



RCASLPNB

Regulatory College of
Audiologists & Speech-
Language Pathologists of
New Brunswick

OAONB

Ordre des
audiologistes &
orthophonistes du
Nouveau-Brunswick

Best Practice for Concurrent Therapy

Concurrent Therapy Rationale

The provision of service delivery is changing in the field of speech-language pathology. The knowledge base has been increasing dramatically and it is becoming usual for speech-language pathologists (S-LPs) to gain expertise in specific areas. The practice of concurrent therapy may provide us with an opportunity, through collaboration, to provide services that best meet our clients' needs. This diversity of perspectives allows a depth and richness to the therapeutic process, which benefits the clients. Through concurrent therapy, services may be provided in a manner S-LPs would deem optimal. For example:

- It can allow sufficient time for direct therapy or group therapy;
- It can reduce wait times; and
- It can provide services to clients requesting service whose communication problems is designated low priority.

Concurrent therapy offers us the opportunity for an expanded knowledge base in delivering services, a solution to reductions in service availability, and a means to address the financial constraints for the clients requiring diverse services and/or intensive services.

There is a need for coordination of services for all clients. Provision of services with full knowledge of other services is in the best interests of the client.

Concurrent Therapy Definition

For the purpose of these RCASLPNB guidelines, “concurrent therapy” is defined as two (or more) registered S-LPs sharing responsibility for providing services to a client simultaneously.

Inherent in this definition is the understanding that:

1. the S-LPs have developed a plan for shared service delivery, fully involving the client and family in the process;
2. concurrent therapy is entered into in an atmosphere of trust, respect, goodwill and commitment between the colleagues who will provide these services, and is in the best interests of the client and family; and
3. each of the co-therapists may provide services along a continuum of care, ranging from direct therapy to consultation. The concurrent therapy will be complementary.

Concurrent therapy is not:

1. seeking a second opinion (this is a separate issue),
2. sequential service provision* during a break from regular therapy that is imposed by time and staffing/budgetary realities and is not in the client's best interest;
3. intended to bridge a gap in service provision, such as while the client is on a wait list or is awaiting another block of intervention;
4. simultaneous service provision without knowledge or consultation between SLPs;
5. intended to be a duplication of services (Concise Oxford 1990 definition p. 364 – exactly like something already existing; copied; doubled); or
6. participation in general prevention programs such as those offered by Talk with Me or consultation by another S-LP as part of a specialized team such as AAC or feeding.

Examples of situations in which a concurrent therapy agreement could be established are:

1. during periods of transition (between service providers and/or mode of service) to facilitate the transfer of information between the S-LPs, thereby ensuring the maintenance of progress for the client, and minimizing the client's period of adjustment,
2. when the complexity of the communication problem requires the shared expertise of more than one S-LP,
3. when the provision of recommended therapy is limited due to time constraints (e.g., If group services are the only option offered when individual therapy is both requested by the client/family and deemed an appropriate modality, the latter might be provided by another S-LP).

Examples of situations in which a concurrent therapy agreement could not be established are:

1. when an S-LP or agency feels that additional services are not in the best interest of the client (if the client/family does not agree with this decision, then the S-LP is

obligated to provide information about other service alternatives as indicated in the Code of ethics);

*Although sequential therapy by two or more service providers may not require the same level of coordinated and ongoing inter-therapist communication as required for concurrent therapy, open communication between therapists remains critical to the delivery of “best” services to the client.

2. when the situation does not allow for the S-LPs to provide services with a shared therapy plan;
3. when the client does not want one of the S-LPs to be providing services; or
4. when the co-therapists cannot adhere to any of the guidelines outlined in this document.

Guidelines

1. When there is a request for two S-LPs to provide service to a client, there should be a preliminary discussion between the S-LPs with consent from the client to discuss the appropriateness of providing concurrent therapy.
2. When the S-LPs have concluded concurrent therapy is appropriate, a written or verbal agreement for the provision of services should be reached by the co-therapists and the client/family and must include the following areas:
 - a) reason for concurrent therapy,
 - b) delineation of provision of services including
 - the goals of the therapy,
 - the area of services to be provided and by whom (e.g., phonology, language),
 - the strategies for targeting the goals,
 - the type of services to be provided and by whom (e.g., group, individual),
 - the frequency and duration of the sessions,
 - documentation - frequency, by whom, type (initial assessment, progress note, discharge), and
 - the criteria for completion of concurrent therapy services,
 - c) communication and coordination of:
 - case management duties;

- frequency and mode of consultation between the co-therapists (The co-therapists will ensure that the client/family participates in all consultation about the therapy process.); and
- as required, the process for reviewing the provision of services by the co-therapists.

All communication should be documented. In the case where meetings are held, it is recommended that minutes be kept.

Confidentiality Statement

When a concurrent therapy agreement is established, the client will provide written consent that allows all information to be shared between co-therapists and the client/family on an on-going basis.

Resolution of Conflict

While the S-LPs will agree to provide services as co-therapists, there may be times when conflict arises.

Some examples of possible conflict are:

1. attempting to reach agreement on the goals and/or the approaches to be used in provision of services,
2. one S-LP making changes in service provision without consultation with the other S-LP,
3. the client's dissatisfaction with an aspect of the service being provided by any one of the S-LPs.

Suggested conflict resolution steps

Minutes should be kept of all meetings/discussions held toward resolution of a conflict. A conclusive statement signed by both therapists will be given to the client/family upon resolution.

When the co-therapists disagree:

1. the co-therapists meet and achieve a resolution, or
2. when a resolution is not achieved by the S-LPs, a mutually agreed upon qualified and objective third party must be consulted jointly to achieve a resolution. The resolution will be presented to the client for his final approval.

When the client/family is dissatisfied with the concurrent therapy service delivery model:

1. a meeting of the co-therapists and client/family must be held to discuss the concerns and to seek a mutually agreeable resolution. When all avenues have been explored the client/family will be informed of other options for service provision.
2. If a conflict cannot be resolved, the client/family will be informed of other options for service provision within the concurrent therapy agreement and through other community resources.

Recommendations

Speech-language pathologists, as members of RCASLPNB adhere to a Code of ethics, which guides their practices and protects the clients they serve.

References

Best Practice for Concomitant Therapy, Committee for Concurrent Therapy of the River Valley Health Authority, September 2006

Code of Ethics, Canadian Association of Speech-Language Pathologists and Audiologists
NB Extramural Program, Provincial Policy Manual, "Private Professional Services"

Parentèse, avril 2005, L'interdisciplinarité: jusqu'où doit-on aller?

Position paper: Co-therapy Rationale and Guidelines for Speech-Language Pathologists, BCASLPA, April 2001

Position Statement: Concurrent Intervention provided by CASLPO Members, CASLPO, December 2001

Preferred Practice Guideline: Concurrent Practice by ACSLPA Members

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