Collaborative Counseling: Using Course-Embedded Experiences to Train Skills and Foster Confidence

Jerry K. Hoepner
University of Wisconsin - Eau Claire, hoepnejk@uwec.edu

Erin D. Zigler-Miller
Marshfield Medical Center - Eau Claire, zigler-miller.erin@marshfieldclinic.org

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Abstract

Practicing speech-language pathologists and graduate students identify a need for counseling training but feel unprepared to implement counseling in everyday practice. Within speech-language pathology, there is a dearth of evidence about best teaching practices for counseling. The current investigation examines the collaborative counseling program, which involves hands-on training with authentic clients with communication disorders. Thirty-six students across two cohorts participated in this study. Students composed individual reflections after each collaborative counseling session. Each cohort also participated in oral debriefings after each session. Reflections and debriefing transcripts were analyzed qualitatively through open and axial coding via micro and macro analyses. Micro analysis of individual reflections resulted in six overarching domains, 12 themes and numerous subthemes. Macro analysis of group and individual reflections resulted in three overarching themes: the learner's state of being, client's state of being, and skill development. Students gained confidence and efficacy in the ability to implement counseling and motivational interviewing techniques in authentic counseling interactions. They learned the value of exploring client values, perspectives, and how to capture this through notes that scaffold their ability to implement person-centered techniques. They also learned numerous counseling techniques and skills that they strengthened through repeated practice opportunities and feedback.

Keywords

Cover Page Footnote

The American Speech-Language Hearing Association (ASHA, 2016) identified counseling as one of the eight primary practice domains of speech-language pathologists (SLPs). Despite the emphasis in daily practice, sparse empirical evidence exists regarding the best way to train acquisition of counseling skills. While counseling is within the scope of practice of SLPs (ASHA, 2016), they are considered to be non-professional counselors, as opposed to professional counselors such as psychotherapists or licensed practical counselors. Therefore, they need to understand what techniques fit within that scope of practice. Specifically, SLPs have a role in addressing "…emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders." While ASHA identifies counseling as an integral part of our field, it only provides broad referents regarding how to incorporate counseling into SLP training programs. ASHA Standards for Accreditation, Standard 3.1.6B states that students are to develop "interaction skills and personal qualities, including counseling and collaboration" (ASHA, 2017; p. 23). This limited constraint allows programs the flexibility to deliver counseling training in a manner they see fit but inadvertently results in inconsistencies across training programs. While counseling is an integral part of an SLP's role, ASHA (2017) does not provide specific guidelines regarding incorporation of counseling into Speech-Language Pathology training programs.

Training programs for SLPs often include both on- and off-campus clinical placements. Counseling opportunities arise within those clinical placements, where supervisors are present to provide support as needed. Ultimately, student clinicians need to recognize and act on those opportunities or defer to their supervisor. Whether the student clinician and/or their supervisor responds is dependent on the training and skills they have developed. This highlights a potential disconnect between the training SLP students receive and what they are being asked to provide professionally.

Counseling Curriculum in SLP

In an effort to determine the nature of counseling training in program curricula, McCarthy et al. (1986) surveyed Communication Sciences and Disorders (CSD) programs within the United States (US). The survey was conducted in 1983 and published in 1986. At that time, 76% of programs offered a stand-alone course in counseling. Doud et al. (2020) surveyed heads of graduate programs in 2017 about the inclusion of a counseling course in their curriculum and examined each program's curriculum on their program websites. Fifty-nine percent of respondents ($n = 108$ program heads) offered a stand-alone course in 2017. Direct review of all 262 SLP program websites revealed that only 40% (104) of programs actually included a stand-alone course. For those programs who offered a counseling course, 52% of respondents stated that course was required. Of note, 77% of the 104 programs, identified through website review as offering a counseling course, actually required that course. Regardless of discrepancies between report and website data on curriculum, it is evident that there are a number of inconsistencies in training programs.

Perceived Training Quality and Preparedness

The empirical evidence regarding counseling training for future SLP students in the US has primarily been limited to perceptions of training quality and sense of preparation to implement

counseling in clinical practice. In 2008, Phillips and Mendell surveyed SLPs and audiologists as clinical fellows within their first year of practice to determine the extent of counseling training they received and how prepared they felt to implement counseling in clinical practice. Eighty percent of respondents had received no counseling training and felt unprepared to fully engage in counseling moments. This is consistent with several subsequent investigations that examined perceived preparedness among practicing clinicians. Hoepner and Townsend (2024) found that while practicing speech-language pathologists felt confident to deliver informational counseling, they felt unprepared to deliver emotional adjustment counseling. Luterman (2020) concurred, suggesting that students and practicing SLPs need more training on how to deliver emotional adjustment counseling. Similarly, Hayashi et al. (2023) found that SLPs recognized the importance of counseling but lacked the confidence and training to implement it effectively in practice. Trends are similar in Australia and the UK, where SLPs also report feeling underprepared to implement counseling into everyday practice (Northcott et al., 2017; Sekhon et al., 2015).

Simmons-Mackie and Damico (2011) suggested that SLPs may either intentionally or unintentionally avoid counseling moments because they feel unprepared or feel pressure to get back on task with other communication-based interventions. Simmons-Mackie and Damico (2011) examined missed counseling opportunities in therapy sessions, specifically with clients with aphasia. In observations of four different sessions, there was at least one missed counseling opportunity in each session. This raised the question, are SLPs trained to avoid counseling moments? The authors noted that "clinical supervisors [are regularly] imploring us to 'get back on task' or 'keep the client on track'" (p. 347). SLPs also avoided counseling moments because they felt awkward, were not prepared for the intimacy in those moments, losing control of the session, and/or did not recognize counseling as a part of their roles. SLP graduate students identified a need for more training in counseling methodology and counseling experiences in their training programs (Luterman, 2001).

Because SLPs are experts in supporting communication for persons with severe communication impairments, they are often in a position to elicit and facilitate counseling moments in a way that other disciplines are not. Therefore, knowing how to manage those moments is crucial. This is particularly important as traditional psychological treatments are difficult to employ for persons with impairments to the ability to express their thoughts and feelings (Thomas et al., 2012). It has been noted that clients with communication impairments frequently refuse referrals to professional counseling services (Hallowell, 2017; Holland & Nelson, 2020; Sekhon et al., 2015). This further emphasizes the need to address counseling moments as they arise in sessions. Research has shown the efficacy of embracing those counseling moments to improve patient-therapist relationship, and in turn, patient outcomes (Baker, et al., 2018).

Counseling Training in Communication Sciences and Disorders

There is a paucity of evidence regarding counseling training in CSD. Terrell and Osborne (2020) made the case that counseling training should be embedded throughout academic and clinical experiences. They suggest a hybrid approach that includes dedicated coursework and clinical experiences, where clinical supervisors are trained in counseling specific to their caseload. Terrell and Osborne (2020) identified a training approach that drew upon four models of counseling, counseling training, and supervision. Part one was a wellness/cognitive approach (Williams,

2019), that couches learning in the context of potential compassion fatigue and burnout. This piece focused on building comfort and avoiding anxiety about performing counseling perfectly. This was paired with a reflective approach (Gellar & Foley, 2009) focused on building therapeutic alliance through relationship development and collaboration to empower change rather than fostering passivity. The third element was a triadic/peer approach (Borders et al., 2015), where two or more students can work together, reducing anxiety, missed opportunities, and fostering peer learning. The final element was an explicit teaching approach (Kaderavek et al., 2004), which included lecture, mock interviews, and reviewing/evaluating video recordings of mock interviews.

Sekhon and colleagues (2023) developed an online counseling education program that was delivered on Moodle, an open-source learning management system (LMS). While the program was designed for working with individuals with aphasia, much of the content and practice was applicable to an SLPs role in counseling more broadly. Not only did the program integrate training for a variety of evidence-based counseling techniques that fall within SLPs scope of practice, but it is also delivered using evidence-based teaching approaches. Further, it is the only phase II randomized controlled trial of a counseling training program for SLPs. It included 7 hours of self-directed learning, which typically requires 2 to 4 weeks to complete. This included additional time to complete role play practice sessions. The knowledge content included screencast recorded Microsoft PowerPoint presentations with narration, reading materials, online videos, podcasts, websites, and formative quizzes. Video demonstrations of appropriate and inappropriate counseling techniques were used to demonstrate techniques. Section 1 was devoted to Moodle navigation and course overview. Section 2 addressed the role of the SLP in supporting psychological well-being in aphasia. Section 3, which is most relevant to all counseling contexts in SLP, addressed foundational counseling skills including culturally sensitive counseling, family sensitive practice, person centered approach, and therapeutic relationship; micro skills such as attending, listening, questioning, responding, challenging, and locus of control; problem solving; and introduction to formal psychological approaches such as motivational interviewing (MI), narrative therapy, solutions focused brief therapy, and behavioral activation. Section 4 was specific to counseling in post-stroke aphasia but included broadly adaptable strategies (e.g., RAIN strategy [recognize your experience, allow it to be as it is, investigate it with curiosity, and nurture it with self-compassion], loss and grief, depression and anxiety, anger and guilt, resistance, suicide, screening wellbeing, and self-evaluation). Section 5 was dedicated to practicing and role plays, while section 6 addressed future directions and program references. Central to the Sekhon et al. (2023) training program were the elements of 1) didactic knowledge content delivery, 2) review of video models and examples, particularly comparing appropriate to inappropriate models, 3) training of foundational counseling skills, and 4) hands-on practice and self-evaluation. This approach was shown to significantly improve self-efficacy and self-rated competency.

Developing Counseling Self-Efficacy

There is a dearth of evidence about counseling self-efficacy in speech-language pathology. The online training program in Australia by Sekhon et al. (2023) resulted in improved self-efficacy. Outside of our discipline, however, there is a wealth of evidence about self-efficacy following counseling training, including counseling psychology, counseling and disability, and counselor education. Broadly, stronger counseling self-efficacy improved motivation and clinician persistence when addressing challenging clients and situations (Lent et al., 2009). When clinicians

report stronger self-efficacy, their clients report higher session quality (Lent et al., 2009). Practical experiences, including extended hands-on practice are known to strengthen counseling self-efficacy (Greason & Cashwell, 2009; Lent et al., 2009; Urbani et al., 2002). While specific active ingredients have not been isolated, didactic instruction, observation, practice, and feedback are all known to contribute to improved self-efficacy (Daniels & Larson, 2001; Gockel & Burton, 2014; Greason & Cashwell, 2009; Kozina et al, 2010; Mullen et al., 2015). Victorino and Hinkle (2019) modified the Counselor Activity Self-Efficacy Scales (CASES; Lent et al., 2003) for use with SLPs. The modified version, the Self-Efficacy Measurement Tool for Counseling in SLP, was validated and has been used in subsequent evaluations of counseling self-efficacy in SLP (Sekhon et al., 2023).

The Collaborative Counseling Training Intervention. Collaborative counseling was a course-embedded practical experience that used a collaborative process to develop skills while working with real clients. In this counseling course for first-year graduate students in a speech-language pathology master's program, the primary readings were from the Miller and Rollnick (2012) *Motivational Interviewing: Helping People Change* textbook. In addition to didactic instruction about this content and techniques, students engaged in several practical experiences. Prior to direct interactions with clients, students engaged in two forms of pre-service training (see Figure 1 for this sequence). The first component of pre-service training was joint video review, whereby the instructor played segments of counseling interactions, contrasting appropriate and inappropriate examples, pausing the video to elicit student discussion of the clinician's approach and techniques employed. The intent of this joint video review is to help learners distinguish appropriate from inappropriate counseling techniques (Sekhon et al., 2023). The second component was three practice videos, whereby students conducted a low-stakes motivational interview with a family member or friend and completed a reflection on the process. This component incorporated the triadic/peer approach (Borders et al., 2015) and the explicit teaching approach (Kaderavek et al., 2004) from the Terrell and Osborne (2020) model. The instructor provided prompt, constructive feedback about students' use of techniques and general interactional skills. Once all students completed and received feedback on the first of their three low-stakes, counseling interactions, clients with actual communication disorders and differences were invited to class to participate in collaborative counseling sessions. Working alongside the instructor, graduate students implemented techniques with instructor assistance to assure that they provided the support the client needed. This approach directly drew upon the triadic/peer approach, whereby pressure on learners was dispersed across several classmates and learners had opportunities to witness models of effective skills (Borders et al., 2015). Over the course of three to four collaborative sessions, skills were honed, and incrementally more challenging counseling clients were engaged in conversations. The course instructor scaffolded student counseling interviews by outlining key client statements and providing suggestions on a whiteboard behind the client but visible to students (see Figure 2). Clients were not prevented from viewing the notes and were informed that the purpose was to help the students. Figure 3 displays the progression of hands-on learning from preservice to collaborative counseling training, highlighting the intentional and incremental increases in demands and complexity.

Figure 1

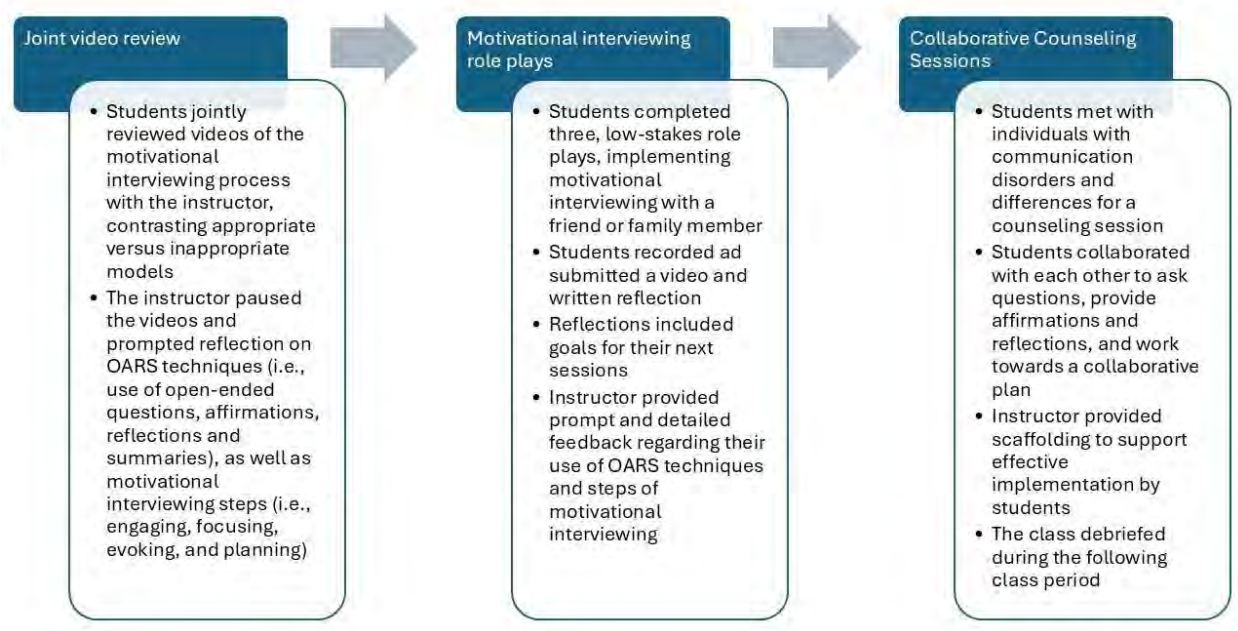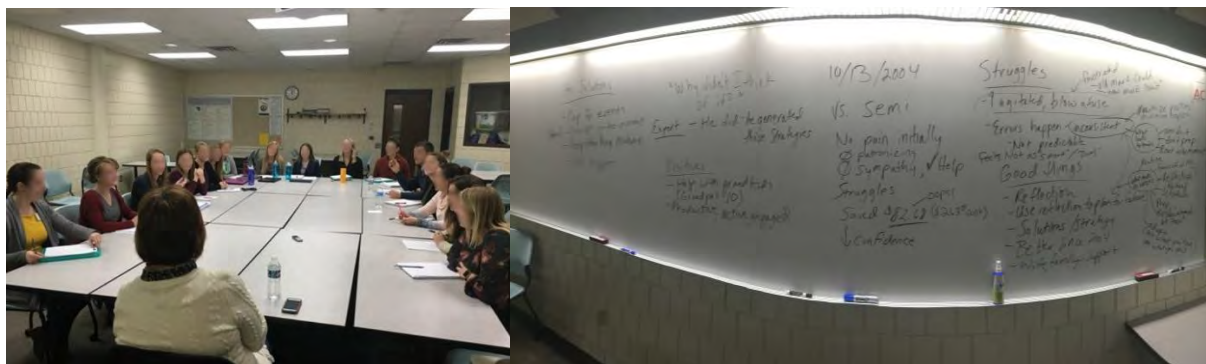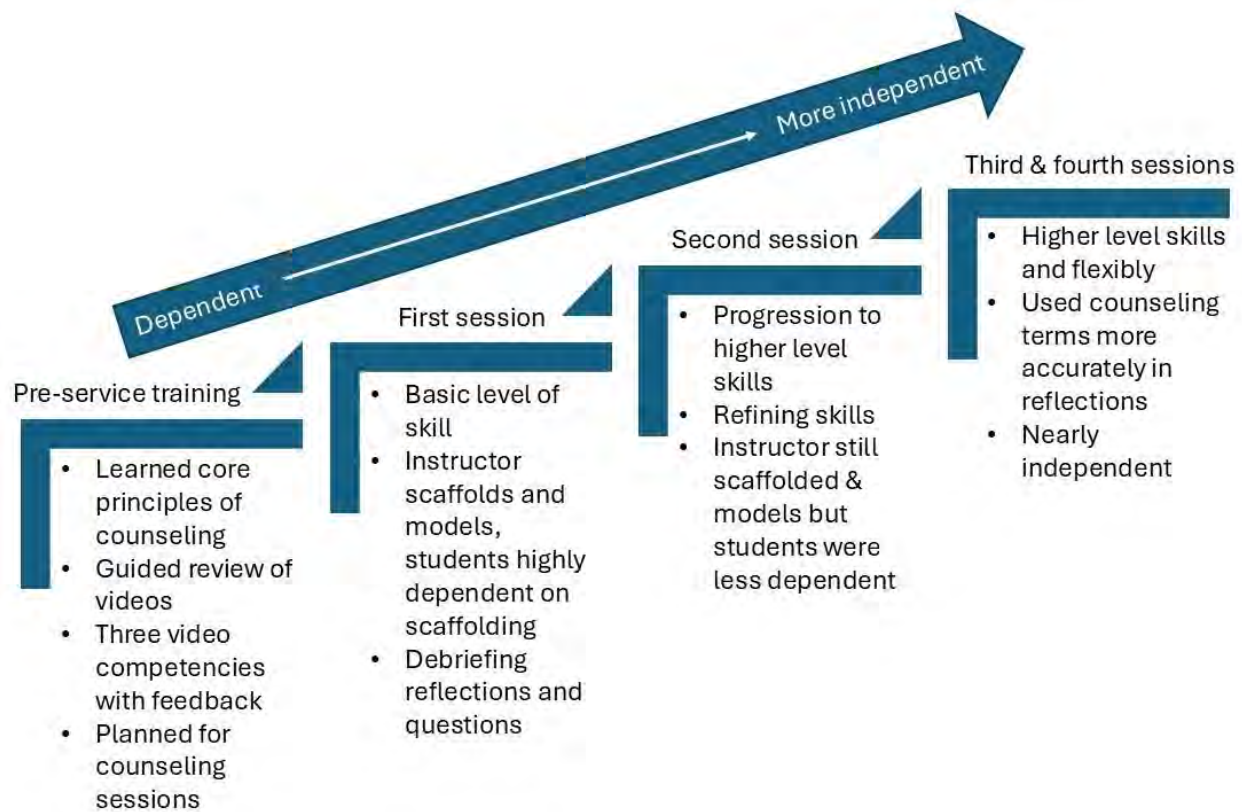*Collaborative Counseling Training Sequence*

Figure 2

Collaborative Counseling Logistics

Note: Left image – students gather around the table with client in front, facing them. Right image – instructor is at white board behind client and writes supportive information and cues on the whiteboard.

Figure 3

Progression from First to Final Collaborative Counseling Session

Aims. The present investigation sought to examine qualitative outcomes of the collaborative counseling training sequence. This includes two questions:
1. Do students gain specific counseling skills through this training sequence?
2. Do students gain confidence and self-efficacy through this training sequence?

Methods

Participants. Participants included 36 master's students in a first-year, graduate-level counseling course from two consecutive cohorts ($n = 18$ per cohort). The course takes place during the first semester of their graduate program. While some students have had previous clinical experiences as undergraduate students, for most, prior clinical experiences are not extensive. This investigation was approved by the University of Wisconsin – Eau Claire Human Subjects Institutional Review Board (protocol number: 123242018).

Procedures. Students participated in the collaborative counseling training sequence, including joint video review, formative video role plays with written reflections, and collaborative counseling sessions.

Individual Written Reflections. Students submitted individual reflections after each of three collaborative counseling sessions. The reflection was open-ended and semi-structured, allowing students to reflect on what went well, what needs to improve, and goals for the subsequent session. A total of 108 reflections were submitted. An independent research assistant segmented reflections into codable segments. Statement boundaries were identified by cohesive thoughts, rather than punctuation borders. Cohesive thoughts were defined as monothematic chunks of words (Miles et al., 2014). Meaning units were defined as "words, sentences or paragraphs containing aspects related to each other through their content and context" (Graneheim & Lundman, 2004, p. 106). In order to avoid losing meaning or intent, when more than one idea was nestled in the same context, those ideas were not separated. This sometimes resulted in simultaneous/double coding of statements (Miles et al., 2014).

Group Audio Debriefings. All students engaged in a large-group, oral debriefing during the class period that followed each collaborative counseling session. Again, this reflection was open-ended and semi-structured, including reflections on what went well, what needed to improve, and goals for the next session. A total of six large-group debriefings were collected. Independent research assistants transcribed these six audio recordings and segmented them into codable segments by speaker turns. Debriefings with the entire class of students provided unique information, as students made extensions upon each other's comments and student comments cued other students to reiterate and/or share their own similar experiences.

Analyses. Individual reflections were segmented into codable statements. Likewise, recordings of group debriefings were transcribed and segmented into codable segments. Both individual and group transcripts were analyzed through open and axial coding (Corbin & Strauss, 2008). This included an initial reading with no intent to code designed to immerse researchers in the content, followed by an iterative, multi-round coding process. In between rounds of coding, transcripts were left and returned to at a later date to ensure code stability and rigor. For the individual reflections and group debriefings, student names and indicators of session numbers were retained in order to address maturation and learning effects within qualitative codes. In the first round of coding, author 2 sorted statements into broad themes. This was followed by consensus coding with both authors and a research assistant, whereby authors negotiated consensus given operational coding definitions and/or identified alternate categories when necessary. In the third round of coding, all three authors met to identify overarching domains that characterized commonalities across themes. At that point, authors also used axial coding to drill down to specific ideas within themes, identifying subthemes, so that unique data points were not overlooked. Finally, another round of consensus coding of all domains, themes, and subthemes was conducted, until authors reached complete consensus. Given the overlap between findings within individual reflections (source 1), which were rich and highly specific (micro-level coding) and group debriefings (source 2), which were more generic and representational (macro-level coding), a decision was made to report individual reflection themes separately and then draw broader conclusions about the entire program in a condensed reflection across all data. Corbin and Strauss (2008) describe micro coding as a highly detailed process that seeks to drill down to specific meanings and mechanisms, while macro coding seeks to identify the broader meaning of an event or phenomenon. The two sources help to triangulate interpretations. The intent was to draw together a more actionable framework from the combined data, given the breadth of individual reflections.

Results

Qualitative results were derived from two sources, including individual reflections and group audio debriefings. Source one included three overarching domains: broad insights into the counseling experience, feelings after first session, feelings after second and third sessions, and counseling notes. The term 'domain' was used to make it clear that broad insights (domain 1) and counseling notes (domain 4) crossed the boundaries of sessions, whereas the domains two and three referred to specific sessions (i.e., session 1 and sessions 2 and 3 respectively). Source two data was derived from group audio debriefings. Because all data from source two was grouped across sessions, domains were not identified.

Source 1: Individual reflections. Analysis of individual reflections, across collaborative counseling sessions one to three, identified four overarching domains, along with 12 themes, and several subthemes. Overarching domains included broad insights into the counseling experience, feelings after the first session, feelings after the second or third sessions, and counseling notes.

Domain 1: Broad Insights into the Counseling Experience. Broad insights into the counseling experience were drawn from all collaborative counseling sessions. Six themes and 30 subthemes were identified within this domain. Broad insights into the counseling experience included the themes of *modeling*, *facilitating group interactions*, *confidence/self-efficacy/skilled or prepared*, *the client*, *implementing skills*, and *client or disorder specific learning*. Figure 4 identifies the themes and subthemes of feelings associated with broad insights into counseling.

   Theme 1: Modeling. *Modeling* refers to learning from others within the context of the session. Sources of *modeling* included *peer examples*, *instructor demonstration*, *learning from the client*, and *learning through observation*. Students commented that it was helpful to see *peer examples* and they were encouraged by them. One student remarked, "I think it was helpful to hear the way other people worded questions and statements." Another reflected on a specific skill modeled, "I also liked that classmates were affirming his challenges and desire to maintain his hobby." Students also commented on the progress made using those specific skills, "Through some really great interviewing by my colleagues we were able to really evoke and plan some great things for future goals for this couple."

Students appreciated *instructor demonstrations* as a way to prepare for future sessions. One commented, "I liked when Dr. Hoepner chimed in and summarized her words. He pointed out that's it's great she even has a "fallback" plan if the people she works with kind of back out." Others appreciated incidental guidance throughout the interaction, "Liked that Dr. Hoepner helped guide the conversation a little bit." Students noted that the instructor pulled ideas together and helped students to move through the counseling phases:

> "Dr. Hoepner looked at the [white]board and affirmed all the strategies that [the client] is already using. He then drew lines to the goals area and stated that he hears that [the client] wants to challenge himself more. He followed this with a suggestion of prioritizing what strategies can be used to check to see if [the client] can handle a challenge on a given day. Dr. Hoepner didn't just prioritize those for him but put it back on [the client]. That was neat to see."

Figure 4

Themes and Subthemes for the Broad Insights into Counseling Domain
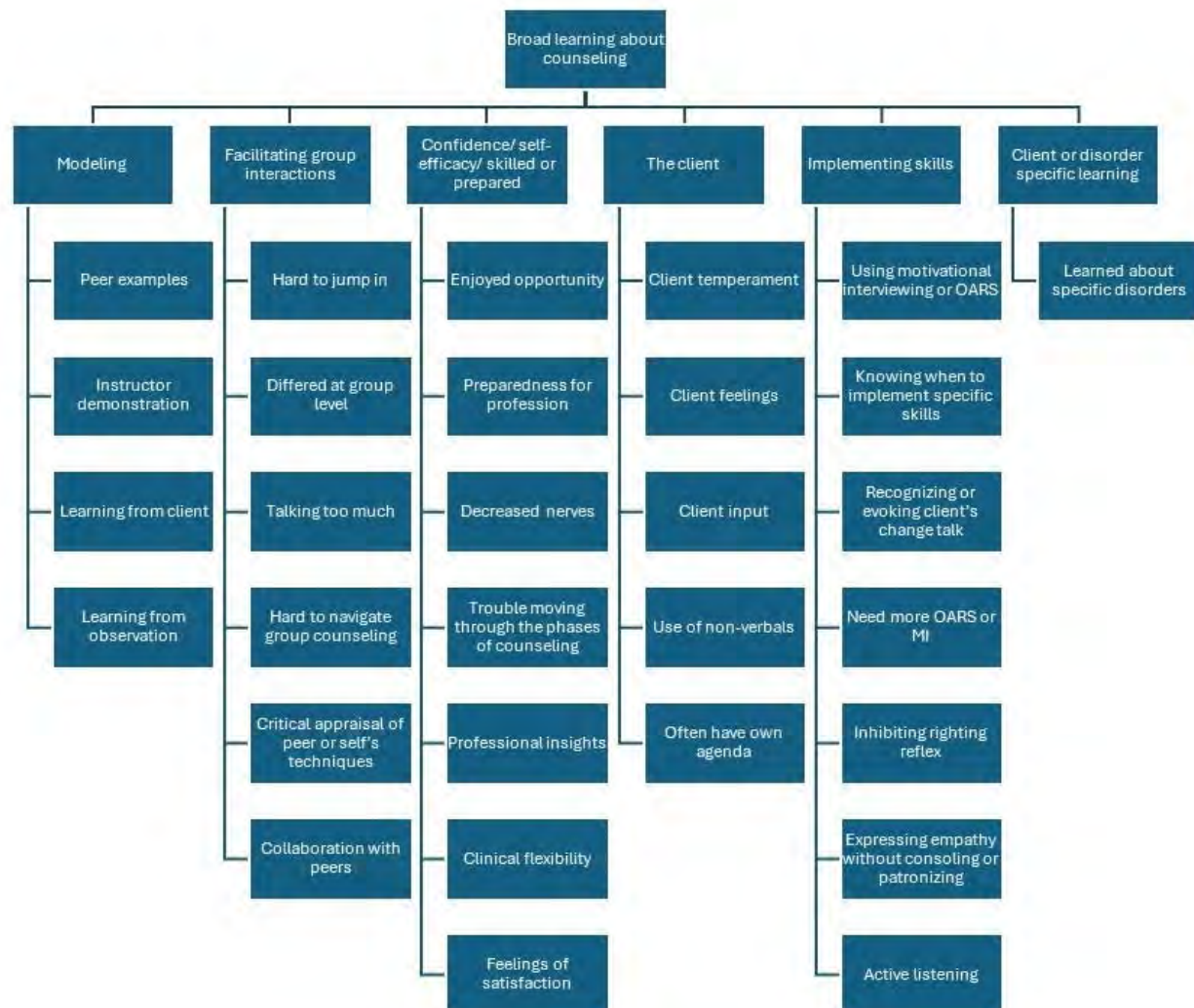
Finally, students noted that the instructor helped them to get unstuck, "We didn't give a very clear message of what should be the focus of the future. However, you [Dr. Hoepner] jumped in and really demonstrated this for us very well when we were struggling."

In the process of counseling, students *learned from the client*. Clients directly or indirectly gave students feedback about counseling,

> "We also found out that as SLPs we should be very aware of the demands placed on families after they leave the rehab facility. [The client and their spouse] helped us to gain the understanding that having a plan in place for all families for when this time comes is super beneficial and helpful for families. I will certainly take this piece of advice with me if I ever find myself in a hospital or rehab facility placement."

Students learned that counseling is fostering collaboration,

> "In the last few minutes of class, you [Dr. Hoepner] touched on the balancing checkbook and insurance paperwork challenges and pointed out the strategies he already described to put together a wonderful plan of what facing these challenges could look like when implementing those strategies. This was the perfect way to really plan together using the client's own words to make a clear plan of how to tackle those challenges."

Students recognized the value of *learning through observation*. Even when they did not comment or ask questions during the counseling session, they noted, "I didn't ask any questions in the situation, but I still feel like I learned so much about how to counsel effectively and use the strategies we have been discussing in class in a real-life situation."

> ***Theme 2: Facilitating group interactions***. *Facilitating group interactions* refers to learning how to work together to facilitate the session, as opposed to one-on-one with a client. Students reflected on the challenges of *facilitating group interactions*, a skillset needed in most SLP workplace settings. One challenge was that it was *hard to jump in*. One student felt unsure of their capability, reflecting,

> "[referring to counseling skills of affirming and reflecting] I know I have those capabilities too. I think that I am intimidated by the large group and am afraid of disrupting the conversation and taking it a direction that my classmates didn't want to take it or one that is not beneficial. That is silly, and I shouldn't feel that way. It's good to reflect and identify that. I can't let that fear keep me from participating."

Another student noted that everyone has their own way of structuring conversations, "Still hard because I would structure the conversation differently if it was just me as the clinician, so hard to figure out how to ask the questions you want based on where the conversation is at."

Differences at the group level led conversations to go in a different direction than a student might have expected. This meant that they may not be able to use the question they planned to interject,

> "Then all of the sudden a question from a classmate moved the conversation in a completely different direction. I was kind of bummed to not be able to take that conversation further because I think it could have been really helpful. I think that's the one challenge of this group counseling concept."

There was also a sense of not wanting to step on others' toes, "I was afraid of 'stealing the thunder' by suggesting a strategy I was confident other people were thinking of as well."

Some students had the sense that they were *talking too much* and wanted other students to have an opportunity to contribute. "I also wanted to sit back today and let others talk more since I felt like I asked a lot of questions in the first group counseling experience."

It was sometimes *hard to navigate group counseling*. One student remarked, "Having a large group, several people expressed it was difficult to know when to join into the conversation without disrupting a current train of thought (which is to be expected with 18 interviewers!)."

Students also provided *critical appraisal of self and peers' techniques*. "There was a stretch of time in which we provided a string of suggestions to him." This included positive appraisals, "I was impressed by my peers' articulating of their words, speak slowly, and using minimum words in order not to overwhelm him."

The opportunity to *collaborate with peers* was valued.

> "I really appreciated having the opportunity to have the whole class there to contribute thoughts and ideas and work through the clinical problem together. It was nice to see where the conversation went and what kinds of questions people thought were relevant to the question."

They learned how to work cooperatively, "I was interested in seeing how the group would cooperatively go through OARS and MI together. I thought the class did a good job of going through each MI step."

      Theme 3: Confidence/self-efficacy/skilled or prepared. *Confidence/self-efficacy/skilled or prepared* relates to the sense of becoming more comfortable with techniques given practice. Several students commented about *enjoying the opportunity*. "I really enjoyed this experience. This was my first real experience."

Others recognized that this helped to *prepare them for the profession*. "I think this will better prepare us to counsel people in other situations." Only real-life can prepare you for real-life experiences, "We normally use a lot of 'real' examples in class (clinic issues), but this was so much more powerful than that."

In many cases, the experience *decreased nerves.* "I was nervous, but I think opportunities like this help get me used to it." Successive experience built a sense of preparation, "Going into this session we felt more prepared due to our previous experience with [the client] and we were ready to give it another shot."

Along with the successes, students recognized moments when they had *trouble moving through counseling phases and got stuck*. "We really got a lot on the board as far as strengths, weaknesses, and strategies goes, but we didn't really hone in on what he needed to do."

Over time, students developed several *professional insights*. Balancing self-determination and guiding clients through the process is necessary,

> "I think at first the class was trying to guide [the client] toward ideas of change on his own but realized that he had such significant memory impairments that he may actually need specific suggestions or options to draw from."

Part of their role is simply fostering confidence, "After this session, we realized the only thing she might be lacking with this plan was the confidence to go through with it." Students recognized the complexity of counseling, "This interview drove home the fact that counseling moments are not always going to be cut and dry and we need to learn to recognize those moments that are more covert." Another student emphasized, "I also realized that in order for anyone to be an advocate

for themselves and other's they must be organized, and they must leave their meeting feeling like they hit every item on their agenda."

Students identified growth in their *clinical flexibility*. "This was very realistic to what happens in therapy. You can come in with your nicely laid out plan and in a moment your plan will need to change based off of the client." This gave them the experience necessary to modify their plans, "We are able to slightly modify our questions and responses in response to that individual's disposition."

This experience resulted in *feelings of satisfaction*. "I know we talked about how we all provided her with ideas that she can now go home and think about trying in her life." Students understood that they had made a meaningful impact, "I believe this discussion was productive in the sense that we identified the client's goal area, defined strengths and weaknesses, identified potential challenges, and suggested some practical supports."

> **Theme 4: The client.** *The client* refers to the importance of learning specifically about the client's background and values. Students learned to focus on and listen to the client. This included understanding *client temperament*.
> "When [the client] entered the room, he jumped right into showing us pictures of the accident that he was in that resulted in his TBI. After he had shown us the pictures he jumped right into his life and how it has been affected by his TBI."

It also included being aware of *client feelings*,
> "What could have gone better is potentially having more time. When the client began to cry about being alone and feeling lonely, I would have liked more time to go over some groups in the community that would be willing to set up a buddy or caregiver program for this individual."

Students recognized the need to elicit *client input*, "When classmates did make suggestions, they didn't force them on [the client], they used phrases like 'how would you feel about ___' and 'have you ever tried ____?'" Students also recognized the need to *use non-verbal information and that clients often have their own agenda.*

> **Theme 5: Implementing skills.** *Implementing skills* refers to opportunities to put into practice the skills we have discussed and read about in class. Students recognized that hands-on practice is crucial for *implementing skills*. This included *using motivational interviewing*, "I believe two techniques that we used well were evoking and planning." It also included *knowing when to implement specific skills*, "I was interested in seeing how the group would cooperatively go through OARS and MI together. I thought the class did a good job of going through each MI step." Another skill is recognizing or evoking a client's change talk, "I also think we could have attempted to have him arrive at various solutions in place of offering so many suggestions to him." And recognizing a client's response to suggestions,
> "I think it is important to remember that even though a client may appear receptive to a suggestion, this does not mean they are interested in putting the suggestion into action. It is more powerful, in terms of motivation and memory, when a client comes to a solution on his/her own with or without guidance."

Students recognized the need for *even more use of strategies,* "There was some affirming, but I think there could have been a bit more of this." They also learned how to inhibit their "*righting reflex*," a core motivational interviewing skill. "I wanted to blurt out right away and recommend he make a plan to take structured notes in a chart that he can review before reading the next portion of his book. However, I wanted him to make the change talk himself." Another student recognized how hard this is to do, "I really had to work hard to refrain from using my righting reflex. I stopped myself multiple times as I phrased my questions which probably made me sound like a babbling idiot." Students recognized the *importance of expressing empathy without consoling or patronizing*,

> "I wanted to tell him that we all take notes, and we all have trouble remembering everything about the articles we read. I wanted to reassure him that although we may know some things, he's still the expert in himself. And we can learn just as much from him as he can from us. I just didn't know how to bring it up or how to say it."

Another important skill is *active listening*, "She was easy to converse with, but I was trying to listen well and understand her advocacy initiative. I think a lot of my mental efforts were spent trying to understand what happened."

Theme 6: Client or disorder specific learning. *Client or disorder specific learning* includes gaining knowledge about a client's specific needs or the needs associated with a specific disorder such as traumatic brain injury or aphasia. Students *learned skills specific to client disorders*, "I had never met anyone with a brain injury prior to this class period. I learned so much, not only about counseling, but also about TBI."

Domain 2: Feelings After the First Session. Codes associated with feelings after the first session applied only to the first session reflections. Two themes and 11 subthemes were identified within this Domain. Within the category of feelings after the first session, students reflected on the *development of reflection and planning skills* and *implementing counseling skills*. Figure 5 displays the themes and subthemes related to feelings after the first session.

Theme 1: Development of reflection and planning skills. *Development of reflection and planning skills* includes statements that explain how they will do things differently next time based on things they learned from a recent session. Students discussed the process of *reflecting on the previous session and planning for the next session*. "For the next collaboration, I would just like to get to that planning stage a little quicker to make sure that the client has a clear direction when they leave the room!" Another student remarked, "After this session, I still felt like I really didn't know a whole lot about the client. Preparing more questions and spending more time at the beginning of the session to get to know the client would be beneficial."

> Students acknowledged the *difficulty getting through phases of counseling*.
> "Also, during this session, he often became sidetracked with other stories that he wanted to tell us. He would often ask if the stories were relevant, and we would say that they were when we really were off track. This led us to not get as far into the counseling process as we had hoped."

Figure 5

Feelings after First Session Domain Themes and Subthemes
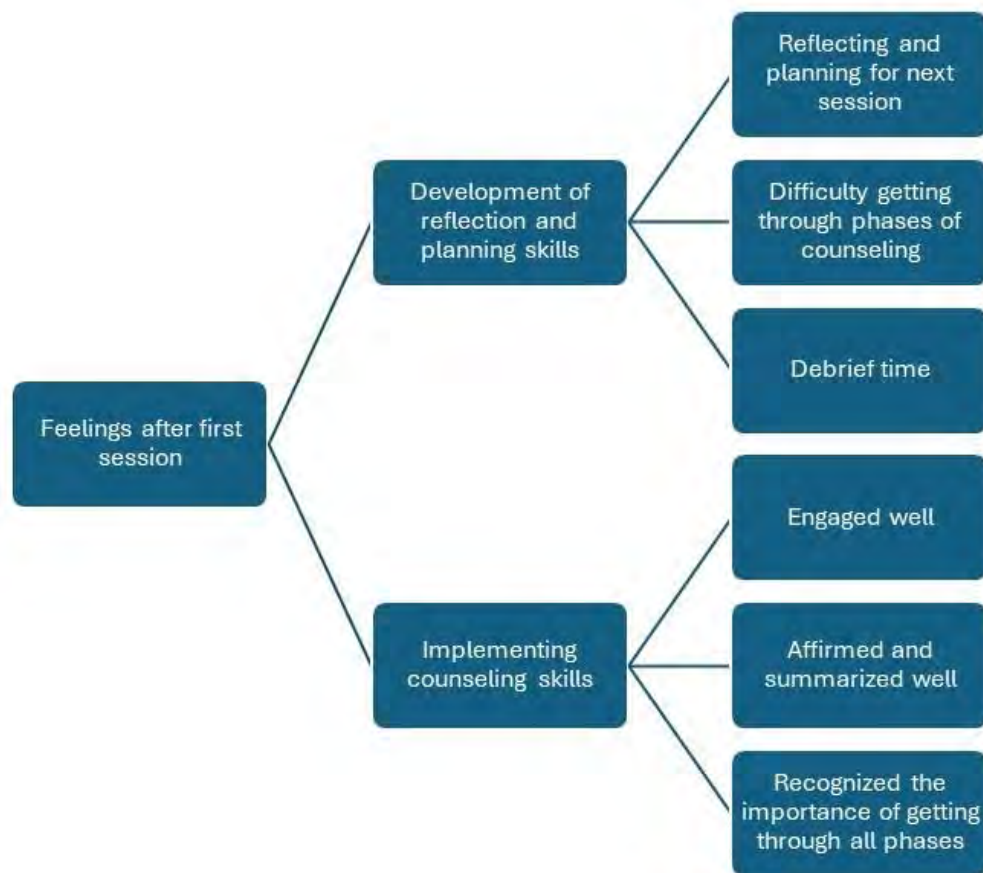

Students reflected on the value of *debrief time*.

> "However, it was good to have the debrief time afterward and understand that not every client needs explicit solutions. Sometimes it just helps to talk through things and help the client understand the steps they have taken, and the steps they still need to take."

Theme 2: Implementing counseling skills. *Implementing counseling skills* related to the opportunity to practice skills in-the-moment within an authentic context. Students recognized that they *engaged well*, "This allowed us as a group to spend some more time collaboratively engaging and focusing prior to jumping directly into the client's statement of the problem and request for a plan." They also *affirmed and summarized well*, "I affirmed his written strengths and asked some questions about writing and reading and he was shocked how he had never thought of writing notes before. He seemed pretty excited about that idea." Finally, they *recognized the importance of getting through all phases* [acknowledging that is not always constrained to a specific protocol], "He made our jobs simple and was really explicit in telling us he wanted to read again. This kind of helped us skip a few steps in our motivational interviewing process. We already had an area to focus on."

Domain 3: Feelings Associated with the Second or Third Sessions. Codes associated with feelings after the second or third sessions applied only to the second and third sessions. Four themes and 19 subthemes were identified within this Domain. Figure 6 displays the themes and subthemes for feelings associated with the second or third sessions. Themes included *negotiating group interactions, improved implementation of skills, improved confidence/self-efficacy/preparedness*, and *encountering increased challenges*.

Figure 6

Themes and Subthemes for Feelings after the Second and Third Sessions
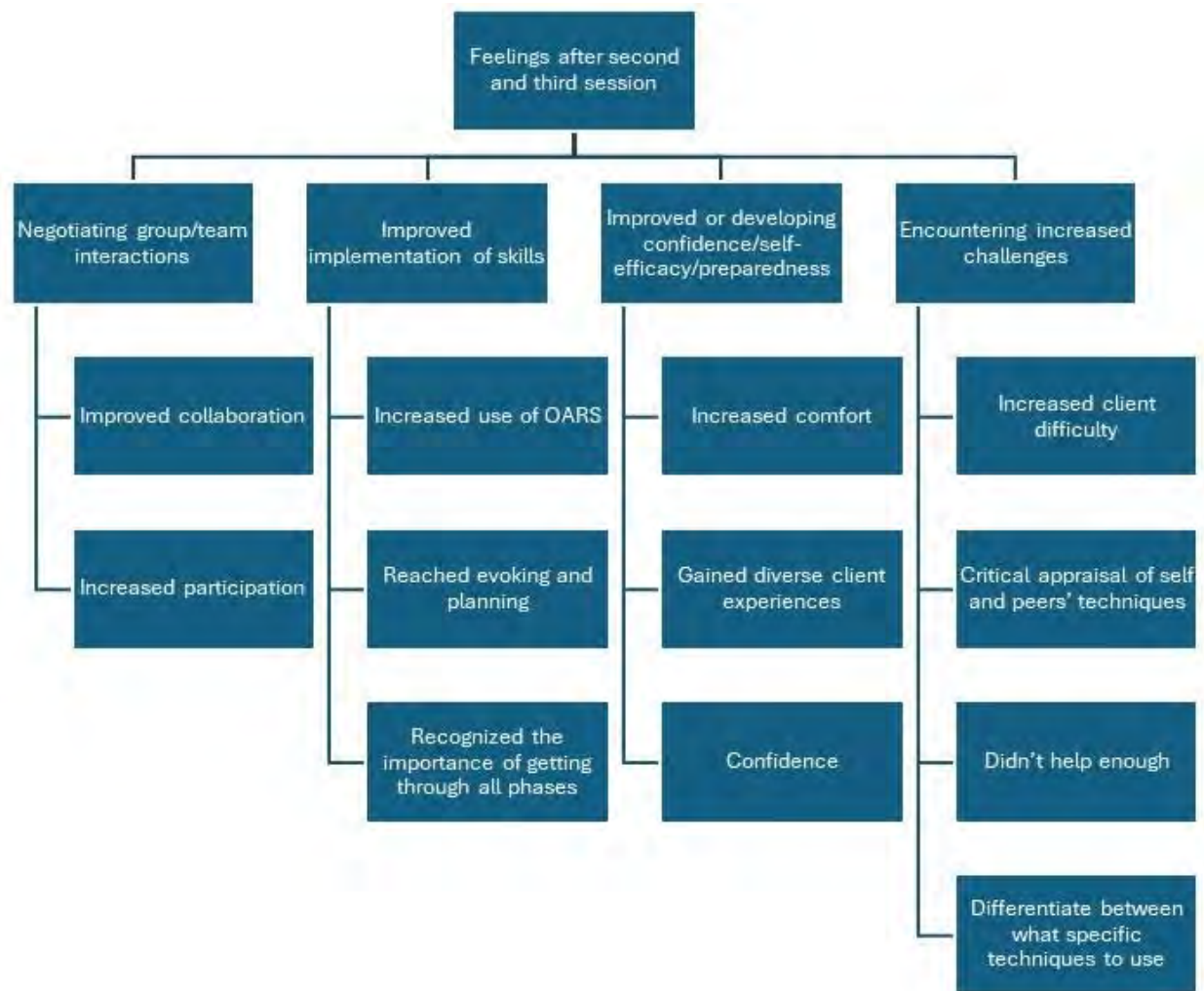
Theme 1: Negotiating group interactions. *Negotiating group interactions* included statements about the process of working together to interview and support someone, as opposed to one-on-one interactions with a single client. Students identified *improved collaboration* in group interactions. "There were also fewer pauses during the interaction, as more of us went ahead and "jumped in" if there was a clarifying question or turn we wanted to take." Students recognized the growth in their collaborations,

"I was genuinely impressed at how our cohort has improved across these three counseling experiences. In today's class, we were able to focus in on an area of concern within 5 minutes. We all had the same mindset, and it finally felt like a cohesive effort."

Increased participation by more students was also noted. "And I noticed that there was an overall increase in participation from a greater number of us in the class."

Theme 2: Improved implementation of skills. Over the course of sessions, students recognized that they were beginning to use MI skills more effectively. Students noted *increased use of OARS* (core techniques), more effectively *reached evoking and planning* (core phases), *recognized the value of getting through all stages*, and understanding the *client's role*.

Theme 3: Improved or developing confidence/self-efficacy/preparedness. As students had more opportunities to practice, they gained *confidence/self-efficacy/preparedness*. Students reported *increased comfort*, *gained diverse client experiences,* and *confidence*. "I thought it was great to be able to see the concerns of two different TBI survivors. I think this really drove home the fact that every person with TBI has a different experience." Students enjoyed the challenge of diverse client experiences, "[Client] provided a really different experience from [past client]. He began by just telling us about himself but wasn't explicit in what he wanted from us. I liked that challenge."

Theme 4: Encountering increased challenges. *Encountering increased challenges* occurred as clients became incrementally more complicated and challenging. Students recognized that clients were becoming *increasingly difficult*. "These interviews seem to have gotten progressively more challenging." Indeed, clients were scheduled intentionally to begin more easily and progress to more challenging client issues, "I think one of the things that I struggled with the most in this interview was the fact that she didn't seem to have a clear-cut problem that she was hoping to get help with."

Students also made *critical appraisal of self and peers' techniques*. "I feel that as a group, we were doing a lot more affirming of what [the client] was already doing rather than helping her come up with new ideas." Students began to recognize some subtleties about implementing counseling, "This was kind of surprising to me as we have been told that we are supposed to be affirming the client, but this reminded me that there is a point where the affirming becomes less productive and more meaningless."

In interactions with a more challenging client, students recognize that they *didn't help enough*. "I left class today a little bit unsure and uneasy thinking about what I could have done to help her, and I keep coming up empty handed."

Students also recognized the need to *differentiate between what specific techniques to use* in a given situation. "It was difficult to think of questions to ask, when it seemed like he had so many strategies already in place."

Domain 4: Counseling Notes. Like some of the broad insights into the counseling experience, from domain 1, domain 4 crossed each of the sessions. It was differentiated because it was

discussed distinctly, as an important skillset to support use of counseling micro skills. In other words, without notes, students felt they would not have been able to use OARS as effectively. Counseling notes were simply information used to support implementation of counseling in sessions. One category and two subthemes were identified for counseling notes. Figure 7 displays the themes and subthemes associated with counseling notes.

Figure 7

Themes and Subthemes Associated with Counseling Notes

   Theme 1: Client/session information. Under the domain of counseling notes, students learned to identify subjective and objective information within their notes. Students identified subjective information related to client sessions, *"I think it is fantastic that she is being an advocate for TBI survivors as well as herself and she really seems to have an idea of where she is hoping that it leads."* And students identified objective information, *"I immediately noticed how he wrote things down and used structured charts as a strategy to complete tasks. It was a great strength of his."*

The Appendix provides a coding framework, and operational definitions of subthemes associated with each Domain. Un-codable statements were those that simply reported what the client said, did not make interpretations, or were unintelligible.

Source 2: Group audio debriefings. Coding from individual reflections overlapped substantially with group audio debriefings, so a decision was made to integrate those findings in a condensed framework that represents learning through the collaborative counseling program. Across individual and group reflections, investigators identified three overarching themes: *learner's state of being*, *client's state of being*, and *skill development*. Figure 8 highlights the overarching themes from individual reflections and group debriefing discussions.

Overarching Theme 1: Learners' State of Being. Learners' state of being included any internal skills or feelings that the students developed through this process. These subthemes included statements about *reflecting and planning for future interactions*, *confidence/self-efficacy*, and *recognizing incremental increases in challenge across clients* were identified.

   Subtheme 1: Reflecting and planning for future interactions. Reflecting on current experiences helped learners to plan ahead for future experiences, perhaps avoiding pitfalls they experienced in the current encounter. *"After this session, I still felt like I really didn't know a whole lot about the client. Preparing more questions and spending more time at the beginning of the session to get to know the client would be beneficial."*

Figure 8

Overarching Themes: Learning through Collaborative Counseling
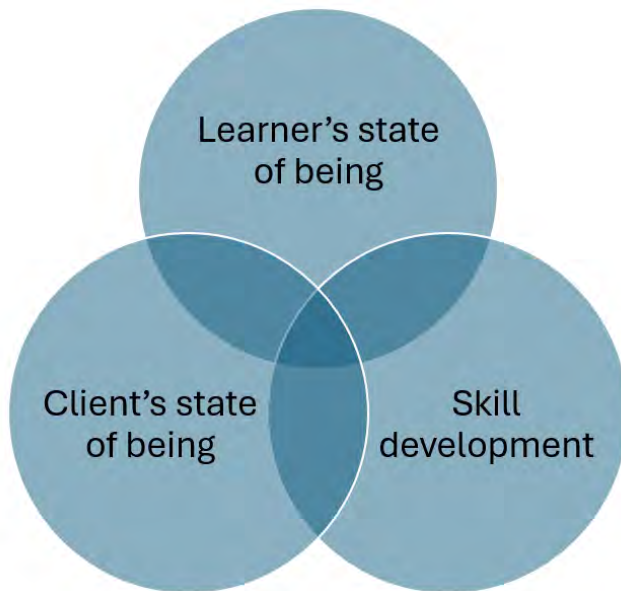
> **Subtheme 2: Confidence/self-efficacy.** Experience helped to improve learner confidence and sense of self-efficacy. "I think this will better prepare us to counsel people in other situations." A sense of comfort was identified,

> > "Because we were able to get, we were more comfortable I think as a whole, and, I we were able to umm ah--- direct her more easy--easily, yeah uh I don't know what I'm trying to say but I just thought it went way better."

Referring to getting through all of the steps (engaging, focusing, evoking, and planning), learners identified that this successful experience increased their confidence. "And I think right of [sic] the bat that just kinda helps you get in the place to move forward with confidence."

> **Subtheme 3: Recognizing incremental increases in challenges across clients.** Students recognized that successive interactions were selected intentionally to be increasingly challenging. "These interviews seem to have gotten progressively more challenging. These challenges have helped me grow."

Overarching Theme 2: Clients' State of Being. Clients' state of being refers to any considerations students have that they plan to keep in mind when working with clients in the future. These included statements about client characteristics and subjective and objective counseling notes that students took during the process about the client and session. Within the client's state of being, themes included *clients' characteristics, subjective counseling notes*, and *objective counseling notes.*

Subtheme 1: Clients' characteristics. Students learned the value of getting to know each individual client. "It's important to consider each client. Not every client needs explicit solutions." This knowledge of the individual client's preferences helped them to inhibit their own righting reflexes, focusing on evoking the client's solutions instead.

"I think it is important to remember that even though a client may appear receptive to a suggestion, this does not mean they are interested in putting the suggestion into action. It is more powerful, in terms of motivation and memory, when a client comes to a solution on his/her own with or without guidance."

Subtheme 2: Subjective counseling notes. Students learned how to efficiently take notes in a manner that did not disrupt the interactions, but which supported their abilities to affirm, reflect and summarize client statements. "I think it is fantastic that she is being an advocate for TBI survivors as well as herself and she really seems to have an idea of where she is hoping that it leads."

Subtheme 3: Objective counseling notes. Like subjective notes, tracking objective counseling notes enabled the students to affirm, reflect, and summarize client statements. For example, "he expressed a concern in the area of balancing his checkbook and health care enrollment."

Overarching Theme 3: Skill Development. Skill development refers to the counseling skills that students developed, related to the use of specific counseling techniques, but students also gained professional insights related to their current and future careers as well. These statements included discussion of reciprocal modeling from peers, the instructor, and the client through this process, comments about navigating group interactions, and comments specifically related to implementing skills. The skill development theme included *reciprocal modeling (peers, instructor, client)*, *navigating group interactions*, and *implementing skills (progressing through stages, using OARS techniques)*.

Subtheme 1: Reciprocal modeling. Students learned from modeling by peers, the instructor, and clients. Seeing models of wording, timing, progression of the conversation, and insights from clients support skill development. "I really liked seeing Dr. Hoepner use his counseling skills when our group got stuck. It was so nice to see a model of counseling methods in real-life experience. I think that was most helpful to me."

Subtheme 2: Navigating group interactions. Group interactions are commonplace in SLP practice (e.g., IEPs, rehab meetings, discharge planning) but navigating how to collaborate in these contexts is a learned skill. "I think it was a great experience, but it was hard for me to formulate my thoughts and decide what to say when there were 17 other people contributing to the conversation." Students recognized that over the course of three sessions, they became better at facilitating group interactions. "I was impressed at how our cohort has improved across these three counseling experiences."

Subtheme 3: Implementing skills. Students frequently remarked on learning skills by doing them in a real context. "This interview drove home the fact that counseling moments are not always going to be cut and dry and we need to learn to recognize those moments that are more

covert." By the third session, students recognized how much their ability to implement skills had improved. "I thought the class did a good job of going through each MI step and using OARS."

Discussion

Collaborative counseling provides a hands-on, guided opportunity to practice and deliver counseling. The incremental and repeated opportunities to practice and hone counseling skills with the support of the instructor resulted in development of skills and self-efficacy among students. Engaging in collective debriefing after sessions allowed students to learn from each other's insights on what went well and what needed to improve. This novel approach to training addresses a concern identified by several studies that examine implementation of counseling by students and professionals, namely not feeling prepared to implement counseling into practice (Hayashi et al., 2023; Hoepner & Townsend, 2024; Phillips & Mendel, 2008; Sekhon et al., 2015; Simmons-Mackie & Damico, 2011). In addition, it addressed concerns that practicing SLPs identified that are associated with low counseling self-efficacy (Scott et al., 2023). Characteristics of low counseling self-efficacy included lack of knowledge, lack of experience, and lack of feedback from others. Conversely, characteristics of high counseling self-efficacy included having experience, situation-specific confidence, experiences with success, observation of others, and feedback from others. Scott et al. (2023) also identified self-reflection as crucial. All of these elements align with the benefits of the collaborative counseling approach and specifically to the personal reflection and group debriefing elements.

Students learned from repeated opportunities for modeling from peers, the instructor, and clients. This addressed the triadic/peer approach, reducing pressure on students to respond to every instance and allowing them to learn from multiple models (Borders et al., 2015). As a part of this process, students learned how to reflect upon sessions and prepare for future sessions. Similar to other hands-on trainings, they gained confidence and self-efficacy (Sekhon et al., 2023). Observing peer models, engaging in hands-on practice, and receiving constructive feedback are all associated with increased counseling self-efficacy (Daniels & Larson, 2001; Gockel & Burton, 2014; Greason & Cashwell, 2009; Kozina et al, 2010; Mullen et al., 2015). Students became prepared for increasingly difficult counseling moments, which aligns with previous findings about hands-on counseling training and feedback (Lent et al., 2009).

Collaborative counseling of real clients helped students to recognize the importance of listening to and learning about their clients. This included evaluating and responding to the client's state of being. It was also important to learn about and address the client's unique needs and characteristics in a person-centered approach. Learning to take notes in the moment provided a means of scaffolding their interactions, to be sure that they addressed client needs. This helped them to be more capable of affirming, reflecting, and summarizing client statements.

Perhaps the most important element of learning was skill development and practice implementing skills. While many of the future group meetings SLPs regularly encounter will be interprofessional meetings, students gained skills in navigating group counseling interactions.

Specifically, students identified development of self-efficacy and confidence across three collaborative counseling sessions. Counseling self-efficacy can be strengthened through practical

learning experiences and extended hands-on experiences with counseling (Greason & Cashwell, 2009; Lent et al., 2009; Urbani et al., 2002). Self-efficacy improves in response to didactic instruction, observation, practice, and feedback on counseling skills, all of which were included in the collaborative counseling training (Daniels & Larson, 2001; Gockel & Burton, 2014; Greason & Cashwell, 2009; Kozina et al, 2010; Mullen et al., 2015). In general, stronger counseling self-efficacy increases motivation and persistence in addressing challenging clients and setbacks (Lent et al., 2009). In fact, clients report higher session quality when their clinician reports stronger self-efficacy (Lent et al., 2009). Students also identified an improved ability to implement specific counseling skills and to negotiate team-based counseling collaboration. More intentionality in identifying the phases of counseling and specific skillsets bodes well for these future clinicians addressing counseling moments as they arise. Further, skills in team-based counseling are likely to be used in IEP meetings, daily rounds, discharge planning meetings, and the like. While the present investigation does not examine implementation of such techniques in clinical contexts, it serves as a starting point for considering training paradigms that address self-efficacy to implement counseling techniques in practice. Further investigations examining implementation are warranted.

Conclusions

Collaborative counseling fostered confidence and self-efficacy in the ability to implement counseling in the moment. Students drew upon authentic experiences and multiple peer models, along with direct feedback from actual clients with communication disorders. They became sensitive to the needs of individuals with lived experience and learned how to take notes in a manner that supports their ability to implement counseling micro skills. In this case, students learned specific motivational interviewing skills.

Limitations and Future Directions. While students learned about a number of foundational counseling techniques and approaches in this class, the interactions with clients focused mainly on implementing motivational interviewing micro skills and approaches. Student participants in this sample were first-year master's students who were exclusively traditional students and included limited diversity. The qualitative findings provided rich details about student growth in skills, confidence, and self-efficacy. Quantitative data was not collected and could have possibly corroborated student reflections. In the future, use of an objective measure, such as the Counselor Activity Self-Efficacy Scales (CASES; Lent et al., 2003) or a modified version for SLPs (Victorino & Hinkle, 2019) could corroborate qualitative findings. The Self-Efficacy Measurement tool for counseling in SLP could be delivered pre- and post-training. The domains of the CASES parallel many of the themes that students reflected upon in this qualitative study (e.g., helping skills, session management, and counseling challenges). Factor analysis of Victorino and Hinkle's (2019) Self-Efficacy Measurement Tool for Counseling in SLP divided the helping skills domain into exploration, insight, and action skills. This relates to the development of reflection and planning skills, along with practice implementing specific skills within the present study. Further, counseling challenges were divided into relationship conflict and client distress factors. This relates to the emphasis on the client's state of being in the present study. The Self-Efficacy Measurement Tool for Counseling in SLP is included as an appendix in Victorino and Hinkle (2019).

Disclosures

The first author's non-financial disclosures include serving on the editorial board of directors for TLCSD. He is also the associate coordinator of ASHA SIG 20 on Counseling and the co-facilitator of the international workgroup for Aphasia Psychological Care workgroup on counseling education. The second author has no relevant financial or non-financial disclosures.

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Appendix

Coding Framework and Operational Definitions for Individual Reflections

BROAD ABOUT COUNSELING EXPERIENCE:
Modeling
- **Peer examples**: It was helpful to hear and see examples of their peers counseling, encouraged by this.
- **Instructor demonstration:** Really appreciated when the instructor stepped in to demonstrate counseling.
    - **Pulling things together and/or moving through counseling phases**: Instructor modeled pulling pieces together.
        - **Helping to get unstuck**: Instructor demonstrating helping to get unstuck really helped.
- **Learning from client:** statements about what they took away from the client interaction or discussions, felt inspired by client.
- **Learning through observation:** it's valuable to observe first then try.

Facilitating group interactions
- **Hard to "jump in"**: Student felt uncomfortable jumping in, didn't know what to ask, intimidated by large group, felt has quiet voice, wanted to say something but didn't, didn't want to cut peer off.
- **Differed at group level:** Student felt that they would have gone a different route or said things differently if they were independently counseling; worried about bombarding client.
- **Talking too much:** Was worried they were 'stealing the thunder' by talking too much.
- **Hard to navigate group counseling:** counseling as a group is hard, difficult to know what direction to go- lots of potential directions.
- **Critical appraisal of peer or self's techniques**: statements that evaluate how closely peer approaches align with core principles/ techniques.
- **Collaboration with peers**: statements about enjoying peer collaboration.

Confidence/ self- efficacy/skilled or prepared.
- **Enjoyed opportunity**: Students enjoyed the opportunity of group counseling, liked the hands- on experience. Said it was more valuable than case studies, learned a lot.
- **Preparedness for profession:** Prepared them to better counsel when they are practicing SLPs.
- **Decreased nerves:** Student felt less nervous counseling at the group level.
- **Trouble moving through the phases of counseling (stuck)**: They didn't know where to go, how to hone in.
- **Professional Insight**: Gained insight about using counseling with clients, what we need to be aware of
    - **Using questions**: use of questions to keep clients on track, gather additional information.
    - **Clients might need guidance**: sometimes clients might need guidance and can't come up with answers on their own, talking through plan can help.
    - **Follow up:** Following up with the client can provide insight about counseling and if it was effective.
    - **The need to scaffold communication and cognition:** providing concise and tangible summaries of what the client said in communication friendly manners for the client.

- ○ **Keeping it client directed (or not):** Making sure you hit every item on the client's agenda.
      - ○ **Not settling for first solution:** sometimes we tend to settle for the first solution we find. Exploring multiple solutions and plans is beneficial so that they have multiple plans to fall back on if needed.
      - ○ **Being intentional:** right off the bat, being intentional to get through all of the stages of counseling, engage and build rapport first.
- **Clinical Flexibility:** gained practice using flexibility, doesn't always go as planned.
- **Feelings of satisfaction**: feeling satisfaction client reaches a resolution.

Client
- **Client temperament:** The temperament of the client can impact service delivery and how the counseling session went. Some clients are more direct, others are indirect. Less than cohesive thoughts can make it challenging to get through counseling process.
- **Client feelings:** Client might feel uncomfortable with 18 people interviewing them, not as traditional- trying to make them feel comfortable, expressing empathy, being sensitive to client feelings.
- **Client input**: collaborating with client, collecting their input, intending to get to know them more personally.
- **Use of non-verbal information:** Using non-verbal information like body language, wedding ring, etc. to gain information about client and gauge what you ask.
- **May already have own agenda:** Client may come in with ideas or their own agenda. Client may have solutions already. Client may jump right into problem off the bat.

Implementing skills
- **Using motivational interviewing or OARS:** Spending time engaging and focusing before discussing problems directly; using techniques learned in class, keeping client on track with this, identified client's goal areas, client strengths and weaknesses.
- **Knowing when to implement:** Continued questions about when to implement certain techniques
- **Recognizing or evoking client's change talk:** Client needs to come up with solutions. This is more valuable to them than we impose solutions. This can be done through summarization and affirmations, using their own words.
- **More OARS or MI**: Could have used more of these techniques during the session.
- **Righting reflex**: Refrained from using righting reflex.
- **Expressing empathy without consoling**: Recognizing the importance of not consoling, but still displaying empathy
- **Active listening:** identifying the importance of listening to understanding.

Client or disorder specific learning
- **Learned about TBI:** Student felt they learned about working with clients with brain injuries.

FEELINGS AFTER FIRST SESSION:
Development of planning skills/ reflecting
- **Reflecting and planning for next session**: thinking about what they could do for the next session. More redirection to keep clients on track.
- **Difficulty getting through stages of counseling:** thinking about how to do this better next time.
- **Debrief time:** Time to debrief afterwards helped.

- **Navigating pragmatics**: we are taught to not interrupt-> hard when client is being tangential, enforcing safety (when to do this?)

Implementing counseling skills
- **Moving to planning stage**: Struggled with planning stage and how to move to this.
- **Engaged well**: Felt that they did a good job engaging- helped understand client's back story.
- **Evoked well:** Felt they did a nice job of evoking.
- **Affirmed and summarized well**: Felt that they did a really good job affirming the client.
- **Challenging to reach change talk:** Felt that it was hard to get client to change talk.
- **Difficulty with OARS:** Challenging to summarize client.
- **Recognizing (or not) need to get through all stages**: students not realizing they need to get through all of the stages of counseling, skipping engaging/focusing due to client sharing problem right away.

FEELINGS AFTER SECOND OR THIRD SESSIONS:
Negotiating group/team interactions
- **Improved collaboration:** Group counseling improved after the first session, felt more prepared, more cohesive.
- **Increased participation:** Students felt that participation was higher in the second and third sessions.
- **Plan:** Students came in with a plan for sessions.
- **Continued work on collaboration needed:** Collaboration is improving, but still awkward pauses- students unsure of when to interject, hand raising.

Improved implementation of skills
- **Increased use of OARS (core techniques):** Students used more OARS in the second and third sessions.
- **Reached evoking and planning (core phases):** student felt that they reached the evoking and planning phases, after these techniques were reached it was easier to direct the conversation.
- **Recognizing (or not) need to get through all stages**: students not realizing they need to get through all of the stages of counseling, skipping engaging/focusing due to client sharing problem right away.
- **Client role**: it can feel easier (or more challenging) for the clinician to implement skills depending on the temperament of the client.

Improved or development of Confidence/ self- efficacy/skilled or prepared.
- **Increased comfort:** Students felt more comfortable participating in second and third sessions.
- **Enjoyed opportunity**: Students enjoyed the opportunity of group counseling.
- **Gained client diversity experience:** Students got to see a variety of clients with different backgrounds and learned how to navigate this.

Encountering increased challenges
- **Client difficulty:** clients have become more challenging [we'll make a note in the paper that this increase in difficulty is intentional], harder to get to planning because of this.
- **Too much affirming [not enough evoking and summarizing - pulling less than cohesive ideas together into a bouquet of change talk]**: as clients have become more challenging, group has been doing too much affirming- becomes not as productive.
- **Pulling all of the OARS pieces together (to create bouquet of change talk/ self- identified ideas):** statements that touch on pulling things together that the client has said to be challenging.

- **Didn't help enough**: felt they didn't help the client as much as they could have [things not moving to summarization, evoking their solutions, and moving towards planning]
- **Differentiating between specific techniques to use**: statements about not understanding when to use each technique
- **Difficulty with OARS:** Challenging to summarize client.
- **Unsure of phrasing**: statements regarding being unsure of how to phrase something or ask something.
- **Navigating pragmatics**: we are taught to not interrupt-> hard when client is being tangential, enforcing safety (when to do this?)

COUNSELING NOTES:
- **Client/ session information:** Wrote about client specific- information or what happened during session. Note that this developed over time to become more intentional, taking the right notes to support their counseling versus writing down everything that the client said.
  - **Subjective impressions:** interpretation of client/ session
  - **Objective information:** facts about the client/ session

Could not code: listed out what client said, didn't make interpretations or unintelligible.