Finishing well: The personal impact of ending therapy on speech-language pathologists

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RESPONSE

Finishing well: The personal impact of ending therapy on speech-language pathologists

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Abstract

This paper is the final response in a scientific forum examining the impact of ending therapy on speech-language pathologists. The lead paper explored how speech-language pathologists juggle the tensions of coping with real versus ideal endings, of managing the building of close therapeutic relationships which then have to be broken, and of balancing a respect for client autonomy while retaining control over caseloads and fair allocation of resources. The nine respondents in this scientific forum, representing a range of clinical, research, cultural and geographical contexts, have highlighted their concerns, insights and suggestions in relation to discharge practice. In this closing section, I suggest that this scientific forum has the potential to act as a catalyst towards positive change. My reasons for this are threefold, relating to raising awareness, acknowledging the personal impact, and developing or promoting strategies for successful discharge experiences.

Keywords: Ending therapy, discharge practice, speech-language pathology.

Introduction

This scientific forum has examined the impact of ending therapy on speech-language pathologists. In the lead paper (Hersh, 2010), I included a discussion of the terminology used at the end of therapy, a review of related literature and an examination of how speech-language pathologists working in the area of chronic aphasia talked about discharging clients from therapy. Based on this research, I suggested that speech-language pathologists juggle three tensions at discharge: coping with real versus ideal endings, managing the building of close therapeutic relationships which then have to be broken, and balancing a respect for client autonomy while retaining control over caseloads and fair allocation of resources. Nine responses followed this paper, written by speech-language pathology clinicians, researchers and educators from the areas of paediatric speech-language pathology, adult neurology, voice, and palliative care, working in Australia, Malaysia, USA, Greece, Cyprus and the United Kingdom (Ahmad, 2010; E. Baker, 2010; J. Baker, 2010; Body, 2010; Kambanaros, 2010; Quattlebaum & Steppling, 2010; Roe & Leslie, 2010; Roulstone & Enderby, 2010; Togher, 2010). This scientific forum is the first of its kind in focusing on the specific issue of ending therapy across a range of speech-language pathology practice situations. In this final section, “Finishing well” (Relph, 1985), I suggest that it has the potential to act as a catalyst towards positive change. My reasons for this are threefold, relating to raising awareness, acknowledging the personal impact, and developing or promoting strategies for successful discharge experiences.

Raising awareness

First, the nine respondents all agree that the process of ending treatment has not been fully acknowledged or explored in the professional literature. Lack of recognition by researchers of treatment termination as a specific area for study has had implications for professional training and for professional development (Hersh & Cruice, in press). It is hard to give recognition to an issue that is unpublished or unsung. Raising awareness of how intervention ends is of key importance in making change, of getting people to talk and share experiences. In turn, this helps make the implicit explicit, helps speech-language pathologists articulate their reasoning, their concerns and their successes. As Ahmad (2010, p. 317) reported, her interviewees found that “termination of therapy is a difficult process to explain and
that it prepares speech-language pathologists for a range of feelings and allows them the space to reflect and accept these as part of the job. This is not to say that acceptance entails complacency or lack of action to pursue improved services or conditions for clients. But it does provide insight into an aspect of our work which needs to be handled sensitively. Jan Baker (2010) notes that there are no published studies on the personal impact on voice therapists of dealing with difficult therapeutic endings, even for those working with people long-term. Learning from the psychiatric and psychoanalytic fields, she stresses the need for therapists to “begin to acknowledge that they too experience rewards and losses in the therapeutic relationship” as part of the process of dealing with difficult endings more effectively (J. Baker, 2010, p. 312).

Towards successful discharge experiences

Thirdly, this forum provides a wealth of suggestions about how speech-language pathologists might tackle the dilemmas discussed in the lead paper. For example, Quattlebaum and Stepping (2010) focus on the importance of including “dismissal” in training programs and using the four key areas of: caseload management, service delivery models, funding and counselling as “springboards for discussions” on the topic (Quattlebaum & Stepping, 2010, p. 313). They, like all the other contributors, stress the need to start the process of discharge early in intervention. Body (2010, p. 303) captures the key points: “realistic, collaborative goal-setting at the outset of therapy; transparency of assessment and discussion of progress; a planned, controlled move towards the end of therapy”. Similarly, Togher (2010, p. 323) writes: “A positive discharge process is one that requires planning, forethought and clear communication between the clinician and the client from the outset”. These comments place the discharge process rightly as an integral part of therapy, rather than an afterthought at the end. Indeed, as Togher notes, building social integration into therapy can lessen over-reliance on the clinician when therapy ends (if indeed, it should—and for further discussion of this point, see Elman, 1998). Roulstone and Enderby (2010, p. 294) suggest that the structure provided by episodic intervention helps “to establish defined and agreed end points and a mechanism for monitoring change”, another example how the therapy structure and approach impacts on how it ends.

Such suggestions are fundamental components of good discharge practice. Of course, the process of negotiating the duration of therapy shares many aspects of negotiating goals within therapy—an essential but often time consuming and complex process, particularly in the context of communication disability or cognitive impairment (Kuipers, Carlson, Bailey, & Sharma, 2004). In addition, there are various reasons why speech-language
The end of therapy is deeply dependent on what happens at the beginning of therapy, and the quality of the relationships developed at the start. Discharge from intervention is a process. It is not simply closure of therapy that is organised at the end. Discharge dilemmas occur, although in varying guises, across the areas of speech-language pathology intervention. Therapy discharge can be described in various ways and the differences in terminology capture divergent perceptions of the process. It is important to raise awareness of the impact of treatment endings on both clients and speech-language pathologists for teaching, practice and research contexts. Treatment termination should be addressed during professional training, particularly within discussions of caseload management, service delivery models, funding, counselling and also clinical ethics. Addressing this issue is helped by reference to real cases and to sharing previous clinical experiences in professional development situations or with colleagues, supervisors or other members of multidisciplinary teams. Dealing with ideal and not-so-ideal endings involves making implicit processes and emotions more explicit, as well as acknowledging feelings, rewards and losses. Good discharge negotiations require clear communication, realistic, collaborative goal setting, transparent assessment and discussion of progress. Therapy needs to promote client responsibility, shared decisions, ongoing social opportunity and improved self-management.

Table I. Key points for increased understanding and effective discharge experiences.

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References

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References


