

# Speech Pathology Service Delivery: The Scope of Practice and Counseling

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Michael Flahive received compensation for today's presentation. There are no other financial relationships to disclose.

This document differs significantly from the live presentation.

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## Assumptions & Requests

- 🌐 We're examining the topic of professional counseling, reflecting on our knowledge with, perhaps, a plan to increase our skills.
- 🌐 I anticipate being in this room for three hours. I hope you find reason(s) to also stay.
- 🌐 It would be helpful to turn your electronic media (cell phones) off and put them in a difficult place to reach.\*

\* "Smartphones Hijack Cognitive Capacity". Medscape, Jul 14, 2017.

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### **Our Scope of Practice says:**

SLPs counsel by providing education, guidance, and support. Individuals, their families and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders.

The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

American Speech-Language-Hearing Association. (2016). Scope of Practice in Speech-Language Pathology [Scope of Practice]. Available from: [www.asha.org/policy](http://www.asha.org/policy).

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### **Scope of Practice Mandates**

- ❖ Provide information
- ❖ Empower individuals and families to make informed decisions and to become self-advocates
- ❖ Provide support
- ❖ Refer individuals with disorders to other professionals when counseling needs fall outside our areas of expertise

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### **A View - Shared?**

🌐 Persons with communication disorders and their families will need information about their condition to:

- 🌐 Understand the current state,
- 🌐 Make plans for the short and long term,
- 🌐 Appreciate what the condition “means” and to begin making adjustment to it.

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### Brief History

- Early practice guides indicated counseling is among our professional responsibilities – ultimately the role became part of the Scope of Practice.
- Survey work in 70's & 80's suggested that while the responsibility had been specified, most practitioners did not have formal preparation.
- Revisions to the Scope have continued to elaborate on the topic.

Flahive, M. & White, S. (1981). Audiologists and Counseling. *Journal of the Academy of Rehabilitative Audiology*, XIV, 274 - 287.

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### A Simple Counseling Model

- Informational
  - Gathering information
  - Giving information
- Personal Adjustment

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### What Humans Do...

- Think of times in your life when you've had challenges – an illness, an emergency situation How did you react? What was the time course of events?
- Luterman (2008) talks about “seeking equilibrium” - allowing ourselves opportunities to reflect and begin to accept realities.

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### Recall Scope Mandates

- ❖ Provide information.
- ❖ Empower individuals and families to make informed decisions and to become self-advocates.
- ❖ Provide support.
- ❖ Refer to other professionals when counseling needs fall beyond your expertise.

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### Informational Counseling

- 🌍 Requires effective exchanges between client / family and the clinician
- 🌍 Is a critical aspect of developing a working relationship - relationship needs change over time
- 🌍 Will be important in fostering rational acceptance and personal adjustment

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### Audrey Holland's Perspective

- 🌍 The "who" we counsel - persons who otherwise have been coping with their lives rather well.
- 🌍 When there is catastrophe it will be important for us to understand how the person sees the problem – their world view.
- 🌍 To optimize our value it will be critical to have good communication.

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## Informational Counseling

Information exchanges depend upon effective dialog.

Microskills influence dialog effectiveness and are worth the time investment to develop strong microskill competence.

(Flasher & Fogle, 2<sup>nd</sup> Ed., 2012)

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## Microskills

- ▣ Affirmation
- ▣ Clarification
- ▣ Paraphrasing
- ▣ Reflection
- ▣ Reframing
- ▣ Silence
- ▣ Questions
  - ▣ Open-ended
  - ▣ Closed
  - ▣ Interlocking

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## Gathering Information

Refers to conventional process (e.g., case history, referral information, etc.).

Often includes interviews - which provide an opportunity to begin relationship building.

Tactics employed during interview (microskills) promote enhanced outcomes.

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### Gathering Information

- One objective is to set the stage for giving information.
- Getting and giving – both are important clinical dialog.
- “Gathering” can also include maintaining our own repository of quality information (e.g., internet resources, listserv sources, community contacts, etc.).

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### What Did Lori Express?

- Disappointment in not completely understanding the clinical issue.
- A sense of overwhelm with professional language
- Also sounds like guilt at having sought better understanding by going to the internet - where did that come from?

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### About Information Giving

- Critical to individual and family’s understanding of the issue
- Essential for personal adjustment
- Comes with challenges

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## Why should we care about effective information exchanges?

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## Margolis



- Information retention factoids--
- 40% - 80% of information provided by healthcare workers can be *forgotten immediately*.
- Of the information recalled, half may be remembered *incorrectly*.

Margolis, R. (2004). "In One Ear and Out the Other – What Patients Remember." Accessed 10 October, 2017.  
[http://www.audiologyonline.com/articles/pf\\_article\\_detail.asp?article\\_id=548](http://www.audiologyonline.com/articles/pf_article_detail.asp?article_id=548)

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## Recall Depends on Clients

- Intelligence has not been shown to affect the proportion of information retained.
- General familiarity with information does increase retention.
- A finding that one expects is more likely to be retained.

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### **Recall Depends on Clients**

- 🌐 What is more desirable is more likely to be retained.
- 🌐 Anxiety affects recall - high anxiety negatively influences recall; moderate anxiety may increase the probability of remembering.

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### **Recall Depends on Clients**

- 🌐 Denial contributes to poor recall – and to reception of information by family members.
- 🌐 Look for indicators of denial: it will impede progress.

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### **If Recall Depends on Clients**

- 🌐 Have you experienced times when you believe your explanations were not understood?
- 🌐 How will we work with the client or their family who appear to be denying reality?

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### Recall Depends on Presentation

- 🌐 Information presented in a simple, easy-to-understand format is better recalled.
- 🌐 The more information presented, the less is recalled.
- 🌐 Categorizing information improves recall.
- 🌐 Use the Primacy effect.

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### Recall Depends on Presentation

- 🌐 Margolis recommends a “method of explicit categorization.”
- 🌐 Prompt questions in each category prior to moving forward.
- 🌐 Written / graphic material supplement information reception and enhance recall.

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### Recall Depends on the Clinician



- 🌐 Convey information with simple sentence structure and clear language.
- 🌐 Determine what individuals or family members want to learn and their level of understanding - this requires LISTENING.

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### Recall Depends on the Clinician

- Information presented as more important will more likely be recalled - style of delivery makes a difference.
- Written / graphic material supplement giving and enhance recall.

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### Margolis Recommendation Summary

- Give advice as concrete instructions.
- Use easy to understand language.
- Use the “primacy” effect.
- Use “explicit categorization.”
- Repeat important points.

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### He Also Recommends

- Don't present too much information.
- Be sure you understand the client's beliefs concerning the problem.
- Supplement verbal information with written, graphic or pictorial materials.

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### How Do You Gauge Client Understanding?

- 🌐 Many listeners will smile and nod...as some of you may have today!
- 🌐 Should you directly quiz? Why? Not?
- 🌐 What about specific assignments?
- 🌐 How about support groups?

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### Another Margolis “Pearl”

🌐 **“Because of the emotional impact of the information, personal adjustment counseling may be necessary to assist the patient and family so they can take positive measures to manage the condition.” (Margolis, 2003)**

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### Paraphrasing

When paraphrasing what someone has said it is good to:

- Listen for the main message
- Restate the message as you understand it, in your own words
- Check that what you heard was what the speaker meant

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### Healthcare Advocates Rx

- 🌐 “Teach Back” method - as the term implies, you request the client provide you with instruction to verify their understanding.
- 🌐 Detail on this method can be found by going to the Internet – there’s a lot.

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### Take Aways

- 🌐 Counseling is important in quality service provision.
- 🌐 It is necessary to attend to elements of counseling style.
- 🌐 Counseling effectiveness is strongly influenced by our engagement style.

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### Take Aways

- 🌐 About information exchanges:
  - 🌐 Good command of microskills will promote effective and efficient give and take.
  - 🌐 Build / retain a good system of print resources to share.
  - 🌐 Follow Margolis’ suggestions for information giving.

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