




ASHA CEUs

Instructions Forms

“Listen Here: Listening Skills in Assessment and Treatment, for Speech-Language Pathologists”

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|  <p>APPROVED PROVIDER CE ASHA CONTINUING EDUCATION AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION</p> | <p>LingraphiCARE America is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology</p> |
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and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for 0.1 ASHA CEUs (Intermediate level; Professional area).

Complete a 0.1 ASHA CEU Course

Speech-language pathologists (SLPs) are invited to participate in a one-hour ASHA-approved course offering, “Listen Here: Listening Skills in Assessment and Treatment, for Speech-Language Pathologists” To be eligible to receive 0.1 ASHA CEUs (Intermediate level), please see the guidelines below.

For more information about ASHA’s most up-to-date eligibility criteria, go to the FAQ section of the ASHA CE website: <http://www.asha.org/CE/FAQs/>.

Course Description:

This course described the importance and implementation of good listening techniques in order to improve diagnostic and clinical skills as speech-language pathologists.

Learning Outcomes:

By completing this course, participants will be able to:

1. Define 3 characteristics of a “good listener.”
2. Describe the role of an Active Constructive Responder.
3. Determine action steps to support communication by utilizing active listening skills during a session.

Additional courses in the Life Participation Approach to Aphasia (LPAA) track include:

- Integrating Positive Psychology Techniques in Aphasia Support Groups
- Clinical Application of Assistive Technology for Experience-Dependent Neuroplasticity

Processing:

Online course completions are reported to ASHA quarterly. Please allow eight to ten weeks for processing. Lingraphica will issue a certificate of participation to each SLP who completes a CEU course.

For more information, or to start a device trial, contact: continuinged@lingraphica.com



Listen Here:
Listening Skills in Assessment and
Treatment for Speech-Language
Pathologists



Your webinar leader:
Audrey Holland, Ph.D.

*Improving diagnostic and clinical skills
as speech-language pathologists.*

Financial Disclosure

Relevant Financial Relationships:

Audrey Holland is a paid consultant at
LingraphiCare America, Inc.

Relevant Non-Financial Relationships:

No relevant non-financial relationships
exist.



Learning Objectives

Participants will be able to:

- Define 3 characteristics of a good listener.
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This is what we are going to be doing today:

Learning not only when good listening is intrinsic to the treatment/counseling process, but also getting some ideas as to how to improve your listening skills, regardless of how good they are.



We will talk first about listening, then talk about responding.



We will tie it altogether with a discussion about being a good communicator.



I am acutely aware that you are perhaps operating on at least three levels, and what I am saying is hopefully geared to all three:

YOU the trainer of clinicians

YOU the clinician

YOU the person who lives another, regular life



It is hard to talk about listening without talking about responding to what you hear, or what you think you hear, and I am not going to try.

The better you listen, the better your chances of responding appropriately.



Assumptions:

- Listening is a learnable skill.
- Listening involves more than ears. I like the concept of “full body listening”

Your posture:
Do you lean forward?

What do you do with your hands and arms?

Do you really care, or do you just go through your list of questions, etc.?

Do you take time to process what is being said?



More full-body listening:

What do your eyes tell you?

Is this person comfortable ?
Are you getting through? How do you know?

Phone stuff vs TV or real-life stuff:
particularly important, and makes asking questions in the former

The value of “social lubricants”



I am going to assume that most of your listening time is **JUST THAT ...** without the visuals.

This makes it only more important that you recognize that you probably **LOSE** the visual advantage!

WHAT TO DO?



You must be totally **THERE...alert,** recognizing the challenge.



Are you a good listener?

- Do you listen actively and attentively?
- Are you willing to "have your mind changed by what you hear?"
- Are you alert not only to what is being said, but what underlies and motivates it?
This is listening with "the third ear." (Theodore Reik)
- Do you try to remember that "meaning" does not come from a speaker's mouth, but it is co-constructed with the listener?
(This is particularly important when speakers have speech production or writing problems)



Quiz, cont'd

- Do you try to ignore distractions?
 - Do you fidget?
- If your client's speech is problematical, do you remind or teach him or her, to accompany speaking attempts with other forms of communication?
- What do you do if you don't understand?
 - Admit it? How?
 - Ask for repetition?
 - Let it pass?
 - Seek clarification? How?



A Little Story:



Time for some games!

Listening for surface and latent content:
What do you hear when:

Clinician has asked client about this favorite type of movies.
He responds, "blood, bloody!"

Clinician says, "You like horror movies? ...that's interesting."
(turns and loses eye contact...asks a different question.)

A friend comments: "That's a lovely dress...wish I could wear
things designed for younger women!"



Latent content and locus of responsibility:

Why does it matter?

“I wish you would speak louder!”

“ I missed that. I guess it’s not a good listening day!”

“Could you go over that again?”

“Let me see if I got that.”

“It would be a lot easier if you spoke more slowly.”



The 30-Second Rule

Particularly relevant in answering your clients’ questions.

Implementation:

Start by using it with friends, particularly when they seek your advice. Gradually (tentatively) begin to use it with clients!



Let’s put listening away for a little while and talk about responding, before we put it all back together.



**Do you know about active & passive responding?
constructive & destructive responding?
Gable et al, 2004**

**Susie tells you that her poster about school safety
won 1st prize.**

You say: "Great! I'm very proud of you!" (ACR)

Or

You say: "Were you the only contestant?" (ADR)

Or

You say: "Good!" (PCR)

Or

You say: "I didn't think you could draw." (PDR)



What if Susie is bitterly disappointed that she didn't win?

An **active destructive** response:

"You know Jill's a better artist than you!"

A **passive constructive** response:

"Sorry to hear that!"

An **active constructive** response:

"You must feel awful! Let's figure out how to
do better next time!"

A **passive destructive** response:

"Forget it! It was just a school contest."

Gable et al. found good marriages have 3:1 ratio for
active constructive responses.



Probably true across good communication in general:

If all responses were active and constructive,
it would be pretty boring, Pollyanna stuff.

Passive, constructive stuff sounds like non-directive
therapy to me, not good communication

*Passive, destructive stuff leads to


"we have nothing in common"

*Active, destructive stuff sounds like
interaction abuse to me.



I divide responding (and counseling) skills into **two** kinds:

The LOUD skills and the quiet skills.



The loud ones are the easiest, and are largely what are taught in graduate school:

INFORMING & EXPLAINING
Sharing your professional knowledge about both the problems in front of you, stripping away professional jargon

ADVISING
Sharing what in your own best judgment provides clear information about the problem(s) in front of you

TEACHING
Here is where your technical skills as an SLP kick in and where we are just going to note that you have them, and move on!




A little quiz about them...

When you are explaining, do you keep professional jargon at a minimum?

When you are advising, do you present alternatives?

When you are teaching (or doing clinical work) do you speak at a level of the client's or family's understanding, but still sound like YOU?

Do you have a principled repertoire of ways to say "I don't know?"



The Quiet Skills

- Harder to specify, harder to learn, but not impossible, where the “you-you” kicks in.
- Listening and understanding (we have discussed this).
- Empathizing: I am going to put learning about & respecting other cultures into the empathy basket.
- My way of testing the limits: can I work with people whose values and beliefs differ from my own? Differ how much?



More Quiet Skills...

- **Clarifying:** being able to restate, checking on what messages or instructions get through, changing when you are told, or see, that they did not
- **Reflecting:** I don't trust myself here either. I TRY, but then I seek clarification for myself..."I think you are saying..."
- **Disclosing:** I know you probably have been told not to disclose. I disagree. I THINK I understand the limits, but humanizing yourself is important in OUR kind of therapy
 - **Affirming:** YES! YES! YES!



Some characteristics of successful clinicians:

(adapted from Virginia Satir)

1. Reveal yourself clearly to others.
2. Be in touch with your feelings and capabilities.
3. *Differences are learning opportunities, not threats or signals for conflict.
4. *Understand clients for who they are, not who you want them to be.
5. *Understand clients are responsible for their own behavior (even with aphasia).

*These depend on the ability to listen.



Clinician: So, his scores show that he has...uh...
Pretty severe aphasia and something called Apraxia of Speech.
That has to do with the motor movements...moving your lips, and...


Wife interrupts: He can move his lips.

Clinician: But, he has trouble making the movements for speech. At
least making movements that are the right ones.

Wife: Oh,,,,mmmmm

Clinician: He has a lot of trouble with word finding. See here? The
score is only 20% on naming pictures

Wife's eyes are tearing up



Clinician: The stroke damaged your language area in the brain (points to head).
And here are the comprehension scores....these look a bit better

Wife: Okay...(reaches over to PWA and puts her hand on top of his)...

Clinician: Do you have any questions?


Wife: He has gotten a lot better. He couldn't talk at all.....nothing...
I mean...what.....(xx) can we expect?

Clinician: He probably will improve, but we can't really predict how much. If
I could do that I could make a fortune!
(short laugh) (closes folder, & pushes back chair)

Wife and PWA stand

Clinician: So, I'll call you and we'll get started soon.

(Simmons-Mackie, N. & Damico, J. (2011))



Any problems with this interaction?

Empathy?
Respect for feelings?
Breaking down professional jargon?
Any indication of whole body listening?
What about pause time?
Latent vs manifest awareness?
Who is the clinician talking to?
IS SHE LISTENING??
Yada, yada, yada...

