Speech-Language Pathologists as Advocates, Activists and Aides

Presented By: Dorian Lee-Wilkerson, Ph.D., CCC-SLP

The Medical SLP Collective

www.medSLPcollective.com

1

Time-Ordered Agenda

- 8:30 - 8:40 pm: Introduction
- 8:40 – 8:55 pm: Practice at the top of license: Fulfilling our roles as advocates, activists and aides
- 8:55 – 9:15 pm: Applying models of disability: Defining our professional roles
- 9:15 – 9:25 pm: Applying inclusive practices: Meeting the needs of the diverse populations we serve
- 9:25 – 9:45 pm: Case exploration – contrasting models and practices in breakout rooms
- 9:45 – 9:50 pm: Discussion
- 10:00 – 10:15 pm: Case exploration – contrasting models and practices in breakout rooms
- 10:15 – 10:30 pm: Discussion and Q&A

2

Disclosure Statements

Presenter: Dorian Lee-Wilkerson, Ph.D., CCC-SLP

Financial:
- Receives payment from The MedSLP Collective for this presentation.
- No other financial disclosures

Nonfinancial:
- No nonfinancial disclosures

3

Learner Objectives

- After watching this presentation, the participant will be able to:

1. Identify the professional roles of advocacy, activism, and aide that reflect practice at the top of the license.
2. Describe the ways the professional roles of advocacy, activism, and aide support inclusive practices
3. Describe the ways the professional roles of advocacy, activism, and aide enhance clinical outcomes

4

How to Obtain ASHA CEUs

This program is offered for 0.2 ASHA CEUs; Introductory level; Professional area.

In order to get ASHA CEUs for this webinar, you must:

- Watch the full presentation.
- Complete the accompanying quiz with a passing score of 8/10.
- Complete the quiz within 14 days of viewing the course.

5

5

How to Obtain ASHA CEUs

This program is offered for 0.2 ASHA CEUs; Introductory level; Professional area.

You can access the quiz in the following ways:

- An email will be sent to you after the presentation with the link to the quiz.
- A link to the quiz will be posted in the chat during this webinar.
- A copy of the quiz will be given to you with the
- If you still experience difficulty accessing the quiz, email info@medslpcollective.com for assistance.

6

6

Sources

- To ensure that this presentation is up-to-date, information was collected from the sources cited in December, 2017.
- Therapy ideas and treatment suggestions were created by Dorian Lee-Wilkerson using the evidence presented here along with their clinical experience and expertise.

7

7

A Little About Me…

- Associate Professor and Chair
- Hampton University
- Former Chair and Member of MIB
- Forty+ years in the profession, as an SLP, instructor, administrator
- Research interests, presentations, publications and grantsmanship are in the areas of cultural competency, and scholarship on teaching and learning
- Hobbies include watching Perry Mason reruns, Dateline, trying to cook and grow plants

Dorian Lee-Wilkerson[8]

8

Course Objectives

1. **Identify the professional roles of advocacy, activism, and serving as aide that reflect practice at the top of the license (TOL).**
2. Describe the ways the professional roles of advocacy, activism, and aide support inclusive practices
3. Describe the ways the professional roles of advocacy, activism, and aide enhance clinical outcomes

9

9

Practicing at the Top of the License

- Assessing individuals
- Providing skilled intervention demonstrating the value of our clinical services to payers.
- Consulting with colleagues regarding functional goals and treatment options
- Supervising support personnel, students, and clinical fellows
- Providing education or professional development on challenging and emerging practice strategies
- Actively engaging clients and their families to promote self-management
- Being an advocate, an activist, AND an aide.

Sources: ASHA Service Delivery Resources. Retrieved from https://www.asha.org/practice/service-delivery-resources; McNeilly, L. (2018) Why We Need to Practice at the Top of the License, https://leader.pubs.asha.org/doi/10.1044/leader.fmp.23022018.10

10

10

Top of the License

- When practicing at the top of the license, SLPs maximize the time they spend delivering services they are uniquely qualified to provide.
  - **Advocacy** is a uniquely qualified service that promotes agency and self-determination for the persons we serve and demonstrates the value of the services we provide
  - **Activism** is a uniquely qualified service that supports the development and use of inclusive practices that supports our mission of '*making effective communication, a human right, accessible and achievable for all*
  - **Serving as aide** is a uniquely qualified service that targets functional improvements that are more meaningful for patients, families and the allied communities, including payers.

McNeilly, L. (2018) Why We Need to Practice at the Top of the License, https://leader.pubs.asha.org/doi/10.1044/leader.fmp.23022018.10

11

11

Practice at the top of license:

Fulfilling our roles as advocates, activists, and aides

c

12

12

3

SCOPE OF PRACTICE

Professional Practice Domains	Clinical Service Delivery Domains
Advocacy and Outreach	Collaboration
Supervision	Counseling
Education	Prevention and Wellness
Administration and Leadership	Screening
Research	Assessment
	Treatment
	Modalities, Technology, and Instrumentation
	Populations and Systems

Source: American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from www.asha.org/policy/.

13

13

Roles of Advocates

1. Advocate for regulatory policies, and local, state and federal legislation that support the continuum of care
2. Advocate at the local, state, and national levels for funding for services, education, and research.
3. Participate in associations and organizations to advance the speech-language pathology profession.
4. Promote and market professional services
5. Serve as expert witnesses, when appropriate
6. Advocate for the agency of the individuals and families we serve
7. Provide individuals and families with skills that enable them to become self-advocates.

Source: American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from www.asha.org/policy

14

14

Advocacy Story

15

15

Roles of Activists

1. Help to recruit and retain SLPs with diverse backgrounds and interests
2. Promote and support the use of extenders (SLPAs, rehab aides, family and community members)
3. Promote and support the use of different service delivery models such as telepractice, block scheduling, and varied therapy sites
4. Promote fair and equitable services for all individuals, especially the most vulnerable.
5. Coordinate and conduct screening programs in a wide variety of educational, community, and health care settings; utilize data to inform decisions about the health of populations.
6. Conduct clinical research to inform and foster program development

16

16

Activist Story

17

Roles of Aides

1. *Feeding:* Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.

2. *Swallowing:* Educate individuals who are at risk for aspiration about oral hygiene techniques.

3. *Concussion /traumatic brain injury awareness:* Educate parents of children involved in contact sports about the risk of concussion.

4. *Stroke prevention:* Educate individuals about risk factors associated with stroke

5. *Genetic counseling:* Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.

6. *Environmental change:* Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).

7. *Supervision:* Serve as an aid for students, CFs and young professions by establishing supervisory relationships that are collegial in nature; support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; establish a supervisory relationship that promotes growth and independence while providing support and guidance.

18

Aide Story

19

Guidelines are needed for making advocacy, activism, and serving as aid, integral and complimentary to our other work.

Source: Donaldson, et. al. (2017) Mirror, mirror on the wall: Reflections on speech-language pathologists' image as advocates, activists, and aides, *Psychology in the Schools*, 54, 1285-1293

20

17

18

19

20

Course Objectives

1. Identify the professional roles of advocacy, activism, and serving as aide that reflect practice at the top of the license (TOL).
2. **Describe the ways the professional roles of advocacy, activism, and aide support inclusive practices**
3. Describe the ways the professional roles of advocacy, activism, and aide enhance clinical outcomes

21

21

Advocacy, Activism and Serving as Aide

Ways advocacy, activism and serving as aid support inclusive practices:

Meeting the needs of the diverse populations we serve by applying different models of disability.

22

22

The medical model is used to determine the etiology of the disability and identify effective interventions to eliminate symptoms (Areheart, 2008; Holmer Nadesan, 2013). Shyman (2016) suggests that within the medical model, "the locus of the disability itself lies within the person" (p. 368).

23

23

The **social model** frames disability as the relationship between an individual's challenges or impairment and a society that isolates and impedes their full access and participation. Within a social model the aim is personal acceptance of impairment, while eliminating social barriers and changing discriminatory social mechanisms to create opportunities and equity for disabled individuals within society (Thomas, 2010).

24

24

• The social model views disability as "shifting, contingent, and unpredictable.

• The medical model views disability as static, to be definitively diagnosed, located, treated, fixed, or accommodated" (Kafer, 2017).

Kafer, A. (2017). Lecture: *Feminist queer crip: Imagining accessible futures* [Document].

25

25

Defining our Professional Roles

Medical Model	Social Model
Differential diagnoses	Differential diagnoses
Prognosis	Level of personal acceptance
Treatment Planning	Physical barriers to activity and participation
Evaluation of short term clinical outcomes (body structure, activity and participation levels)	Social barriers to activity and participation
Evaluation of long term clinical outcomes (body structure, activity and participation levels)	Performance opportunities
Advocacy: lobby for legislation, regulations and funding	Advocacy: promote inclusion
Activism: work to minimize impact of disability	Activism: Support acceptance
Aide: develop ways to ensure attainment of clinical outcomes	Aide: Support diversity

26

26

Inclusive Practices

Evidence-based practice requires incorporation of individual/family values and beliefs in assessment and intervention. Understanding their views of disability is paramount to ethical service provision and EBP (Dollaghan, 2007), and supports inclusive practices.

27

27

Consider our past and current practices and what underlies, underscores, and undermines our use of inclusive practices

• The language we use

• Our views of disability

28

28

Inclusive Practices

Person-first language or **"identity-first" language**

• **Person-first language** is intended to emphasize the person and separate the individual from the disability – to clarify that the person "is not the disability" and to decrease any stigma associated with the disability. Person with aphasia. Sinclair (1999) states that person-first language suggests that something is wrong with a characteristic such as autism and has the potential to increase stigma.

• **Identity-first language** is intended to emphasize immutable characteristics of who the person is. Aphasic

Sources: Donaldson, et. al. (2017) Mirror, mirror on the wall: Reflections on speech-language pathologists' image as advocates, activists, and aides, *Psychology in the Schools*, 54, 1285-1293; Sinclair, J. (1999). Why I dislike "person first" language [Web log comment].

29

29

Inclusive Practices

• Words matter

• Many of our words - therapy, cure, disorder, pathology, provider, compliance, cooperation, appropriateness, and acceptability are derived from a deficits-based lens.

• These words encourage us to approach disability from a deficits-based perspective with an aim towards normalizing or eliminating atypical behaviors or performance.

• This works for some. However, an alternative perspective rooted in a social model of disability has been growing for several decades.

30

30

• Shifting current views of disability from a focus on a medical problem to a strengths-based approach would support the use of inclusive practices. It directs us to reflect on the individual's cultural needs.

Donaldson, et. al. (2017) Mirror, mirror on the wall: Reflections on speech-language pathologists' image as advocates, activists, and aides, *Psychology in the Schools*, 54, 1285-1293

31

31

Course Objectives

1. Identify the professional roles of advocacy, activism, and serving as aide that reflect practice at the top of the license (TOL).

2. Describe the ways the professional roles of advocacy, activism, and aide support inclusive practices

3. **Describe the ways the professional roles of advocacy, activism, and aide enhance clinical outcomes**

32

32

- Using a social model with a strengths-based approach diminishes some of the equity imbalance that is evident in the clinician-patient relationship. Shared power in decision-making and determining what is considered normal, appropriate, and acceptable becomes a collaborative task.

- An example I am familiar with is the tendency to target reduction or extinction of the self-stimulatory behavior of a young child with autism. Using a strengths-based approach, the clinician could consider the self-regulating and organizing effects that such behaviors might have for this child (Donnellan et al, 2010), and identify opportunities to pair the action with a label so as to provide the child with access to communication options for requesting to jump or to express feelings in alternative ways that serve the same function (e.g., "Wow! You look really excited – that must have been a fun activity!).

Donaldson, et. al. (2017) Mirror, mirror on the wall: Reflections on speech-language pathologists' image as advocates, activists, and aides, *Psychology in the Schools*, 54, 1285-1293

33

33

Advocacy, Activism and Serving as Aide Enhancing Clinical Outcomes

- Our advocacy, activism, and serving as aide to enhance clinical outcomes is also shaped by our views of ability and disability.

34

34

- Our advocacy, activism and serving as aide naturally supports the attainment of clinical outcomes. We look examine two cases to identify ways that we can:

  - Advocate for individual patients and their families to improve clinical outcomes

  - Be an activist for individual patients and their families to improve clinical outcomes

  - Serve as an aide for individual patients and their families to improve clinical outcomes

Donaldson, et. al. (2017) Mirror, mirror on the wall: Reflections on speech-language pathologists' image as advocates, activists, and aides, *Psychology in the Schools*, 54, 1285-1293

35

35

Case exploration

36

36

Questions?

37

37

References:

1. Areheart, B.A. (2008). When disability isn't "just right": The entrenchment of the medical model of disability and the Goldilocks dilemma. *Indiana Law Journal, 83*(1), 181-232.
2. American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from www.asha.org/policy
3. ASHA Service Delivery Resources. Retrieved from https://www.asha.org/practice/service-delivery-resources.
4. Dollaghan, C.A. (2007). *The handbook for evidence-based practice in communication disorders.* Baltimore, MD: Paul H. Brookes Publishing Company.
5. Donaldson, et. al. (2017) Mirror, mirror on the wall: Reflections on speech-language pathologists' image as advocates, activists, and aides, *Psychology in the Schools*, 54, 1285-1293
6. Holmer Nadesan, M. (2013). *Constructing autism.* Taylor and Francis.
7. Kafer, A. (2017). Lecture: *Feminist queer crip: Imagining accessible futures* [Document].
8. McNeilly, L. (2018) Why We Need to Practice at the Top of the License, https://leader.pubs.asha.org/doi/10.1044/leader.fmp.23022018.10
9. Shyman, E. (2016). The reinforcement of ableism: Normality, the medical model of disability, and humanism in applied behavior analysis and ASD. *Intellectual and Developmental Disabilities, 54*(5), 366-376.
10. Sinclair, J. (1999). Why I dislike "person first" language [Web log comment].
11. Thomas, C. (2010). Medical sociology and disability theory. In Scrambler, G. (Ed.) *New Directions in the Sociology of Chronic and Disabling Conditions.* Palgrave Macmillan UK.

38

38

How to Get CEUs for This Webinar

- In order to get CEUs for this webinar, you must:
  - Watch the full presentation.
  - Complete the accompanying quiz with a passing score of 8/10.
  - Complete the quiz within 14 days of viewing the course.

- You can access the quiz in the following ways:
  - An email will be sent to you after the presentation with the link to the quiz.
  - A link to the quiz will be posted in the chat during this webinar.

39

39