

Speech language pathologists' self-report on counselling

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Abstract

Objective: To determine the level of understanding among speech language pathologists regarding counselling.

Method: The cross-sectional study was conducted online from July 2020 to January 2021, and comprised speech language pathologists of either gender working in public or private institutions or clinics of Punjab, Sindh and KPK. Data was collected using the Self-report on counselling and interpersonal communication skills' questionnaire. The collected data was analysed using SPSS 22.

Results: Of the 190 subjects, 176(92.6%) were females and 14(7.4%) were males. Majority 173(91.1%) were aged 25-35 years, and 173(91.1%) belonged to the Punjab province. Majority 175(92%) of the respondents reported satisfaction about their own counselling skills, while 168(88.4%) also expressed the need for inclusion of more courses and training to develop counselling and interpersonal communication skills.

Conclusion: With experience, professional counselling skills improve and awareness about the need to incorporate counselling training also increases.

Keywords: Counselling, Pakistan, Programme, Self report. (JPMA 72: 2459; 2022)

DOI: <https://doi.org/10.47391/JPMA.5181>

Introduction

Living in a society, humans share values and responsibilities, and they depend on each other. People with any kind of disorder feel or react differently compared to the normal people. To understand, treat, and empower special people with disorders is the social and moral responsibility of normal people.¹

Speech Language Pathology is a branch of clinical education which covers understanding and examining people with communication disorders.² Speech language pathologists (SLPs) are the clinical practitioners who attempt to understand, investigate, analyse and treat different disorders related to communication and swallowing. SLPs examine clients through professional interview, inquire about their problems, listen to the symptoms and then suggest a remedy. In short, they receive information in the form of 'client circumstances' and share information in the form of 'treatment'. This is the traditional framework of clinical practice.³

The theory of self perception suggests that individuals control their attitudes and preferences by understanding the meaning and causes of their own behaviour. Therapists, for example, working with people having alcohol abuse issues have affirmed that the theory really helps in promoting and developing improvement in

behaviours. Similarly, if one is shy and introvert, and vows to make a change through self perception, it can be done by carefully managing and observing the behaviour in public gatherings and parties. The change in attitude can be made accordingly by careful self perception with the passage of time.⁴

Counselling is an important function for the SLPs.⁵ Ivey et al. emphasised that the SLPs must have excellent counselling skills, like active listening, forbearance, tolerance, empathy, compassion and mindfulness, to understand the inner feelings of their clients and to appreciate their expressions.⁶

A report by the American Speech Language Hearing Association (ASHA) while explaining the responsibilities of a counsellor, said that an SLP counsellor understands and interacts with emotional behaviours, feelings and challenges in people living with communication, swallowing and/or feeding disorders.⁷

The counselling skills are of paramount importance in establishing and maintaining a successful and powerful relationship with the clients. Counselling is an appropriate practice for speech-and-hearing clinicians because it undoubtedly assists clients and their caregivers in handling and managing concerns and the reactions to the communication impairment.⁸ The counselling can minimise or help clients strengthen their positive reactions against the communication or any other disorder, allowing and preparing the clients and their families to absorb different feelings and treatment procedures.⁹

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The SLPs are gradually realising that having greater knowledge and practical experience of counselling skills can lead to greater success in the treatment process. Confidentiality is also paramount to successful counselling.¹⁰ Counselling is considered a crucial and successful helping approach that highlights the emotional and intellectual experience of a client; it assures how a certain client is feeling and what they really consider the matter they would need to be understood and resolved; and what sort of clinical support someone requires.¹¹

Luterman et al. found a missing link causing less-confident SLP graduate as counsellor in the absence of effective and structured counselling courses in the curricula.² Graduate students and even professional SLPs lack both counselling and interpersonal communication skills necessary and relevant to build successful therapeutic relationships with the client. Morrow et al. revealed that SLPs had received insufficient training and had low confidence in treating cognitive communication patients.¹²

Wicker JJ et al. investigated the curricula of various graduate programmes and found that 76% audiology programmes of different institutions required a course in counselling. They later conducted a quality check on the contents of 38 syllabi of aforementioned programmes and found variations in course content and found it to be insufficient. They underlined the need for more structure and polished content; and also the need for bridging effect between educational training and practical training.¹³

Bernacki ML et al. reported that counselling was undoubtedly the most important aspect to master the SLPs. But, unfortunately, the education and training system has not been paying much attention to this crucial learning parameter.¹⁴

Atkins CP. observed that most SLPs confused clinical self-efficacy with treatment efficacy, clinician performance or treatment outcomes. The study expressed the need for the SLPs to help master clients over these negative reactions and to bring positive outcomes based on improved thinking and better version of the client.¹⁵

Rollin WJ et al. concluded that the gap in the system is in the fact that educationists are short-sighting the counselling courses in professional programmes and practice, as they are fundamental to clinical success and effective clinical education. Secondly, information-based counselling courses are comparatively easier to deliver and teach, and most of the professionals feel comfortable with it;¹⁶ therefore, most of the instructors are staying

with old courses and are not adapting to the modern requirements.¹⁷

The current study was planned to understand the counselling skills of SLPs, and to inquire about their views regarding the need for counselling trainings in speech language pathology programmes.

Subjects and Methods

The cross-sectional study was conducted online from July 2020 to January 2021, and comprised graduate or post-graduate SLPs of either gender working in public or private institutions or clinics of Punjab, Sindh and KPK. Approval was gained from the Ethical Committee of the Riphah International University Lahore, Pakistan prior to the commencement of study. The SLPs had professional experience of at least 1 year. Those having done only a diploma course were excluded. The list of graduates and professionals was searched from different universities offering SLP programmes and from the website of the Higher Education Commission (HEC). The sample size was calculated using online calculator with expected rate of 600 population considering 95% confidence level and 5% level of significance.¹⁸ The required sample size could not be met due to the coronavirus disease-2019 (COVID-19) pandemic. The sample was raised using convenience sampling technique.

SLP professionals were asked to self-report on a rating scale of 5 by using the 'Self-report on counselling and interpersonal communication skills' questionnaire.¹⁵ Consent was taken from the participating SLPs via email. Likewise, the questionnaire was shared with the participants via email or Google link. Data was analysed using SPSS 22.

Results

Of the 190 subjects, 176(92.6%) were females and

Table-1: Demographic data of the participants.

Attribute	Values	Distribution	
		Count	Percent
Gender	Female	176	92.6
	Male	14	7.4
Age (years)	25-35	173	91.1
	36-45	9	4.7
	46-55	8	4.2
Education	BS SLP	83	43.7
	MS SLP	58	30.5
	Both	49	25.8
Place of Practice	Punjab	173	91.1
	Sindh	10	5.3
	KPK	7	3.7

Table-2: Responses to the survey questionnaire.

Attribute	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Counselling is important for treatment.	6(2.6%)	2(1.6%)	0(3.6%)	25(13.2%)	157(82.6)
I do have good counselling-skills.	5(2.6%)	3(1.6%)	7(3.7%)	109(57.4%)	66(34.7%)
I do have effective-listening skills.	2(1.1%)	3(1.6%)	10(5.3%)	102(53.7%)	73(38.4%)
I have spirit of sacrifice.	3(1.6%)	5(2.6%)	18(9.5%)	109(57.4%)	55(28.9%)
I am interactive.	2(1.1%)	18(9.5%)	26(13.7%)	88(46.3%)	56(29.5%)
I am lively and have good sense-of-humor.	3(1.6%)	5(2.6%)	18(9.5%)	114(60%)	50(26.3%)
I am positive-professional.	1(0.5%)	4(2.1%)	12(6.3%)	102(53.7%)	71(37.4%)
I am forbearing and calm.	4(2.5%)	9(4.7%)	38(20%)	95(50%)	44(23.2%)
I have helping nature.	1(0.5%)	5(2.6%)	13(6.8%)	100(52.6%)	71(37.4%)
I believe in multi-solution to any problem.	6(3.2%)	6(3.2%)	14(7.4%)	88(46.3%)	76(40.0%)
I am confident about counselling patients.	3(1.6%)	7(3.7%)	16(8.4%)	104(54.7%)	60(31.6%)
I had college class related to counselling-skills.	4(2.1%)	16(8.4%)	39(20.5%)	89(46.8%)	42(22.1%)
I am mentally stable and mature.	4(2.1%)	49(2.1%)	14(7.4%)	114(60%)	54(28.4%)
I am satisfied counselor.	4(2.1%)	9(4.7%)	32(16.8%)	106(55.8%)	39(20.5)
More emphasis should be directed to counselling-skills in SLP programs.	7(3.7%)	5(2.6%)	10(5.3%)	86(45.3%)	82(43.2%)

14(7.4%) were males. Majority of the subjects 173(91.1%) were aged 25-35 years, and 173(91.1%) belonged to the Punjab province (Table-1). Overall, 83(43.7%) participants had done graduation, while the rest had done post-graduation. The SLPs had professional experience ranging between 1 to 15 years.

Majority 175(92%) of the respondents reported satisfaction about their own counselling skills, while 168(88.4%) also expressed the need for inclusion of more courses and training to develop counselling and interpersonal communication skills (Table-2). More than 90% of the respondents agreed that they have good counselling skills. This data showed the mean of 4.18 against the rating scale of 1 to 5 (1 being Strongly-Disagree and 5 being Strongly-Agree) and standard deviation of 0.8.

Discussion

In the current study, out of 190 respondents, 90% agreed that the counselling skills are necessary and important for SLPs and clinicians to carry out their practice effectively. The data presented mean score of 4.18. Another study reported similar results which carried out the self-perception analysis on 55 graduating students and reported the mean value of 3.80 and showed their agreement to a similar question.¹⁵

There are certain skills which every SLP/audiologist must develop either during educational training or professional practice. The important counselling skills include: active listening, forbearance and patience, mental stability and maturity. A vast majority of respondents (>90%) in the current study agreed that they have good counselling skills. Listening is the bedrock of counselling.¹⁹ A study reported that listening and other counselling skills can be

developed by training and practice of self perception and mindfulness.²⁰ The need for rigorous counselling training has been demanded in many research works. Approximately 90% respondents in the current study also emphasised improved courses to be included in communication sciences and disorders (CSD) or SLP graduate programmes. According to a survey of graduate students from CSD department, the respondents asked for the inclusion of more counselling-related courses in the offered programmes with a mean of 54 scores turning out to be 4.19.¹⁵

Daud et al. analysed the curricula of counselling courses of various institutions offering graduate programmes in CSD and found that the most of the courses were not included in actual programme offerings.²¹

Information-based aspect of counselling is clinician-oriented. It does not understand the feelings of the client, and just focuses on the answers of basic interview questions that a clinician asks the patient. A review found that more comprehensive and rigorous approach, personal-adjustment-based counselling, should be focussed upon as it tries to listen and to understand the actual problem and pain of the client.¹⁹ Treatment without understanding the feelings of the client is merely a waste of time for both the clinician and the client.²²

Interpersonal communication skills are the backbone for developing a successful client-clinician relationship.²³ If a communication disorder patient comes to an SLP who himself has weak interpersonal communication skills, the interaction would be a disaster. The respondents in the current study presented similar views for education and training in communication-related courses. The less experienced and less qualified professional SLPs put more

emphasis on improving on-campus training and on the inclusion of more courses related to this aspect.

It was also observed that although majority of the respondents agreed that their professional skills were adequate, they demanded better training and educational courses for graduate programmes. Majority of SLPs not satisfied with their skills and strongly demanded better courses were those having only done graduation. It suggests that higher education or professional experience induced an improvement in the professional skills of SLPs. It is obvious that these skills can be developed with the passage of time. Counselling skills and self-efficacy can be furnished and polished through rigorous training, effective learning experience from carefully designed courses, and professional experiences.²⁴

Conclusion

Speech language pathologists should have understanding of counselling skills. Programmes that render information about counselling theories and techniques should be incorporated in speech language pathology classes. This can be beneficial for the education of future SLPs.

Disclaimer: None.

Conflict of Interest: None.

Source of Funding: None.

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