



***Scope of Practice for Communicative Disorders Assistants  
in the Field of Speech and Language:  
A Companion Document to Guidelines on the Use of Supportive Personnel***

**PREAMBLE**

The Communicative Disorders Assistant Association of Canada (CDAAC) is a professional association dedicated to supporting Communicative Disorders Assistants (CDAs) across Canada. CDAs have completed a post-graduate level program which thoroughly prepares them to work as supportive personnel to Speech-Language Pathologists (S-LPs) and Audiologists (AUDs). The purpose of this document is to serve as a guide for CDAs and those working with CDAs about their training and potential scope of practice in the field of speech-language pathology. It is CDAAC's position that the comprehensive training of CDAs allows for a unique scope of practice that distinguishes them from other supportive personnel who may work with S-LPs. As such, the information in this document should not be extended to any supportive personnel without CDA training.

**It should also be noted that this document must not be used in place of any guidelines or position statements from an S-LP's governing body or professional association. Instead, it is intended to be a companion to complement and clarify any issues specific to CDAs.** In the case of perceived contradictions or discrepancies, individuals should defer to the directives from the S-LP's governing body or professional association. Furthermore, the scope of practice outlined in this document describes the many ways CDAs could *potentially* be used, given their training. It is not meant to suggest that all employers must have their CDAs perform all of these tasks. Ultimately, it is the supervising S-LP's decision what tasks they will assign to a CDA (or any supportive personnel), and these tasks will vary depending on a large number of factors.

In certain sections of this document "considerations" have been included. They are intended to address specific questions or concerns in these areas that frequently arise in discussions with S-LPs and CDAs. These points are not intended to suggest limitations to CDAs' scope of practice. Rather, in consideration of the variations that exist between clinical settings, client needs, and individual competencies, these are additional points S-LPs may wish to consider when making case by case decisions about what responsibilities are appropriate to assign to a CDA.

**PART A - COURSEWORK/TRAINING**

Students entering post-graduate CDA programs are required to hold a university degree or college diploma. Below is a list of the topics covered in CDAAC-recognized CDA programs. Coursework in specific areas of communication includes theory, typical development, disorders/diagnoses and a variety of approaches to intervention. Assessment practices are reviewed; however, the emphasis is on treatment. Questions pertaining to minimum number of instruction hours per topic can be directed to [exec@cdaac.ca](mailto:exec@cdaac.ca).

Topics related to specific areas of communication:

- Child language
- Neurogenic communication disorders
- Anatomy and physiology of the speech mechanism
- Dysphagia
- Articulation/phonology
- Fluency
- Voice
- Augmentative/alternative communication
- Anatomy and physiology of the hearing mechanism
- Audiology and amplification systems
- Aural (re)habilitation

Other coursework includes:

- *Roles and Scopes of S-LPs, AUDs and CDAs*: Students learn about the roles and scopes of these professions by exploring legislation, publications, professional associations and regulatory bodies and their requirements. Students are well versed in how to work in an adjunct capacity with S-LPs and AUDs, including supervisory expectations and clinical limitations.
- *Therapy and Programming*: Students prepare to provide mediated intervention to a wide variety of populations. They develop a range of skills including observation, data collection, eliciting and maintaining responses, record keeping, lesson planning and summary report writing. Different service delivery models are explored as well as current research and trends in intervention.

Finally, all CDA students are required to complete a *minimum* of 490 field placement hours, typically divided between two different practicum placements. Placements are offered in a variety of settings, and the practicum experience allows students to be fully immersed in the role of a CDA. Each student graduates with a unique set of skills obtained from their field placements.

Field placement opportunities in speech and language are quite diverse. Experiences within each placement are unique and varied. As a result, students may not have the opportunity to practice in all areas of intervention or with all client populations. All students, however, do receive in-class practical instruction in direct and indirect intervention across multiple settings and populations.

In addition to their formal training, CDAs should maintain and build on both their skills and their knowledge through professional development and continuing education activities.

## **PART B – CLINICAL AND SUPPORTIVE SERVICES**

Intervention implies that there are specific goals established by the supervising S-LP, geared towards a specific client.

### **1. Direct Intervention**

#### Therapeutic Intervention

Therapeutic intervention includes face-to-face interactions as well as complementary activities. The CDA plans, executes and documents the treatment sessions based on the client-specific goals established by the supervising S-LP. As a result of CDAs' training, under the supervision of an S-LP, they can provide intervention in all areas of communication, with any population, all disorders and all levels of severity. The CDA will give immediate feedback to the client regarding their responses, as well as ongoing updates regarding performance

within therapy sessions to the client and/or caregivers. The CDA may provide post-session carryover or “homework” assignments, and home programming activities at the end of a block of treatment. These are all related to the goals established by the S-LP. The CDA may also write a summary of the intervention upon completion of treatment in the form of a formal, countersigned report.

#### *Considerations*

- Some programs/approaches to intervention that target specific disorders are currently not offering training to clinicians other than S-LPs (e.g., PROMPT for motor speech disorders, Lidcombe for fluency). CDAs may be involved in carryover activities resulting from these approaches. This also means that CDAs providing the direct treatment in these areas of communication disorders may use a different approach, as there are many possible approaches to intervention.

## **2. Indirect Intervention**

CDAs may be indirectly involved in the intervention a client receives. This would normally take the form of material preparation for a client of the CDA or that of another clinician. An S-LP may ask a CDA to prepare a specific activity for a therapy session or a home program for a client. The CDA may also be asked by their supervising S-LP to prepare augmentative and alternative communication (AAC) systems (e.g., communication boards, picture symbols, layouts, programming devices) for a particular client.

#### *Considerations*

- This type of intervention can be challenging because the CDA may never actually interact with the client for whom they are providing this service. It is important that the S-LP adequately communicate the client-specific goals and any other relevant information to the CDA, in order for the material to be as tailored to that client as possible.

## **3. Education/Training of Clients and Caregivers**

The term “caregiver” can refer to different people (and more than one person), depending on the client. Caregivers may include any of the following: parents, spouses, other family members, teachers, nurses, child care providers or other interventionists. The purpose of education or training is to provide suggestions and support to the caregivers in order to help the client achieve the goals established by the supervising S-LP. Education or training may take place individually (e.g., 1:1 parent training), in group situations, or workshop facilitation. The specific strategies to reach the goals and facilitate carryover may be outlined by the supervising S-LP, or may be determined by the CDA based on their experience with the client and the particular communication disorder.

#### *Considerations*

- Some formal caregiver education programs (e.g., Hanen It Takes Two To Talk®) are not currently offering leadership training to clinicians other than S-LPs.
- Supportive personnel, including CDAs, must not give therapeutic recommendations that would alter the course of treatment as determined by the supervising S-LP. They must consult with their S-LP if approached about information outside of the predetermined goals.

## **4. Interprofessional Team Intervention**

In the case of a client who has more than one area of need (e.g., OT, PT, S-LP), CDAs may be part of a team where each clinician targets goals specific within their own field. The CDAs’ role in this type of intervention is consistent with the goals laid out by the S-LP. At other times, however, the CDA will work together with other clinicians in targeting goals or performing tasks relating to all fields involved, resulting in a more holistic approach.

### *Considerations*

- CDAs must be clear on their role on the team, and defer to the appropriate supervising professional when necessary.
- CDAs must keep supervising S-LPs up to date on information shared with other team members about the client and ensure interventions have been documented appropriately.

## **PART C – SCREENING AND ASSISTANCE IN ASSESSMENT**

### Screening

At the discretion of the supervising S-LP, CDAs may conduct various screens, using an established protocol. Screening protocols typically involve pass/refer results, without interpretation. CDAs identify clients who receive a *refer* result and inform them of the need for a comprehensive speech, language or swallowing assessment by an S-LP.

### Assistance in Assessment

Speech and language assessment is not within the scope of practice of CDAs and must be completed by an S-LP. When requested, CDAs may assist their supervising S-LP during client assessment, sometimes referred to as “four-handed assessment”.

CDAs may assist during assessment by:

- eliciting and/or collecting language samples
- note-taking
- demonstrating test expectations (e.g., modelling repetition)
- collecting demographic information
- scoring of assessment results (without interpretation)
- transcription of recorded speech samples

### *Considerations*

- The CDA’s role in assessment must be limited to those tasks that do not require decisions that lead to therapeutic goal setting.
- In the case of communication screenings, protocols should be discussed and decided upon with the supervising S-LP in advance and results must be shared with the referring clinician.

## **PART D – EDUCATION**

The difference between education and intervention is the absence of therapeutic goals, and there is often no communicatively disordered client. As a result, S-LP supervision is not necessarily required. The activities listed below may be assigned by the CDA’s employer (who may or may not be an S-LP) or may be sought out independently.

### **1. Public Education**

CDAs may share information with members of the public such as parents/caregivers, individuals with communication disorders, community members, speech and language professionals and other allied health/medical professionals. This universally accessible information could be presented in a variety of

formats including (but not limited to): staffing an information booth, keynote speaker at an organized event and guest presenter at a meeting. CDAs may present facts on prevention of communication disorders, typical speech and language development, treatment approaches or any other topics relating to their education and training. The presentation may be developed by the CDA her- or himself, or could be a formal program (e.g., You Make The Difference®).

*Considerations:*

- CDAs must not give any individualized information (e.g., when answering questions). The CDA should encourage individuals seeking advice to consult with an S-LP.

## **2. Supervision by CDAs**

Some students in high school, post-secondary and community programs require field placement experience in order to graduate. For the purposes of this section, the term “student” will refer to any unpaid individual learning about the field of communication disorders. CDAs can be involved in student supervision in a variety of ways. CDAs may be approached by their employer, or offer to supervise volunteers, high school co-op students, Early Childhood Education students, Rehabilitation Assistant students, CDA students or others. The role of the CDA as a student supervisor will depend on the experience the student requires to meet the criteria of their program (or potential admission to a program). This may or may not involve direct contact with clients. S-LP involvement is required when the student is working with clients.

*Considerations:*

- It is recommended that a CDA have a minimum of two years of experience before being involved in the supervision of students.
- The S-LP must consent to students and volunteers being involved in the provision of S-LP services. Further, the supervisory schedule within the students’ supervising team (the CDA and the S-LP) must be adjusted. This will likely mean an increase in both direct and indirect supervision of the cases in which the student is involved. The role of the S-LP continues to be to maintain the appropriate supervisory activities as dictated by their governing body, including observation and co-signing of relevant documentation.
- In cases where the student is not involved in the provision of S-LP services (e.g., a volunteer doing administrative tasks), the CDA may be the primary or sole supervisor of this individual without the involvement of an S-LP. As the supervisor in this situation, the CDA may independently interview and select students, assign tasks, evaluate student performance as well as provide professional references.

## **3. CDAs as Instructors in Academic Institutions**

Due to their educational background, CDAs have the capacity to instruct a variety of subjects at the post-secondary level. CDAs typically embark on teaching endeavours independently. They may hold a position as a CDA with a particular agency; however, their role as an instructor is mutually exclusive from that position. Supervision by an S-LP, unless they are the Program Coordinator or Dean, is not needed as the CDA is not involved in the provision of S-LP services. The CDA’s role in this situation is “Instructor” and they would be supervised in the same way as any other instructor in the program. CDAs currently teach post-secondary level (and other) courses on accent reduction, sign language, therapy and programming, specific disorder areas and English language learning. Some CDAs also teach courses on topics related to their education before becoming a CDA.

## **PART E – ADMINISTRATION**

The role of the CDA in the workplace continues to expand. In addition to their role in intervention and education, many CDAs have administrative responsibilities. Once again, it is important to emphasize the differences in supervision. As discussed above, clinical supervision (i.e., where there are specific goals for a specific client) must be provided by an S-LP or AUD. S-LPs (except when they are the employer) are not responsible for the supervision of non-clinical related work, unless this task is delegated by the employer. This type of work could include, but is not limited to participation in and/or leading:

- Staff/team meetings
- Committee work
- Interview panels
- Orientation of new staff/volunteers
- Budget preparation and expense monitoring
- Ordering departmental materials
- General material preparation/development
- Agency workload measurement statistics
- Client intake

---

## **ACKNOWLEDGEMENTS**

For their valued input into this document, CDAAC would like to thank:

- College of Audiologists and Speech-Language Pathologist of Ontario
- Speech-Language and Audiology Canada
- Ontario Association of Speech-Language Pathologists and Audiologists
- Durham College
- Georgian College

We are also grateful to the CDA college programs for their ongoing support of our association. The collaboration between the colleges, its students, the association, and its members has allowed for the continued evolution and development of the CDA role.

## GLOSSARY

**Assessment:** Formal or informal measures used by the S-LP or AUD to identify a client’s abilities and needs in the areas of speech, language, communication, swallowing or hearing and to determine specific goals/recommendations for treatment.

**Audiologist (AUD):** Hearing health professionals who assess and treat hearing disorders with populations of all ages and abilities.

**Caregiver:** The term “caregiver” can refer to different people (and more than one person), depending on the client. Caregivers may include any of the following: parents, spouses, other family members, teachers, child care providers or other interventionists.

**Communicative Disorders Assistant (CDA):** Non-regulated supportive personnel with specialized education and training in the areas of speech, language, communication and hearing. CDAs support S-LPs or AUDs in the provision of services for populations of all ages and abilities. While “CDA” is not a protected title, it is expected that those working as CDAs have completed a post-graduate certificate in this discipline.

**Direct Intervention:** Any service that involves direct face-to-face contact with a client/caregiver. This can include screening, (assistance with) assessment and therapeutic intervention.

**Indirect Intervention:** Any service that does not involve face-to-face contact with a client/caregiver. This typically implies preparation of therapeutic materials.

**Interpretation:** Typically following assessment, it involves the summary and integration of results in order to determine client needs and to assist with setting of therapeutic goals/recommendations. Only S-LPs and AUDs are responsible for interpretation.

**Screening:** Pass/refer measures that follow a specific protocol and which are used to identify clients who require further assessment by an S-LP or AUD. Screenings are done by supportive personnel without interpretation and are not used for treatment planning for populations across all ages and abilities.

**Speech-Language Pathologist (S-LP):** Health professionals with expertise in the assessment and treatment of speech, language, voice and swallowing disorders.

**Supportive Personnel:** Refers to personnel who assist and support S-LPs and AUDs in the provision of services. Supportive personnel can include those who are “on the job trained” or who have specialized education and training, such as CDAs. Supportive Personnel must be supervised by an S-LP or Audiologist.

**Therapeutic Intervention:** Commonly referred to as “therapy”; treatment sessions based on the client-specific goals established by the supervising S-LP or AUD.

## REFERENCES

Alberta College of Speech-Language Pathologists and Audiologists. (2006). *Speech-Language Pathologists' Use of Support Personnel to Augment Speech-Language Pathology Service Delivery*. Obtained from [http://www.acS-LPa.ab.ca/public/data/documents/PPG\\_Support\\_Personnel.pdf](http://www.acS-LPa.ab.ca/public/data/documents/PPG_Support_Personnel.pdf)

Canadian Association of Speech-Language Pathologists and Audiologists. (2004). *Supportive Personnel Guidelines – Working With Speech-Language Pathologists*. Obtained from <http://www.caS-LPa.ca/english/resources/support.asp>

Speech-Language and Audiology Canada. (2013). *Supportive Personnel Guidelines – Working With Speech-Language Pathologists*. Obtained from <http://sac-oac.ca/professional-resources/resource-library/supportive-personnel-guidelines>

College of Speech-Language Pathologists and Audiologists of Ontario. (2007). *Use of Support Personnel by Speech-Language Pathologists*. Obtained from <http://www.caslpo.com/Portals/0/positionstatements/supportpersonnelfinal.pdf>

Communicative Disorders Assistant Association of Canada. (2006). *A Position Statement on the use of formally trained and non-formally trained supportive personnel in the field of communication disorders*.