Counseling in Speech-Language Pathology and Audiology

Reconstructing Personal Narratives

Second Edition

Anthony DiLollo, PhD, CCC-SLP
Robert A. Neimeyer, PhD

5521 Ruffin Road
San Diego, CA 92123

e-mail: information@pluralpublishing.com
Web site: https://www.pluralpublishing.com

Copyright © 2022 by Plural Publishing, Inc.

Typeset in 11/13 ITC Garamond by Achorn International
Printed in the United States of America by Integrated Books International

All rights, including that of translation, reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, recording, or otherwise, including photocopying, recording, taping, Web distribution, or information storage and retrieval systems without the prior written consent of the publisher.
For permission to use material from this text, contact us by
Telephone: (866) 758-7251
Fax: (888) 758-7255
e-mail: permissions@pluralpublishing.com

Every attempt has been made to contact the copyright holders for material originally printed in another source. If any have been inadvertently overlooked, the publisher will gladly make the necessary arrangements at the first opportunity.

Library of Congress Cataloging-in-Publication Data

Names: DiLollo, Anthony, author. | Neimeyer, Robert A., 1954- author.
Title: Counseling in speech-language pathology and audiology: reconstructing personal narratives / Anthony DiLollo, Robert Neimeyer.
Description: Second edition. | San Diego, CA: Plural Publishing, [2022] | Includes bibliographical references and indexes.
Identifiers: LCCN 2020027036 | ISBN 9781635502985 (paperback) | ISBN 1635502985 (paperback) | ISBN 9781635503050 (ebook)
Subjects: MESH: Communication Disorders–therapy | Counseling–methods | Personal Construct Theory | Narrative Therapy
Classification: LCC RC428.8 | NLM WM 475 | DDC 616.85/506–dc23
LC record available at https://lccn.loc.gov/2020027036

CONTENTS

Foreword by Sue T. Hale, MCD *vii*
Preface *xi*
Acknowledgments *xv*
Contributor *xvii*
Reviewers *xix*

Part I. Introduction

Chapter 1. Counseling in Communication Disorders 3
Chapter 2. The StAAR Framework for Counseling in Speech-Language Pathology and Audiology 19

Part II. Foundations for Successful Counseling

Chapter 3. The Nature of Change 45
Chapter 4. The Leadership of Therapy: How to Integrate Counseling into Clinical Practice 57
Chapter 5. Critical Thinking as a Foundation for Counseling 71
Chapter 6. Beyond Cultural Competence: Counseling and Culturally Informed Care 85
Chapter 7. Basic Skills of Counseling: Listening and Responding 97
Chapter 8. Preparing Yourself for the Counseling Relationship 119
Chapter 9. Using Change Processes in the StAAR Framework 131

Plural_DiLollo_2E_FM.indd 5

9/29/2020 1:07:09 AM

Part III. Counseling in Action

Chapter 10. Talking Back to Stuttering: A Case Illustration 159
Chapter 11. Adaptive Change in Aphasia: A Case Illustration 177
Chapter 12. The Perfect Child Lost: A Case Illustration 187
Chapter 13. The Persistence of Adaptive Challenges: A Case Illustration 199

Part IV. The Clinician's Toolbox

Chapter 14. Autobiography of the Problem 215
Chapter 15. Dear John Letter 221
Chapter 16. The Story Mountain 227
Chapter 17. Drawing 237
Chapter 18. Laddering 243
Chapter 19. The Downward Arrow 251
Chapter 20. Self-Characterization 259
Anthony DiLollo, Robert A. Neimeyer, and Christopher D. Constantino
Chapter 21. Chair Work 271
Robert A. Neimeyer, Anthony DiLollo, and Christopher D. Constantino
Chapter 22. Play Therapy 287
Chapter 23. Therapeutic Documents 295
Chapter 24. Mindfulness 307
Robert A. Neimeyer, Anthony DiLollo, and Christopher D. Constantino
Chapter 25. Possible Selves Mapping Interview 325
Chapter 26. Repertory Grids 343

Author Index *355*
Subject Index *361*

Plural_DiLollo_2E_FM.indd 6 9/29/2020 1:07:10 AM

FOREWORD

It is a pleasure to be asked to write this Foreword for the second edition of *Counseling in Speech-Language Pathology and Audiology*. I have the utmost respect for the work of my former student, colleague, and dear friend, Dr. Anthony DiLollo, the first author of this text. This outstanding second edition will give valuable guidance to professors, students, and practitioners in establishing positive therapeutic relationships with those who seek our services.

My interest in the counseling aspects of our profession began in the early 1970s when I enrolled in one of the premier graduate courses in counseling in the professions taught by Dr. Elizabeth Webster. Her guidance in methods for providing clinical services simultaneously with counseling advised my clinical work for many years. Twenty-five-plus years after taking that course, I was invited (although my friend and former chair, Dr. Fred Bess, and I might differ on whether it was an invitation or a directive) to teach counseling to audiology and speech-language pathology students at Vanderbilt University. Over the course of several years, I continually searched for a comprehensive text in counseling that was guided by sound theoretical principles, provided guidance to students in critical thinking and its application, and supplied tools to students for use in both practice and clinical endeavors. The last year of my teaching, the first edition of this book served as a most valuable text for the course. The updated and revised second edition responds to those critical teaching and learning needs all the more, and it will be a valuable resource for those who currently teach and learn about counseling in the professions of audiology and speech-language pathology.

In Part I of the text, Chapters 1 and 2, the authors establish the ethical and contractual obligations of audiologists and speech-language

Plural_DiLollo_2E_FM.indd 7

9/29/2020 1:07:10 AM

pathologists to provide counseling to our clients as an intrinsic part of the therapeutic relationship. The concept of separate goals or activities for counseling versus intervention is rejected in favor of counseling occurring as we react to the client as a person. The concept of this simultaneous "way of being" with clients reminded me of a charming but energetic first-grader I transported from school to a local clinic for a hearing test many years ago. As we approached a four-way stop, he looked at the big red sign and said, "Sss . . . Tuh . . . Ah . . . Puh." I delightedly commented, "Oh, you are reading!" He responded by emphatically saying that he was "sounding." In response to my quizzical look, he further elaborated, "When I read, I read, and when I sound, I sound." I decided there was little point in helping him see the relationship between the two. Unfortunately, and not unlike that young student, graduate clinicians and sometimes their supervisors fail to see the simultaneous requirements for counseling along with interventions. It is as if there is a belief that when we inform/assess/intervene, there is no room for counseling. The authors clarify the interconnectedness in Chapter 1.

Chapter 2 contains the foundational framework for counseling that is elaborated throughout the text. The basic components of the StAAR framework—the client's *st*ory, clinician *a*ttitudes, the therapeutic *a*lliance, and the *r*econstructive narrative—provide a basis for conceptualizing client problems and engaging them in conversations that facilitate solutions. Once the learner grasps the basic framework, the authors continually illuminate the details of the framework as more knowledge, concepts, and skills are presented throughout the text. Part II of the text, Chapters 3 to 9, addresses specific means for successful counseling, emphasizing the nature and challenge of change, adaptive leadership, the development and application of critical thinking, culturally informed care, basic counseling skills, and readiness for the counseling relationship. The conclusion of Part II (Chapter 9) maps the details of Chapters 3 to 8 onto the StAAR framework, further specifying its components and concepts and providing a concrete visual display of the elaborated framework.

Parts III and IV of the text allow the components of the conceptual framework to be accessed and applied in very practical ways. It is in these sections of the text that both teacher and learner

find illustrative cases and very specific applications of the concepts and counseling framework. The toolkit that comprises Part IV not only provides examples of specific methodology but also provides tools that can be adapted to different clients with a variety of clinical disorders. The balance between theory and application in this particular text is a very real strength that allows the learner to grasp both simultaneously.

Instructors who use the text will also have access to an online companion to the book that includes PowerPoint slides, a multiple-choice test bank for each chapter, suggestions for in-class learning activities, and a video comment by the authors to accompany each chapter. Such concrete support for teaching is invaluable for both classroom and online instruction.

The text clearly presents the necessary theoretical underpinning for the relationship between counseling and our technical interactions with clients and disabuses us of the notion that these processes are separate. In addition, the learner comes away with a variety of means to apply the theory in practice such that the client can understand and value their progress. The authors challenge us to use our technical expertise to create welcome change that our clients accept without struggle. They remind us that collaborations in the therapeutic relationship are less about what we say and do and more about how we listen. Teachers, learners, and professionals can all find immense value in this well-written empirical and practical work. It is an extraordinary and valuable tool for the next generation of clinician counselors.

—Sue T. Hale, MCD
Associate Professor, Retired
Department of Hearing and Speech Sciences
Vanderbilt University Medical Center
Nashville, Tennessee

Plural_DiLollo_2E_FM.indd 10 9/29/2020 1:07:10 AM

PREFACE

In the Preface for the first edition of this book, we presented a conversation about the genesis of the idea for a book on counseling in speech-language pathology and audiology, tracing the roots of our relationship, and how it led to the unique Constructivist approach that framed the content of the book. For this second edition, we wanted to reflect on what we learned from that first edition, and how we refined and focused the content to give this new edition more depth and greater clarity.

In this second edition, we tried to streamline the book in terms of minimizing or removing parts that we, ourselves, didn't use in teaching from the book, or parts that other faculty and students reported finding less useful. In doing so, the book has been significantly reorganized to give it a more practical feel to build the necessary foundational knowledge and skills needed to engage in effective counseling in speech-language pathology and audiology.

Chapter 1 is a combination of the first two chapters from the previous edition, merging the aspects from each of those chapters that seemed to consistently have the greatest impact on readers. Chapter 2 introduces a totally redesigned framework that serves as the core component of the book. We decided that the framework needed to be introduced earlier in the book (in the first edition it was in Chapter 8) so that readers could more easily see how subsequent foundational components fit into the framework. One piece of feedback that came from students was that they found the original framework and the associated descriptions to be intimidating with the inclusion of unfamiliar terms and concepts such as iMoments, externalizing, and "alternative ways of construing." The redesigned framework—now called the StAAR Framework—reflects essentially

Plural_DiLollo_2E_FM.indd 11

9/29/2020 1:07:10 AM

the same philosophy and processes as in the first edition, but has been simplified and more specifically designed to suit the unique counseling context in audiology and speech-language pathology. Many of the same concepts appear throughout the book, but we have tried to use terminology that might be more familiar to audiology and speech-language pathology students and clinicians, so the book feels less like a "Psychology text book" and is more user-friendly for those without a significant background in counseling or psychology.

In Part II of the book, we introduce a number of new chapters that we believe add significantly to the underlying knowledge and skills that enable clinicians to engage in effective counseling. These chapters focus on understanding the nature of change (Chapter 3), connecting logical, critical thinking skills and dispositions to the counseling process (Chapter 5), understanding the role of cultural diversity in counseling practice (Chapter 6), and how to prepare yourself for taking on the role of counselor (Chapter 8). These chapters, along with updated chapters from the first edition about adaptive leadership (Chapter 4) and the basic skills of counseling (Chapter 7) provide readers with a solid foundation on which to build their practice of counseling. The final chapter in Part II takes readers back to the StAAR Framework, integrating the foundational knowledge and skills from the previous chapters and expanding on therapeutic processes that clinicians can use to help clients move forward in the process of counseling.

Part III in this edition has been renamed "Counseling in Action" and consists of updated versions of the three case illustration chapters from the first edition, along with a new case illustration, all designed to demonstrate how the StAAR Framework might look with specific individuals. The goal of this section is not to show "how to do counseling" with clients with specific types of disorders, but to provide different examples of how the framework adapts to the needs of the specific client. In this sense, this entire section is of vital importance to the underlying message of the book—that *"counseling" is NOT the specific techniques or processes that clinicians use but is more about listening and being psychologically and emotionally present for the client and responding appropriately to his or her specific needs*! Although conveying this therapeutic stance was also our intention in the first edition, this theme has a much

greater presence in this second edition, and the StAAR Framework is set up to specifically facilitate that way of thinking for clinicians.

Part IV, "The Clinician's Toolbox," is one of the aspects that makes this book unique, and the feedback from clinicians and students regarding the tools has been very positive. We added three new tools to the toolbox in this edition, with each of the new tools adding some unique ways of engaging clients in ways that might facilitate different perspectives on the problem. Our fear when we created the "toolbox" in the first edition was that clinicians would latch onto these tools as a way of "doing counseling"—something more concrete than the somewhat esoteric framework that we describe in the first parts of the book! Feedback from students and practicing clinicians, however, has indicated that they are using the tools as part of a dynamic-assessment approach, generally infusing these tools with other, more traditional, speech, language, hearing, and swallowing assessment tools on an as-needed basis. We have also heard from some clinicians who have creatively adapted one or more of the tools to suit the specific needs of a client, both in terms of the specific focus of the tool and in the specific ways that the tool is completed by the client. For example, one clinician described to us how he used the Story Mountain (Chapter 16) tool with an adolescent, special-needs client who was anxious about being moved to a new facility. By visually drawing out the story mountain and walking the client through the "future" part of the story, the client was able to better manage his anxiety about the change. Another clinician described using the Autobiography of the Problem (Chapter 14) tool with a young adult who stutters. Once the problem had been given a voice, the clinician realized that the client needed to respond to the problem, and so engaged the client in Chair Work (Chapter 21). Using this tool, the client and the problem had a back-and-forth conversation that raised many interesting and useful insights. As a way of concluding this process, the clinician then had the client write a Dear John Letter (Chapter 15) to the problem, describing the new, negotiated, relationship that came from the previous activities. Linking tools together in this way is wonderfully creative way to respond to the needs of the client!

Another new aspect of this second edition that we are very excited about is the addition of a PluralPlus companion website!

This website has a section just for instructors that has a test bank with multiple-choice questions for each chapter, customizable PowerPoint lecture slides for each chapter, an updated version of the "teaching counseling to students in speech-language pathology and audiology" chapter from the first edition, and suggestions for in-class activities. Additionally, the website also has a section open to both students and instructors that contains color versions of all of the figures in the book, as well as video commentaries from the authors for each chapter. These video commentaries provide us with a chance to tell you—the readers— about why we thought the chapter was important, what highlights and main points you should pay attention to, and how the information in the chapter integrates into the "big picture" of counseling clients in speech-language pathology and audiology.

We are excited to bring you a textbook that we hope energizes and empowers you to be always thinking like a counselor so that you are engaging your clients in ways that naturally weave counseling seamlessly into your regular practice of audiology or speech-language pathology!

Have Fun!

—Anthony DiLollo, PhD, CCC-SLP and
Robert A. Neimeyer, PhD

ACKNOWLEDGMENTS

As we wrote in our first edition, we are indebted to the intellectual mentors we came to know through their printed word—George Kelly, Carl Rogers, Michael White, David Epston, and Fay Fransella, all of whom have inspired us and provided the seeds from which this work has germinated. Even more, however, we are indebted to our personal mentors; those teachers, colleagues, and friends who helped us appreciate the central role of counseling in the fields of speech-language pathology and audiology—Tom Crowe, Walt Manning, David Luterman, Chris Constantino, and David and Marilyn Wark. Through their encouragement and counsel, the present project found the fertile conceptual soil needed to put down roots, grow, and ultimately bear fruit.

Likewise, and still more personally, we appreciate the unflagging support of our families, and most especially our partners—Lara in Tony's case, and Agnieszka in Bob's—for their tolerance of the long hours we spent drafting, revising, and reorganizing the new contributions to this edition.

We also owe a debt of thanks to Christina Gunning from Plural Publishing for her support throughout this process. Revising a book that was already outside the "norm" for textbooks in speech-language pathology and audiology presented a challenging administrative task. Christina's patience and guidance were invaluable in helping us reach our destination. We also want to thank the many students, instructors, clinicians, and peer-reviewers who provided us with constructive feedback on the first edition and helped to guide us in the revisions and reconstruction of the book for this second edition. A special thanks goes to Bailey Steward, a graduate

Plural_DiLollo_2E_FM.indd 15

9/29/2020 1:07:10 AM

assistant for Dr. DiLollo, who worked tirelessly to review chapters, provide feedback, and develop test bank questions.

And finally, we again want to thank the many clients and students whose stories are told or implied in the succeeding chapters. Their stories help provide a context for understanding the fundamental nature of the counseling relationship in the work that speech-language pathologists and audiologists do every day. We hope that this new edition of *Counseling in Speech-Language Pathology and Audiology: Reconstructing Personal Narratives* will inspire clinicians to embrace this role and empower them to the counselor-clinician that their clients need!

—Tony DiLollo and Bob Neimeyer

Plural_DiLollo_2E_FM.indd 16

9/29/2020 1:07:10 AM

CONTRIBUTOR

Christopher D. Constantino, PhD
Department of Communication Sciences and Disorders
Florida State University
Tallahassee, Florida
Chapters 20, 21, and 24

Plural_DiLollo_2E_FM.indd 17

9/29/2020 1:07:10 AM

Plural_DiLollo_2E_FM.indd 18

9/29/2020 1:07:10 AM

REVIEWERS

Plural Publishing and the authors thank the following reviewers for taking the time to provide their valuable feedback during the development process:

Lauren E. Bland, PhD
Western Kentucky University
Bowling Green, Kentucky

Amy J. Hadley, EdD, CCC-SLP
Stockton University
Galloway Township, New Jersey

Carol Koch, EdD, CCC-SLP
Samford University
Birmingham, Alabama

Colin A. Macpherson, MA, CCC-SLP
Midwestern University
Glendale, Arizona

James McCann, EdD, CCC-SLP
Gallaudet University
Washington, DC

Alex Meibos, AuD, PhD
University of Akron
Northeast Ohio AuD Consortium
Akron, Ohio

Kerrilyn R. Phillips, SLPD
Louisiana Tech University
Ruston, Louisiana

Hope C. Reed, SLPD, CCC-SLP, COM
Alabama A & M University
Huntsville, Alabama

Jean Sawyer, PhD, CCC-SLP
Illinois State University
Normal, Illinois

Katherine Seto, PhD, MS, CCC-SLP
Department of Speech, Language, and Hearing Sciences
San Francisco State University
San Francisco, California

Ying-Chiao Tsao, PhD, CCC-SLP
California State University, Fullerton
Fullerton, California

Julie L. Williams, MS, CCC-SLP
Youngerman Center for Communication Disorders
The State University of New York at Fredonia
Fredonia, New York

Part I

INTRODUCTION

The first two chapters in the book comprise Part I and serve as an introduction to the core component of the book, the StAAR framework for counseling in speech-language pathology and audiology. Chapter 1 introduces the concept of "counseling" and what it means in the context of speech-language pathology and audiology, including our definition of counseling and some myths about clinical practice that are often seen as barriers that prevent clinicians from engaging in counseling with their clients.

In Chapter 2, we introduce the StAAR framework, an acronym derived from the primary components of the framework: the client's *st*ory, clinician *a*ttitudes, therapeutic *a*lliance, and *r*econstructed narrative. The StAAR framework evolved from the original framework included in the first edition of this textbook, but it has been simplified and focused to emphasize the basic, fundamental aspects of engaging in counseling as an audiologist or speech-language pathologist. Our goal in this chapter is to explain this framework, around which clinicians can organize their conceptualization of clients and their problems. From this base, we then build foundational knowledge and skills (Part II), examine how the framework works in action (Part III), and add some "tools" to the clinician's repertoire to further enhance their ability to engage in counseling conversations with their clients (Part IV).

Plural_DiLollo_2E_PartI.indd 2 9/29/2020 1:08:23 AM

1

COUNSELING IN COMMUNICATION DISORDERS

A number of years ago, I (AD) was teaching a course on counseling to speech-language pathology and audiology graduate students. We had just finished a discussion of the importance of counseling and the need to get to know your client's story when, during a break, one of the students came up to talk with me. "I have a client with aphasia," she said, "and, based on what we have been learning in this class, I wanted to spend our first session together getting to know her and how she feels about her life now." "That sounds like a great idea," I said, feeling rather pleased with myself for making an impact—until she finished her story: "But my supervisor told me that I had to follow my lesson plan because the client came here for speech therapy, not counseling."

In this chapter, we take a look at what "counseling" really means for speech-language pathologists and audiologists, and we try to tease out why there appears to be both a lack of knowledge about and a resistance to engaging in counseling within the fields of audiology and speech-language pathology.

Plural_DiLollo_2E_Ch01.indd 3 9/29/2020 1:12:11 AM

A Definitional Beginning

What does the term "counseling" mean? What seems like a simple term that should be easy to define actually turns out to be far more complex than we might initially have thought. For example, just within the discipline of communication sciences and disorders, the term "counseling" is used to mean many different things. Audiologists frequently refer to the information-giving that they do following the dispensing of a hearing aid (or other assistive device) as "counseling." Similarly, speech-language pathologists will often refer to sessions in which they debrief the parents of children who are in speech therapy as "parent counseling sessions." For many audiologists and speech-language pathologists, however, the term "counseling" refers to a vague notion that they are supposed to talk to clients about their emotional reactions to their communication problems.

In the speech-language pathology and audiology literature, counseling is differentiated from psychotherapy primarily on the basis of the client population and related goals. For example, Crowe (1997), Rollin (2000), and Shames (2006) all agree that, despite using often similar or even identical approaches, the role of psychotherapy is to treat individuals who need to make personality changes due to psychological abnormalities, whereas the role of counseling is to treat essentially healthy individuals who require help adjusting to or coping with specific life events.

A number of authors have attempted to define "counseling" for the communication disorders field (e.g., Crowe, 1997; Flasher & Fogle, 2011; Luterman, 2020; Rollin, 2000; Shames, 2006), resulting in definitions that, although similar, tend to emphasize different aspects of counseling that fit with the philosophy of the author. Most definitions include references to counseling as a "process" by which clinicians help individuals and/or families manage, adjust to, and cope with communication and swallowing disorders. Luterman shifts the focus onto the "clinician–client relationship" and emphasizes establishing a safe and empowering environment for the client. In the previous edition of this text, we suggested that counseling also includes individuals' and families' adjustment to, and coping with, the *treatments* for the communication disorders

Plural_DiLollo_2E_Ch01.indd 4

9/29/2020 1:12:11 AM

Our Definition of Counseling

We define "counseling" as those components of the clinician–client relationship that facilitate personal growth and empowerment for clients (and their families), with the goal of helping individuals and/or families manage, adjust to, and cope with communication and swallowing disorders and the treatments for those disorders.

they are experiencing. Although this may at first appear strange, counseling in speech-language pathology and audiology often is as much about helping clients adjust to the treatments that they have received as it is about adjusting to the disorder itself (a lot more on this, later).

This definition implies that counseling is a part of what clinicians already do—that is, building a relationship with the client. In this way, counseling can be seen as a "way of being" with clients rather than a set of skills or techniques. In addition, it implies that counseling is woven into the fabric of what audiologists and speech-language pathologists do and is *not* something that is added to "regular" therapy or scheduled separately in a treatment plan.

A Mandate for Counseling

As speech-language pathologists and audiologists, what we do is at least in part directed by a series of documents that have been carefully drafted by committees of our peers through our national accrediting agencies, the American Speech-Language-Hearing Association (ASHA) and the American Academy of Audiology (AAA). These documents provide detailed descriptions of the role of speech-language pathologists and audiologists, including the skills and practice patterns that are deemed appropriate given the goals of the professions.

Scope of Practice and Preferred Practice Patterns

The term "counseling" is specifically and extensively referenced in key documents officially regulating practice for both speech-language pathology and audiology. For example, in the ASHA *Scope of Practice in Speech-Language Pathology* (ASHA, 2016a), "counseling" is listed as a "service delivery domain" and is described as a foundational aspect of the provision of adequate speech, language, and swallowing services. In this document, the role of the speech-language pathologist in counseling is described as providing education, guidance, and support to individuals, families, and other caregivers related to acceptance, adaptation, and emotional reactions to communication disorders, swallowing and feeding disorders, and other related disorders. Furthermore, ASHA's document titled *Preferred Practice Patterns for the Profession of Speech-Language Pathology* (ASHA, 2004) notes that counseling should be "conducted by appropriately credentialed and trained speech-language pathologists" and that it should involve "providing timely information and guidance to patients/clients, families/caregivers, and other relevant persons about the nature of communication or swallowing disorders, the course of intervention, ways to enhance outcomes, coping with disorders, and prognosis."

Similarly, counseling is listed as an "Audiology Service Delivery Area" in ASHA's *Scope of Practice in Audiology* (ASHA, 2018). In that document, the role of the audiologist in counseling is described as including interactions that relate to "emotions, thoughts, feelings, and behaviors that result from living with hearing, balance, and other related disorders." The *Preferred Practice Patterns for the Profession of Audiology* (ASHA, 2006) also lists counseling in Section IV, Item 23, and provides a detailed description of the process of counseling as "interactive and facilitative, wherein the communicative, psychosocial, and behavioral adjustment problems associated with auditory, vestibular, or other related disorders can be ameliorated." Furthermore, AAA's *Scope of Practice* (AAA, 2004) document describes the role of the audiologist as providing "counseling regarding the effects of hearing loss on communication and psychosocial status in personal, social, and vocational arenas." Likewise, AAA's *Standards of Practice for Audiology* (AAA, 2012)

indicates that audiologists must provide counseling to "improve a person's use of residual auditory and/or vestibular function or cope with the consequences of a loss of function" and to "provide support to patients and their caregivers to address the potential psychosocial impact of auditory and vestibular deficits."

In addition to scope of practice and preferred practice patterns, both AAA and ASHA provide a code of ethics that also guide clinicians in what they do. Both of these *Code of Ethics* documents (AAA, 2018; ASHA, 2016b) mandate that clinicians should engage in all aspects of the professions within the scope of practice and provide all services competently, using all available resources to provide high-quality service.

What emerges from study of these guiding documents is that we as clinicians have a mandate to provide clinical services beyond the simple teaching of behavioral techniques or use of technology. Moreover, it is our ethical responsibility to seek further education to ensure that we are providing services commensurate with our scope of practice and preferred practice patterns.

A Disconnect Between Principles and Clinical Practice

As might be gleaned from the vignette at the start of this chapter, despite the clear mandate to engage in counseling embodied in the scope of practice and preferred practice patterns for both audiology and speech-language pathology, many clinicians historically have been reluctant to provide such services (Citron, 2000; Clark, 1994; Crowe, 1997; Erdman, 2000; Garstecki & Erler, 1997; Kendall, 2000; Luterman, 2020; Rollin, 2000; Stone & Olswang, 1989; Sweetow, 1999). Holland and Nelson (2020) and Simmons-Mackie and Damico (2011) reaffirm this reluctance, reporting that speech-language pathologists continue to resist engaging clients in a counseling relationship. Silverman (2011) further suggests that many speech-language pathologists in the United States believe that counseling is simply not a part their job description. With a certain degree of cynicism, Silverman states that these clinicians prefer to think of

Plural_DiLollo_2E_Ch01.indd 7 9/29/2020 1:12:11 AM

themselves more akin to physicians, even adopting the medical title of "pathologist." She warns, however, that,

> it is well to remember that physicians who practice pathology study the causes, nature, and effects of diseases by examining organs, tissues, fluids, and dead bodies. They do not relate to living patients. Assuming the mantle of speech-language pathologist has led many of us to practice similarly. (p. 190)

Why, then, does this disconnect between our guiding principles and clinical practice exist? To consider this question, in the next section we address some of the myths about clinical practice that seem to act as barriers to clinicians engaging in counseling.

Myths About Clinical Practice

Through both anecdotal evidence from clinicians and a more formal review of the literature, several possible explanations emerge for why clinicians in our field fail to engage in counseling in their clinical practice. In this section, we look at a few of the common "myths" that militate against audiologists and speech-language pathologists engaging in counseling, and how the current text might provide clinicians with the necessary tools to overcome these barriers.

Myth #1: Behavioral principles are sufficient

Behavioral treatment methods are typically very good at addressing surface behaviors and symptoms but are less well suited to addressing deeper issues that relate to the emotional and psychosocial consequences of communication disorders. Of particular difficulty for behavioral methods is promoting long-term, meaningful change, as is evident from the high rates of relapse for strictly behavioral treatments of addictive disorders (von Hammerstein et al., 2019) and stuttering (Craig, 1998; Craig & Hancock, 1995).

The framework for counseling described in this book is designed to complement rather than replace traditional behavioral