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CASLPO TODAY

Taking an Alternative Approach

New Legislation Pertaining to Workplace Safety

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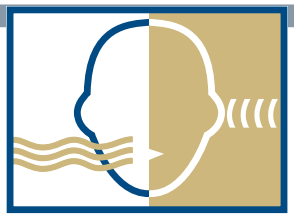

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REGISTRAR'S REPORT

By Brian O'Riordan

October 1 was likely a significant date to keep in mind for many members of the College as it was the deadline for renewing their registration. In that regard, as of September 30, there were 3,412 total registrants. An update on the registration picture will be provided in our next issue of *CASLPO Today*.

October 1 was also an important date for members of the College Council. The Council met that day and adopted new versions of the following:

- Vision Statement
- Mission Statement
- Mandate
- Objects
- Core Values

These are explained in more detail on page 15 of this edition of *CASLPO Today*.

These five documents are key to the good governance of the College. They essentially encompass the foundations of what we are all about as an organization. They inform all our activities, including registration procedures, administration of the Quality Assurance Program, and the handling of complaints and discipline. They direct us to embrace high standards and best practices in all that we do in serving the public interest. They are not simply words cast in stone, then to be forgotten. They are living documents. Council members spent many hours developing these documents and will refer to them constantly as they make decisions and debate issues.

Also on October 1, Council adopted a new set of Strategic Priorities to direct the work of staff and committees over the next 15 months. The Strategic Priorities focus on eight major areas of activities: Government Relations; Public Awareness; Governance/Administration; Membership Communications/Education; Registration Practices; Quality Assurance; Professional Practice Issues; and Legislative/Regulatory Compliance.

As Council addresses each area, you will be hearing about this work in future issues of this magazine and through regular website updates and membership e-mail bulletins.

Among the projects you will be hearing about are the following:

- Working within the political process to enhance professional practice scopes and use of the Doctor title;
- Raising public awareness of the professions;
- Improving CASLPO's member communications and student communication vehicles, including the website and educational seminars;
- Revisions to various College regulations, including Registration, Quality Assurance, Records, Advertising, Conflict of Interest, and Professional Misconduct;
- Creation of a Manual of Registration Practices; a new Mentorship Training Program; an on-line Self-Assessment Tool; Competency Profiles; updated Practice Standards and Guidelines;

- Addressing issues relating to the government's Assistive Devices Program; and
- Publication of a Guide for Speech-Language Pathologists working in a School Board Setting.

It is an ambitious agenda, to say the least. Such an agenda cannot be implemented without the hard work of CASLPO Council members in service on the various committees of Council. This is where the bulk of Council's key debates and deliberations take place. They will be approving the workplans for each individual project and reporting on their implementation over the coming months.

At the October 1 meeting Council also approved the new compositions for committees. This line-up can be found on page 8 of this issue.

October 1 was a banner day for Council's decision-making. Now, we can build on this to move forward and better serve both registrants and the public in the years to come.

CASLPO Staff

Back Row (left to right): Camille Prashad, Carol Bock, Carol Lammers, Melanie Jones-Drost, Karen Luker, Colleen Myrie

Front row (left to right): Gregory Katchin, Brian O'Riordan

OCTOBER 2010 COUNCIL HIGHLIGHTS

Council met on October 1, 2010 and the following are the highlights:

1. President's Remarks
The President introduced the guests present and welcomed them and Council members to the meeting.

2. Registrar's Report
B. O'Riordan updated council on media reports and current activities

3. College Governance Presentation by Jan Robinson, Registrar of College of Physiotherapists of Ontario
J. Robinson gave a presentation on Council Governance and the role of Council members in order to provide context for Council's review of the bylaws.

4. Bylaw Review
The President welcomed M. Campbell and D. Robertson (legal counsel) to Council.

B. O'Riordan briefed Council on the history of the bylaw revision and stated that Council is not being asked to vote on the bylaws immediately, but rather to provide comments/concerns on the drafting thus far, and that the vote to approve the bylaws will happen at the December meeting.

Several comments and questions were raised which will be discussed and researched prior to the final approval of the bylaws.

5. Strategic Priorities
Council reviewed the new wording for the Vision Statement, Mission Statement, Mandate, Core Values, and Objects and approved the motion that CASLPO adopt these documents.

The 2010/2011 Strategic Priorities Plan document was also reviewed and approved by Council.

6. Registration Regulation
Council reviewed the proposed changes to the regulation and approved a motion

continued on page 8

that the Registration Regulation be approved for distribution to members and stakeholders, for a 60-day consultation period."

7. CAR Competency Profiles
B. O'Riordan updated Council on the status of the project and suggested that in the interests of time, that this item be referred to each committee for review and that they report back to Council in December.

8. Canadian Interorganizational Steering Group Practice Guidelines
B. O'Riordan and V. Papaioannou updated Council on the discussions at Executive Committee meeting.

Council approved the motion that the Canadian Interorganizational Steering Group be asked to develop criteria for the identification, selection, and development of topics, and that CASLPO consider topic selection once the criteria has been developed and adopted by the partner organizations.

9. Committee Appointments
B. O'Riordan briefed Council on the process which was followed to draw up the proposed 2010/2011 Committee Composition.

Council approved the Committee Composition for 2010/2011.

10. Regulatory Monitoring – Committee Reports

Updates were also given on the following committees: Executive Committee, Registration Committee, QA Committee, ICRC, Audiology Practice Advisory, SLP Practice Advisory.

11. Governance Monitoring
Policies L1, L4, L5, L6, L7, L8, and L9 were reviewed.

12. Evaluator's Report
C. Moran reported that the meeting was effective, with good participation from all members and a solid focus on "public interest" matters.

13. Staffing Re-organization update IN CAMERA
The Registrar briefed members on the status of developments with respect to the Deputy Registrar and CAR. The Registrar then left the meeting.

Council discussed the process for the evaluation of the Registrar's performance, and adopted a framework for such. The President will discuss with the Registrar.

Back row *(left to right): Bob Kroll, Luc DeNil, Sasan Borhani, Pauline Faubert, John Krawchenko, Sandi Singbeil, Ferne Dezenhouse*
Front row *(left to right): Nancy Blake, Brian O'Riordan, Carolyn Moran, Meg Petkoff, Estrella Tolentino, Vicky Papaioannou, Paulina Finak*
Absent: *Bryan DeSousa, Cathrine Campbell, Jack Scott, Rosanne Lavallée-McNamee, Mary Suddick*

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Nancy Blake, SLP, Vice-President
Sasan Borhani, AUD, Vice-President

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Ferne Dezenhouse
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Nazneen Sheikh
Estrella Tolentino

Committee Composition 2010/2011

EXECUTIVE COMMITTEE
PROFESSIONAL MEMBERS
V. Papaioannou – A – President
S. Borhani – A – Vice President
N. Blake – S – Vice President
P. Finak – S

PUBLIC MEMBERS
J. Krawchenko
P. Faubert

ICRC
PROFESSIONAL MEMBERS
N. Blake – S
P. Finak – S
S. Borhani – A
R. Lavallee-McNamee – A

PUBLIC MEMBERS
P. Faubert
F. Dezenhouse
C. Campbell

NON-COUNCIL MEMBERS
M. Chasin – A
J. Torres Valencia - S

DISCIPLINE
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V. Papaioannou – A
J. Scott – A
C. Moran – S
B. Kroll – S

PUBLIC MEMBERS
J. Krawchenko
B. De Sousa
TBD

NON-COUNCIL MEMBERS
J. Greensmith - S
K. Bright – S
P. Dobbins – A
K. Eskritt - A

PATIENT RELATIONS
PROFESSIONAL MEMBERS
S. Singbeil – S
R. Lavallee-McNamee – A

PUBLIC MEMBERS
J. Krawchenko
P. Faubert
N. Sheikh
NON-COUNCIL MEMBERS
P. Millet - A
T. Barber - S

QUALITY ASSURANCE
PROFESSIONAL MEMBERS
N. Blake – S
V. Papaioannou – A

PUBLIC MEMBERS
J. Krawchenko
C. Campbell
F. Dezenhouse

NON-COUNCIL MEMBERS
J. Rowlands - S
P. Millett - A

REGISTRATION
PROFESSIONAL MEMBERS
M. Suddick – S
C. Moran – S
L. DeNil – S
S. Borhani – A
J. Scott – A

PUBLIC MEMBERS
E. Tolentino
F. Dezenhouse

NON-COUNCIL MEMBERS
D. Zelisko – A

AUDIOLOGY PRACTICE
PROFESSIONAL MEMBERS
S. Borhani (Chair)
R. Lavallée-McNamee
J. Scott
V. Papaioannou

PUBLIC MEMBERS
E. Tolentino
C. Campbell

NON-PROFESSIONAL MEMBERS
P. Folkeard – A
M. Reed - A

SLP PRACTICE
PROFESSIONAL MEMBERS
N. Blake (Chair)
L. De Nil
M. Suddick
S. Singbeil
P. Finak
C. Moran
B. Kroll

PUBLIC MEMBERS
F. Dezenhouse
B. De Sousa

NON-PROFESSIONAL MEMBERS
T. Barber – S
R. Salazar - S

PRACTICE SCENARIOS: BILLING

By Melanie Jones-Drost, Director of Professional Practice, Policy Development and Quality Assurance, and Karen Luker, Deputy Registrar

Many CASLPO members work on a fee-for-service basis and as a result we are regularly asked for clarification around appropriate billing practices. In the past, *CASPLO Today* has published other articles related to billing including, "Regulating Business Practices and Fees" (August 2004) and "Fee-Based Service Settings" (May 2008) which you may also wish to reference.

When fees are being paid, either by the patient or an insurance company, ethical dilemmas may occur. CASLPO members should protect patients and themselves from questionable practices.

Here are some of the more common situations on which members need clarification:

1. I am currently seeing a six-year old patient in my SLP practice. Like many families, the patient's parents have private insurance benefits that cover up to $1,000 of my services per year. Last week my patient's mother asked me to begin invoicing her for "teaching" because the insurance coverage for her child has reached its limit. I don't actually do any teaching with this parent, but the patient could benefit from continued care. Would it be acceptable for me to bill the parent in this circumstance?

Situations such as those described above are challenging for members as a result of the patient's continuing need. However, you can only bill (invoice) the individual for whom the service was provided. To do otherwise may be considered professional misconduct as you would be misrepresenting what actually occurred;

> Professional Misconduct Regulation 749/93
> s. (23) Submitting an account or charge for services that the member knows is false or misleading.

Instead, you may wish to recommend to the parent that she contact her insurance company to negotiate coverage. Depending on the severity of the patient's needs, insurance companies have been known to extend the usage of other family members' benefits to that individual.

2. I have only been in private practice for a few months and am still struggling to develop a client base. I am considering reducing the fees that I charge in order to be more competitive,and wondered if CASLPO lists minimum fees that I am required to charge for services?

Given CASLPO's mandate of public protection, we are more concerned with ensuring that patients are not charged excessive fees, and do not set minimum fee requirements.

Professional Misconduct Regulation 749/93
s. (24) Charging a fee that is excessive in relation to the services charged for.

(25) Charging a fee that exceeds the fee for services set out in the schedule of fees published by the Ontario Association of Speech-Language Pathologists and Audiologists, without the prior informed consent of the patient or client.

3. Can I charge for services that are actually provided by my CDA?

Many members work closely with communication disorders assistants (CDAs) and utilize them to provide certain aspects of patient care. The draft CASLPO Records Regulation states that the patient's financial record must list the provider of the service, while the Professional Misconduct Regulation stipulates (as noted previously) that charges cannot be false or misleading.

Proposed Regulation for Records
s. 4 (2a) the recipient of the services;
b) the provider of the services;
c) the date the services were performed;
d) the nature of the services performed;
e) the unit fee for the services;
f) the total charge for the services;
g) whether payment has been received for the services;
h) the date and source of the payment.

The difficulty that members face is the likelihood that the patient's insurance company will deny payment for services provided by a CDA. CASLPO recommends that members advise their patients to contact their insurance providers to negotiate coverage for services provided by CDAs.

3. CASLPO's guidelines state that I can charge a "reasonable" fee for providing a copy of a patient's record or a report relating to a patient's record. What would be considered reasonable?

CASLPO's draft Records Regulation says,

s. 8 It is not an act of professional misconduct under paragraph 2 of subsection (1) for a member to refuse to provide copies from a patient or client health record until the member is paid a reasonable fee.

The difficulty comes when "a reasonable fee" is not perceived to be the same by the patient as it is by the audiologist or speech-language pathologist. A patient may not understand what is involved for a speech-language pathologist, for example, to transcribe, analyze, and produce a report of her findings. CASLPO recommends that members discuss the fact that copies and/or reports are available for a fee up front with their patients in order to avoid any confusion or unexpected costs. Including this discussion as part of obtaining consent is one option.

How Can I Help? Understanding Ontario's New Legislation on Accessibility for Ontarians with Disabilities

Article provided by the Accessibility Directorate of Ontario, Ministry of Community and Social Services

The Province of Ontario has a vision: an Ontario that is accessible to everyone who lives and visits here by 2025. They are making progress towards this goal with the development of province-wide mandatory accessibility standards that will change the way we live, work and play.

As these proposed standards come into force over the coming years, we will share information in a way that everyone can access. We will rethink employment practices to harness a broader and more diverse workforce. And we will modernize daily public transportation to make it more easily accessible to everyone, minimizing the need to plan well in advance for simple trips, such as to the clinics or offices of an audiologist or speech-language pathologist.

Today, one in seven Ontarians has a disability – that's 1.85 million people; and as the population ages, that number will increase. Forty-seven percent of Ontario's seniors are living with some kind of disability – another number that is destined to grow.

This growing group wants to frequent businesses that make them feel comfortable – even when they need to ask for help, that have patient and courteous staff, and that consider their needs when developing policies, making changes or communicating with customers. As we move into the future, businesses that are able to provide quality service to customers with disabilities will have a distinct advantage over those that are not.

In June of 2005 the Ontario Legislature passed the *Accessibility for Ontarians with Disabilities Act (AODA)*. Under this landmark legislation, the government is developing mandatory accessibility standards that will identify, remove and prevent barriers for people with disabilities in key areas of daily life.

To begin, standards are being developed in the following five areas:

1. Customer service
2. Information and communications (e.g., telephone systems, websites, menus, etc.)
3. Transportation
4. Employment
5. Built environment (e.g., doorways, counters, bathrooms, parking, etc.)

The five standards were developed by Standards Development Committees made up of people with disabilities as well as representatives from different industries and sectors and Ontario government ministries. Together they developed draft standards, four of which have now been posted online for public review and feedback.

The first standard is for accessible customer service. It applies to every business and organization that operates in Ontario, provides goods or services to the public and has at least one employee. Accessible customer service is not about your physical premises. It's simply about understanding that customers with disabilities may have different needs.

The broader public sector was required to comply with this standard on January 1, 2010, and today 98% have submitted, or are in process of submitting, their compliance reports.

On January 1, 2012, all private and non-profit sectors will have to comply. The standard requires that organizations:

- Establish a set of policies, practices and procedures on how you and your employees will provide goods and/or services to customers with disabilities;
- Allow customers with disabilities to use personal assistive devices (e.g., hearing aids, wheelchair, walker, oxygen tank) to access your goods and/or services;
- Communicate with a person with a disability in a manner that takes into account his or her disability;
- Train *all staff* to provide accessible customer service;
- Allow people with disabilities to

bring a guide dog or service animal with them to areas of your premises that are open to the public;

- Permit people with disabilities who require a support person to bring that person with them;
- Provide notice when facilities or services that people with disabilities rely on to access your goods or services are temporarily disrupted;
- Establish a process for people to provide feedback on how you provide goods and/or services to people with disabilities.

Businesses with 20 or more employees will also need to file regular compliance reports. This can be done quickly online with a simple-to-use electronic form. Businesses with fewer than 20 employees must comply with the standard, but will not have to file reports.

In order to help businesses and organizations make themselves more accessible to their customers with disabilities, the Ontario government has developed the **ontario.ca/accesson** website. The site offers up-to-date information on the standards being developed, tips on no-cost and low-cost solutions to meeting the requirements, as well as downloadable tools and resources such as policy templates and training materials.

You can begin to make your practice more accessible to clients with disabilities today by simply looking around and thinking about what the customer experience is like for someone living with a disability. Think about what barriers might currently exist and how you can take steps to reduce or eliminate those barriers. Sometimes providing accessible customer service can be as easy as asking, "How can I help?"

The information and communications, employment, and transportation standards are the standards that will roll out next as part of one Integrated Accessibility Regulation. This draft regulation will be posted on the ontario.ca/accesson website in the spring of 2011 for public review and feedback and it is expected to be enacted later in the year.

For more information on the AODA, or to learn more about the status of any of the accessibility standards, visit **ontario.ca/accesson** or contact the AODA Contact Centre:

Toll-free: 1-866-515-2025
TTY: 416-325-3408 /
Toll-free 1-800-268-7095
E-mail: accessibility@css.gov.on.ca

Did You Know?

If you want to take on private practice patients you have to register your practice with CASLPO.

Registering your practice is as simple as providing us with a business address, phone number and confirmation of professional liability insurance coverage. If your business address is your home address you may wish to obtain a post office box number to protect your privacy, as all business addresses are posted on the public register.

To register your business, email Camille Prashad, Program Assistant - Registration Services at cprashad@CASLPO.com.

** Additional information and resources for private practice can be found on the CASLPO, CASLPA, and OSLA websites including a* CASLPO Today *article (Aug 2005) and the Communication Health Information Line (CHIL) practitioner search form.*

New Developments in Quality Assurance

The "pilot" for the online Self Assessment Tool (SAT) is just being completed as this issue goes to print. We are confident that members will be pleased with the convenience and ease of use that the new web-based tool will offer. With the click of a mouse you will be able to complete your self assessment, which in turn will create learning goals for any areas in which you are partially or non-compliant. In addition, you will be able to upload documents such as MS Word, PowerPoint, and PDF, creating an electronic link between your evidence and your learning outcomes, reducing the need for you to print and retain paper copies.

The online SAT is expected to be launched for all members early in 2011, coinciding nicely with the start of the next three-year Continuous Learning Activity Credits (CLAC) cycle which will run from 2011 to 2013. If you have any questions regarding your Quality Assurance requirements, please contact Melanie Jones-Drost, Director of Professional Practice, Policy Development and Quality Assurance at 416-975-5347 or 1-800-993-9459 ext. 221.

New Legislation Pertaining to Workplace Safety: What You Need to Know

By Karen Luker, Deputy Registrar

In its report entitled "Criminal Victimization in the Workplace" (2007), Statistics Canada estimates that almost 1 in 5 violent incidents in Canada occurs at work. As of June 15, 2010, amendments to the *Occupational Health and Safety Act (OHSA)* include new requirements regarding workplace violence and harassment. These amendments recognize that employers need to protect workers against violent acts and threats of violence, and to create an atmosphere in which workers feel free to come forward with concerns or complaints.

Why You Need to Care about Violence and Harassment in the Workplace

- Women are at especially high risk of experiencing violence at work because they are concentrated in high-risk sectors such as health care and community care, social services, education, retail and hospitality
- In 2004, 24% of workplace violence incidents were sexual assaults
- It is estimated that 93% of victims of sexual offences in Canada are female

Under the *OHSA*, **workplace violence** means:

- The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
- An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; or
- A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

The *OHSA* defines **workplace harassment** as "engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome." Some of the types of harassment that workers could experience in the workplace include sexual harassment; teasing, intimidating or offensive jokes or innuendos; display or circulation of offensive pictures or materials; unwelcome, offensive, or intimidating phone calls; and bullying. Leering; unwelcome gifts or attention; offensive gestures; or the spreading of rumours could also be considered harassment.

What is a Workplace?

Under the *OHSA*, a workplace is defined as any land, premises, location, or thing, at, upon, in, or near which a

worker works. This includes:

- a vehicle or public transportation systems during work hours to reach work assignments
- a client's home while the worker is present to do the work
- an off-site meeting location
- the workplace parking lot (depending on its location and other factors)

Sources of workplace violence or harassment include clients, customers, patients, students, other workers, supervisors, managers, strangers, intimate partners, or family members, even if they have ties or a legitimate reason to be in the workplace. Employers who are aware, or who should reasonably be aware, that domestic violence that is likely to expose a worker to physical injury may occur in the workplace, must take every precaution reasonable in the circumstances to protect the worker.

Certain **types of work** or conditions of work can put workers at higher risk of workplace violence such as employees who:

- have direct contact with clients
- handle money
- work alone or in small numbers
- work with unstable or volatile people
- working in a community-based setting
- have mobile workplaces
- work in high-crime areas
- secure or protect valuable goods
- transport people and/or goods

The *OHSA* requires employers to **assess** the risks of workplace violence and harassment that may arise due to the nature of the workplace, the type of work, or the conditions of work. Employers must prepare a **policy** with respect to workplace violence and harassment, and develop and maintain a **program** to implement that policy. The program must include measures and procedures:

- To control the risks that are identified in the employer's assessment;
- For summoning immediate assistance when workplace violence occurs or is likely to occur; and
- For workers to report incidents of workplace violence or harassment.

The program must also set out how the employer will investigate and deal with incidents and complaints of workplace violence and harassment. Furthermore, employers must provide **information and training** to workers about the contents of the workplace violence policy and program.

Discuss the requirements of the *Occupational Health and Safety Act* with your employer, and look for visible signs of your workplace policy and program. If you are an employer, consult the Ontario Ministry of Labour website for more information and a toolkit to assist in the development of policies and programs: www.labour.gov.on.ca.

Vision Statement

CASLPO will be an outstanding leader in the regulation of health care professionals.

Mission Statement

The College is committed to ensuring that the people of Ontario receive respectful, effective, high quality audiology and speech-language pathology services provided by competent self-regulated practitioners.

Mandate

The purpose of the College is to regulate the professions of audiology and speech-language pathology. The College serves and protects the public interest, and governs its members in accordance with the Regulated Health *Professions Act, 1991 (RHPA), the Audiology and Speech-Language Pathology Act, 1991 (ASLPA),* and the regulations, policies and bylaws of the College.

Core Values

Serves and Protects the Public Interest

The College acts to serve and protect the public interest.

Provides Quality Service

The College provides high quality service to the public and to its members. It strives to improve continuously its level of service delivery.

Accountability & Transparency

The College is accountable to the public, the government, and its members through governance and administrative processes that are open, fair, responsive, respectful, and professional.

Acts with Integrity

The College treats and people and its stakeholders with dignity and respect.

Teamwork and Collaboration are Essential

The knowledge, commitment and skills of Council, staff, volunteers, and members drive the College's success. Individual roles are defined and clearly understood and everyone involved works in a collegial manner together.

Objects

The College has the following objects, as set out in s. 3 of the *Health Professions Procedural Code* ("the Code"), being Schedule 2 to the *RHPA*:

1. To regulate the practice of the professions and to govern the members in accordance with the ASLPA, the Code and the *Regulated Health Professions Act, 1991* and the regulations and bylaws flowing therefrom.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the professions.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.

4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.

5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under the Code and the *Regulated Health Professions Act, 1991*.
7. To administer the *ASLPA*, the Code and the *Regulated Health Professions Act, 1991* as they relate to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable.

OSLA Publishes Guidelines for Insurer Assessors

By Mary Cook, Executive Director

Speech-language pathologists working in the auto insurance sector are well aware of the considerable governmental regulatory changes that took effect in Ontario on September 1, 2010. The unfortunate impact of these changes is that many injured motorists who were formerly able to obtain SLP services funded by their auto insurance policies, will no longer be able to do so. In addition, insurers have been given sweeping powers to deny service without necessarily obtaining a second opinion by a qualified health professional as they were previously required to do.

The Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) has therefore developed guidelines for expert assessors who are approached to provide Insurer Examinations (IE). These are challenging assessments to complete because they often involve reviewing hundreds, if not thousands, of pages of prior medical documentation in addition to potentially completing a direct cognitive-communication assessment that would meet CASLPO's "Preferred Practice Guideline for Cognitive-Communication Disorders." These assessments are often completed in locations outside of the assessor's own geographic region, thereby entailing considerable travel time and expense. With the changes to the legislation, lawyers for both insurers and clients are now very actively involved in files, so assessors, now more than ever before, completing Insurer Examinations need to be prepared to support their opinions in court against opposing counsel.

OSLA has developed guidelines to assist SLPs who are considering doing Insurer Examinations in determining if they should accept such work, and if so, how they should proceed. If you have any questions about the guidelines, you may contact Justine Hamilton, Co-Chair of OSLA's Auto Insurance Group, at justine.hamilton@learcomm.ca. The new guidelines are available at OSLA's website at www.osla.on.ca. OSLA has posted a Competency Profile for SLPs Conducting Insurer Examinations, and a set of Assessment Guidelines and recommended pricing.

With respect to the Competency Profile, it is recognized that speech-language pathology assessment and treatment plans need to be reviewed by other speech-language pathologists, rather than other health professionals, due to the unique skill set in this regulated health profession. It is also recognized that speech-language pathologists providing such second opinions must have a high degree of knowledge and expertise. OSLA, therefore, strongly recommends that insurers, IE companies and law firms ask potential speech-language pathology assessors to provide evidence of qualifications in the following areas:

Mandatory Minimum Qualifications

- Master's degree (or equivalent) in Speech-Language Pathology
- Registration with the College of Audiologists and Speech-Language Pathologists of Ontario
- Minimum of 5 years experience treating individuals with acquired brain injury
- A current practice treating individuals with acquired brain injury (at least 25% of clinical time spent on brain injury)
- Working knowledge of the "CASLPO Preferred Practice Guidelines for Cognitive-Communication Disorders"
- Working knowledge of the OSLA "Assessment Guidelines for Cognitive-Communication Disorders" and the OSLA "Treatment Guidelines for Cognitive-Communication Disorders"
- Working knowledge of the Statutory Accident Benefits Schedule (SABS)
- Member of OSLA's Auto Insurance interest group
- Completion of OSLA's Cognitive-Communication Post Graduate Course, Level 1

Additional Recommended Qualifications

- Completion of OSLA's Cognitive-Communication Post Graduate Course, Level 2
- Attendance at topic-specific clinical conferences and seminars

- Attendance at conferences specific to auto insurance regulations
- Completion of presentations in areas related to cognitive-communication disorders
- Participation in research in areas related to cognitive-communication disorders

For the convenience of insurers, IE companies, law firms and the general public, OSLA maintains a database of assessors who are OSLA members and have chosen to submit evidence on these parameters. Should you have a speech-language pathologist on your roster, please verify their qualifications by contacting OSLA at 416-920-3676, 800-718-6752 or mail@osla.on.ca. Please note that this is a competency roster of IE assessors only. There are many treating providers who also have these qualifications, but who do not complete IEs.

Dr. Bob Kroll, Leader in Fluency

By Sherry Hinman

Dr. Bob Kroll

Being executive director of The Speech and Stuttering Institute in Toronto means that Dr. Bob Kroll has his hands full. He, along with his team, runs the Institute, looks after fund-raising, is the Institute's spokes-person, spearheads new initiatives, oversees public awareness, takes care of administrative issues, and more. So there aren't too many opportunities to roll up his sleeves to do clinical work, his first love. But from the sounds of it, it's all a labour of love.

"The staff here are great," he says. "They're here to do their job. It's like owning your own little home; it's a pleasure to come to work, and everyone respects each other."

The Speech and Stuttering Institute has been the inevitable destination of all the work he has done to get there. Dr. Kroll completed his undergraduate degree in biology and the sciences at Concordia University in Montreal, and his master's in speech-language pathology at McGill University. He then went on to do his doctorate in speech-language pathology at Bowling Green State University in Ohio, where he did his dissertation on the topic of stuttering.

From Ohio, he moved to Toronto, to work at the former Clarke Institute (today the Centre for Addiction and Mental Health [CAMH]). "I became the director of speech pathology there," he says, "and stayed for over 20 years. A year after I arrived, I launched our intensive stuttering program."

The Speech Foundation of Ontario was launched in 1977, and later recruited Dr. Kroll to set up fluency programs for children, teens and adults, under their auspices. "We shifted the department into the Speech Foundation of Ontario, and brought the stuttering program to them." We named this branch the "Stuttering Centre." In 1997, when the CAMH speech pathology program closed, it became part of the Speech Foundation.

In 2007, all the programs were brought together and they moved into a brand new facility. "We renamed it 'The Speech and Stuttering Institute' and totally rebranded," he explains. "The word 'Speech' was for our motor speech programs, 'Stuttering' was for our work in stuttering, and 'Institute' was to convey that we are more than a clinical centre. Our mandate is three-fold: clinical, training and research."

The two branches of The Speech and Stuttering Institute provide clinical services to different populations for different disorders. "The children with motor speech difficulties have problems with the planning and production of speech. Some also have a language or phonological component," he says. "We provide this program to preschool children through their junior kindergarten year, and it's funded through the Ministry of Children and Youth Services."

The stuttering program serves an older age range, though it does not cover preschoolers. "We assessed the needs in the community, and felt that the (Ministry of Children and Youth Services) Preschool Speech and Language Program covered the younger children. But there was a service delivery gap for older kids." Children are seen in groups, from senior kindergarten and up. There are three age groupings for school-age children: 5 and 6, 7 to 9, and 10 to 12.

Teens are seen in intensive groups over the summer, and adults may attend groups offered throughout the rest of the year. "The groups run from Monday to Friday over a three-week period. We've been doing this ever since the program was offered at the Clarke."

Key to the intensive stuttering program is the maintenance component. "We offer 17 group sessions over a year." Dr. Kroll explains that stuttering is a chronic condition; it comes and goes. "People return the way they would for back pain. So we never officially close the file." They also offer refresher courses every year, weekend courses to help individuals remember the strategies and practice them.

What's unique about both the motor speech and stuttering programs is their intensive nature, Dr. Kroll explains. "These are special segments of the communicatively impaired populations. There are very few such programs in the world."

Dr. Kroll also describes the Institute's research component. "Right now, we are conducting research in collaboration with the Ministry of Children and Youth Services, looking at our motor speech program. We are disseminating information by providing workshop training to 50–60 selected speech-language pathologists across the province. "

"We're not necessarily advocating a specific program, but looking at children from a motor speech perspective. Once we complete the training, we'll measure how effective the clinical programs will be. Each clinician will take a selected caseload and there will be different kinds of data measurement. The ultimate goal is for children across the province to be better served." Dr. Kroll says he's really excited about the research project. It will take at least two years to complete and they are six months into it.

He is also involved in ongoing research together with University of Toronto professor of speech-language pathology Luc De Nil, involving neuroimaging studies with adults who stutter. These studies examine the brain activity of adults before and after therapy. "We are able to see what therapy looks like. And we share this information with clients." The Institute's training component is fulfilled through regular workshops such as the three-day workshop for speech-language pathologists offered this year on November 28–30, entitled "Fluency Plus: A Comprehensive Program for School-Age Children Who Stutter."

There's no question Dr. Kroll has made a major contribution to the profession. But when he received a notice from CASLPO asking members to consider running for council, he said yes to this, too. "I've always been involved in the profession," he says. "I am a big supporter of the field and was involved with OSLA. There have always been frustrations in this profession, with the need for acknowledgement and how we are regarded as professionals." Dr. Kroll was involved in the 1980s in bringing in qualifications for speech pathologists, when he headed the registration committee for OSLA (then OSHA).

"I was very happy when CASLPO formed, as the organization and its work adds to our credibility," he says. "CASLPO is providing a great service and I'd like to help out. I would also hope to be an ambassador forCASLPO. I've had a long-standing interest in the profession, protecting the public, and protecting our profession.

"The field has been very good to me. It has offered me the ability to pursue my interests in clinical work, teaching and research. So it's give-back time."

Sherry Hinman is a freelance writer and editor. She is also a professor in the Communicative Disorders Assistant Program, Durham College; worked clinically as an SLP for fourteen years; and served three years on the CASLPO Council.

Taking an Alternative Approach

By Sherry Hinman

Géraldine Wickert

On any given day, the media is filled with the latest information and research findings on cures, medications, and other medical advances. Like any other professionals, speech-language pathologists and audiologists stay on top of new methods and approaches, not only through the news but through reading professional journals and taking part in multidisciplinary collaboration, workshops, and courses. Curiosity, inquiry, and increased knowledge and skills can all lead to better service provision to clients.

Clinicians sometimes take that next step of incorporating new knowledge and skills into their practice. New ideas can enrich the therapeutic process, but clinicians must always consider their ethical obligations when doing so, to ensure that they continue to serve the best interests of the public. In 2002, CASLPO developed a position statement, *Alternative Approaches to Intervention*, to help guide speech-language pathologists and audiologists in ensuring ethical practice when providing alternative approaches to their clients.

We spoke to two speech-language pathologists who utilize two quite different "alternative" approaches: the first has integrated the method directly within her therapy, and the second practises her approach separately but has found ways to indirectly apply the benefits to her speech pathology clients.

Géraldine Wickert is a private speech-language pathologist in Ottawa who offers her services at a French-language school board. Wickert trained in France, and practised there until she came to Canada in 1986. She now works mostly with children who have learning disabilities, articulation disorders, and special language impairment.

While she was living and working in France, she learned an approach called "Dynamique Naturelle de la Parole" (DNP), which translates roughly as "Natural Dynamic of Speech." The approach involves using multisensory modalities to help children recognize and use speech sounds. DNP was developed by Madeleine Dunoyer de Segonzac, originally for use with children suffering deafness.

The approach uses a combination of music, body movement, and rhythm to help children experience sounds more completely. Wickert explains that this method works well with a child who is more active, and "we may use the movements so that the child feels the sound, sees it, and touches it."

"We use pom-poms, for example," she says, "to help the child associate a consonant-vowel combination. The child holds one pom-pom in each hand - - for example, a red one for /p/ and a blue one for /a/. This shows the child the differences between the sounds, and then we reproduce the sound combination with body movements, kinesthetic memory, and vision."

The method can also be used to work on rhythm and rate of speech. For example, for a child who speaks too quickly or too slowly, Wickert explains, "We would use a tambourine to show the rhythm of a sentence. We would show this on the hands and the back. Then we would put the words into a rhythm."

DNP was introduced to Canada in 1996, but it has its roots in several theories and methods that have been used in Europe for decades, from a wide range of disciplines. For example there is: the verbo-tonal method developed in the '50s for learning foreign languages; the Martenot method created in the 1930s using music, drawing, painting, and sculpting; research by Dr. Régine Llorca about teaching language through movement and rhythm; and recent research by Dr. Jonathan Bolduc (University of Ottawa) and Anie Vachon, speech pathologist and musician, on music, rhythm, and phonological awareness.

Wickert says those who wish to learn the DNP method can take workshops at associations, the Association La Joie de Parler (The Joy of Speaking). The Association has been working for the past 15 years on how to adapt the approach to English; although the phonological and grammatical features of the two languages are really different, they are coming quite close to an adaptation that will carry over the multisensory benefits to English. So far, more than 500 speech pathologists from Quebec, Ontario, and British Columbia have been trained in this method. The

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Association also trains educators, teachers, and parents. Wickert says she carries out the therapy one-on-one, but it can also be done in small groups or in a classroom, where you can work with the teacher's vocabulary.

The Association points out that DNP is not actually "new." It was created in Algeria and France, over 40 years ago, and has been experimented with extensively since. They feel that "the newness sentiment may come from the fact that the European and North American perspectives of speech and language have differed historically." The Association's members also argue that DNP is not "alternative" either. "There is ample research," they state, "in both pedagogy and in developmental psychology that proves that the more we present, in a coherent way, the same stimulus, in the different perceptual modalities (visual, auditory, kinesthetic), the better the chance we have to enhance learning and to approach the different learning styles of our clients." Modern data on teaching, education and learning styles, are not alternative, they assert – "they are just a more acute understanding of how we learn and how the brain processes information."

As far as how children respond to this method, Wickert states, "Children are happy to work this way. They're always willing to participate, though some may not jump in right away." Wickert stresses that while she uses these non-traditional (as well as traditional) tools in therapy, she still works toward traditional goals and objectives for each child. She is working on their phonological awareness, syntax, and morphology. "And we have fun," she adds.

Donna-Lee Zmenak

Another speech-language pathologist who takes great joy in the work she does is **Donna-Lee Zmenak**. Zmenak has her master's degree in speech pathology from Bowling Green State University in Ohio, and works predominantly with adults who have acquired brain injury. She is also a healing coach and does this work with the same population, as well as those who require healing in other areas of their lives. She says she has always had a passion for healing of the whole person, specifically through the body-mind connection.

Zmenak says she is careful to keep her practices separate, as she knows that some of her coaching work as of this day remains outside her scope of practice as a speech pathologist. But working as a healing coach and working as a speech pathologist often overlap, she notes; each informs the other. "I do incorporate some of the things I learned as a speech pathologist into my work as a healing coach. And the reverse can sometimes also be true."

She also believes strongly in continuing to learn, and devotes 10–15 hours per week studying the fields of quantum physics, brain and behaviour, and energy medicine.

"The terms 'energy healing,' 'energy psychology,' and 'energy medicine' (similar to Reiki) encompass the nature of how energy flows and becomes incorporated as a healing tool," explains Zmenak. "Energy can be 'used' by any professional with the intent of helping or healing another person. In the quantum world, 'intent moves energy.' "So while I am working with a client as a speech-language pathologist I am also attentive to their overall state of balance and well-being. Closer to the traditional methods employed by SLPs with someone who has had a traumatic brain injury, you have to take into account the element of stress on the physiology and psychology of the body and mind. This is analogous to an interruption in energy flow or life force." She continues:"The energetic correlation of a stressed individual is 'low vibration' and/or blocked energy. Traumatic brain injury is stressful, and often leaves clients feeling helpless and disempowered. It is my goal as a speech pathologist to mobilize the amazing potential we have as human beings to heal by raising their vibration (using the mind to create this healing template). It begins with restoring the foundation of well-being and a sense of intrinsic value and worth," asserts Zmenak. "We have entered a new era where we can begin to redefine ourselves as whole beings with an energetic essence. Thoughts are a form of energy (fear, helplessness, and anger being 'low vibration'). Cognitive communication provides a tool to communicate with our inner selves to access the mind-body paradigm and to consciously raise the vibration of thought forms. It is safe, natural, and accessible, and I believe will someday

change the face of health care."

Behind Zmenak's conviction that these methods are beneficial for people with traumatic brain injury is her primary goal in helping them to achieve a renewed sense of self-worth and well-being: "They need to learn to maintain a centred or balanced state to heal efficiently (higher vibration) as opposed to a perpetual state of stress engaging the physiological response system that depletes both immune function and life-force energy. We all perform better when we 'feel good.' What I do helps individuals to be able to reduce anxiety so that they can improve the efficiency of their overall communication."

Zmenak's beliefs about healing come from her personal experience with cancer nine years ago. She was told she would need radical surgery, chemotherapy, and/or radiation, and that without this treatment she would have less than two years to live. She declined this traditional medical approach and says she "wrote my own cognitive communication program – becoming disciplined and aware of every thought I was thinking and making healthy choices in all aspects of my life-based on my newly acquired intrinsic sense of self-worth."

Today, she runs seminars in healing for allied health professionals and also teaches some energetic healing principles. "I teach people how to engage their mind as one tool in the process of healing, and that we as practitioners can also play an energetic role in the healing of those around us."

Zmenak aims to use that connection to help people "feel" better (higher vibration – releasing blocked energy – facilitating healing) about themselves. "When clients walk in, the goal of any session, as a speech pathologist or as a healing coach, is that they leave feeling good. For some, this may be that they are pain-free or that they have achieved a perceptual shift that gives them a sense of acceptance about where they are in this moment, an awareness of how they indeed can consciously choose to access their

own personal power. This approach is both contemporary and ancient, potentially bridging the art and science of speech pathology

SLPs seeking to employ alternative approaches in therapy should always first consult CASLPO's Position Statement on Alternative Approaches to Intervention and contact CASLPO staff members, Melanie Jones-Drost, Director of Professional Practice, Policy Development and Quality Assurance at mjdrost@caslpo.com or Deputy Registrar Carol Bock at cbock@caslpo.com.

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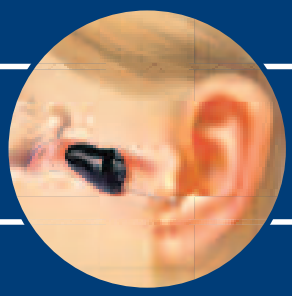

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