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

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

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

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

Introduction

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

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

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

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

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

OT Scope of Practice

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

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

SLP Scope of Practice

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

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

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

Overlap

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

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

So, Whose Job is it?

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

Determine Scopes of Practice

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

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

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

Interprofessional Skills and Communication

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

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

Determining each Profession's Goals

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

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

Conclusion

Dementia is a complex condition that requires a team of professionals to best address its complications. Interprofessional teams must work together to determine how each member can best provide care for their patients. SLPs and OTs are two professionals that commonly work together on interdisciplinary teams to address the concerns of PWD. Their scopes of practice are similar and sometimes overlap, which can cause confusion and conflict when deciphering their 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.

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