Intensive Review PRAXIS Examination

CLINICAL MANAGEMENT

Documentation and Counseling

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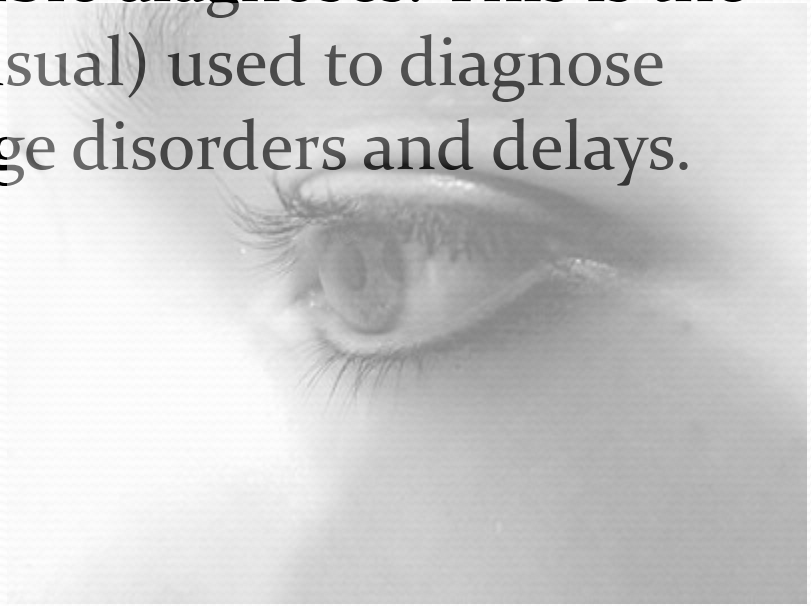
Purpose of Documentation

The purpose of documentation is to develop a database of support for possible diagnoses. This is the information (auditory and visual) used to diagnose and treat speech and language disorders and delays.



Documentation

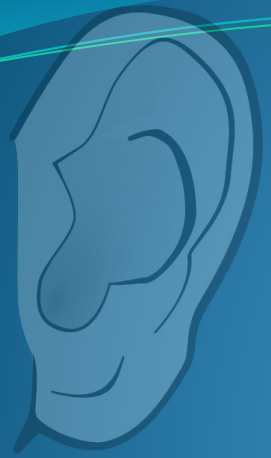
Data Gathering → Case History
Observation-Diagnostic

Data Processing → Analysis, Decisions, and Conclusions

Data Sharing → Reports, Therapy and Conferences

Interviewing for Case History

1. Referral source and legal informant
2. Birth information and medical background
3. Illnesses, medications, side effects
4. History of communication delays and disorders in the family
5. Behavioral observations



Interview Questions Case History

6. Caregiver concerns
7. Occupational and Physical therapy reports as needed,
8. Cultural and linguistic background
9. Education and occupational information

Assessments

- Purpose: assessment will support or deny the hypotheses regarding normality versus disorder

- Formal assessments (hearing, oral motor, articulation, voice, fluency, vocabulary, language, pragmatics) and informal assessments (observations, parent reports, teacher reports, previous evaluations) help to build the database from which your final decisions (diagnosis and therapy) are formed.

Team Members and Collaborators

- Parents and Guardians
- Teachers, Special Educators, Interventionists, Assistive Technology Specialists, and Literacy Specialists
- Doctors (Physicians, Dentists, Neurologists, etc.)
- Speech-Language Pathologists, Audiologists, Occupational, Respiratory and Physical Therapists
- Psychologists, Counselors, and Social Workers
- Nurses, Nutritionists, and CNAs
- Interpreters

Database Analysis

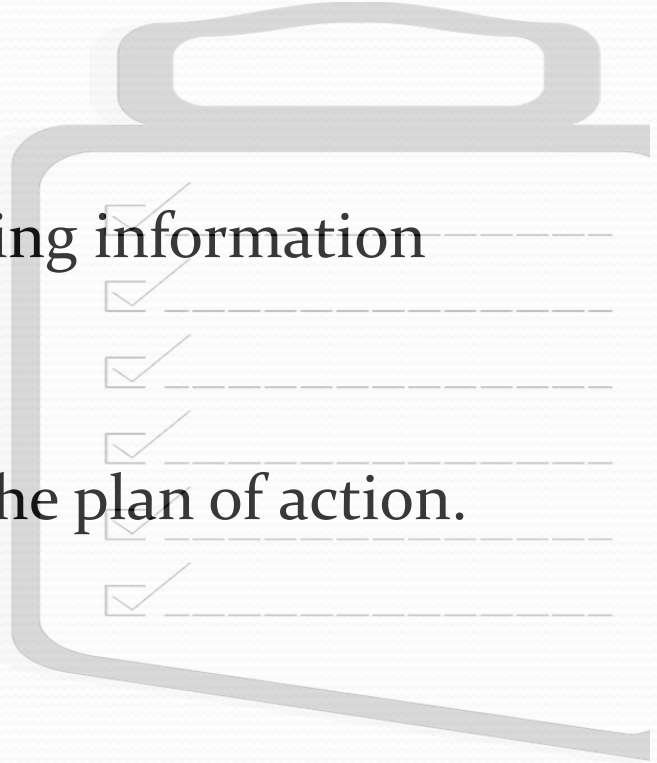
- Case history
- Behavioral observations
- Audiological information
- Oral peripheral, motor, and swallowing
- Articulation
- Fluency
- Voice
- Vocabulary
- Expressive/receptive language and pragmatics

Integration & Synthesis of Information

- **Describe** findings
- Determine the possible delays and disorder(s)
- Determine severity
- Develop appropriate treatment plans

How One Relays Clinical Information

- Provide a copy of the report
- Provide a discussion of the supporting information and diagnosis
- Provide a copy and explanation of the plan of action.



SOAP NOTE

Subjective information-descriptive observation of disposition

Objective-quantitative data

Assessment-the “why” regarding change in skills

Plan- supports improvement for the next sessions

Document Referrals

- Possible voice problems -ENT, MD, before treating
- Diagnoses outside of our scope of practice (behaviors indicative of autism)
- Possible medical problems seen on oral motor exam (enlarged tonsils, structural misalignments, prolonged hoarseness)
- Swallowing evaluations that warrant a look at the esophagus (gastroenterologist)
- Psychological counseling (depression that interferes with treatment and assessment)

Reasons Termination of Care is...

- based on accomplishing goals, prognosis for improvement, continued progress, and motivation to improve.
- based on client not making progress, lack of motivation, poor support system, and finally, poor prognosis.

Termination Questions

- Generalization of skills?
- Has the client met the expected goal? Within normal limits?
- Is the client continuing to show a marked ability to progress in other goal areas?
- Is the prognosis for improvement good?
- Is the client self-motivated to improve?
- Are the caregivers motivated to support the program?

Counseling

What happens when attitudes, emotions, feelings, and cognitive sets interfere with therapy?

Counseling

Counseling entails the building of relationships with the goal of supporting clients and families as they experience stresses due to their communicative disorders.

Before We Counsel

Clinicians should be aware of their own cultural biases, preconceptions and misconceptions in order to treat respectfully regardless of race, class, gender, sexual orientation, or religion, etc.

What makes an Effective Counselor?

- Objective
- Competent and knowledgeable (culturally sensitive)
- Honest and openness
- Flexible (culturally sensitive)
- Empathetic (culturally sensitive)
- Trustworthy (culturally sensitive)
- Emotionally stable
- Motivates (culturally sensitive)
- Non-judgmental (culturally sensitive)
- Positivist and yet realist

ASHA's Preferred Practice Patterns 2004

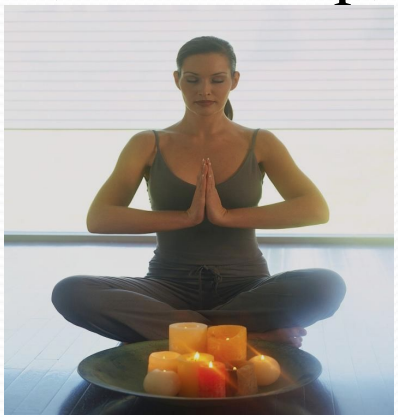
-World Health Organization (WHO) framework

Counseling:

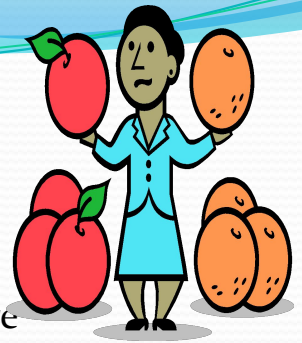
- assists individuals to develop appropriate goals related to a communication or swallowing disorder that capitalize on strengths and address weaknesses related to underlying structures and functions that affect communication/swallowing;
- **facilitates the individual's activities and participation by assisting the person to increase autonomy, self-direction, and responsibility for acquiring and utilizing new skills and strategies that are related to their goals** to communicate or swallow more effectively;
- assist individuals in understanding how to modify contextual factors to reduce barriers and enhance facilitators of successful communication/swallowing and participation.

ASHA's Preferred Practice Patterns 2004

Counseling is expected to result in improved abilities, functioning, participation, and contextual facilitators. Counseling also may result in recommendations for speech-language or swallowing reassessment, follow-up, and/or referral for other services.



The Difference



<u>Counseling</u> (Clinical Interaction Model) **<u>vs.</u>** **<u>Psychotherapy</u>**

Giving advice

Cognitive problems that are severe

Listening to a client express his/her feelings

Responding to non-complex situations within our scope of practice

Responds to complex issues outside of our our scope of practice

Medical problems

Offering advice that will positively affect the outcome of therapy

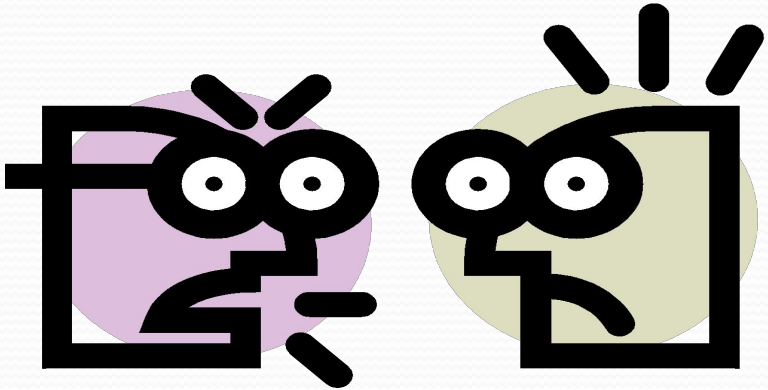
Chronic depression
Marital and domestic concerns

What Do You Hear?
What Do You See?
And

How Do You Handle?

Modes of Defense

- **Rationalization**-giving a logical but false explanation of the situation
- **Reaction Formation**- actually saying something that is effectively the opposite of what is true
- **Displacement**-taking out one's disappointments on a safe person or object
- **Projection**- shifting of actions from a desired target to a substitute target
- **Repression**-keeping thoughts and feelings under control and out of view of others; clients are not aware of their behavior
- **Suppression**-clients are conscious of their controlled feelings; ***in some cultures this is normal and should be viewed as a difference not a mode of defense***



The Grieving Process

- Shock and disbelief
- Denial
- Anger
- Bargaining
- Depression
- Feel guilty
- Acceptance

"Clinicians need to allow clients to express their feelings...it is most important that we acknowledge and accept clients' statements and positions in the grieving process."

---Roseberry-McKibbon & Hegde, 2006

Good Counseling

ASHA Preferred Practice Patterns, 2004

- timely
- provides information and guidance
- involves patients, families and caregivers
- dynamic
- may require some coordination of other professional supports

- Relates to :
  - Communication
  - Swallowing
  - Intervention
  - Outcomes
  - Coping strategies

Counseling Methods

- **Direct**-The clinician provides the insight.
- **Indirect**-The client is allowed to come to a conclusion based on the discussion.

Counseling Models

Cognitive Approach

- clients are involved at the cognitive level more so than a rote level
- self-evaluation as well as evaluation on the therapist's end
- clients demonstrate ability to self-correct as the clinician will also supply corrective procedures
- the clinician will be able to change strategies as needed-the client may also be able to determine this need
- awareness of the client's emotions, attitude, feelings, and needs is imperative

Behavioral Approach

- understanding and acknowledging negative behaviors (covert behaviors)- underlying thoughts and feelings
- emphasis on how the environment stimulates the behavior
- behavior is shaped by immediate consequences
- reinforcement is immediate and consistent with desired behavior
- reinforcement must be something that a person would work for

Counseling Models

Cognitive Behavioral Approach

- focuses on problem
- focuses on behavioral distortion
- confronts the problem areas with a new behavioral orientation.
- affects a change in the manner in which the client thinks about his behavior
- reviews what is now considered normal and having this to be the new expectation

Client Centered Approach

- clients need to feel unconditional acceptance in order to promote congruence between self-concept and behavior
- trusting and empathetic relationships between the clients and the clinicians
- non-directive; non-judgmental
- free expression of feelings
- client determines goals and action towards achieving the goals

Counseling Model

Psychodynamic Models

Clients are made conscious of problems repressed with hopes to find resolution.

Eclectic Approach

- allows the SLP to combine features from several approaches in order to facilitate change in behavior
- allows one to develop their own eclectic approach based on formal use of the aforementioned approaches as well as experience gained while counseling

ASHA states:

The outcomes of counseling are to

- *provide "…individuals, families/caregivers, and other relevant persons with information and support about communication and/or swallowing disorders to develop problem-solving strategies that enhance the (re)habilitation process (ASHA, 2004)"*
- "*develop appropriate goals for recovery from, adjustment to, or prevention of a communication or related disorder by facilitating change and growth in which patients/clients become more autonomous, more self-directing, and more responsible for achieving their potential and realizing their goals to communicate more effectively (ASHA 1993,Vinson, 2001)."*

Counseling

Counseling occurs when one has been referred, receives the results of formal testing, or during the process of treatment.

Individuals of all ages, races and classes can be counseled.

Counseling may be needed even when the prognosis for improvement is poor.

Counseling

*If your counseling starts to reveal chronic depression, medical and marital issues, etc. please **REFER***

Make a list of reliable and competent referral sources and be prepared to use it!

Questions

1. What do the letters of SOAP represent and how can you recognize representative information of each letter?
2. What types of information should be documented regarding assessments and treatment?
3. What are the qualities of a good counselor?
4. When should a clinician refer?
5. Name the counseling methods and be able to give the key points regarding those methods.

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One Time!

*I wish you the best on your exam…hoping that you will email me and say…**ONE TIME!***

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