



# POSITION STATEMENT

## CONCURRENT INTERVENTION PROVIDED BY CASLPO MEMBERS

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### DEFINITION:

Concurrent intervention is when more than one CASLPO member is providing screening, assessment, therapy/treatment, or consultation at the same time (see below for examples).

### POSITION:

A member will provide concurrent intervention when, in his or her professional judgement, the intervention is in the patient's<sup>1</sup> best interest and compatible with the intervention approach being applied by the other member. Members must take reasonable steps to ensure they do not provide concurrent intervention when it is evident or reasonable to expect that it will be detrimental to the patient.

### PRINCIPLES

1. Members must exercise their professional judgement when deciding whether or not to provide concurrent intervention.
2. In those circumstances where the member cannot determine the nature of the other intervention, (e.g., patient or substitute decision maker (SDM) does not provide consent to collect, use and disclose personal health information) the member must consider whether or not there is a reasonable risk of harm and advise the patient or substitute decision maker accordingly.
3. Intervention should not be withheld simply because consent to collect, use and disclose information was not given.
4. Members must be aware that conflicting treatment approaches or completely different patient care objectives could result in an overall detrimental effect on the intervention.
5. Members must make reasonable efforts to contact the other member providing care to the patient.

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<sup>1</sup> The term "patient" is used to represent an individual who receives health care intervention from a speech language pathologist or audiologist and is synonymous with "client" or "student". The use of the term "Patient" mirrors the language used in the Regulated Health Professions Act, 1991 and by the Ministry of Health and Long-Term Care.

## COMPETENCIES:

Members must ensure that they have the following competencies to provide concurrent intervention:

1. Collaborating with others
  - a. Work with others to provide a complementary approach to patient services
  - b. Provide clinical expertise in a collaborative manner
  - c. Interact according to differing roles and responsibilities of team members
  - d. Respect personal and professional differences among clinicians
  - e. Manage misunderstandings, limitations and conflicts to enhance collaboration
2. Planning concurrent intervention
  - a. Consider the types of intervention each member is providing and their compatibility
  - b. Identify amount and form of communication between members
3. Documenting concurrent intervention
  - a. Provide rationale to support the provision of concurrent intervention or to support withdrawal of services
  - b. Identify the focus of each intervention
  - c. Note ongoing communication between members
4. Respecting limits to practice
  - a. Limit or discontinue concurrent intervention when it is evident or reasonable to expect that it will not be beneficial to the patient
5. Communicating with patients or substitute decision makers
  - a. Discuss rationale for limiting the number of similar service providers to avoid duplication
  - b. Discuss rationale for the importance of members communicating with each other in order to provide quality care

## EXAMPLES OF CONCURRENT INTERVENTION

- A speech-language pathologist and an audiologist both providing aural rehabilitation, or treatment for an auditory processing disorder
- A speech-language pathologist treating dysphagia and another speech-language pathologist treating language and communication
- An audiologist providing hearing aids as part of the treatment for tinnitus and another audiologist providing tinnitus retraining therapy
- A child receives school board speech language pathology services and the parents also employ a private speech-language pathologist
- A speech language pathologist is working with patient in a pre-school or school setting

and the patient is receiving speech language pathology services at an Augmentative and Alternative Communication (AAC) clinic

## REFERENCES:

College of Physiotherapists of Ontario. (2007). Concurrent Treatment of a Patient by a Physiotherapist and Another Health Care Professional

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