

Exploring speech and language therapists' decision making with the focus on discharge

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KEY MESSAGE

Therapists report that **discharge** is a lengthy complex emotional process during which therapists evaluate multiple factors.

It comes to an end either because **goals are achieved** or even when goals are not achieved.

Eliciting practitioners' decision making: discharge

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Introduction & Method

Challenge 1:

Why are we interested in what therapists actually do?

There is evidence of variation in practice between countries and between individuals.

There is a lack of detailed descriptions of therapy, therapy decisions and critical components

Aim: Explore therapists' understanding and experience of common decisions about discharge

Challenge 2:

How do we find out what therapists do?

- Professional practice is highly contextualised
- Professional decisions are complex
- Professional decisions are often tacit
- Professional knowledge is socially constructed

Qualitative phenomenological design

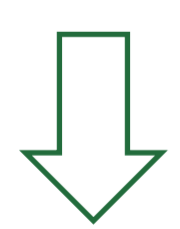
Knowledge elicitation

Two phases

1.



Semi-structured interviews with 10 therapists from Zagreb

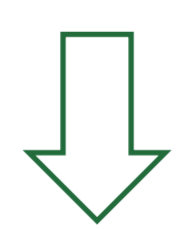


Factors leading to discharge
Heuristics: if – then rules

2.



Focus group of 13 therapists from across Croatia



How factors fit together
Explanations

Results

Factors leading to discharge

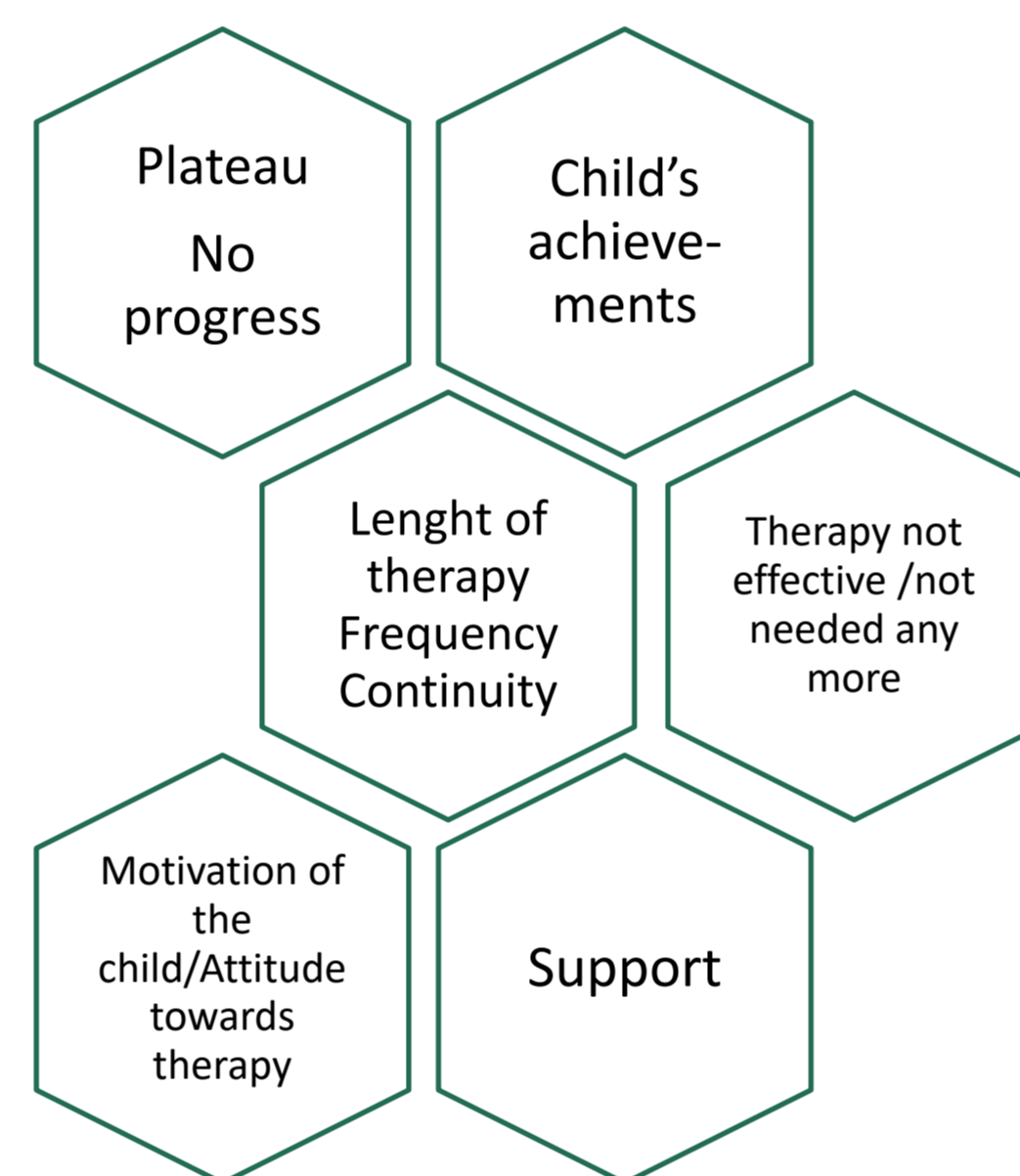


Figure 1: Factors obtained by the analysis of the interviews

Examples of heuristics

Examples of heuristics:

If the child is not learning new things, therapy is redundant.

If the child is not progressing despite the capacities, therapist is changing the ways/method of the therapy.

If therapist exhausted all the ways to motivate the child and assure the progress, plateau is seen as a factor for discharge.

If the child is „fed-up with therapy“, therapists will consider a break.

“Therapist's understanding of discharge”

DISCHARGE IS A PROCESS

Manipulating dosage
Testing the factors
Break from therapy
„Follow-up”

“DISCHARGE IS A CHALLENGING DECISION”

LD is a life-long condition
Making the child (and parents) autonomous
Professional cautiousness

Discharge decision is made when: GOALS ARE ACHIEVED

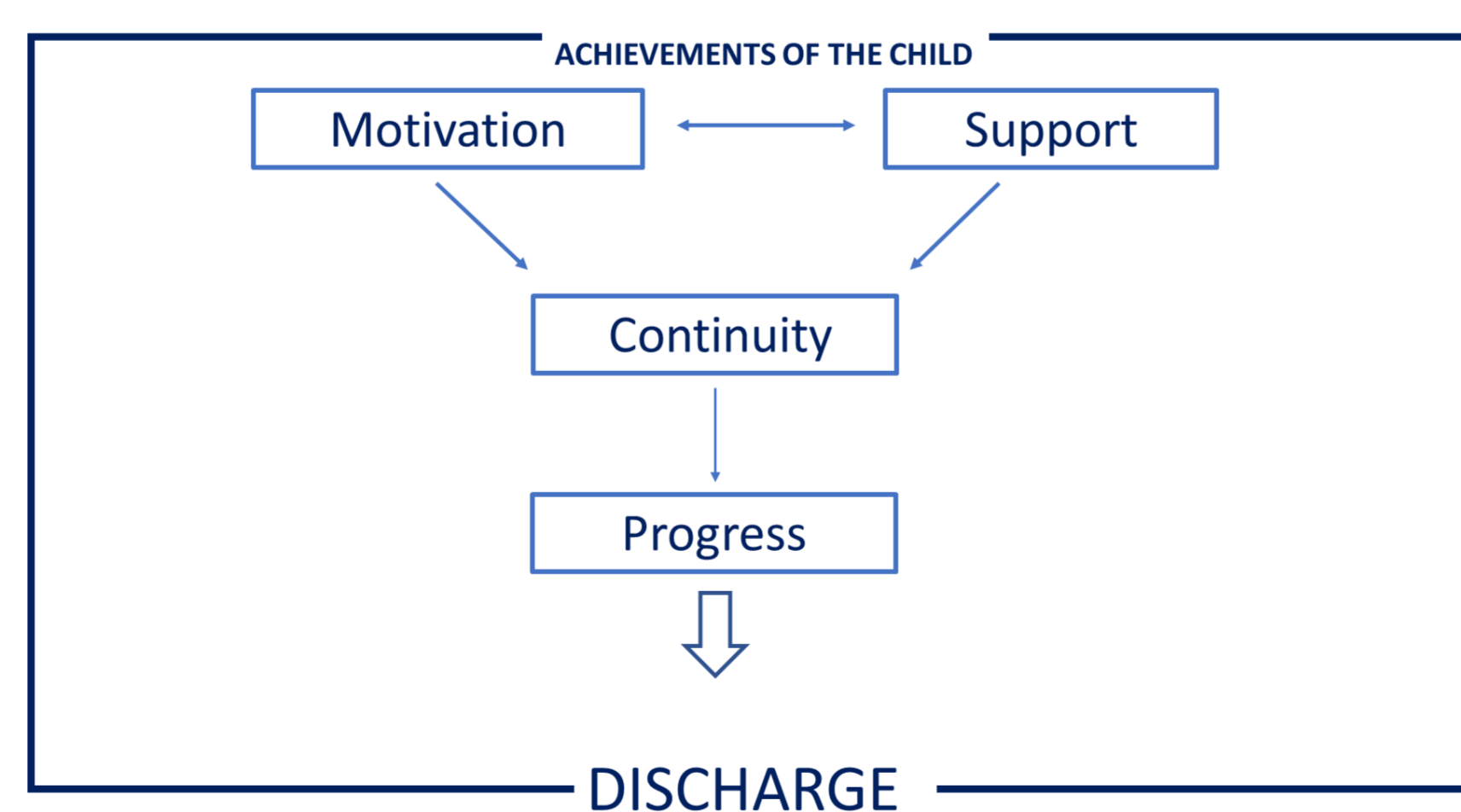


Figure 2: Interaction of factors leading to discharge when goals are achieved

GOALS ARE NOT ACHIEVED

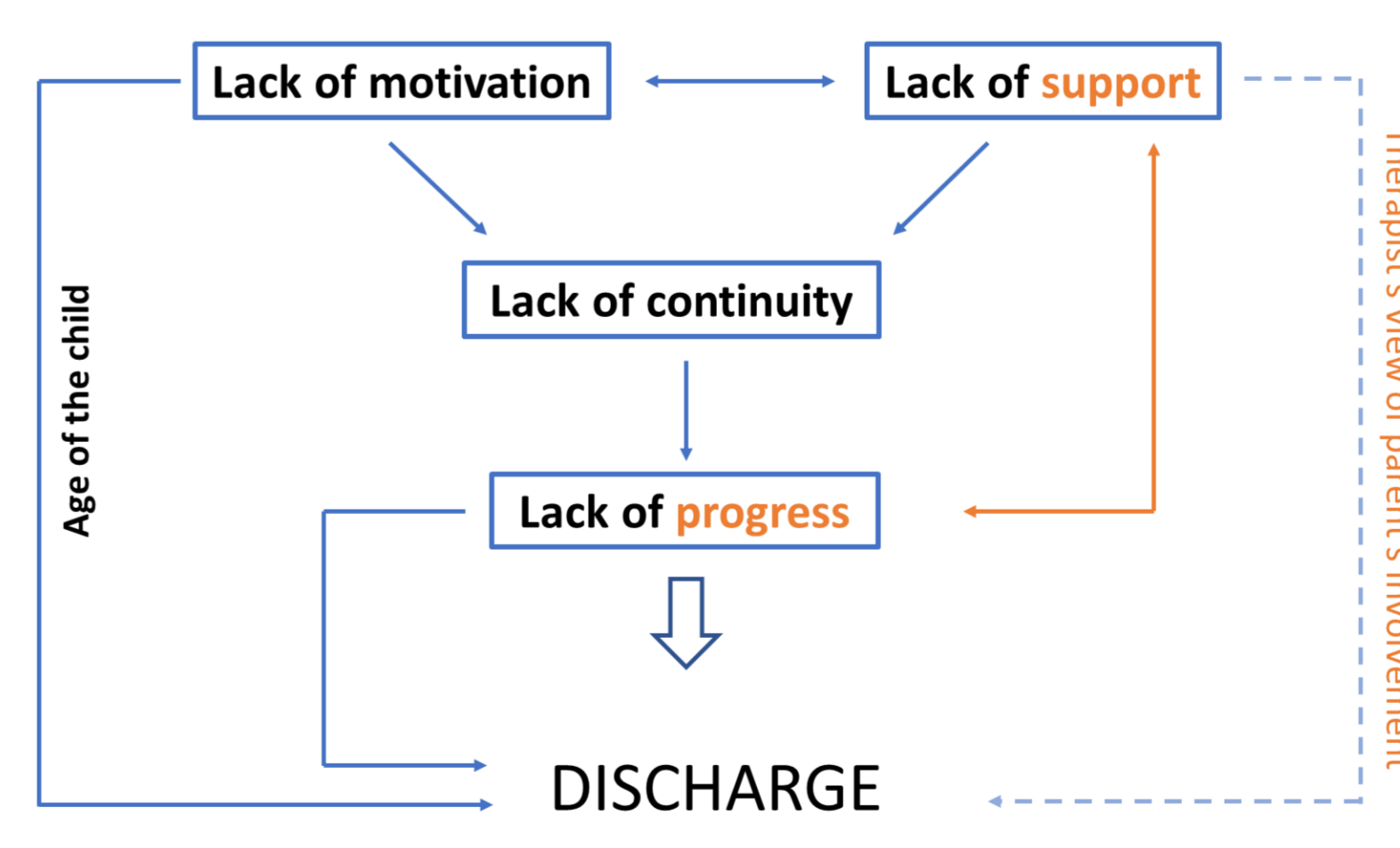


Figure 3: Interaction of factors leading to discharge when goals are not achieved

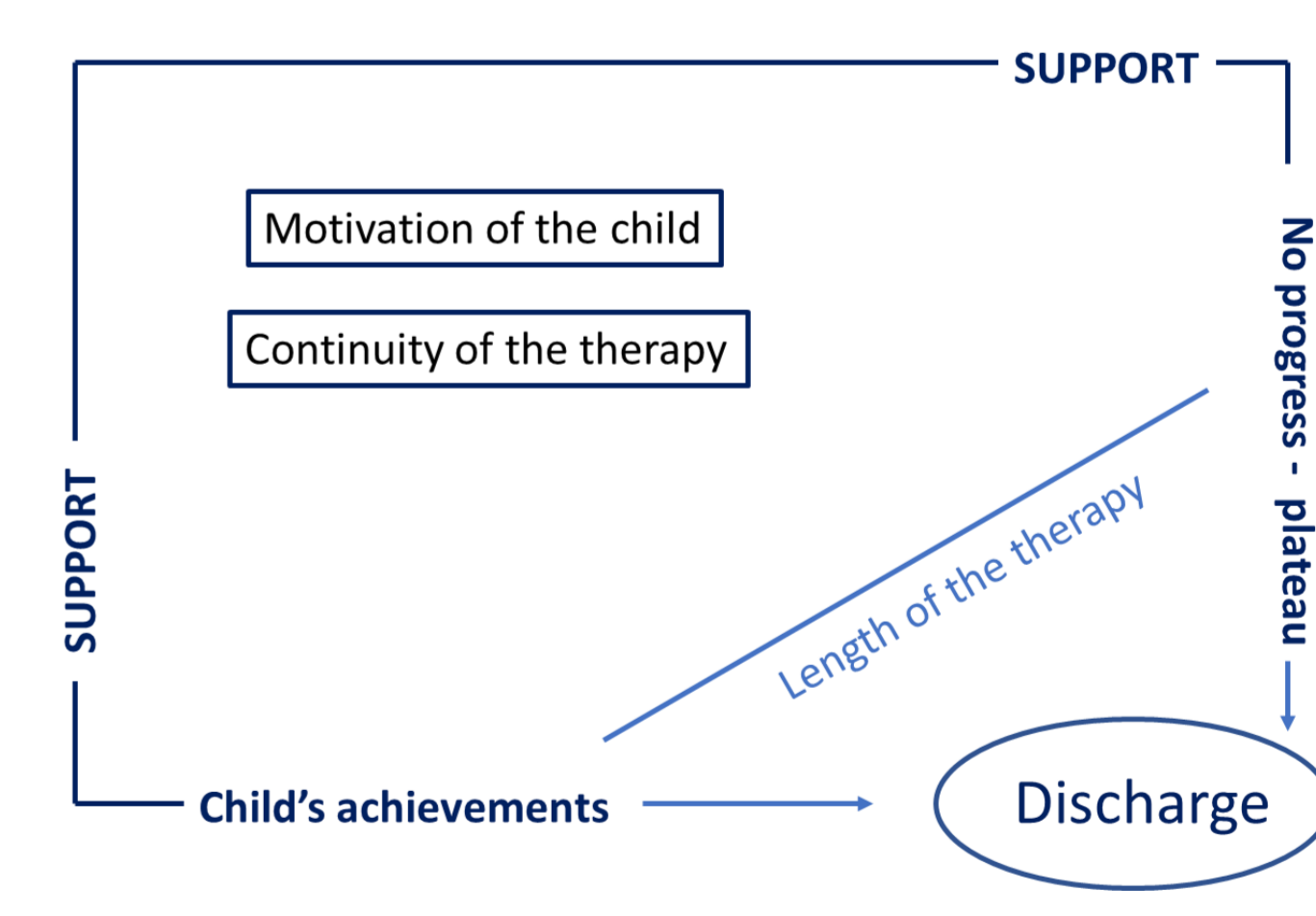


Figure 4: Support as a framework within the therapy takes place

Quotes

It's like stopping breastfeeding. (...) Slowly, I introduce one baby food, then the other... Int.10.

I have that responsibility and I always think that maybe it is possible to do a bit more (...) I need in some way also convince myself that it is done. Int.04

Satisfied? I'm never satisfied with them. Int.06

Parents say: But we would like to stay a bit more, to be sure. To be sure of what? This is not a playground. And I will babysit him and entertain him with speech and language? Int.05.

Not every child is discharged at the same phase. Int.09.

Now I said a lot of things, but to summarize, plateau, that's the most important thing, how long is the child plateauing. Int.10.

What is actually the most important thing for me is that I can sleep well. (...) That I haven't overseen something. Int.06.

Parents use us as supporting sticks. Int.08.

For more information:

Roulstone, S., Atherton, M., Davidson, B., Harding, D., Kelić, M. and McAllister, L. (in press) Using qualitative research to explore professional practice. In Rena Lyons and Lindy McAllister. Qualitative research in communication disorders; a guide for clinicians and students JR Press.

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