



**Show Notes**  
**Episode #9 – Insights and "Aha!" Moments About Aphasia Care**  
**Guest: Dr. Audrey Holland**

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Today, Dr. Katie Strong (Central Michigan University) speaks with Dr. Audrey Holland. Our topic today is about insights from the trenches where we ask aphasia experts to share their most significant “Aha!” moments.

Dr. Holland is an internationally-renowned expert in the area of aphasia assessment and intervention. She is the Regents’ Professor Emeriti of Speech, Language, and Hearing Sciences at The University of Arizona and she continues to consult and write in the area of aphasia during her retirement. Dr. Holland has been active in teaching and research in group and individual treatment of aphasia for over 50 years. She's the author of several assessments and three books, numerous book chapters, and over 150 peer reviewed journal articles. Dr. Holland is an active contributor to Aphasia Bank and one of the founding members of Aphasia Access.

In today’s episode, you will:

- Hear the story of how a plane trip with business magazine article led to Dr. Holland’s ‘aha moment’ of thinking about coaching in communication disorders; learn the difference between coaching and counseling; and how to use elements of positive psychology in LPAA practice
- Learn the value of talking about ‘us’: Tips on building a relationship-centered experience with your client
- Be inspired to make an impact on your community one starfish at a time
- Learn the power of post-traumatic growth

*Note: These show notes has been edited and condensed.*

**Dr. Katie Strong**

**I'm certain that you have a number of significant A-ha! moments, but I'd love for you to share the experience that led to you think about applying a coaching model to your work in aphasia.**

Dr. Audrey Holland

I'm so glad that you asked me about this. I was sitting on an airplane and reading everything I could find and I was finishing up The New Yorker and there was only one article left and I thought, “Okay. This is not interesting to me, but I'll read it.” So, I started to read this article that was written by a very famous business coach. The coach was interviewing this major executive of some huge corporation. The executive said, “I think one of my problems is that, growing up, I had a very bad relationship with my father,” and the coach said, “Here's 20 bucks. Give it to somebody who's really interested and cares about your problems with your father. I don't.” And it just hit me: That's me. I just laughed out loud because here's this line of work that people do that focuses on immediate problems and what to do about them. I have a very different perspective on counseling (or, in this case, coaching) and I need to find out more about this. I got off the airplane, went online, and enrolled in an online coaching course. So, that was basically my a-ha! moment - it was by accident.



Of course, the second one was when I had finished that course and decided I need more of this stuff. So, I enrolled in Martin Seligman's Authentic Happiness Positive Psychology course on the Internet. That was a long course - six or seven months - and that was what brought me into the whole area of positive psychology and coaching from that perspective.

**The coaching model and the positive psychology philosophy seemed to fit so well with the life participation approach. Could you provide some examples of how you've used coaching in your practice?**

I think I have to give a little rationale here. My belief has always been that there is a disconnect between our counseling models which are all from sickness rather than a wellness perspective. My sense is that people with speech language problems don't necessarily come with a whole lot of emotional baggage - they have problems foisted upon them and that's a whole different approach, I think. My approach gets rid of the psychodynamic illness models and replaces it with "Okay, now you have a problem. What are we going to do about it?"

A part of how this really works in practice is that you start to deal with the issues that the person brings to you that are related to aphasia, dementia, or having a child with a handicap when you hadn't planned on that. This changes your life. Learning to deal with those kinds of changes is just kind of a really different place to start.

**Do you have any tips that you might share with our listeners who might be interested in exploring this coaching model a little bit more?**

The Internet has just changed the way we look for courses to take and coaching is *all* over the internet. Simply Googling "coaching courses" is a good way to start. If you want to get heavily into positive psychology, the University of Pennsylvania runs a two-year training program. You can do it on your own time informally or you can do to it in a more traditional sense, too. My sense is that if you are lucky enough to be involved at a university where counseling is taught through the speech pathology and audiology departments, then even if you're out of school you might just ask to sit in on one of the counselling courses.

**As SLPs, we know that counseling is a part of our scope of practice as ASHA outlines for us. I'd like for you to talk a little bit about how counseling and coaching differ and how they relate to one another.**

More traditional counseling focuses on the past while I think that coaching is more focused on the present and how we're going approach this new problem that has entered into your life. I think that's a critical difference and focus.

For example, if somebody has a child who has a problem (like hearing loss) and you haven't been expecting that, then the kinds of adjustments you have to make have to do with the now and the future. It's more optimistic.



In the book you co-authored with Ryan Nelson, [Counseling in Communication Disorders: A Wellness Perspective](#), you provide a lot of really great support for SLPs and audiologists to incorporate elements of positive psychology into clinical practice. And, again, I think this fits so well with the life participation approach to living successfully with aphasia. I was wondering if you could talk about how SLPs might embrace a wellness perspective in their approach to counseling or coaching with their everyday practice with people with aphasia.

Of course, part of it is just a mindset - just getting your head wrapped around the notion that these are people who had this thing happen to them and they were not necessarily a hotbed of other problems. So, that's the first thing. There is also this "Yeah, but we don't have time" theme that runs through how we incorporate anything that isn't directly goal-oriented speech pathology. I've kind of developed the notion that we do it around the edges and I think that means it's very likely that somebody is going to come into a session with a problem, then they're going to leave the session and right before they get ready to go out the door they unload something that's around the edges.

I think what we have to be alert to those kinds of problems arising at the beginning of sessions or at the end when we're trying to go onto the next client. These are the moments that we've just got to take a deep breath and say, "Okay. I've got to listen now and I've got to help somebody see what the real issues are." You're not going to find the answers - they have the answers. That's also a very important tenet of coaching and counseling: *The issues may lie in you, but so do the solutions.*

**That's a powerful thought. I think that, as clinicians, when a problem is presented to us we can feel obligated to help solve it versus providing some opportunities for that person to explore some of the solutions themselves.**

I re-established my Arizona speech and hearing therapist license so that I can work through my doctor's office with people who have MCI. That is a really good coaching situation because there are people there who are just developing mild cognitive impairments that may or may not get worse - but you can just deal with them as they are right now. That is a perfect venue for you to say, "Okay, so you can't remember people's names. Where's your paper and pencil? How do you use that?" and you just have people starting to practice these skills. It's this notion that you might be able to live around your problem with some simple devices. That's really positive psychology at its heart.

**You have previously talked about how you get to know the client in front of you as a person. Can you talk a little about that and why it's so important?**

I just don't buy the notion that we can fix language. I think we have to put the language into the context of the person who has the language or speech problem. If we don't know the person, then we're going to be ineffective. The best way to get to know someone is to demonstrate it for them first. When I start to see a new client I tell them all about myself. I tell them who I am, what I would like to do, and I give them a sense of my strengths and my limitations and that sets the stage for getting the same kind of information out of the person you're working with.



I just can't see that speech and language therapy is anything but a relationship-centered experience. In a relationship you have to know the other person. So, you ask questions like "Tell me a little bit about yourself", "What do you like?", "Who is your favorite movie star?"... I don't care what the questions are but let's talk a little bit about us before we get down to what we're really going to do. And I also think it's important to lay out what your expectations of them are so that they can see what the two of you should be working at accomplishing.

**What do you think an aphasia ambassador should consider as clear evidence of having had an impact on their community?**

One of my favorite stories is about a man who is walking on the beach and the beach was just covered with starfish. He noticed a man coming in the opposite direction and the man walking towards him would pick up a starfish every couple of feet and throw it into the ocean. Once the two men got face-to-face, the first man said to the man throwing the starfish, "Why are you doing that?" And the guy said, "So the starfish can live." And the first man said, "But you can't do it for all of the starfish. How can that be important?" And the other man said, "It's important for the starfish I throw in." I think that is an important story. I think it's important to remember that, for the starfish you've thrown in, he or she cares that you've helped them. It isn't how many people you've helped, it's that you help the people you see - whether it's one, two, or three. So that's how I think we make our impact - throwing back the starfish.

**As we wrap up, do you have any final thoughts that you'd like to share?**

We've all heard about post-traumatic stress disorder, but there is a literature out there that talks about *post-traumatic growth* and it's a topic that's gaining more and more attention in the counseling field. It's a topic that I think really fits with a concept of resilience, optimism, and positivity and it turns out that across all sorts of trauma - having a child with cerebral palsy, having a stroke or a heart attack, having a serious accident that keeps you from doing your sport that you've been doing forever - a larger number of people develop strengths and new insights than the number of people who develop post-traumatic stress. I just think that's a very important concept to keep in mind. I just sort of wanted to throw that out there because there's a great literature that's developing.

I remember one of my favorite aphasic spouses said to me, "I didn't know who I married until she had her stroke." And that was a positive statement from him. Their spouse took up art and she started to do all sorts of things that she never did before. So, post-traumatic growth is a very interesting concept for our field to keep in mind.



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