



# Service delivery for Canadians with dementia: A survey of speech-language pathologists



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## Background

- Lack of information on speech-language pathology services to Canadians with dementia
- Bryan & Maxim (2002) suggest that “as a profession we need to be more committed to improving services for older people with dementia and to eradicating the variations in service provision that currently exist...”

## Attitudes About Service Delivery Varied

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a) The progressive nature of dementia prevents individuals from improving in direct 1:1 speech, language, and/or communication interventions.	4.0%	16.7%	22.7%	51.4%	5.2%
b) Some individuals with dementia may benefit from speech language pathology services but caseload demands prevent me from providing this service.	24.7%	34.9%	19.5%	17.7%	3.3%
c) Some individuals with Alzheimer’s Disease/other dementing illnesses may benefit from speech language pathology services but these individuals are not referred to me.	22.5%	52.0%	14.5%	8.8%	2.2%
d) Treating patients with dementia is within the scope of practice of speech-language pathologists.	43.0%	47.8%	5.6%	1.2%	2.4%
e) Consistent routines may promote a higher level of function in individuals with Alzheimer’s Disease/other dementing illnesses.	45.0%	49.8%	4.0%	0.8%	0.4%
f) Structured daily activities may promote a higher level of function in individuals with Alzheimer’s Disease/other dementing illnesses.	44.4%	50.8%	3.2%	0.8%	0.8%
g) Professional caregivers can be trained to facilitate more effective communication in individuals with Alzheimer’s Disease/other dementing illnesses.	61.2%	34.0%	3.2%	0.4%	1.2%
h) Personal caregivers can be trained to facilitate more effective communication in individuals with Alzheimer’s Disease/other dementing illnesses.	59.0%	36.5%	2.8%	0.4%	1.2%

## Practice Patterns – Direct Intervention Uncommon

	Never	Rarely	Sometimes	Often	Always
(a) <b>Direct 1:1 Behavioral Treatment</b> (e.g., speech, language or communication treatment)	11.4%	25.2	38.2	17.1	6.5
(b) <b>Cognitive therapy</b> (e.g., memory strategies)	14.2	24.2	38.3	17.5	4.2
(c) <b>Group Treatment</b> (e.g., several clients reading aloud in a group; reminiscence or other activities).	62.4	16.2	12.8	6.0	0.9
(d) <b>Swallowing Interventions</b> (e.g., thermal stimulation, mealtime or dining room management, compensatory strategies).	5.6	2.4	16.7	50.0	24.6
(e) <b>Caregiver Training</b>	0.8	3.1	13.4	45.7	36.2
(f) <b>Program Development</b>	25.7	12.4	29.5	29.9	8.6

## Research Questions

- What are the attitudes of Canadian SLPs about service delivery to people with dementia?
- What are the practice patterns of Canadian SLPs with regard to individuals with dementia?

## Summary and Implications

- Attitudes about service delivery to people with dementia vary from positive to negative
- Few respondents actually provided services to those with dementia on a regular basis

## Methods

- Mail-out, four page questionnaire-based survey
- Questions required likert-type and yes/no responses
- Questions related to demographics, participants’ caseload and work habits, assessment and treatment, perspectives on dementia management
- 514 surveys were sent out to SLPs across Canada

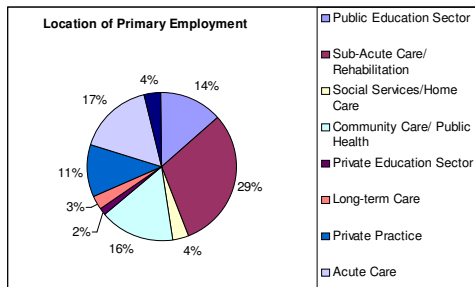
## Why aren’t SLPs seeing people with dementia? They said:

- Patients with more acute concerns have priority
- Lack of funding to support services
- Lack of knowledge about how to conduct dementia therapy
- Patients with dementia have limited potential to benefit from services

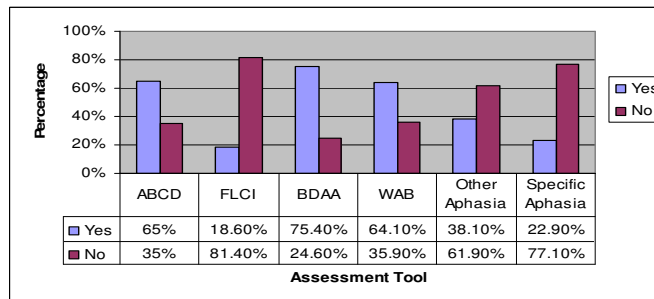
## Results

- 304 surveys returned (59.1%)

## Few SLPs Work in Long-Term Care



## Practice Patterns – Types of Assessment Tools Used



## What can we do?

- Education and public awareness
  - to improve SLPs’ knowledge about dementia
  - to increase referrals from other health care professionals
  - to increase funding for the growing number of individuals with dementia
- Conduct treatment research

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