promoting awareness of processes to access speech-language pathology services.

## D) RESOURCE REQUIREMENTS

Guide

D.1

SLPs should ensure that the physical environment is appropriate for the procedure

SLPs should ensure that the physical environments are appropriate for the screening/assessment procedures involved, including a quiet environment where privacy is ensured. It is acknowledged that environments for screening/assessment will be dictated by workplace limitations, space constraints, time limitations, organizational policies and a number of other factors. To the greatest extent possible, the environment where the screening/assessment is conducted should be appropriate with regard to the procedures.



Standard

D.1

SLPs must ensure that all equipment (including clinical tools, assessment and therapy materials) is in proper working order and calibrated as required.

For some interventions, specialized equipment will be necessary. Equipment must be maintained according to manufacturers' specifications and recommendations.

SLPs must ensure that all equipment used is disinfected/sanitized in accordance with the [Infection Prevention and Control Guidelines for Speech-Language Pathology](#) and calibrated for proper working order, as required in CASLPO's '[Code of Ethics](#)' (1996).



Standard

D.2

SLPs must ensure that records are securely stored.

Records must be stored securely in accordance with CASLPO's *current* [Proposed Regulation for Records](#) and any other relevant legislation, such as the [Personal Health Information Protection Act, 2004](#).

## E) RISK MANAGEMENT DETERMINATION



Standard

E.1

SLPs must conduct a risk management determination.

SLPs must take steps to minimize any risks associated with the screening/assessment. These risks include but may not be limited to:

- Any risks of physical, emotional or social harm to the adult resulting from the screening/assessment.
- The risk of incorrectly conducting the screening/assessment and identifying a disorder that is not present resulting, for example, in unnecessary concern for the adult.
- The risk of incorrectly conducting the screening/assessment and not identifying a delay or disorder that is present, resulting in social/educational/vocational consequences associated with untreated communication and/or swallowing disorders.
- Risks associated with not performing the screening/assessment may result in an untreated disorder.

## F) COMPETENCIES



Standard

F.1

SLPs must practice within the limits of their competence for screening/assessment.

When providing services, SLPs must practice within the limits of their competence “as determined by their education, training and professional experience” as indicated in the [Code of Ethics](#). Further details are available in the scope of practice section of this PSG.

Screening may be conducted by support personnel without interpretation beyond pass/fail status. However, this PSG document refers to SLPs and their administration of screening measures.



Standard

F.2

SLPs must ensure that they have the required competencies for the services provided.

SLPs must ensure they have the required competencies for the services provided.

Competencies required for screening/assessment of adults with communication and/or swallowing disorders include:

### SCREENING AND ASSESSMENT

- 1.1 Demonstrates knowledge of normal and disordered speech, language, swallowing and hearing.
- 1.2 Demonstrates knowledge of neuroanatomy and physiology and the anatomy and physiology of speech, language, cognitive, hearing and swallowing mechanisms.
- 1.3 Demonstrates knowledge of medical, psychological and/or environmental conditions that would impact on speech, language, cognitive, hearing and swallowing function.
- 1.4 Demonstrates knowledge and skills required to select appropriate screening measures, according to all relevant factors such as the adult’s chronological age, cognition, education, cultural/ethnic, social and linguistic background and the requirements of the specific screening situation, to administer the screening measures, to interpret the results to identify those adults most likely to have



speech, language, communication, cognitive and/or swallowing disorder(s), and to recommend further intervention(s).

- 1.5 Demonstrates appropriate selection, administration and interpretation of assessment procedures in order to identify the presence, nature and functional implications of communication and/or swallowing disorders in adults assessed, including:
1. Skills to obtain sufficient background information pertinent to the assessment of adults.
  2. Skills to obtain, analyze and integrate the results of interventions from others, when possible and with appropriate consent,
  3. Knowledge of current materials and approaches appropriate to the adult's chronological age, cognition, gender, education, cultural/ethnic, social and linguistic background and the requirements of the specific assessment situation.
  4. Skills to select and administer appropriate standardized assessment procedures.
  5. Skills to select and administer appropriate non-standardized assessment procedures, including knowledge of the limitations and appropriate uses of these types of procedures.
  6. Skills to interpret the results of standardized and non-standardized assessment procedures.
  7. Skills to determine the significance and implications of [\*cultural and linguistic differences\*](#).
  8. Skills to determine the significance and implications of atypical findings of assessment including the functional, social, vocational and psychosocial impact.
  9. Knowledge of appropriate follow-up options based on interpretation of assessment results.
  10. Skills to formulate recommendations and negotiate client centred goals for intervention to support communication and/or swallowing functions. Organizational policies and procedures may impact on the interventions that can be provided. Where this occurs, it must be documented in the adult's record.
  11. Knowledge of referral procedures when recommending further intervention by other health care professionals.
  12. Skills to communicate assessment findings to family members, SDMs, caregivers, health care providers, employers and others.
  13. Skills to discuss follow-up options with the adult and appropriate individuals within the adult's life, including family members, SDMs, caregivers and others.
  14. Skills to evaluate and measure outcomes of assessment services that are evidence- based using current and evidenced-based research methodology.
- 1.6 Demonstrates knowledge of roles and responsibilities of other professionals who are involved in identification of speech, language, cognitive, communication and/or swallowing disorders.
- 1.7 Demonstrates knowledge and skills required to supervise support personnel, as outlined in the CASLPO Position Statement on the [\*Use of Support Personnel by Speech-Language Pathologists \(2017\)\*](#).

- 1.8 Demonstrates knowledge of the roles and responsibilities of other professionals and of how and when to recommend the involvement of other professionals or a team approach in providing a comprehensive assessment.
- 1.9 Demonstrates continued acquisition of knowledge and skills necessary to provide high quality assessment of communication and/or swallowing disorders.
- Knowledge of current literature and research in the area of assessment of communication and/or swallowing disorders in adults.
  - Knowledge of current assessment approaches.
  - Ability to apply the knowledge described above to service provision.

# G) PROCEDURES

□

The following are the fundamental components of screening/assessment of all communication and/or swallowing disorders.

## 1. SCREENING

### Purpose of Screening

- To identify adults who may have communication and/or swallowing disorders. Screening is only used to determine the need for a speech-language pathology assessment. Screening results cannot be used for treatment planning.

### Role of Support Personnel

- Support personnel, when supervised by a SLP, may perform specific pass/refer screening procedures, in accordance with CASLPO's Position Statement ["Use of Support Personnel by Speech-Language Pathologists"](#)

### Procedural Elements

- Screening includes one or more of the areas of communication and/or swallowing function, including but not limited to articulation/phonology, apraxia, aphasia, dysarthria, oral-motor function, voice, fluency, language, cognition, swallowing and hearing.
- Procedures may be developed to screen identified communication and/or swallowing functions. Screening may be a component of an assessment when mandates require it.
- Screening should include, although may not be limited to the adult's chosen communication mode and linguistic system and in consideration of his or her cultural background and community.

#### Guide

### G.1

SLPs should report results to adult and/or SDM and, where appropriate, and to those in his/her Circle of Care when conducting a screening.

- Results of screening should be reported to the adult and/or SDM. Results should also be reported to family members, where appropriate, and with the adult and/or SDM's consent.



#### Standard

### G.1

SLPs must ensure when conducting a screening that the outcome is only one of either refer or pass.

Outcome must be one of the following:

- Recommendation for an in-depth communication and/or swallowing assessment in general or specific areas.
- No further services or assessment required at this time. Screening may also result in recommendations for assessments or services in areas other than speech-language pathology, including, but not limited to, audiology, occupational therapy, social work or dietitian services.

## 2. ASSESSMENT

### Purpose of Assessment

- Assessment is conducted to determine the adult’s speech, language, cognition, communication and/or swallowing status.
- Assessment is prompted by a referral, a request, or a “refer” screening result.

### Role of Support Personnel

- Support personnel may assist SLPs in assessment administration with appropriate supervision and in accordance with CASLPO’s Position Statement “[Use of Support Personnel by Speech-Language Pathologists](#)” (2017).

### Procedural Elements



Standard  
G.2

SLPs must ensure that the assessment as defined in this PSG is sufficient to make recommendations for follow-up or to indicate that no follow-up is required.

- Assessment may be completed in one session or require observation/assessment over time or in different environments. Although continuing intervention may result in ongoing assessment over time, the initial assessment as defined in these PSGs must be sufficient to make recommendations for follow-up or to indicate that no follow-up is required.

Guide

G.2

SLPs should include the adult’s chosen communication mode and linguistic system when conducting an assessment.

Assessment should include, but not be limited to, the adult’s chosen communication mode and linguistic system.

SLPs must be aware of the factors that can potentially affect assessment including medical, psychological, pharmaceutical, cognitive factors and socio-cultural factors. SLPs must incorporate this knowledge into their assessment of adult communication and swallowing.

Guide

G.3

SLPs should use current and appropriate materials and approaches when conducting an assessment.

SLPs should use current materials and approaches that are appropriate to the adult's age, medical and psychological status, physical and sensory abilities, literacy skills, education, vocation, cognitive status and cultural/ethnic and social and linguistic background.

Guide

G.4

SLPs should report results to the adult and/or SDM and, where appropriate and, with consent, to family members when conducting an assessment.

Results of assessment should be reported to the adult and/or SDM and, where appropriate and with consent, to family members.



Standard

G.3

SLP assessments must be based on case history information, standardized assessment protocols when available, and informed professional judgement. Assessments must include identified areas of concerns, be patient and family centered, if appropriate, and include counselling.

Assessment must include:

- Obtaining a case history that provides sufficient background information, including a review of medical, educational, auditory, visual, fine/gross motor and/or cognitive (and others as appropriate) status as assessed by other professionals, as available.
- Assessment of the identified area(s) of communication/swallowing concerns that prompted the assessment, using the appropriate standardized and/or non-standardized procedures.
- Observation of areas of communication function, such as articulation/phonology, oral-motor function, voice, fluency, language, cognition, swallowing and hearing. Observation may be informal or formal and may indicate the need for formal assessment at a later date.
- Methodology based on sound professional judgment.
- Adult/SDM and family-centred approach addressing all appropriate communication contexts.
- Adult/SDM, caregiver and/or family counselling to address the nature of the communication or related disorder and its impact, recommended follow-up plan, and possible outcomes of the procedures. Counselling may take many forms and will be dependent on the situation and environment.

### 3. OUTCOME



Standard  
G.4

SLPs must ensure outcomes of an assessment include a description of strengths and needs and/or recommendations for a follow-up plan and the rationale.

- Description of characteristics, strengths and needs of speech, language, cognition, communication and/or swallowing,
- Recommendation for a follow-up plan, if required, along with the rationale for the follow-up plan.

### 4. DISCHARGE CRITERIA

An adult is discharged from the screening/assessment process when one or more of the following criteria are met:

The adult is discharged from the facility.

- The adult or SDM has the information that he or she requires.
- Consent for the assessment is withdrawn.
- The adult does not require SLP intervention.
- The SLP has the necessary information to determine the appropriate next steps.

Community resources such as support/consumer groups should also be considered for adult/SDM and family members to obtain additional information and support.

## H) GLOSSARY

### **Assessment**

Use of formal and/or informal measures by a SLP, in accordance with the member's scope of practice, to determine an adult's functioning in a variety of areas of functional communication and/or swallowing or hearing, resulting in specific treatment recommendations.

### **Circle of Care**

A term commonly used to describe the ability of health information custodians to assume an individual's implied consent to collect, use and disclose personal health information for the purposes of providing health care.<sup>6</sup>

### **Contexts**

The different environments in which patients/clients, their family members and other significant individuals may be communicating. Different contexts may affect communication and/or swallowing in different ways.

### **Adult and family centred**

This term refers to the collaboration with adult/SDM and his/her family/caregivers in the service provision. It is an approach that consciously adopts the adult/SDM's perspective about what matters to them.<sup>1</sup>

### **Intervention**

This includes any member or support personnel involvement in the provision of member services to patients/clients, including but not limited to screening, assessment, treatment, management and consultation.

### **Risk**

This includes physical, psychological/emotional (feeling uncomfortable, embarrassed, anxious or upset) and social (loss of status, reputation or privacy) risk.

### **Screening**

Screening is a process where a member applies certain measures that are designed to identify patients who may have a hearing, balance, communication, swallowing or similar disorder[s], for the sole purpose of determining the patient's need for a speech-language pathology assessment, an audiological assessment, or both. This does not include:

- a. Inadvertently noticing possible hearing, balance, communication, swallowing or similar disorder[s], or
- b. Considering information that is shared about an individual's possible hearing, balance, communication, swallowing or similar disorder[s], for the purpose of providing general educational information and/or recommending a referral for a speech-language pathology screening or assessment, an audiological screening or assessment, or both."

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<sup>1</sup> [\*Circle of Care: Sharing Personal Health Information for Health-Care Purposes \(2009\) Ann Cavoukian IPC\*](#)

<sup>7</sup> [\*Through the Patient's eyes \(1993\). Margaret Gertheis. Jossesy Bass, Ca.\*](#)

Interpretation and communication of the results of a screening are limited to advising the individual on whether or not there may be a need for a speech-language pathology assessment and/or an audiological assessment and must not be used for treatment planning.

**Substitute Decision Maker (SDM)**

This refers to a person who is authorized to give or refuse consent to assessment and/or treatment on behalf of an adult who is lacking in capacity to give informed consent.

**Treatment**

A goal-directed intervention designed to enhance the adult's communication and/or swallowing skills and function.