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

#### Continued...

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

This document differs significantly from the live presentation.

#### Our Counseling Model's "Other Piece"



Personal Adjustment Facilitation

# A Communication Disorder, Now What?

- We've reviewed the need for strong information exchanges
- We've begun identifying resources to support clients and their families
- There is more...

"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)

#### **Recall 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 are beyond our expertise.

r expertise.

#### Where We're Going

- What is the rationale for providing personal adjustment counseling?
- Other than Scope of Practice, what indicators justify this?

# Philosophical Perspective(s)

- Today's presentation is influenced by the work of Audrey Holland.
- Additional perspective is provided through the work of David Luterman.

# **Holland's Grounding**

- The people we counsel otherwise have been coping with their lives rather well, thank you!
- Her perspective not focusing on what is WRONG with people - rather, what is RIGHT with them.
- Objectives include helping to identify strengths - to foster optimism and resilience.

## **Holland's Grounding**

- Wellness & Positive Psychology
- Full catastrophe life's good and bad
- Living in and with the disorder
- Stories
- Using a crisis model

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# **Positive Psychology**

Positive psychology is an alternative to viewing communication disorders solely through a "disease model" lens.

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## **Positive Psychology**

#### **Basic Tenets:**

- ✓ Equal focus on maximizing strength and modulating or compensating for weakness, &
- √ Focus on living as fully as possible, despite a catastrophe.

#### **Holland's: Counsellor Attributes**

Maintain knowledge base

- Know time course
- . Know patterns of change
- What problems usually accompany?
- Knowledge of resources

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#### **Emotional Reactions**

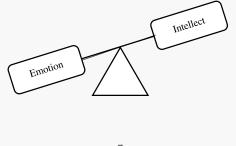
- Parent's loss of a perfect child.
- Student frustration over peer reaction to a speech or language disorder.
- Sudden change in relationships as a result of a stroke or other traumatic event.

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#### **Emotional Reactions**

- Therapy outcomes that fall short of family expectations.
- Initial shock factor: it may take family members time to absorb the information we bring.
- Slowly watching as a loved one is victimized by a degenerative condition.

# Recall Reactions to Change in Status Quo



#### **Need(s) for Personal Adjustment**

- Loss: intended or unintended parting with something of value.
- Deprivation or harm results from such a loss.
- Primary and secondary - -
- Loss is individual we react in our own ways.

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# **Communication Counseling**

Counseling moments –

Holland's focused, family-based approach stresses the importance of listening and taking advantage of opportunities to assist families in moving toward acceptance and developing resilience.

#### **Communication Counseling**

- Balance and sensitivity require-
  - good listening as grieving takes place, &
  - assistance in helping families to become expert with their family member.

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#### **Communication Counseling**

- Other variables
  - Chronic factor some conditions are lifelong.
  - Poverty may be an unfortunate accompanying variable.

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#### **Communication Counseling**

- Holland notes the importance of stories
  - prompts for getting and giving facts:
  - "Help me understand."
  - "What's been happening?"
  - "If I'm going to help, I need to know what's going on."
- Listening to stories provides an opportunity to affirm and support, thus build relationships.

## **Communication Counseling**

- Stories provide opportunities to <u>rethink</u>, <u>reconsider</u>, and <u>rebuild</u> – thus, help grow toward acceptance.
- She also notes the importance of <u>support groups</u> as a source of growth among participants.

#### **Personal Adjustment**

- Predictable emotions
  - Anger
  - Anxiety
  - Fear
  - Guilt

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## **Personal Adjustment**

- Defense Mechanisms
  - Denial
  - Altruism
  - Intellectualization
  - Displacement

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## **Personal Adjustment**

- Facilitating skills
  - Listening
  - Reflecting
  - Affirming

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## **Personal Adjustment**

- Referring skills
  - -Resources available to you.
  - -Resources available to clients.
  - -Resources available to families.

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## Listening

✓ Attend to the channels of communication.



✓ Learn to recognize needs so as not to miss important signals.

#### Listening

- Do not interject your biases, dispositions, or personal beliefs.
- ❖ Do not judge.
- ❖ When appropriate, do challenge.
- \* Maintain an active listening posture.
- ❖ Give appropriate feedback.

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#### Four Letter "F" Word

**FEEL** 

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#### **Lori Notes Importance of Time**

- Is it reasonable to expect that "issues" will change as an individual moves through a recovery process?
- Doesn't it seem "responsible" to be prepared to provide support as the landscape changes?
- If individuals and their families become involved with support groups, our role(s) may diminish.

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## Reflecting

- ❖ Tell me about. . .
- ❖ Tell me what you mean by. . .
- ❖I hear you saying . .
- ❖ Please describe. . .
- ❖ Show me how. . .

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#### What is reflective practice?



'One simply siphons the excess thoughts from one's mind, pours then into the basin and examines them at one's leisure. It becomes easier to spot patterns and links, you understand when they are in this form.' (Rowling, J.K. (2000) Harry Potter and the Goblet of Fire).

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## **Depression**

People describe themselves as:

- > Sad
- > Hopeless
- > Discouraged
- > Angry

#### **Depression**

People describe themselves as:

- > Loosing interest or pleasure in activities they previously enjoyed.
- > Having difficulty sleeping.
- > Loosing appetite, or craving food.

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#### **Depression - Symptoms**

- Impaired ability to concentrate or make decisions
  - · Decreased energy, excessive fatigue
  - Worthlessness or guilt about past failures
  - · Thoughts of suicide\*
- > In children, consequences may include drop in academic performance

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#### **Depression – Our Efforts**

- Refer to mental health professionals (Scope of Practice, Code of Ethics).
- Consider options to engagement style.

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#### **Depression – Our Efforts**

From a cognitive-behavioral perspective

- Help individuals identify coping strategies (e.g., listening to uplifting music or engaging positive messages).
- Encourage individuals to spend time with people they find supportive.
- Speak with people who have faced similar challenges - support groups, colleagues.

#### **Depression – Our Efforts**

- Relative to communicative disorders:
  - Encourage positive self-talk.
  - Reinforce evidence of positive disposition.
  - Compliment, reinforce, affirm.

#### **Depression – Our Efforts**

From a humanistic perspective

- "Be with" the client, demonstrating unconditional positive regard and empathy.
- Occasional reflection demonstrate you are there for the individual - may assist depressed individuals who feel invalidated.

#### **Depression – Our Efforts**

#### From an interpersonal perspective

- Avoid responding in ways the individual may expect from others (impatient, irritated, harsh or angry).
- Be supportive and encouraging not demanding - tone of voice and body language are important elements.
- Be available.

## Adults Moving ∑ Improvement

- Counseling priorities may be clearer with other clients:
  - Return to work
  - Altered family roles
  - Retirement
  - Social isolation
  - Lifestyle changes / restrictions

# Adults Moving ∑ Improvement

- Holland uses stroke as a prime example of adults who experience a communication disorder.
- She notes guilt and anger as two common emotional reactions.
- Also cautions that FEAR will likely be part of the mix.

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Adults Moving \(\sigma\)	Improvement
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- Recall issues related to stroke:
  - Mobility
  - Cognition
  - Psychological / psychosocial concerns

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- Acknowledge client's fear and anxiety.
- Allow for talk about their stress / anxiety.
- Make stroke information available when patients / families are ready.

- Counseling "epochs" post stroke
- Onset Rx's—
  - Getting off to a good start.
  - Demonstrate spontaneous recovery.
  - Capitalize on communicative strengths.
  - Highlight what is RIGHT.

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- Chronic stage learning to live with it.
  - We help to guide acceptance.
  - Holland suggests positive interventions:
    - Use VIA signature strengths at the core is exploration of the use of strengths - Can be used with families, too
    - Gratitude visits.

#### So, where have we been?

**Gathering Information** 

- ❖ Accumulating facts
- Developing relationships
- ❖ Establishing our clinical "read"

#### So, where have we been?

**Information Giving** 

- Sensitivity to information loss
- Establish methods to verify, e.g.

"teach back"

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#### And...

#### **Facilitating Personal Adjustment**

- **\* LISTENING**
- ❖ Promote dialogue
- ❖ Promote positive thinking
- ❖ Refer



- Time pressure exists in every workplace – how do we resolve that?
- ❖ Is it a billable service?
- "I have little experience helping with emotional reaction." Are there risks in trying to help?

#### **RESOURCES**

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