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## SLPs and Communication Counseling: Facilitating Personal Adjustment

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## SLP's and Communication Counseling: Facilitating Personal Adjustment

Michael Flahive, Ph.D., F-ASHA

## Disclosure Statement

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

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## Learning Objectives

After this course, participants will be able to:

- Describe two basic tenets of positive psychology as they apply to communication counseling in speech-language pathology.
- Identify three symptoms of depression that may be present as a result of a communication disorder.
- List three of Holland's suggestions for promoting optimism and resilience among clients and their families.

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## GOALS

- Review the Scope of Practice regarding SLP provision of counseling services.
- Provide a context for “communication counseling”.
- Recognize emotional reactions associated with communication disorders.
- Summarize the work of two respected clinicians with divergent counseling perspectives: Audrey Holland and David Luterman.

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## GOALS

- Identify characteristics of depression and our roles.
- List suggested activities to assist clients and in our learning.
- Give examples of continuing education activities to bolster skill and confidence in providing counseling.

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## Assumptions

- We're examining the topic of professional counseling, reflecting on our knowledge with, perhaps, a plan to broaden our skills.
- Counseling we provide is focused on communication – within our Scope of Professional Practice.
- Individuals we're discussing (clients and their family members) are free from major mental health issues.

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## ASHA Scope of Practice in Speech Pathology

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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## 2016 - ASHA Scope of Practice in Speech Pathology 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 Shared Perspective?

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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“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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### Emotional Circumstances

- Parent's loss of a perfect child.
- Initial shock factor: it may take family members time to absorb the information we bring.
- Student frustration over peer reaction to a speech or language disorder.

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### Emotional Circumstances

- Sudden change in relationships as a result of a stroke or other traumatic event.
- Slowly watching as a loved one is experiencing a degenerative condition.
- Therapy outcomes that fall short of individual or family expectations.

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### Needs 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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## Definition of *facilitate*

transitive verb: to make easier: help bring about  
i.e. *facilitate* growth

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## Resources

- Today's conversation is influenced by the work of Audrey Holland with additional insight provided through the work of David Luterman.
- Two resource perspectives in the event we arrive at our own, eclectic position on providing services.

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## 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.
- Believes the components of the counseling process are *understanding, explaining, advising and translating into action*.
- Objectives include helping to identify strengths - to foster optimism and resilience.

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## Holland's Grounding

Counseling process components will result in:

- grieving what has been lost,
- understand what has happened as fully as possible,
- develop coping strategies,
- make peace with the disorder,
- make sensible adaptations to the disorder,
- capitalize on strengths to minimize weaknesses,
- live life as fully as possible despite impairment.

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## Holland's Grounding

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.

Based on the work of Martin Seligman – see:  
<https://www.authentic happiness.sas.upenn.edu>

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## Communication Counseling

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.

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## Communication Counseling

Balance and sensitivity require--

- Good listening as grieving takes place, and assistance in helping families to become expert with their family member.
- Luterman is a strong proponent of “deep listening”.
- Holland favors stories to provide opportunities to rethink, reconsider, and rebuild – thus, help grow toward acceptance.

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## Holland's Grounding

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

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## Holland's: Important Counsellor Attributes

### Maintain knowledge base

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

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## Holland's: Positive Psychology Interventions\*

- Gratitude visit
- Three good things in life
- You at your best
- Identifying signature strengths
- Using signature strengths in a new way

\*Peterson, C. (2006). *A Primer in Positive Psychology*. New York: Oxford University Press.

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## Personal Adjustment / Rational Acceptance

- Predictable emotions
  - Anger
  - Anxiety
  - Fear
  - Guilt

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## Personal Adjustment / Rational Acceptance

- Defense Mechanisms

- Denial
- Altruism
- Intellectualization
- Displacement

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## Personal Adjustment / Rational Acceptance

- Facilitating skills\*

- Listening
- Reflecting
- Affirming

\*Have we built a relationship that will assist in the promotion of resilience and optimism?

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## Personal Adjustment / Rational Acceptance

### 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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## Reflecting

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## Reflecting - Prompts

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

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## Personal Adjustment / Rational Acceptance

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

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## Moving Toward Rational Acceptance

- 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?
- As individuals and their families become involved with support groups, our role(s) may diminish.

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## Luterman's Perspective(s)

- People we deal with are “appropriately emotionally upset”.
- Natural tendency is to provide content – an attempt to keep away from tears (emotional reaction) and deal with what is more comfortable conversational material.
- As a professional, Luterman needed to come to grips with the reality - deal with feelings in order to do his work – to be effective, he needed to give himself permission to enter into the feeling state

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### Luterman's Perspective(s)

- When catastrophe occurs humans have a tendency, to try and make the victim or their family feel better...taking away permission to grieve – telling them in one way or another that they shouldn't feel that way.
- Caution - too much content may lead to dependency on the clinician.
- Respect for the other person's ability to solve their own problems – humans have a tremendous capacity to heal.

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### Luterman's Perspective(s)

- Develop “deep listening” skills – it will contribute to establishment of a genuine working relationship wherein the client and/or family assumes ownership of what is theirs.
- Reduces the probability that dependency on us will be developed.
- Will lead to an acceptance of conditions and free individuals to grieve and move toward rational acceptance.
- Holland shares this value– listening skills are important.

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## Luterman's Perspective(s)

### Counseling Essences

- Accept emotions as they come about
- Enable people to be empowered – to be in a position to make decisions independent of us
- Build relationships that allow for the expression of feelings in addition to content exchanges

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## Depression – Our Efforts

- Refer to mental health professionals when issues beyond communication disorders accompany. (Scope of Practice, Code of Ethics).
- Consider options to our engagement style.
- 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.
- <https://www.webmd.com/depression/guide/detecting-depression#1>

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## Depression – Our Efforts

Relative to communicative disorders:

- Encourage positive self-talk.
- Reinforce evidence of positive disposition.
- Compliment, reinforce, affirm.

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## Depression – Our Efforts

- 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.

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## From Here...

- Consider additional efforts at developing counseling skills:
  - Find colleagues and take on self-directed study.
  - Identify a local, trained mental health professional to assist with practice in simulated conditions.
  - Continue to monitor professional journals and other sources of continued training.
  - Be willing to “put a toe in the water”.
  - Take pride in efforts you believe have made a difference – they likely have!

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