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Counseling in Audiology: Students' Perspectives

Odyolojide danışmanlık: Öğrencilerin bakış açısıyla

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Özet

Danışmanlık becerileri, odyoloji ünitelerinde hastaların ve ailelerinin memnuniyeti arttırmak için önemlidir. Bu çalışmanın amacı, odyoloji öğrencilerinin danışmanlık becerileri, kendilerinin kişilerarası iletişim becerileri ve danışmanlık sürecindeki sınırlarına ilişkin bilgilerine yönelik bakış açılarının belirlenmesidir. İlk ankete yirmi bir öğrenci, ikinci ankete otuz sekiz öğrenci katılmıştır. Bütün öğrenciler 2015–2016 bahar döneminde "İletişim Bozukluklarında Danışmanlık" dersini almışlardır. Öğrenciler "İletişim Bozukluklarında Danışmanlık" dersinden önce ve sonra değerlendirilmişlerdir. Katılımcılar her iki ankette de iki form doldurmuşlardır. İlk formun amacı öğrencilerin danışmanlık ve kişilerarası iletişim becerilerine yönelik algılarının belirlenmesidir. İkinci form, öğrencilerin odyoloji pratiğindeki uzmanlık sınırları hakkındaki bilgilerini değerlendirmeyi hedeflemiştir. Sonuçlar, dersin sonunda öğrencilerin iletişim becerileri ve kendileri hakkında daha güvenli hissettiklerini işaret etmektedir. Ancak danışmanlık becerilerinden memnun olmalarına rağmen, odyolog olarak danışmanlık sınırlarını belirlemede zorlanmaya devam etmişlerdir. Odyoloji programlarının odyologların danışmanlık sınırlarını vurgulayan, danışmanlığa yönelik daha fazla derse ve eğitim programına ihtiyaçları bulunmaktadır.

Anahtar sözcükler: Danışmanlık becerileri, odyoloji, uzmanlık eğitimi.

Abstract

Counseling skills are essential to increase patients' and their families' satisfaction from audiological services. The aim of this study was to determine perspectives of the audiology students on their counseling skills, their interpersonal communication skills, and their knowledge about boundaries through the counseling process. Twenty-one students participated in the first administration, and thirty-eight students participated in the second administration. All the students attended the "Consulting Skills in Communication Disorders" course in the 2015–2016 spring term. The students participated in the study before and after taking the course called "Counseling Skills in Communication Disorders". The participants completed two forms in both administrations. The goal of the first form was to determine the students' perception about counseling and their interpersonal communication skills. The second form aimed to evaluate the students' knowledge about professional boundaries in audiology practice. The results indicated that the students were more confident about their interpersonal communication skills and themselves at the end of the course. Although they were reportedly satisfied by their counseling skills, they still have difficulties in counseling boundaries as an audiologist. Audiology programs need more counseling courses and the training programs should emphasize the counseling boundaries of audiologists.

Keywords: Audiology, counseling skills, professional training.

Audiology profession evolved from different areas which are related to hearing science with a unique perspective such as engineering, medicine, physiology, psychology, speech pathology and teaching (Burkard, 2002). From this perspective, audiology curriculums have a broad diversity internationally, even within countries (Goulios & Patuzzi, 2008). According to WHO report (1998), the number of audiologists per capita in developing countries were ranged from one audiologist per 0.5 million people to 6.25 million people. The same report indicated that number of audiologists in developed countries is nearly one per 20,000 people (WHO, 1998). Burkard (2002) summarized that the ratio of audiologists in developing to developed countries was 300 to 1 and these numbers indicated the importance of cost-effective model for audiology education.

All around the world, audiology education and curriculum varied from country to country or within the country in different regions. For example, it is a two year technical college

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diploma in Denmark, it is a four year undergraduate bachelor's degree in South Africa and United Kingdom, two year post graduate clinical doctorate is requested in audiology in Australia and Canada and a four year post graduate clinical doctorate in audiology is required in the United States (Goulios & Patuzzi, 2008).

In Turkey, audiology programs have become popular and universities have started to open courses on audiology. Unfortunately, audiology programs do not have a standardized curriculum all over the country. Presently, the undergraduate student training program is well-established so that students learn to take a patient's medical history, administer diagnostic tests, inform patients and families about test results and diagnosis, and recommend appropriate treatment and/or rehabilitation options. Audiologists are also "responsible for counseling psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families/caregivers" (ASHA, 2004). As stated by Fogle and Flasher, "all professionals working with people use some counseling skills as part of their interactions with clients, patients and families" (Flasher & Fogle, 2004).

Audiology training courses are generally based on the informative counseling approach. In this approach, the audiologist conducts "the information-getting and information-giving interviews" to find out more about educational, medical and developmental history of a patient (Kaderavek, Laux, & Mills, 2004). During the interview, the assessment process begins and results are explained in the same sessions. The informative counseling model includes an explanation of the evaluation process, diagnosis, and treatment or rehabilitation options. Providing appropriate information to the client is a crucial and essential part of counseling. However, the informational approach sometimes causes communication breakdowns between the audiologist and client. According to English and her colleagues (English & Archbold, 2014; English, Mendel, Rojeski, & Hornak, 1999; English, Rojeski, & Branham, 2000), professionals can misinterpret the intention of the client and, therefore, can respond inaccurately to the client. When audiologists use an information-based approach to explain the diagnosis, families mostly have difficulty remembering and understanding the diagnostic information (English et al., 1999).

In his book, Luterman emphasized the importance of counseling in communication disorders and described counseling as "helping the clients to become more *congruent*" (Luterman, 2001). He explained that if a person responds to a situation intellectually and emotionally, then his/her behavior will be self-enhancing. Clinicians who are working with communication disorders provide an unconditional and respectful environment to guide the clients to feel independent and confident (Payne, 2015). Riley explained the main points for counseling for Speech-Language Pathologists (SLPs) which are similar for audiologists: caring, self-awareness, observation, active listening, and new perspectives (Riley, 2002). Egan's Skilled Helper Model provides small steps in every stage to show clinicians how to guide their clients (Egan, 2013). This model is widely used for educational purpose to improve the student's counseling skills. Most of studies reported that patients did not think the audiologists understand their difficulties (Glass & Elliot, 1992; Martin, Krall, & O'Neal, 1989). Even when audiologists devote the amount of time needed, there may be breakdowns in communication. After taking a counseling course, audiology graduate students reported that their communication mismatch was decreased and they started to match and share the clients' emotional responses more than before (English et al., 2000). Numerous studies revealed that audiology and/or SLP students ask for more counseling courses and that they do not feel confident regarding counseling patients and their families (Atkins, 2007; Clark & Martin, 1994; Kaderavek, Laux, & Mills, 2004;). According to English et al., if counseling is taught as a technique for gathering information, audiology students cannot perceive the patient's psychosocial needs (English et al., 2000).

Audiology students are not expected to be clinical psychologists, psychotherapists or other professionals who use counseling for psychological therapies. On the other hand, audiologists can refer their clients to other professionals when needed (Flasher & Fogle, 2004). Atkins concluded that audiology students need training programs to enhance their knowledge about boundaries, especially what is beyond audiologists' professional responsibilities (Atkins, 2007).

In Turkey, undergraduate programs in audiology are relatively new and counseling skills of audiologists should be supported from early years of their education. Therefore, the purpose of this study is to determine audiology students' counseling and interpersonal communications skills from the perspective of students. A second purpose is to reveal their knowledge about boundaries in counseling as an audiologist.

Materials and Methods

Participants

The current study was conducted with audiology undergraduate students; 21 participated in the first administration, and 38 participated in the second administration. All students attended the "Consulting Skills in Communication Disorders" course in the 2015–2016 spring term and the course provided theoretical perspective on this subject. The course content includes sub-

jects such as introduction to counseling, theories of counseling, the emotions of communication disorders, counseling and the diagnostic process, basic communication skills, listening, empathy, paraphrasing, challenging cases, and working with families of children with additional disabilities. Learning outcomes of the course are (i) students will able to describe and discuss issues related to scope of practice, purposes, boundaries, ethics, and legal aspects of counseling for speech-language pathology; (ii) students will able to recognize the importance of interpersonal skills and qualities necessary for effective counseling by identifying desired traits and personal strengths/weaknesses through self-evaluation and self-study activities; (iii) students will able to compare and contrast contemporary theories and methods of counseling with applications to specific communication disorders; (iv) students will able to identify factors/phenomena that may impact counseling (including culture, age, gender, time, religion, emotional reactions, and defense mechanisms by clients and families) and discuss ways to provide the most appropriate services. The course was held one day in a week for two hours for one semester. The reading materials of the course were 'Holland, A. L. & Nelson L. R. Counseling in communication disorders: A wellness perspective', 'Egan, G. The skilled helper' and 'Flasher, L. V. & Fogle, P. T. Counseling skills for speech-language pathologists and audiologists.' (Egan, 2013; Flasher & Fogle, 2004; Holland & Nelson, 2013). None of the students previously had a course about consultation and all of them signed the approval form. The age of the students was between 19 and 24; and 56.4% were female.

Materials

Participants completed two surveys which were adapted from "Graduate SLP/Aud Clinicians on Counseling: Self Perceptions and Awareness of Boundaries" by Atkins (2007). The selected items on Atkins' survey were gathered from the research of Riley (Riley, 2002), Gladding (Gladding, 2000), and Flasher and Fogle (Flasher & Fogle, 2004).

The surveys were translated and back-translated to Turkish. The items of the Turkish version of the surveys were evaluated for language sufficiency and cultural competency by a audiology and speech pathology professor, an educational audiology professor, and a clinical psychologist. The 22 items of the first survey evaluated students' counseling and interpersonal communications skills. The responses ranged from 1 to 5 (1= strongly disagree; 2= disagree; 3= undecided; 4= agree; 5= strongly agree). The 20 items of the second survey assessed the students' knowledge about their boundaries of the SLP/audiologist in the counseling process with their clients. Responses ranged from 1 to 3 (1= within boundaries of the SLP/audiologist; 2= undecided or don't know; 3= not within the boundaries of the SLP/audiologist). Both surveys were administrated twice: before and after completing the course.

Results

In this section, the results about the descriptive analysis of the data were presented. Table 1 shows means, and standard deviations of the responses in "Counseling and Interpersonal Communications Skills" survey before and after taking the course.

The first administration conducted at the add/drop week and 21 audiology undergraduate students participated. In the first survey, "counseling and interpersonal communications skills," students mostly chose "undecided/don't know" in 5 items of the survey (item numbers 2, 10, 17, 19, 20), and they answered all the other items as "agree."

Thirty-eight students completed the second administration at the end of the course. All respondents selected either "agree" or "strongly agree" for all items. The cut-off values of the means for all responses were determined according to the previous study of Atkins (2007). The responses were grouped as follows: strongly disagree= 1.0–1.74; disagree= 1.75–2.50; undecided= 2.51–3.49 agree= 3.50–4.25; strongly agree= 4.26– 5.00.

While there were no significant differences between first and second administrations, it appears that the students began to feel more confident regarding their communication skills. On the second administration, they had higher means on 95.5% of the items. The only item on which respondents had a lower mean was "I am introspective—i.e., I have the ability to see or feel from within."

In the second survey, the students' knowledge of counseling boundaries as an audiologist was assessed. Students' responses in the "Counseling Boundaries of the Audiologist" survey are given in Table 2. Results suggest that a greater proportion of students (56.4%) were able to choose the correct multiple-choice response. Essentially, even after completing the course, some students did not have a clear idea about counseling boundaries. This is evidenced by the fact that more students selected the incorrect response on the second administration for 35% of the items. Specifically, they were unaware that the following are within the boundaries: "providing information about the communication disorder"; "supporting the strengths of the family to help them interact optimally with the client"; "interviewing the client or family regarding the communication disorder"; "presenting the diagnosis of the client's communication disorder"; "supporting the client's strength and his or her efforts to regain func-

Table 1. Distribution of the responses in "Counseling and Interpersonal Communications Skills" survey before and after the course.

No	Survey item	Administration	Mean	Standard deviation (SD)
1.	I think that counseling is an important aspect of interacting with clients and their families.	First Second	4.19 4.69	1.4 .73
2.	I feel that I have good counseling skills.	First Second	3.48 3.67	1.1 .73
3.	I have a natural interest in people	First Second	3.57 3.64	1.3 .84
4.	I have effective listening skills.	First Second	3.86 4.05	1.3 .69
5.	I have the ability to set aside my needs and put another's needs first.	First Second	3.52 3.95	.98 .65
6.	I like to interact with people.	First Second	3.81 3.95	1.4 .76
7.	I have a good sense of humor.	First Second	3.81 3.90	1.5 .97
8.	I am introspective—i.e., I have the ability to see or feel from within.	First Second	3.76 3.69	1.1 1.0
9.	I am a positive person in general.	First Second	3.76 4.13	1.3 .89
10.	I am a calm person in general and do not get upset easily.	First Second	3.48 3.87	1.3 1.0
11.	I have the ability to solve my personal problems.	First Second	3.67 4.03	1.3 .71
12.	I like to help others solve their problems.	First Second	3.90 4.05	1.3 .72
13.	I think that there is more than one answer to any problem.	First Second	3.71 4.08	1.3 .87
14.	I have good interpersonal communication skills.	First Second	3.76 3.92	1.2 .80
15.	I have had at least one college class devoted to interpersonal communication skills.	First Second	3.57 4.23	1.3 .58
16.	I feel comfortable counseling clients with communication disorders and their families.	First Second	3.67 3.77	1.2 .78
17.	I have had at least one college class devoted to counseling.	First Second	3.05 4.51	1.6 .64
18.	I am stable and mature.	First Second	3.71 4.15	1.3 .59
19.	I am satisfied with my knowledge of counseling.	First Second	2.95 3.54	1.2 .72
20.	I am satisfied with my knowledge of interpersonal communication skills.	First Second	3.19 3.56	1.2 .72
21.	I think that more emphasis should be placed on counseling skills in the speech-language pathology/audiology graduate program.	First Second	3.81 4.03	1.2 .93
22.	I think that more emphasis should be placed on interpersonal communication skills in the speech-language pathology/audiology graduate program.	First Second	4.10 4.23	1.3 .81

tion and to be independent"; and "helping the client tell his or her story." Also, they were not aware that the following item is not within the boundaries: "discussing any issue with which the SLP/Aud is uncomfortable." Therefore, it appears that they need more information or a new course about counseling.

Table 2. Distribution of the responses in "Counseling Boundaries" survey before and after the course.

No	Survey items	Correct response	Students' responses			
			Course	W (%)	U (%)	N (%)
1.	Providing information about the communication disorder	W	Before	81	4.8	14.3
			After	73.7	15.8	10.5
2.	Supporting the strengths of the family to help them interact optimally with the client	W	Before	76.2	14.3	9.5
			After	73.7	15.8	10.5
3.	Discussing intervention strategies related to the client's legal conflict	N	Before	19	28.6	52.4
			After	21.2	34.2	44.7
4.	Discussing intervention strategies related to the client's personality or character disorders	N	Before	23.8	9.5	66.7
			After	34.2	36.8	28.9
5.	Interviewing the client or family regarding the communication disorder	W	Before	85.7	0	14.3
			After	81.6	7.9	10.5
6.	Discussing intervention strategies related to the client's chemical dependence	N	Before	9.5	28.6	61.9
			After	21.1	28.9	50
7.	Presenting the diagnosis of the client's communication disorder	W	Before	76.2	4.8	19
			After	65.8	10.5	23.7
8.	Discussing intervention strategies related to the client's child or elder abuse	N	Before	9.5	38.1	52.4
			After	44.7	15.8	39.5
9.	Discussing intervention strategies for the client's communication disorder	W	Before	76.2	9.5	14.3
			After	81.6	7.9	10.5
10.	Discussing intervention strategies for the client's chronic depression	N	Before	9.5	23.8	66.7
			After	34.2	21.1	44.7
11.	Dealing with the client and family's reactions to the diagnosis	W	Before	52.4	14.3	33.3
			After	60.5	21.1	18.4
12.	Planning for obtaining educational or health care needs beyond therapy	W	Before	28.6	23.8	47.6
			After	78.9	7.9	13.2
13.	Supporting the client's strength and his or her efforts to regain function and to be independent	W	Before	61.9	23.8	14.3
			After	13.2	21.1	65.8
14.	Discussing intervention strategies related to the client's sexual abuse and sexual problems	N	Before	0	14.3	85.7
			After	13.2	21.1	65.8
15.	Discussing intervention strategies related to the client's marital problems	N	Before	0	19	81
			After	21.1	21.1	65.8
16.	Creating supportive empowerment for the client and family to develop the ability to manage their own problems and to be independent of the clinician	W	Before	47.6	28.6	23.8
			After	57.9	28.9	13.2
17.	Discussing intervention strategies related to the client's tendencies toward suicide	N	Before	9.5	28.6	61.9
			After	34.2	21.1	44.7
18.	Discussing any issue with which the SLP/Aud is uncomfortable	N	Before	61.9	19	19
			After	52.6	31.6	15.8
19.	Discussing emotions associated with the client's communication disorder	W	Before	71.4	9.5	19
			After	76.3	7.9	15.8
20.	Helping the client tell his or her story	W	Before	90.5	9.5	0
			After	76.3	7.9	15.8

W: Within boundaries of the SLP/Aud; **U:** Undecided or don't know; **N:** Not within boundaries of the SLP/Aud (needs immediate referral to other professionals).

Discussion

The purpose of this study was to determine audiology students' perceptions on their counseling and interpersonal communication skills. In the second administration, the results showed that audiology students perceived themselves more confident than they were in the first administration. Similar to Atkins' previous study, students perceived themselves mature, calm, and positive (Atkins, 2007). Even though they seem to be sat-

isfied with their interpersonal communication and counseling skills, they reported that they still need more counseling and interpersonal communication training in the audiology program. Often, audiologists select the field because they enjoy interacting with and helping people. However, their responses indicated the need to improve their counseling knowledge.

The second purpose of this research was to assess the students' knowledge about counseling boundaries in audiology. After the course, their responses were more accurate than the first administration. Additionally, their responses were similar to those obtained in Atkins's previous study, and they responded more confidently on the items listed within the boundaries of the audiologist (Atkins, 2007). However, some students responded inaccurately which indicates that they need more training. It should be noted that those students are supervised when working with patients.

In a recent study about audiologists' practices on parents' hearing aid education and providing support revealed that audiologists needed further counseling training to prepare them to meet emotional needs of parents during the hearing aid management process (Meibos et al., 2016). Another study informed us about how counseling approach is important to understand the readiness for hearing rehabilitation of the older patients' (Ekberg, Grenness, & Hickson, 2016). Kendall (2000) suggested that students who will work in communication disorders needed training on how to effectively communicate and counsel their clients and families in clinical environment especially in the fellowship years. She added that the curriculum provided to improve their intellectual and cognitive skills, but not their interpersonal skills. As in this study, the students were confident about their communication skills, they still needed more information to improve their communication skills in professional environment. Similar to this study Berg, Canellas, Salbod, and Velayo (2008) examined the knowledge of undergraduate students on counseling skills. They used the narratives from English et al. (1999) in one group and they did not use narratives in other group. Two student groups were examined at the beginning of the course and at the end of the course, and then their responses were compared by using a 1-to-5 scale to determine how technical the students' responses were affected. The results indicated that the group which was exposed to narratives used more affective responses.

It should be noted that even short-term courses increased the awareness and counseling satisfaction of audiologists. For example, after six weeks of training about counseling, audiologists who participated reported improvements, such as the change in their audiologist-patient dynamics and more opportunities to communicate and changes in patient education (English & Archbold, 2014). This study emphasizes that counseling training programs should include topics about boundaries of audiologists in the process. As Atkins stated, "programs should differentiate between appropriate and inappropriate topics of discussion between audiologists and the client or the client's family" (Atkins, 2007). Even inexperienced audiologists and graduate students need to know the limits between the clinician and the client. English and Weist (2005) reported that audiology doctorate programs in the United States increased the courses in counseling. In the same study, they also provided the objectives of the counseling courses which were such as "students will describe the psychological, emotional, and social effects of living with impaired hearing", "students will compare and contrast current counseling theories, provide historical perspectives, and apply these theories to audiologic practice", and/or "students will define the role of audiologist in counseling". These objectives were also similar in our counseling course which indicates the subjects in our course covered the basic expectations for this course.

This study has several limitations to consider and improve in future studies. First, the same students' responses were not compared in the first and second administrations. Also, the participants were undergraduate students; future studies should also include master's level and/or more experienced audiologists. The questionnaire conducted in this study warrants further examination with a larger number of students to determine its reliability and validity in Turkish. The number of students was limited to give more precise information on consulting abilities of audiology students. Moreover, Parkinson and Rae (1996) examined the understanding and use of counseling in 4 groups of speech-language pathologists (SLPs) which were first-year students, fourth-year students, newly graduate, and experienced SLPs. According to their results, understanding the counseling did not change between groups. Although using of counseling increased from first year to fourth year of education, the use of counseling decreased in the early years on the field. When they gained experience, the use of counseling increased again. Follow-up studies are planned to compare their perceptions about counseling skills over time. For example, checklists can be added in the curriculum to improve the students' knowledge and provide them a self-control tool during their audiologic practices. Clark suggested the supervisors to use the checklist such as "The Audiology Counselor Growth Checklist" to facilitate the development of positive clinical relationship in students (Clark, 2006). The checklists can help students and supervisors to focus on the specific areas in counseling and provide students to evaluate their counseling skills by themselves and their supervisors.

As a conclusion, counseling in audiology is a new area in our country and more comprehensive researchers on counseling training in audiology are needed. Cultural differences should be considered carefully in the further studies. It is highly recommended that new audiology programs involve counseling courses in their syllabus and maybe a consensus can be provided with all audiology departments' involvement in Turkey.

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