

Central Lancashire Online Knowledge (CLoK)

Title	Whose Job Is It? Addressing the Overlap of Speech-Language Pathologists and Occupational Therapists When Caring for People With Dementia
Type	Article
URL	https://clock.uclan.ac.uk/36329/
DOI	https://doi.org/10.1044/2020_persp-20-00122
Date	2021
Citation	Meyer, Jordan, Leslie, Paula, Ciccio, Angela and Rodakowski, Juleen (2021) Whose Job Is It? Addressing the Overlap of Speech-Language Pathologists and Occupational Therapists When Caring for People With Dementia. Perspectives of the ASHA Special Interest Groups, 6 (1). pp. 163-166.
Creators	Meyer, Jordan, Leslie, Paula, Ciccio, Angela and Rodakowski, Juleen

It is advisable to refer to the publisher's version if you intend to cite from the work.
https://doi.org/10.1044/2020_persp-20-00122

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>

1 **Whose Job is it? Addressing the Overlap of Speech-Language Pathologists and**
2 **Occupational Therapists when Caring for People with Dementia**

3 by

4 Jordan Meyer

5 Department of Psychological Sciences, Case Western Reserve University, Cleveland, Ohio

6 Dr. Paula Leslie

7 PhD, FRCSLT, CCC-SLP, School of Sport and Health Sciences, University of Central

8 Lancashire, Preston, United Kingdom

9 Dr. Angela Ciccia

10 PhD, CCC-SLP, Department of Psychological Sciences, Case Western Reserve University,

11 Cleveland, Ohio

12 Dr. Juleen Rodakowski

13 OTD, MS, OTR/L, FAOTA, School of Health and Rehabilitation Sciences, University of

14 Pittsburgh, Pittsburgh, PA

15 Corresponding author: Jordan Meyer

16 4585 Ledgewood Drive

17 Medina, OH 44256

18 (330) 410-5549

19 jxm1084@case.edu

20

21 **Conflict of Interest:** No relevant conflicts of interest

22 **Funding:** No funding

23 **Whose Job is it? Addressing the Overlap of Speech-Language Pathologists and**
24 **Occupational Therapists when Caring for People with Dementia**

25

26 **Purpose:** This article discusses the complexities of caring for individuals with dementia with an
27 interdisciplinary team approach. The overlap and potential conflict between speech-language
28 pathologists (SLPs) and occupational therapists (OTs) is addressed. SLPs and OTs have
29 potentially similar roles when caring for people with dementia, so it can be difficult to decipher
30 whose job it is to implement similar therapy techniques. However, there are ways healthcare
31 professionals can prepare themselves to work collaboratively and potentially avoid conflict
32 among team members, such as overstepping their professional boundaries and scopes of practice.
33 This article discusses three beneficial techniques for interprofessional collaboration: acquiring
34 sufficient knowledge about the scopes of practice of both SLPs and OTs, developing effective
35 communication skills, and identifying the intentions of each therapeutic technique.

36 **Conclusion:** There is no straightforward or universal answer to the question “Whose job is it?”
37 when considering SLPs and OTs in caring for people with dementia. Deciding whether an SLP
38 or an OT should implement certain aspects of therapy depends on the roles of each professional
39 and how they can benefit the patient. Interdisciplinary team members must work together to
40 identify how their roles interact and overlap. SLPs and OTs must have a solid knowledgebase
41 about each other’s scopes of practice, develop effective communication skills, and be able to
42 identify the intentions of their therapy. Developing these skills allows SLPs and OTs to work
43 harmoniously in interprofessional teams.

44 **Introduction**

45 Dementia is a syndrome that diminishes one's ability to process thought more than what
46 is expected with normal aging (World Health Organization, n.d.). Dementia affects one's
47 cognitive abilities along with social, physical, and emotional domains of life. People with
48 dementia (PWD) often experience complications such as anger/irritability, delusions and
49 hallucinations, memory loss, personality changes, depression, wandering, cognitive/intellectual
50 decline, loss of independence, problems with social conduct, and anxiety (Teri et al., 1992; Ivey
51 et al., 2013; Lawlor, 2002.; Lee et al., 2014; Lin et al., 2012; Robert et al., 2005; Shaji et al.,
52 2009). Given these challenges, PWD experience limitations in their participation in everyday
53 tasks (World Health Organization, n.d.).

54 Dementia is a syndrome that presents a complex variety of complications that require a
55 complex care approach. Using interprofessional teams is one way to successfully address the
56 needs of someone with dementia. Research shows that caring for PWD with a collaborative team
57 improves patients' behavioral and psychological symptoms as well as their overall quality of life
58 (Callahan et al., 2006).

59 Interprofessional teams working with PWD may include a geriatrician, neurologist,
60 psychiatrist, psychologist, physician (Ellison, 2016), nurse, social worker, occupational therapist,
61 speech-language pathologist, dietician, and many more (Alzheimer's Society, n.d.). When there
62 is a need for several types of healthcare professionals to work together, interdisciplinary teams
63 are often best suited to serve their patients (Nancarrow et al., 2013). To more accurately
64 diagnose, treat, and follow up with PWD, more interprofessional collaboration is needed
65 [\(Nancarrow et al., 2013\).](#)-

66 SLPs and OTs are two key players in interprofessional teams for PWD. However, some
67 challenges may arise when working together to address their patients' problems. SLPs and OTs

68 have similar scopes of practice, which can cause confusion about their roles in therapy. It can be
69 difficult to determine whether a certain therapeutic technique is the SLP's job, the OT's job, or
70 could be covered by both.

71 ***OT Scope of Practice***

72 The American Occupational Therapy Association (AOTA) describes OTs as healthcare
73 professionals who therapeutically use occupations and activities of daily living to promote
74 patients' participation, performance, and function in a variety of environments and situations
75 (American Occupational Therapy Association, 2011). They can treat, evaluate, and discharge
76 patients with a variety of conditions. The goal of occupational therapy is to help patients
77 participate in meaningful activities despite the presence of a medical condition. OTs implement
78 therapeutic strategies to help patients perform activities of daily living that they want, need, and
79 are expected to do.

80 When working with PWD, OTs work to keep their patients safe despite memory and
81 sensory losses (American Occupational Therapy Association, n.d.). OTs can do this by removing
82 potentially dangerous objects from the patient's environment, working to maximize
83 independence in activities of daily living, and altering the patient's environment to elicit
84 memories and actions.

85 ***SLP Scope of Practice***

86 SLPs work with patients who experience communication and swallowing complications
87 and frequently work in teams with OTs. The American Speech-Language-Hearing Association
88 (ASHA) defines the role of speech pathologists as assessing, diagnosing, and treating disorders
89 across the lifespan that include deficits in speech, language, swallowing, and communication

90 (American Speech-Language-Hearing Association, 2017a). These professionals guide patients
91 therapeutically when communication and swallowing complications arise. SLPs help individuals
92 in the aging population, especially those with dementia, with complications such as memory loss,
93 hearing loss, and swallowing difficulties. Like OTs, SLPs help patients thrive in their new
94 lifestyles through therapeutic techniques.

95 When working with PWD, SLPs focus on communication, memory, attention, problem-
96 solving, and sequencing deficits (American Speech-Language-Hearing Association, 2017b). Like
97 OTs, SLPs address problems with memory and sensory loss, as well as swallowing and
98 communication deficits. Neither profession can provide a cure for dementia, but each is vital for
99 helping individuals adapt to their new lifestyle.

100 ***Overlap***

101 There are apparent similarities and overlaps between SLP and OT scopes of practice.
102 Both fields aim to help individuals function effectively despite the presence of a medical
103 condition. The overlap is spread even broader when addressing the needs of PWD. Both SLPs
104 and OTs can address the functional implications of dementia, such as memory loss and
105 independent functioning (American Speech-Language-Hearing Association, n.d.; American
106 Occupational Therapy Association, n.d.). The overlap of SLP and OT scopes of practice does not
107 mean that one professional must address each of the patient's concerns alone. In
108 interprofessional teams, SLPs and OTs work together to reach a common goal. Both professions
109 encompass unique areas of expertise that enable them to contribute valuable information and
110 skills to their patients. When working collaboratively, all professionals on an interprofessional
111 team must communicate to ensure that the care they provide aligns with their team members
112 without overstepping boundaries.

113 An SLP and an OT may implement a therapeutic technique for a PWD that superficially
114 appears to be the same. For example, a man with dementia living in a nursing home may
115 frequently forget to put on his shoes before leaving his room. The SLP and OT working with him
116 may both address this problem by implementing strategies to help him remember to put on his
117 shoes. Both professionals may use similar techniques to reach the desired outcome but their
118 motivations for doing so differ. Their scopes of practice and goals for therapy lead them to
119 different motivations for the same therapeutic technique. The SLP may address cognitive
120 functioning to reinforce sequencing, problem solving, and judgement when putting on his shoes.
121 The OT may teach or reteach the man how to put on his shoes or how to use assistive devices to
122 help do so. In this situation, both the SLP and OT are implementing skilled services to help the
123 man successfully put on his shoes before leaving his room. Although the SLP and OT aim to
124 improve the man's quality of life, the *qualities* of life they address are different (Meyer, 2019).

125 **So, Whose Job is it?**

126 Because there is such a large overlap in SLP and OT scopes of practice, how do we know
127 whose job it is to address certain aspects of a case? There may not be a straight-forward answer
128 to this question. A solution is found when individual teams use their collaborative skills to come
129 up with an answer. Interprofessional techniques such as defining each profession's scope of
130 practice, communicating effectively, and identifying the goals of each profession are
131 recommended to alleviate interprofessional conflict, as evidenced by current literature on
132 interprofessional care (Bosch & Mansell, 2015; Curran et al., 2010; Davoli & Fine, 2004;
133 Foronda et al., 2016; Meyer, 2019; Nancarrow et al., 2013).

134 ***Determine Scopes of Practice***

135 One aspect that helps interprofessional teams reach a solution is education about each
136 profession's scope of practice. A team functions successfully when members recognize the
137 expertise that they and other members can bring to each case (Reese & Sontag, 2001). This
138 means that SLPs and OTs need to have a confident understanding of their respective professions
139 as well as each other's professions. Feeling confident about one's role in a team begins with
140 creating a flexible professional identity. Team members can easily become complacent with their
141 professional identity and may not feel a need to defend their professional territory (Davoli &
142 Fine, 2004). Each team member needs to constantly question themselves and update their
143 professional identity. They must not only understand how their roles differ from those of other
144 team members, but also acknowledge how their roles overlap (Bosch & Mansell, 2015).
145 Centering care around the best interests of the patient may require team members to step outside
146 their traditional professional boundaries to work together as a team (Bosch & Mansell, 2015).
147 Treating patients with complex conditions, such as dementia, requires SLPs and OTs to be
148 confident yet flexible with their role identities. The ability to do this stems from a solid
149 knowledgebase founded through interprofessional education.

150 Team members that are uneducated about each other's professions threaten the success of
151 the team. This is often the result of healthcare professionals receiving education in isolation from
152 one another (Reese & Sontag, 2001). Before entering their respective fields, healthcare students
153 often participate in interprofessional education (IPE). This is an opportunity for graduate and
154 professional students to work alongside peers from other healthcare disciplines to strengthen
155 their knowledge about working as a cohesive team to best serve their patients. By definition, IPE
156 is an educational experience for educators and students of different professions to create a
157 collaborative learning experience that aims to improve the knowledge, skills, and attitudes of

158 collaborative care (Buring et al., 2009). IPE specifically helps students learn about the scopes of
159 practice of healthcare professionals that they will work with in the future. Teams of students
160 from different fields participate in activities such as educated discussion and treating simulated
161 clients to enhance their knowledge about each other's roles. Patients' needs drive the cost and
162 amount of therapy needed, which is why IPE is important. Healthcare team members must know
163 how to work together to address the complex needs of their patients collaboratively. It is crucial
164 for all members of an interprofessional team to distinguish each other's scopes of practice and
165 realize how they overlap with one another. This is especially important for SLPs and OTs caring
166 for people with dementia, as their scopes of practice may appear very similar in this setting.
167 Having a solid understanding of the roles of each team member facilitates the process of
168 deciding who should address certain parts of a client case.

169 *Interprofessional Skills and Communication*

170 Along with a strong knowledgebase on the roles of each profession in an
171 interprofessional team, members should also have effective communication and interprofessional
172 skills. As one may predict, ineffective communication among healthcare professionals is linked
173 to poor patient outcomes (Foronda et al., 2016). Communicating effectively with other team
174 members may seem like an innate ability, but it is truly a skill that must be learned and practiced
175 to master. IPE curricula includes discussion and use of effective communication and problem-
176 solving strategies (Curran et al., 2010). Participants learn how to appropriately ask questions,
177 address conflict, communicate ideas, and express concerns in a manner that best benefits the
178 team's functioning. These skills are vital for a successful interprofessional team and patient
179 outcomes (Foronda et al., 2016). In the case of SLPs and OTs who are trying to decipher their

180 responsibilities, they must use effective communication strategies to discuss their opinions and
181 insight and address any conflict that arises.

182 *Determining each Profession's Goals*

183 An aspect of successful team functioning that goes along with effective communication is the
184 ability to determine each profession's goals. This is especially important for professionals such
185 as SLPs and OTs whose scopes of practice are so similar. Take the earlier consideration of an
186 SLP and OT who both wanted to move the patient's shoes to the front door, for example.

187 Although both professionals were implementing the same therapy technique, their reasons for
188 doing so were different. The OT was targeting the physical action of putting shoes on, while the
189 SLP was targeting the patient's ability to remember to put his shoes on. Team members must be
190 able to identify their goals for implementing therapy and how they may differ from their other
191 members' goals. This skill implements the previously mentioned interprofessional abilities –
192 knowledge of each other's scopes of practice and effective communication. The SLP and OT in
193 this case must be able to communicate with one another and understand that although their
194 therapeutic tasks may be similar, their motivation behind doing so may be completely different.

195 **Conclusion**

196 Dementia is a complex condition that requires a team of professionals to best address its
197 complications. Interprofessional teams must work together to determine how each member can
198 best provide care for their patients. SLPs and OTs are two professionals that commonly work
199 together on interdisciplinary teams to address the concerns of PWD. Their scopes of practice are
200 similar and sometimes overlap, which can cause confusion and conflict when deciphering their
201 responsibilities. Deciding whose job it is to implement certain aspects of therapy requires

202 professionals to have a solid knowledgebase about each other's scopes of practice, as well as
203 their own. Team members should also use effective communication strategies and problem-
204 solving techniques to express their ideas and concerns. Understanding each other's scopes of
205 practice and being able to communicate with one another allows professionals to figure out what
206 their specific goals are for implementing therapy.-To answer "Whose job is it?" one must be able
207 to identify their intentions for therapy, recognize how it interacts with other's scopes of practice,
208 and communicate about it effectively with other members of the interprofessional team. The
209 therapy that SLPs, OTs, and other professionals provide for PWD allows them to monitor their
210 patients' improvement in areas such as safety, quality of life, and overall satisfaction.
211 Interprofessional teams accurately assess the health and wellbeing of their patients by
212 collaborating with their unique areas of expertise.

213

214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233

References

Alzheimer's Society. (n.d.). *Other health professionals*. Alzheimer's Society. Retrieved March 1, 2020, from <https://www.alzheimers.org.uk/get-support/help-dementia-care/other-health-professionals>

American Occupational Therapy Association. (2011). Definition of Occupational Therapy Practice for the AOTA Model Practice Act.

American Occupational Therapy Association. (n.d.). *Dementia and the Role of Occupational Therapy*. Retrieved May 21, 2020, from <https://www.aota.org/About-Occupational-Therapy/Professionals/PA/Facts/Dementia.aspx>

American Speech-Language-Hearing Association. (n.d.). *Dementia: Roles and Responsibilities*. American Speech-Language-Hearing Association; ASHA. Retrieved May 21, 2020, from https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289§ion=Roles_and_Responsibilities

American Speech-Language-Hearing Association. (2017a). Speech-Language Pathologists. Retrieved from <http://www.asha.org/Students/Speech-Language-Pathologists/>

American Speech-Language-Hearing Association. (2017b). Dementia. Retrieved from <https://www.asha.org/public/speech/disorders/dementia/>

Bosch, B., & Mansell, H. (2015). Interprofessional collaboration in health care: Lessons to be learned from competitive sports. *Canadian Pharmacists Journal/Revue des Pharmaciens du Canada*, 148(4), 176-179.

234 Callahan, C. M., Boustani, M. A., Unverzagt, F. W., Austrom, M. G., Damush, T. M., Perkins,
235 A. J., Fultz, B. A., Hui, S. L., Counsell, S. R., & Hendrie, H. C. (2006). Effectiveness of
236 Collaborative Care for Older Adults With Alzheimer Disease in Primary Care: A
237 randomized controlled trial. *JAMA*, 295(18), 2148–2157.
238 <https://doi.org/10.1001/jama.295.18.2148>

239 Curran, V. R., Sharpe, D., Flynn, K., & Button, P. (2010). A longitudinal study of the effect of
240 an interprofessional education curriculum on student satisfaction and attitudes towards
241 interprofessional teamwork and education. *Journal of Interprofessional Care*, 24(1), 41
242 52.

243 Davoli, G. W., & Fine, L. J. (2004). Stacking the deck for success in interprofessional
244 collaboration. *Health Promotion Practice*, 5(3), 266-270.

245 Ellison, J. (2016, October 7). *Understanding the Health Care Team in Alzheimer's Disease*.
246 BrightFocus Foundation. [https://www.brightfocus.org/alzheimers/article/understanding](https://www.brightfocus.org/alzheimers/article/understanding-health-care-team-alzheimers-disease)
247 [health-care-team-alzheimers-disease](https://www.brightfocus.org/alzheimers/article/understanding-health-care-team-alzheimers-disease)

248 Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in
249 healthcare: An integrative review. *Nurse Education in Practice*, 19, 36-40.

250 Ivey, S. L., Laditka, S. B., Price, A. E., Tseng, W., Beard, R. L., Liu, R., Fetterman, D., Wu, B.,
251 & Logsdon, R. G. (2013). Experiences and concerns of family caregivers providing
252 support to people with dementia: A cross-cultural perspective. *Dementia*, 12(6), 806–820.
253 <https://doi.org/10.1177/1471301212446872>

254 Lawlor, B. (2002). Managing behavioural and psychological symptoms in dementia. *The British*
255 *Journal of Psychiatry*, 181(6), 463-465.

256 Lee, K. H., Algase, D. L., & McConnell, E. S. (2014). Relationship between observable
257 emotional expression and wandering behavior of people with dementia. *International*
258 *Journal of Geriatric Psychiatry*, 29(1), 85-92.

259 Lin, M. C., Macmillan, M., & Brown, N. (2012). A grounded theory longitudinal study of carers'
260 experiences of caring for people with dementia. *Dementia*, 11(2), 181-197.

261 Meyer, J. (2019). *Whose job is it? The role of speech-language pathologists and occupational*
262 *therapists in supporting environmental alterations for people with Alzheimer's*
263 *disease* (Doctoral dissertation, University of Pittsburgh).

264 Nancarrow, S. A., Booth, A., Ariss, S., Smith, T., Enderby, P., & Roots, A. (2013). Ten
265 principles of good interdisciplinary team work. *Human Resources for Health*, 11, 19.
266 <https://doi.org/10.1186/1478-4491-11-19>

267 Reese, D. J., & Sontag, M. A. (2001). Successful interprofessional collaboration on the hospice
268 team. *Health & Social Work*, 26(3), 167-175.

269 Robert, P. H., Verhey, F. R. J., Byrne, E. J., Hurt, C., De Deyn, P. P., Nobili, F., Riello, R.,
270 Rodriguez, G., Frisoni, G. B., Tsolaki, M., Kyriazopoulou, N., Bullock, R., Burns, A., &
271 Vellas, B. (2005). Grouping for behavioral and psychological symptoms in dementia:
272 Clinical and biological aspects. Consensus paper of the European Alzheimer disease
273 consortium. *European Psychiatry*, 20(7), 490–496.
274 <https://doi.org/10.1016/j.eurpsy.2004.09.031>

275 Shaji, K. S., George, R. K., Prince, M. J., & Jacob, K. S. (2009). Behavioral symptoms and
276 caregiver burden in dementia. *Indian Journal of Psychiatry*, 51(1), 45.

277 Teri, L., Truax, P., Logsdon, R., Uomoto, J., Zarit, S., & Vitaliano, P. P. (1992). Assessment of
278 behavioral problems in dementia: The revised memory and behavior problems
279 checklist. *Psychology and Aging*, 7(4), 622.

280 World Health Organization. (n.d.). *Dementia*. Retrieved May 11, 2020, from
281 <https://www.who.int/news-room/fact-sheets/detail/dementia>

282