Counseling Training and the SLP's role

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Disclosures

• Financial: Received a partial registration voucher, author of Counseling and Motivational Interviewing in Speech Language Pathology

• Nonfinancial: Aphasia Access Conversations Podcast workgroup, SIG 20 Counseling associate coordinator

• Personal: I’ve worked with Tom Sather for 25 years, we prefer to go by “Tom & Jerry”, my bracket is in rough shape, I wear my sunglasses at night
Scope of Practice in SLP

Collaboration

Assessment

Prevention and Wellness

Treatment

Modalities, Technology, and Instrumentation

Screening

Population and Systems

ASHA, 2016
Scope of Practice in CSD

- “Providing education, guidance, and support”
- Addressing emotional responses resulting from experiences of communication/feeding/swallowing disorders
  - Empowering individuals
  - Educating individuals
  - Providing support
  - Building self-advocacy skills
  - Refer when out of scope
  - “discuss, evaluate, and address negative emotions and thoughts related to communication/feeding/swallowing disorders”

ASHA, 2016
Resources!

• Working on a scope of practice position statement
• April 4\textsuperscript{th} @ 7:30 – 8:30 pm EST – David Luterman will be moderating a discussion on scope of practice
• asha.org/SIG/20
What is our role?

Level 4: Challenging behavior service

Level 3: CBT, mental health specialist service, clinical neuropsychology

Level 2: Behavioral activation, CBT, relaxation training, motivational interviewing, problem solving

Level 1: Support groups, befriending, music & art therapy, leisure rehabilitation, motivational interviewing, problem solving, ASK, group relaxation training, experiences assessment
What happens when we…?

• Don’t feel confident in using counseling?
• Worry that we should be spending our time doing other “therapy”?
• Worry that our supervisor wants us to stay on track, do more therapy?

• Damico & Simmons-Mackie (2011) say that we may be conditioned to avoid counseling moments when they arise
Where we stand...

• 95.5% of SLPs were confident and knowledgeable in working with individuals with aphasia

• 88.3% encountered but 60-70% report lack of knowledge, confidence, and satisfaction with assessing and managing well-being

• Nearly 85% of SLPs reported that addressing psychological well-being was important for all phases of recovery

• More than 73% of SLPs reported no additional training in counseling beyond their academic preparation

Sekhon et al., 2015; 2019, 2021
What we know about academic training…

- Academic training is inadequate (ranging from no training to 3-4 hours or a token nod) Sekhon et al., 2019
- Level of comfort and preparedness correlated with quantity of training and experiences Sekhon et al., 2019
- In the US (as of 2017), 59% of programs have a standalone counseling course Doud et al., 2020
- Counseling courses are required in 52% of those programs with a course Doud et al., 2020
- ASHA requires counseling in training (across courses & clinic) but 3% of programs do not include it Doud et al., 2020
Post-academic training...

• 62% of Australian SLPs report no training Sekhon et al., 2019
• 66% in the US reporting no training Townsend & Hoepner, under review
• 67% of British SLTs reporting some training Northcott et al., 2017, 2018

• Those with training reported 1-2 days of training

• Only 2 studies report post-stroke adjustment training Julien & Simkiss, 2013; Ross et al., 2009
Counseling Practices Survey (CPS)

• N = 93 practicing SLPs
• 23.91% West, 21.74% Mid-West, 28.26% South, and 26.09% Northeast
• 47% had a counseling course in grad program
• Of those who did NOT have a course, 42% said it was embedded in other courses
• Amount of training ranged from “briefly touching on counseling” to “somewhat interspersed but never directly addressed,” to “1-2 lectures” to identifying that “counseling discussions/suggestions were common.” One SLP remarked on being told that at the “end of sessions, this is what you can do if you have time.”

Townsend & Hoepner, under review
CPS continued...

- 34% had taken counseling related professional development
- 75% had NO “hands-on” training
- Aware of non-specific counseling techniques
- Had difficulty distinguishing preferred vs. non-preferred techniques
- Little knowledge of specific techniques or terminology

Townsend & Hoepner, under review
Counseling Practices Interview – Aphasia (CPI-A)

- 8 SLPs, 4 regions, Acute, Subacute & Chronic stages
- Uncertain about counseling individuals with aphasia and their families
- Sense of being undertrained
  - Some had counseling course in grad school
  - None had “hands-on” training
  - Little training specific to aphasia
  - Some sought out professional development
  - Some identified situations where they avoided counseling moments

Hoepner & Townsend, under review
Main Themes

1. Confidence in aphasia-specific skills/techniques
2. Confidence with educational counseling
3. SLPs encounter emotional and psychosocial discussions regularly
4. Taking the perspective of individuals with aphasia and their family
5. Not prepared for psychosocial adjustment counseling moments (notably, those with training feel more prepared)
6. Referrals, interprofessional practices, and scope of practice issues
7. SLP self-care

Hoepner & Townsend, under review
Sekhon’s Counseling training model

• Online training module – 10 hours
  • Self-paced on Moodle
  • Narrated slides, YouTube videos, podcasts, readings, websites
  • Knowledge quizzes, reflection activities

• 3-hour hands-on workshop on Zoom
  • Practice skills
  • Problem solve using clinical scenarios
  • Provide and receive feedback with peers
  • Set personal goals for further competency development

• Sekhon et al. (2022) protocol:
  https://cloudstor.aarnet.edu.au/plus/s/zqwIqY5SSvWhaWC
Outcomes…

• ↑counseling self-efficacy: $F(1,44) = 39.402$, $p < .0005$

• ↑Self-rated competency for counseling: $F(1,44) = 31.824$, $p < .0005$

• Effects maintained at 5-week follow-up & self-rated competency scores demonstrating additional improvement
“Hands-on” training

- More passive
  - Observation and discussion
- Contrived
  - Structured role plays
- Authentic elements infused
  - Low-stakes practice
- Most authentic
  - Collaborative counseling practice

Hoepner, 2018; Hoepner & Sather, 2020; Hoepner, 2023; Hoepner & Zigler, under review
Collaborative Counseling training model

Joint video review of effective and less than effective counseling interactions

3 low stakes practice videos with a friend, partner, etc.
Reflect and receive feedback

3 collaborative counseling sessions with real clients
Work as a team to implement a session using OARS and MI Steps
Debrief and discuss
Prepare for next session (after sessions 1 and 2)

Hoepner, 2018; Hoepner & Sather, 2020; Hoepner, 2023;
Hoepner & Zigler, under review
What does that look like?

Hoeplner, 2018; Hoeplner & Sather, 2020; Hoeplner, 2023; Hoeplner & Zigler, under review
Outcomes

• 36 first-year grads
• Improved self-efficacy and confidence/decreased nerves
• Inhibiting “righting reflex”
• Increased comfort in navigating “team” counseling interactions
• Increased comfort in using motivational interviewing techniques/skill development
• Learning from peer models
• Learning from faculty models and guidance
• Authentic hands-on practice

Hoepner, 2018; Hoepner & Sather, 2020; Hoepner, 2023; Hoepner & Zigler, under review
References

- Hoepner, J.K., & Townsend, A.K. (Under review). Counseling practices of speech-language pathologists working with aphasia: “I did not have adequate training in actual counseling strategies.”