

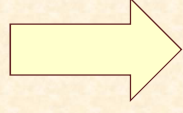
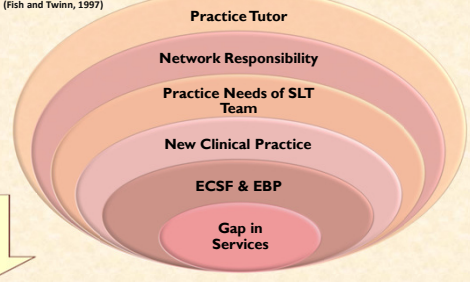
INTRODUCTION

Providing counselling in a group context to parents of CWS is a relatively new initiative in the West Region of the HSE in Ireland. It developed from a gap in service provision, which was highlighted following participation with ECSF (Meersman, 2008; Eggers, 2008). This poster aims to account how this service evolved using an EBP framework, specifically client and clinician contributions: the action research based feedback of clients and the reflective practice of the clinician. While highlighted as a pillar of Evidence Based Practice (Dollaghan, 2007), client preferences and clinician experience may be neglected elements of documented practice (McCurtin, 2012). This service evolution was underpinned by utilising these two pillars of EBP, resulting in the successful identification of influences and constraints on the initiative and resulting in both 'refinement [of the service] and new understandings' (Fish and Twinn, 1997). This poster is formatted to depict the anticipatory, contemporaneous and retrospective reflections (IASLT, 2009) identified against the backdrop of a 'spiral process' (Kolb, 1984) exhibiting the reality of the progression of practice.

Method: Parents of CWS on the SLT caseload were invited to attend evening group sessions focusing on both education and support. 3 group sessions were held. A process of continual elicited parent feedback was instituted which was thematically analysed and fed into service changes. On-going reflective practice by the clinician functioned similarly, enabling clinician growth and meaningful service progression.

PRE-IMPLEMENTATION:

The Influences (Fish and Twinn, 1997)



PRE-IMPLEMENTATION: EVIDENCE-BASED PRACTICE

CLINICIAN EXPERIENCE: INDICATORS FOR REFLECTIVE PRACTICE

- Novel experience (Dewey, 1938)
- Promotes work-based learning (IASLT, 2009)
- Improves competence (Clouder, 2000)
- Develops clinical reasoning skills (Harris, 2005)
- Results to be achieved with-in service constraints (Baird, 1996)
- Supports the decision-making process (Stockhausen & Kawashina, 2002)

PATIENT VALUES & PREFERENCES

Measures to comprise written questionnaires and clinician observations (Cramble and Davies, 1997)

Importance of client data (Yaruss & Quesal, 2002) and client sensitive treatment (Finn, 2003)

Role of client values (Sackett, 1998)

RESEARCH EVIDENCE: Group philosophy

First step in management (Conture, 2001; Conture & Melnik, 1999; Kelman & Nicholas, 2008; Yaruss et al, 2006)

Integral Part of Therapy (Zebrowski, 2003)

Emotional Support of Group (Starkweather & Gottwald, 1996; Botterill et al, 1991; Luteran, 1996)

Collaborative Working (Stewart & Turnbull, 2007; Van Riper, 1973)

Co-expert model (Hill, 2003)

Family centred: Both parents (Rustin, 1989; Millard et al, 2008) and Extended Family (Gregory & Gregory, 2002; Andrews & Andrews, 1990; Stewart & Turnbull, 2007)

EBP involves 'progress not perfection' (Kent, 2006)

'Research evidence can be seen as a facilitator enabling the profession to grow... but demands each clinician brings thinking to the process' (McCurtin, 2012)

Reflective Practice and Clinical Practice

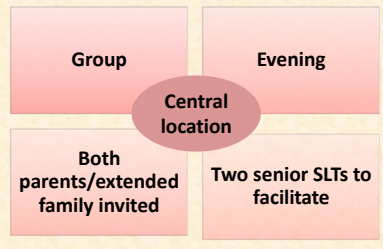
- Increased faith in self (Clouder, 2000)
- Integration of new insights and understanding (Westberg and Jason, 2001)
- Supports decision-making (Kawashina, 2002)
- Allowed analysis of complex situations (IASLT, 2009)
- CPD at its best.... Self-directed learning (Knowles, 1976)
- Evolved clinical practice (Clouder, 2000)

REFLECTING ON REFLECTING

The Refinement, New Understanding and Evolution

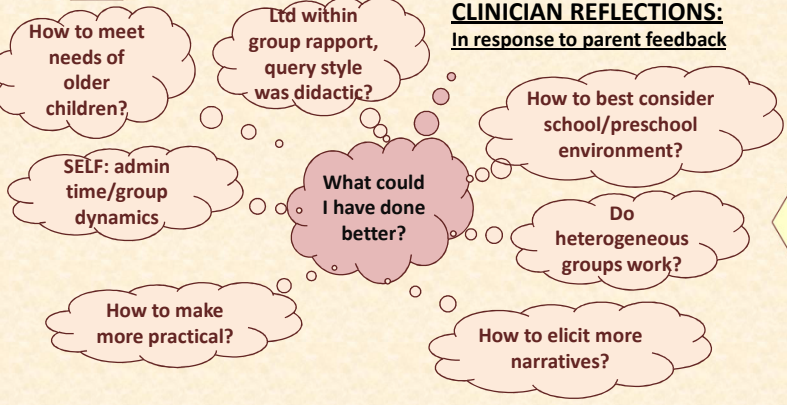
- Heterogeneous group: experiencing a group outweighs the need for homogeneity (Hill, 2003)
 - Ensure continued small group facilitation and engagement with parents already experienced with stuttering therapy (parent feedback)
- Developed pre, primary and secondary school training (Hayhow et al, 2002; anecdotal from clients and ISA self-help groups)
- Parents to be collaboratively referred by local SLT with clear clinical indicators (Cooper, 2003; Hill, 2003)
- Developed updated information for referral agents
- ALL resources and initiatives to be regional rather than local
- Initiative to be offered three times a year

THE STRUCTURE

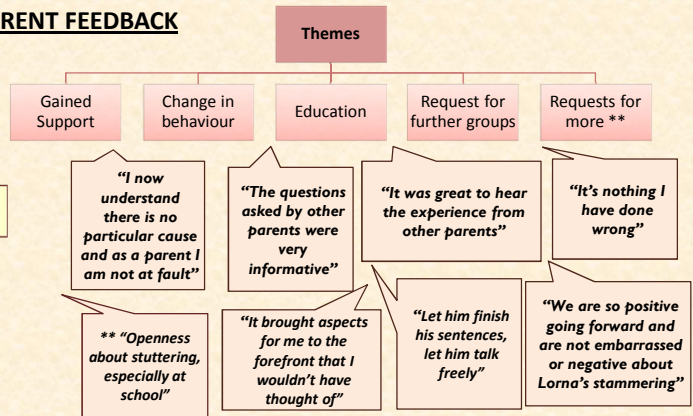


- 2 1/2 hour session
- Heterogeneous group: age and stage of diagnosis
- Facilitated by power point and information sheets
- Goals: providing support and a holistic picture of stuttering and its multiple causes, education around influencing factors, transforming feelings and attitudes about stuttering and management of same.

CLINICIAN REFLECTIONS: In response to parent feedback



PARENT FEEDBACK



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