



# BCASLPA

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## **Position Paper: Co-Therapy Rationale and Guidelines for Speech Language Pathologists**

### **Introduction**

The Ad Hoc Committee on Co-therapy was struck in February 1993 by the Executive Council of BCASLPA. We were asked to define co-therapy for speech language pathologists, to determine the rationale for co-therapy and to provide guidelines for the membership of BCASLPA who may provide services as co-therapists. The committee requested feedback from the membership through the April 1993 issue of Vibrations and presented its documents to the Core Executive of BCASLPA on June 29, 1993. Some revisions to the document were requested and made.

All members of the Ad Hoc Committee submitted this document to colleagues for review over the Summer and Fall of 1993. Feedback was sought from a range of settings and client groups. The committee also prepared an article and feedback sheets which were included in Vibrations in September 1993. Contact phone numbers were included for those who wished to provide verbal feedback. The Ad Hoc Committee then held a forum in coordination with the October 1993 BCASLPA AGM to further inform the membership and to receive additional feedback on this issue.

All of this feedback was reviewed by the Ad Hoc Committee in November 1993 and a revised version of this document was submitted to the BCASLPA Executive Council in early December 1993. This completed the work of the BCASLPA Ad Hoc Committee on Co-therapy. Any further action will occur through the Executive Council of BCASLPA. This final document is now presented to you, the general membership. If you have any questions or need information, don't hesitate to call any of the members of the Ad Hoc Committee on Co-therapy or the Executive Council.

### **Co-Therapy Definition**

For the purpose of these BCASLPA guidelines, "co-therapy" is defined as more than one Registered Speech-Language Pathologist (SLP) sharing responsibility for providing service to a client.

*Inherent in this definition is the understanding that:*

- (a) The SLPs have developed a plan for the shared delivery of service.
- (b) The client is fully involved in the process.
- (c) Co-therapy is entered into in an atmosphere of trust, respect, goodwill and commitment between the colleagues who will provide these services.
- (d) Co-therapy is determined by both the SLPs and the client/family to be in the best interests of the client.
- (e) Each of the co-therapists may provide services along a continuum of direct therapy to consultation.

The co-therapy will be complimentary.

### **Co-Therapy is Not:**

1. Seeking a second opinion.

2. Sequential service provision
3. Simultaneous service provision without knowledge or consultation between the SLPs.
4. Intended to be a duplication of services.

*Examples of situations in which a co-therapy agreement could be established.*

1. During periods of transition between service providers to facilitate the transfer of information between SLPs to ensure the maintenance of progress for the client and to minimize the client's period of adjustment.
2. The complexity of the communication problem requires the shared expertise of more than one SLP.
3. At times of the year when services are not available through an agency, and the client requires/desires continuity of therapy e.g. summer therapy/school break.
4. Provision of therapy being limited due to time constraints, i.e. group services provided and individual therapy requested by the client/family and deemed appropriate by the SLPs involved.
5. When two SLPs from different agencies are providing services simultaneously to a client with varying degrees of direct intervention.

*Examples of situations in which a co-therapy agreement could not be established:*

1. When consultation between the parties concerned determines that the full services required/requested by a client can be provided by a single SLP.
2. When an SLP 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 SLP is obligated to provide information about other service alternatives.)
3. When the situation does not allow for the SLPs to provide services with a shared therapy plan. When the client does not want one of the SLPs to be providing services.
4. When an SLP is not in agreement with co-therapy.

### **Co-Therapy Rationale**

The provision of service delivery is changing in our field of speech language pathology. Our knowledge base has been increasing dramatically and it is becoming unusual for SLPs to gain expertise in specific areas. The practice of co-therapy may provide us with an opportunity, through collaboration, to provide services that best meet our clients' needs. It also brings, through the diversity of perspectives, a richness to the therapeutic process which benefits the clients.

Through co-therapy, services may be provided in a manner SLPs would deem optimal. For example:

- sufficient time for direct therapy or group therapy,
- for addressing wait lists,
- for providing services to clients requesting service whose communication problem is designated low priority.

Co-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 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 interest of the client.

### **Guidelines**

1. When there is a request for two SLPs to provide service to a client, there would be a **preliminary meeting** or **discussion** with the client and the potential therapists to determine the feasibility of using co-therapy. The SLPs will provide the client with **complete, factual information** to enable the client to make an **informed decision** about the service provision.
2. When co-therapy is indicated, a **written or verbal agreement** for the provision of services should be reached by the co-therapists and the client/family and strive to include the following areas:

**(a) Reason for co-therapy**

**(b) Provision of services:**

- the goals of therapy
- the areas of services to be provided and by whom e.g. phonology, language
- the strategies for targeting the goals
- the types of services to be provided and by whom e.g. group, individual
- the frequency and duration of sessions
- documentation frequency and by whom
- criteria for completion of co-therapy services

**(c) Communication and coordination**

- the roles and responsibilities of each co-therapist across the co-therapy period with **assignment of a case manager** at each stage of the process.
  - frequency and mode of consultation between the co-therapists and with the client/family. Both co-therapists will ensure all consultation about the therapy process will allow for full participation by the client/family either by meeting, by correspondence, or through phone contact.
  - the process for reviewing the co-therapy services.
  - the client being informed of the BCASLPA co-therapy confidentiality statement.
3. In some cases, the co-therapists and client/family may want to sign a co-therapy agreement.
  4. Where an SLP provides services in a resource for which another SLP holds responsibility, the **practices of professional courtesy** will apply e.g. an SLP providing service to a student in a school will inform the school's SLP of the service being provided and together they can determine individual roles.

## ***Confidentiality Statement***

When a co-therapy agreement is established, the client will be informed that **all information will be shared among both co-therapists and the client/family** on an on going basis. **Signed consent** will be obtained from the client to **disseminate information** beyond the SLPs providing therapy.

### **Resolution of Conflict**

While the SLPs 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 the provision of services.
2. One SLP making changes in service provision without consultation with the other SLP.
3. The client's dissatisfaction with an aspect of the service being provided by one or both of the SLPs.

***When the Co-therapists disagree:***

1. The two co-therapists meet and achieve a resolution.
2. When resolution is not achieved by the two SLPs, a colleague could be consulted jointly to achieve an agreement.
3. When agreement is still not reached, then a meeting with the client/family must be held. Both SLPs will provide the client/family with complete, factual information to enable the client to make an informed decision about options for service provision within the co-therapy agreement and through other community resources. This may include requesting an additional opinion from a third SLP.
4. Minutes should be kept of all meetings held towards resolution of conflict. Copies may be provided to both co-therapists and the client/family at the discretion of the co-therapists.

***When the client/family is dissatisfied:***

1. A meeting of the co-therapists and client/family must be held (a collegial consultation would not be appropriate in this instance).
2. When a conflict cannot be resolved, the client/family will be informed of other options for service provision within the co-therapy agreement and through other community resources.
3. Minutes should be kept of all meetings held towards resolution of the conflict. Copies will be provided to both co-therapists and the client/family.

**Addendum to the Co-Therapy Document:**

**The following recommendations may be applied:**

**Recommendations**

1. Canon of Ethics change - The proposed Canon of Ethics change requires that SLPs communicate with each other when they become aware of the involvement of another SLP providing services to their client. (Refer to the BCASLPA Canon of Ethics, Section 12.1, which deals with Co-therapy).
2. A preliminary meeting or phone consultation should be required when an SLP becomes aware of other SLP services being provided to a client.
3. When a waiting list for assessment or therapy exists and the client wishes services sooner than could be provided, then the SLP will provide information to the client about services available in the community.
4. Agencies should inform clients of their policy regarding co-therapy at the time of referral, if relevant to their community.
5. If the agency does not support the concept of co-therapy in principle, then the assigned SLP should tell the client of alternatives for service so the client can determine any subsequent steps.
6. SLPs should be encouraged to explore the option of co-therapy for some clients and to develop written policy about this area of service provision within their work settings.
7. SLPs should be encouraged to keep data on the amount of time co-therapy consultation requires and to compare this to the consultation time required for the solo provision of services.
8. When a seasonal service is provided (e.g. summer, school break), the SLPs involved should ensure adequate transfer of information and goals.

Submitted by Sue Fisk for the BCASLPA Ad Hoc Committee on Co-therapy (Margie Smith, Ingrid Jeffry, Helen Armstrong, Kate Wishart), November 1994

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