

ETHICS: Because People Matter!

Disclosure Statements

- **STATEMENT OF RELEVANT FINANCIAL RELATIONSHIP**

- Jennifer has created, copyrighted, and published therapy materials and owns the company that distributes them as well (The Joyful Noise Press); she also works as a private contractor/consultant. She has had speaking engagements made through this company (some in return for a speaking fee), but will not receive a fee for speaking today.

- **STATEMENT OF RELEVANT NONFINANCIAL RELATIONSHIP**

- Although this presentation is not designed to focus on Jennifer's published materials, it should be noted that she believes in the value of multi-modal types of learning opportunities (visual, auditory, kinesthetic), such as music (when used appropriately by relevant personnel), in working with individuals with special needs.

PDF version of Handout Addendum available at: joyfulnoisesonline.com

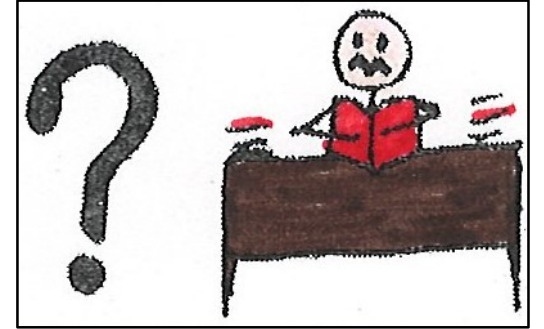
ETHICS:

Because People Matter!



Jennifer Buhrmann, M.S., CCC-SLP, MT-BC

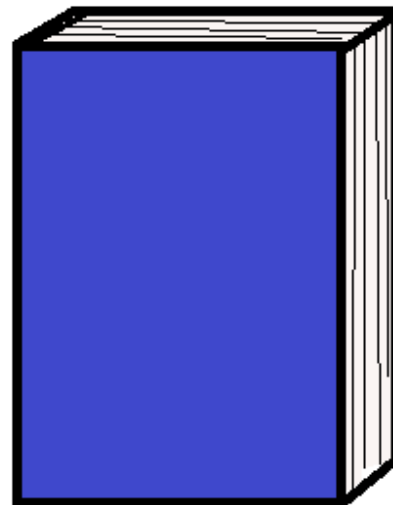
Ethics 101



Ask yourself:

1. Is it illegal?
2. Is it unethical or not best practice?
3. Is it unpleasant, uncomfortable, and/or inconvenient?

**But is the letter of the law *rEaLLy* all
we're after?!**

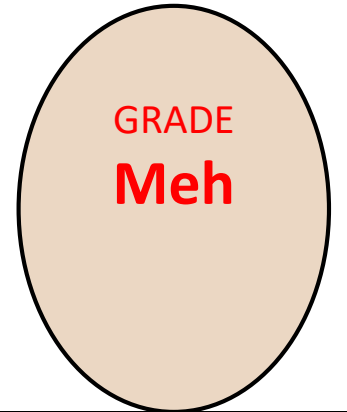


Just OK is NOT OK!!!!

Dr. Francis

“Stay in your lane, bro!”

The sushi



-What would YOU like/do?!

Ethics - Abridged

ASHA Code of Ethics says:

- **PRINCIPLE OF ETHICS I – A**

“Individuals shall provide all clinical services and scientific activities competently.”

- **PRINCIPLE OF ETHICS I – B**

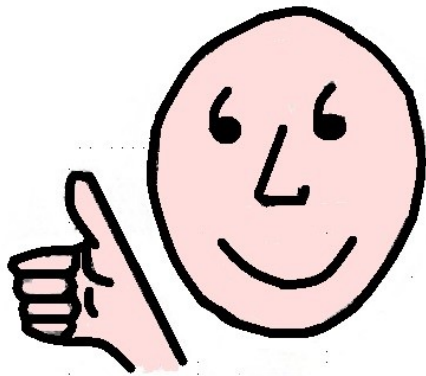
“Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.”

- **PRINCIPLE OF ETHICS IV – A**

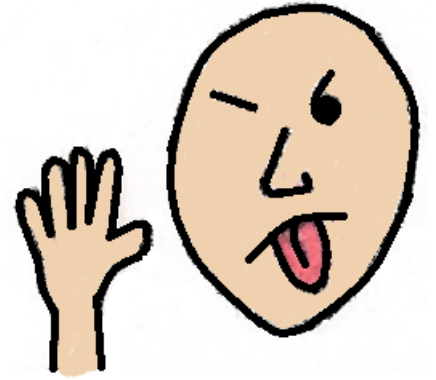
“Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.”

Ethics –Cliff Notes:

- 1. If you like it, try to do that for others.**
- 2. If you don't like it, don't do it to other people!**



~~Ethics:~~



NOT:

- 1. If I can get away with it, why not?!**
- 2. If they can do it, why can't I?**
- 3. That's the way I was treated!**
- 4. What's it gonna hurt?**

What if it were you?

...or your child...your parent...grandparent...friend..?

How would YOU want to be treated?

What kind of therapist would YOU want?

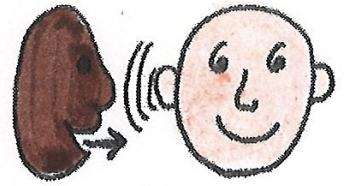


The SLP-Audiology TEAM



The Speech-Language-Hearing Family

The SLP-Audiology TEAM



Early Childhood Intervention
Pediatric / Adult
Skilled nursing/rehab
Hospital inpatient
Hospital outpatient
Public schools
Development centers
Outpatient
Home Health
Private Contract
Private Practice
Specialized Treatment Centers
Universities

Connected by:

Vision for helping those with
speech/language/hearing
impairment

Funding sources:

- Insurance
- Medicaid
- Medicare
- Private pay
- Grants
- Donations

REPUTATION

The SLP-Audiology TEAM

ASHA Code of Ethics says:

- PRINCIPLE OF ETHICS I – A

“Individuals shall provide all clinical services and scientific activities competently.”

- PRINCIPLE OF ETHICS I – Q

“Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.”

- PRINCIPLE OF ETHICS IV – A

“Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions **to deliver the highest quality of care.**”

- PRINCIPLE OF ETHICS IV – D

“Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.”

- PRINCIPLE OF ETHICS IV – E

“Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.”

The SLP-Audiology TEAM

It's easy to think,

“Well, I don't work in that setting, so that
[law, rule, funding/hour/documentation change, etc.]
doesn't affect me!”

WRONG!!!

Did you know? – RULES/FUNDING

Medicaid/Medicare affect insurance, and vice versa?
One arena tries something to see if it will work.

If they like it, others follow suit.

- FUNDING CUTS!
- Hours/Reimbursement Schedules
- Documentation procedures



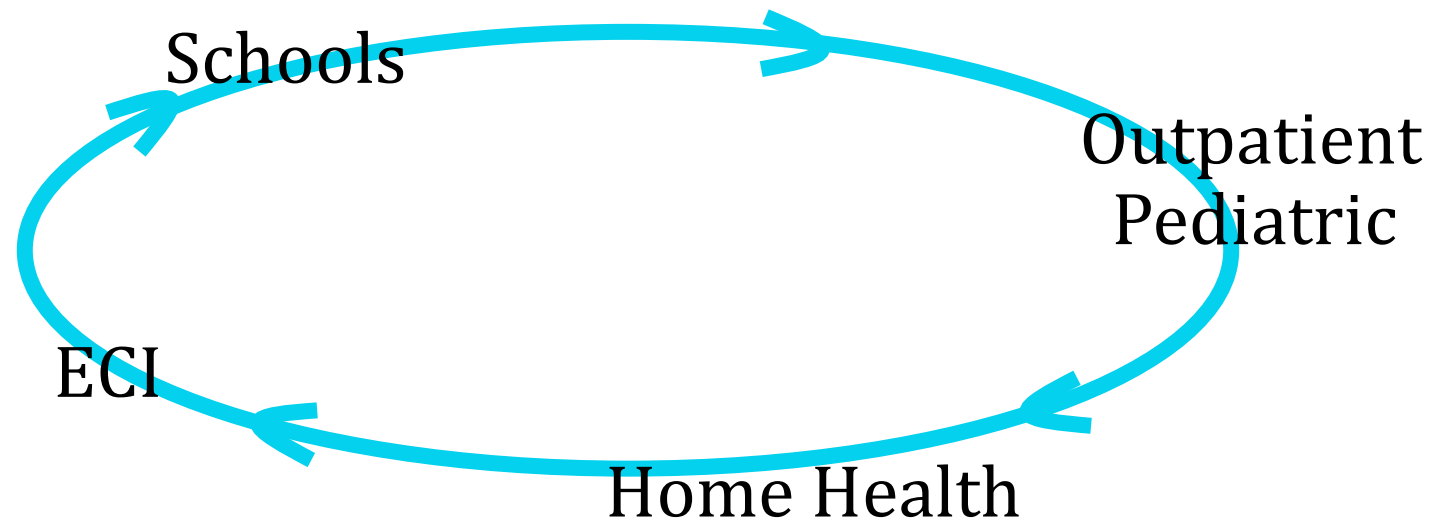
Let's start with pediatrics!



Think about it! – CYCLE OF CARE PEDIATRICS

ECI ----- Schools ----- Outpatient Pediatric ----- Home Health

Development of Skills...Hours of Service



Think about it! Another View PEDIATRICS

Outpatient

ECI

Schools

Home Health

Inpatient / Day Treatment / etc.

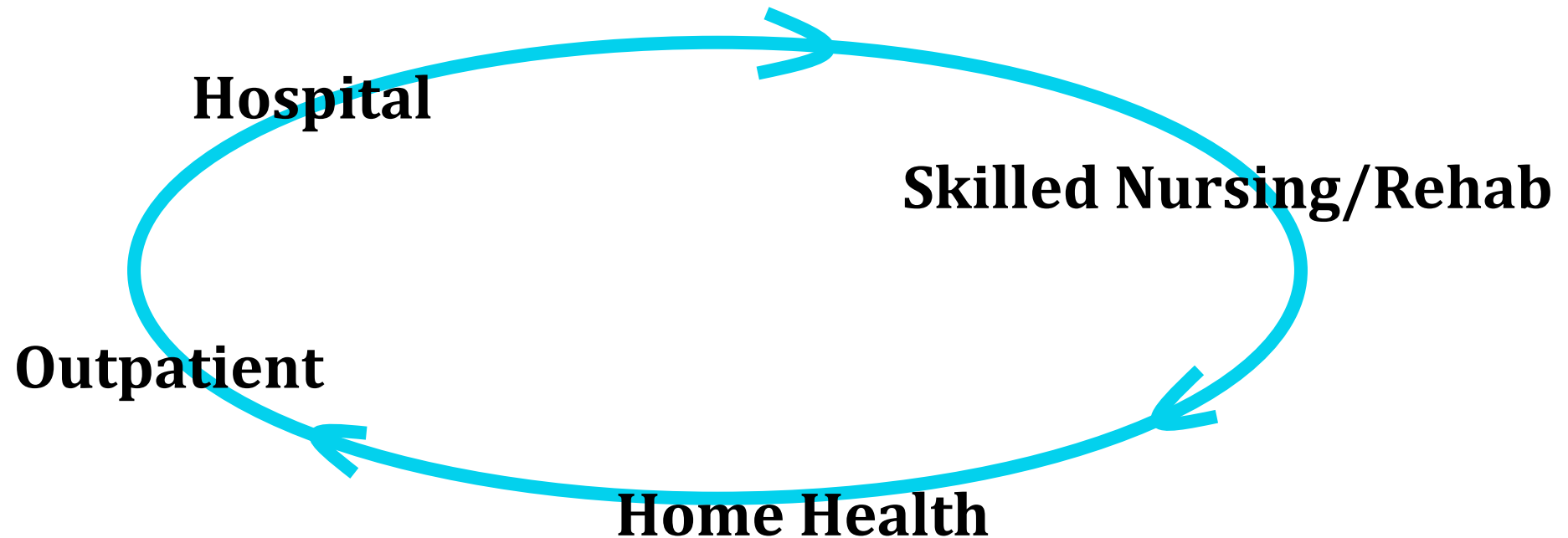
Think about it! – CYCLE OF CARE PEDIATRICS

- ECI
 - Basic skill development
 - Without it, kids are less prepared for what they will need for school
 - More PPCD, and walk-in kids
- Outpatient Pediatric and Home Health
 - Provide additional and related work to skills needed for school and life
 - Without it, parents will want more service for their kids (more time per week, and for a longer period of time)
- Schools
 - Provide academic, social, and transitional services
 - Without it, kids will not be prepared for academic demands and life outside of school

Now let's talk about adults!



Think about it!- CYCLE OF CARE ADULT



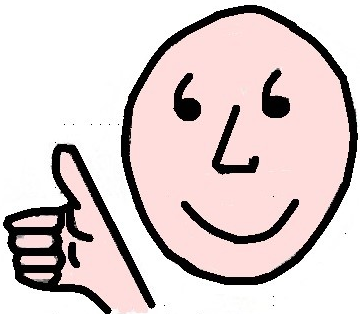
Think about it!– CYCLE OF CARE ADULT

- With older adults, issue is more about quality of patient care
- For special needs adults, are we really looking at making them as independent as possible (vocational skills, etc.)?

Think about it!

In any given situation:

1. As a speech-language-hearing professional, what **NEEDS to happen** (safety, liability, etc.)?
2. What would be the **BEST** way to handle it?!



*What if it were **YOU?!?***

Think about it! - PARTNERSHIP IN THE CYCLE OF CARE

Communicate between sites/facilities to continue cues/progress for best outcomes for clients.

As an SLP, I know my client with autism spectrum disorder has a lot of negative behaviors and sensory issues. I also know he'll do just about anything to play with toy dinosaurs. He needs a hearing re-evaluation, as we suspect some issues.

- a) Fill out the referral, send him, and hope for the best?
- b) Contact the audiologist and give him/her a heads up about the behavior/sensory issues and DINOSAURS?

Which would YOU prefer?!

Think about it! – PARTNERSHIP IN THE CYCLE OF CARE

Communicate between sites/facilities to continue cues/progress for best outcomes for clients.

As an SLP, I know my client recovering from a stroke has made a lot of progress, so is able to return home with home health. However, there are still a number of issues.

- a) Fill out the referral, send him/her home, and hope for the best?
- b) Contact the home health SLP and alert him/her to progress/needs?

Which would YOUR CLIENT most benefit from?!

Think about it! – PARTNERSHIP IN THE CYCLE OF CARE

Communicate to preserve funding (and jobs for us all).

Facility owner: “So, you are still seeing Billy, right? Your last claim for services was rejected. They said ECI already billed for that day.”

SLP: “Great. Yeah, we referred the family to ECI, as we felt they could benefit from *developmental* support services.”

- a) Note referral source and/or ask family if they are currently receiving ST services (or other therapy services) from anywhere else. If so, schedule evaluation on a different day?
- b) Don't worry about it. First come, first served?

Which would YOU prefer?!

Think about it! – PARTNERSHIP IN THE CYCLE OF CARE

Communicate with care/sensitivity to present information, and the profession, in the best light possible.

Your elderly patient, already in poor health, has suffered a significant acute injury (stroke, fall, etc.), and is now very weak and aspirating badly. You need to inform him that he is NPO.

- a) Mr. Johnson, you're aspirating on everything. So, you'll be NPO for the rest of your life. But, it's ok, you've lived a good long life! I'll be back with the doctor tomorrow to talk about hospice.
- b) Mr. Johnson, as a result of your illness and [recent stroke], you are very weak. Your swallowing mechanism is very weak as well, and you are aspirating on all textures/thicknesses. Therefore, at this time, we'll need you not to eat/drink anything. On top of all you've been through, we don't want you to get pneumonia, too! If you'd like, we can try some speech-language therapy for a while and see if we can strengthen up your, "swallower?"

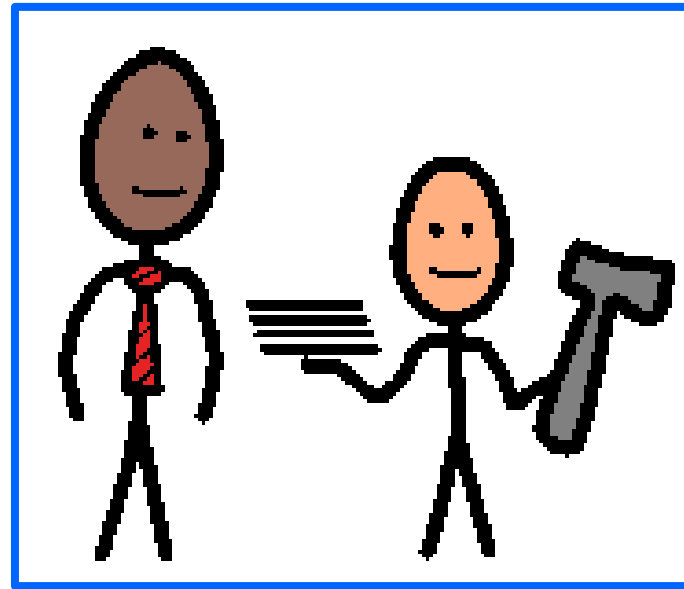
Which would YOU rather have for you/your parent/grandparent?!

Think about it! - PARTNERSHIP IN THE CYCLE OF CARE

For SLPs, communication is key!

- 1. Communicate between sites/facilities to continue cues/progress for best outcomes for clients.**
- 2. Communicate to preserve funding (and jobs for us all).**
- 3. Communicate with care/sensitivity to present the profession in the best light possible.**

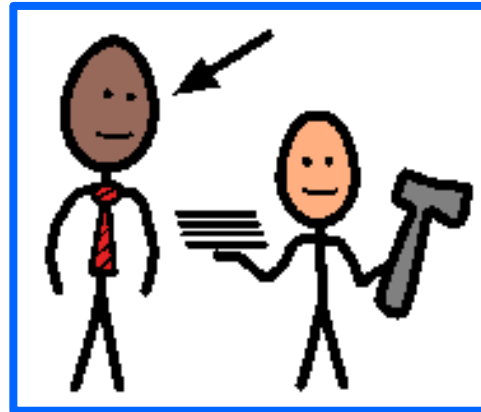
Let's talk about SUPERvision!



Supervisor / Supervisee

Ask yourself:

1. Can he/she do the job?
2. Does he/she care about the patients he/she has been assigned?
3. Is he/she trying to improve?



The SLP-Audiology TEAM

ASHA Code of Ethics says:

- **PRINCIPLE OF ETHICS I – E, F, G**

- Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons **only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.**
- Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession **only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.**

REMEMBER, SUPERVISORS:

You have the honor of impacting the FUTURE of our PROFESSION!

- * It's YOUR license (or company) on the line!
- YOU must make sure the supervision is, "appropriate."
- Have a supervisee who is not being compliant?
 - Check in with the 3 questions
 - Be clear with expectations
 - Be reasonable - Prioritize recommendations
- * Is it time for NONverbal information?

REMEMBER, SUPERVISEES:

Respect the fact that someone put his/her license on the line for YOU!

- Be on time
- Be prepared
- Do what you're asked to do
- Be RESPECTFUL!

Think about it! - PARTNERSHIP IN THE CYCLE OF CARE

Supervision Communication

You feel that your supervisee is intelligent and invested, but you have mentioned several times that you want him/her to no longer use a certain material in therapy, but would like him/her to find a new one that meets certain specified parameters.

... and yet, that continues to not happen.

- a) “I know we’ve talked about this a couple of times. I don’t want you to use ___ anymore, but would like you to find something that ___. However, I notice you haven’t done that. Talk with me about what’s going on. What questions do you have?”
- b) “I’ve told you several times not to do that. I’m going to have to put you on a growth plan (or call your university).”

Which do YOU find most inspiring? Which is most likely to affect positive change?

Think about it! – PARTNERSHIP IN THE CYCLE OF CARE

Supervisee Communication

In the previous example, what could YOU do to help inspire your supervisor to approach you more positively?

- a) Make a consistent practice of always being on time and prepared.
- b) Even if you don't completely understand the directive, try to make a change, based on the information you were given.
- c) Ask for clarification!

Which do YOU find most inspiring?

Think about it! – PARTNERSHIP IN THE CYCLE OF CARE

Supervisee Communication

As a supervisee, you note that a technique being used by your seasoned SLP veteran supervisor has been proven in recent research to not be best practice. You want to be ethical/professional, so you want him/her to know that.

- a) You say, “You know, that [therapy technique your using] isn’t best practice. It’s been disproven in research.”
- b) You say, “I recently read an article that discussed how adding/altering ___ can often lead to good outcomes for [disorder]. Would you mind if I tried that?”

Which do YOU find most inspiring?

Polka Dot Socks Story

Negative gets OLD!

Negative is not as inspiring as positive!

What would you do for your clients?

What would inspire YOU?!

We all need a little positive!



The SLP-Audiology TEAM

**What happens in one setting DOES affect others,
both colleagues and clients!**

1. We need to COMMUNICATE with each other for ourselves, our profession, and our patients!
2. Rules/Legislation against one aspect of our profession, are/is rules/legislation AGAINST OUR PROFESSION!
3. Quality/reliability/respect/professionalism in one area of our profession, affects the REPUTATION OF, AND OUR OVERALL, PROFESSION!

We MUST work together!

**As members of the same/related
professions,**

We **MUST work together!**

- To provide competent services
- To deliver the highest quality of care

The Interdisciplinary TEAM



The Treatment/Education Family



Interdisciplinary TEAM

- Occupational Therapy
- Physical Therapy
- Music Therapy
- Doctors
- Nurses
- Teachers
- Behavior Specialists
- Counselors / Psychology Professionals
- Activity Directors
- Tutors
- Hippotherapy
- Vocational Coaches
- Group Home Workers
- Facility Staff
- Aides
- Families / Friends

Connected by:

Vision for maximizing the function of our shared clients

Funding sources:

- Insurance
- Medicaid
- Medicare
- Private pay
- Grants
- Donations

REPUTATION

Which would YOU prefer?!

**Which one results in the
most WINNERS?!**

Areas That Need Treating:

Behavior-Cognition	Motor	Speech-Language	Psycho-Social-Emotional
Age-approp. skill acquisition	Body awareness	Articulation	Aggression
Agitation	Compensatory movement	Breath control	Agitation
Anxiety management	Endurance	Communication device use	Anxiety
Attention to person	Feeding	Comprehension	Behavioral issues
Attention to task	Fine motor skill	Discrimination	Body image
Awareness of environment	Following directions	Emotions/Feelings	Compliance
Awareness of others	Functional use of objects	Eye contact	Depression
Categorization	Gait training	Following directions	Emotions/Feelings
Developmental issues	Gross motor skill	Imitation	Facilitating family interaction
Discrimination/matching	Initiation	Interaction	Family education
Emotions/Feelings	Localization	Intonation/Inflection	Feeding
Feeding	Motor control	Localization	Orientation
Functional use of objects	Motor planning	Matching	Pain management
Impulse control	Purposeful responses	Memory	Range of affect
Memory	Range of motion	Pragmatics	Relaxation
Organization	Sensory integration	Prosody	Self expression
Pain management	Sensory stimulation	Object identification	Self image
Pragmatics	Sequencing	Organization	Social skills
Purposeful responses	Side awareness	Organized idea expression	Transition assistance
Range of affect	Side neglect	Purposeful responses	
Reality orientation	Strength/control of grasp	Question formation/response	
Self expression	Strength/control of extremities	Range of affect	
Sensory stimulation	Strength/control/coordination	Self expression	
Sequencing	Swallowing	Sequencing	
Side neglect	Tool use	Socialization	
Socialization	Tracking	Tracking	
Sorting	Trunk control	Turn taking	
Tracking	Visual field cut	Verbalization	
Transition structuring	Writing	Vocabulary	
Turn taking		Vocalization	
Visual attention		Voice	
		Word retrieval	
		Yes/No responses	

Areas That Need Treating:

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Transition structuring	Writing	Vocabulary	
Turn taking		Vocalization	
Visual attention		Word retrieval	
		Yes/No responses	

Interdisciplinary TEAM

- There IS overlap between the content covered by multiple disciplines!
**What's different is our approach/perspective!*
- We can choose to:
 - be threatened and territorial
 - embrace and utilize that constructively for the good of our clients (and our sanity!)

Interdisciplinary TEAM

ASHA Code of Ethics says:

- PRINCIPLE OF ETHICS I – B

“Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.”

- PRINCIPLE OF ETHICS I – Q

“Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.”

- PRINCIPLE OF ETHICS IV – A

“Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.”

- PRINCIPLE OF ETHICS V – N

“Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.”

Interdisciplinary TEAM

OT

Occupational Therapy Association

Occupational therapy is the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations).

- Enable people of all ages to live life to its fullest by helping them promote health, and prevent, or live better with, injury, illness, or disability.
- Have a holistic perspective, in which the focus is on adapting the environment and/or task to fit the person, and the person is an integral part of the therapy team.

Interdisciplinary TEAM

MT

American Music Therapy Association

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

- Music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals.
- After assessing the strengths and needs of each client, the MT provides the indicated treatment including creating, singing, moving to, and/or listening to music.
- Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives.

Interdisciplinary TEAM

ABA

Association for Behavior Analysis International

Behavior analysis is a natural science that seeks to understand the behavior of individuals.

- Study how biological, pharmacological, and experiential factors influence the behavior of humans and nonhuman animals.
- Recognizing that behavior is something that individuals do, behavior analysts place special emphasis on studying factors that reliably influence the behavior of individuals, an emphasis that works well when the goal is to acquire adaptive behavior or ameliorate problem behavior.

Interdisciplinary TEAM

But there ARE others:

Psychology

Teachers

Parents/Caregivers

Job Coaches

.....

Interdisciplinary TEAM

WHEN TO BRING IN OR PASS OFF?

1. Could speech/language function be a contributing factor to the client's lack of success? – YES-Then you stay!
2. Could something else be contributing to our problem scenario?
 - If yes, in whose realm do those issues lie?
 - Behavior
 - Cognition/Processing
 - Physical
 - Neurology
 - Emotion

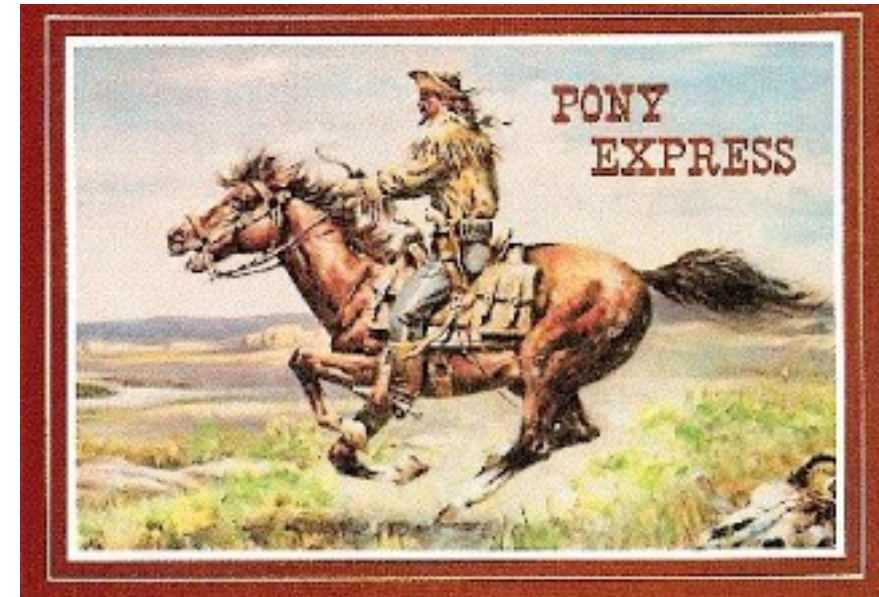
Interdisciplinary TEAM IDENTIFYING WHO CAN HELP!

Key Helpers

OT	SLP	MT	Behavior
Physical development/issues	Language	Music identified as being beneficial	Significant behavior issues
Sensory processing	Speech	Uses music, chant, or rhythm spontaneously	Behavior negatively impacting progress/function
Cognitive processing	Communication	Music noted to get attention	
	Swallowing	Clearly likes music/rhythm	
	Voice		

THINK: **Reinforce**

NOT
Replace!



Interdisciplinary Relationships

ESTABLISHING A CONSTRUCTIVE DYNAMIC

1. BE RESPECTFUL!

*Remember the value the specific discipline has for your client (and therefore, YOUR treatment program)

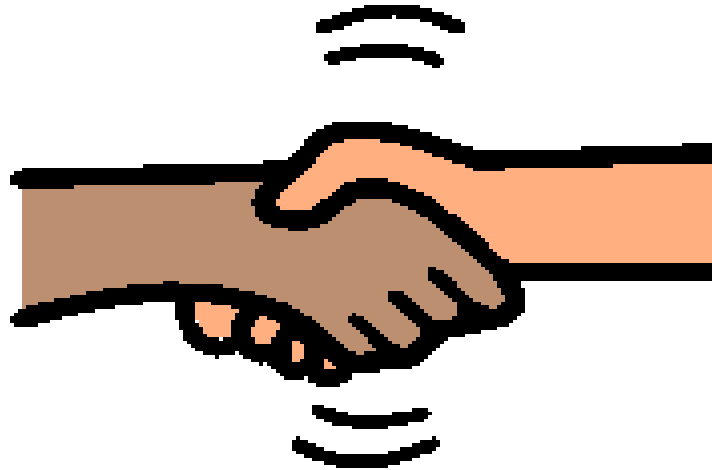
2. BE CONFIDENT AND RELIABLE!

*Remember that YOU have valuable things to contribute to the overall function picture for your client

3. BE REASONABLE!

*Prioritize suggestions constructively and present respectfully

Advocacy TEAMwork



“Well, I don’t work in that setting (with that population), so that doesn’t really affect me.”



“I hate dealing with all that political stuff. I voted, that’s pretty much all I can really do.”



“They were elected, and they have experience, I’ll just let them handle all that.”

“They’re gonna do what they’re gonna do, what difference does it really make for them to hear from me?”



“Ok, so that DOES affect me, and I really do/don’t agree with that, but how would I even go about finding out who to contact that would really make a difference?”

“If I were to contact them, I wouldn’t have any idea what to say. I’d just sound stupid. Or, what if I make the situation even worse?!”



Advocacy 101 - We are AMBASSADORS

ASHA Code of Ethics says:

- PRINCIPLE OF ETHICS I – B

“Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.”

- PRINCIPLE OF ETHICS III - E

“Individuals’ statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.”

- PRINCIPLE OF ETHICS IV – A

“Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.”

- PRINCIPLE OF ETHICS IV – E

“Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.”

Advocacy 101 - We are AMBASSADORS

- For our clients
- For ourselves
- For our profession
- For the therapy world
- For people



What are you representing?!

Are you a positive or negative representative?



Advocacy 101

1. Everybody has agendas!
2. Investigate their history/platform – What is their experience? What do they think is important? What do they want to see accomplished during their term?
3. Think about how the decision in question would affect you and others **BESIDE** yourself (remember cycle of care!)
4. If you become an advocate, be sure you solicit input from others **NOT** from your same sphere of influence

DO RESEARCH --- ASK QUESTIONS!

Advocacy 101

Your Representatives

TSHA and ASHA can help!

TSHA website

1. CLICK the, “Advocacy,” tab
2. CLICK, “Grassroots Center: Voter Voice”
3. In, “Find Officials,” box, enter your address and zip code, and CLICK the Search icon
 - *Voila – Your representatives are listed!*

Your Representatives

ASHA website

1. CLICK the, “Advocacy,” tab
2. Under, “ASHA Member Advocacy,” CLICK, “grassroots program”
3. Under, “Be Active!,” CLICK on, “Know Your Elected Officials”
4. You will enter your zip code on the right, but **on the left is listed some legislative update information and calls for action!** – CLICKing one of these will take you to a page that gives more info and a template for sending an email!
4. To find your representatives, enter your zip code, and CLICK, “Go;” your representatives will be listed for you!
5. CLICK on the representative of your choice, and their information will come up, including committees on which they serve!
6. CLICK on their website address, and it will take you to their page, where you can contact them.

Advocacy 101

Committees

TSHA website

CLICK, “Advocacy,” tab

- CLICK, “Contact Your Legislators”
 - Under, “Additional Links,” CLICK on the legislative body in question
 - CLICK, “Committees,” tab
 - CLICK on the committee in question
 - For Texas, Under a member, CLICK on his/her name
 - CLICK, “Email,” to send a message to his/her office
 - For US, each one is a little different, so you’ll be looking for, “Members,” which will give you a list, but you may have to contact them as described earlier

Advocacy 101

Information Updates

Where can I get information about political goings-on?

ASHA & TSHA – Advocacy tabs have a lot of information, also:

60-Second Advocacy Update – on.asha.org/subscribe-headlines

ASHA Take Action – takeaction.asha.org

ASHA-PAC – on.asha.org/asha-pac

TOTA (Occupational Therapy)

TPTA (Physical Therapy)

Advocacy 101

What to Say When Contacting Representatives

1. Know that you are either talking to YOUR representative, or one on the committee in question
2. Introduce yourself, including stating your profession
 - They WILL ask for address info**
 - You may wish to specify that you don't live in their district, but you do work in it!
 - Or, if you don't live in their district, but your representative is not on the specific committee, share that
3. **Know the name/number of the bill** in question
 - HB – House Bill # - Topic, and specify any areas of the bill of particular concern
 - SB – Senate Bill # - Topic, and specify any areas of the bill of particular concern
4. Specify if you are asking them to support you as **FOR or AGAINST that bill**, and a **BRIEF explanation as to why** – Remember you are most likely NOT talking to the representative him/her self!

Advocacy 101

RULE #1: Be respectful!

RULE #2: Don't assume, ask questions!

RULE #3: Don't let intimidation keep you from advocating for
YOURSELF, OUR PROFESSION, AND OUR CLIENTS!

Don't let anyone EVER be able to say, "Well, no one said otherwise!"

Remember what ASHA says!

- **PRINCIPLE OF ETHICS I – A**

“Individuals shall provide all clinical services and scientific activities competently.”

- **PRINCIPLE OF ETHICS I – B**

“Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.”

- **PRINCIPLE OF ETHICS IV – A**

“Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the **highest quality of care.**”

Remember what ASHA says!

We are to be **POSITIVE TEAM**members and
AMBASSADORS for:

**ourselves, our profession, the therapy
world, and our clients!**

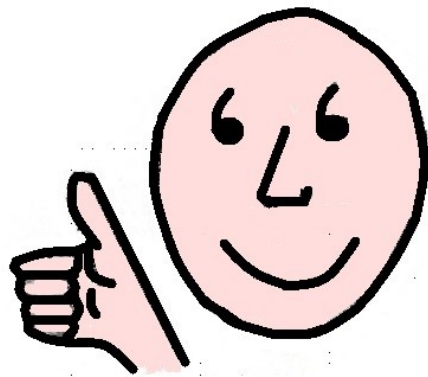


Let's orchestrate it!



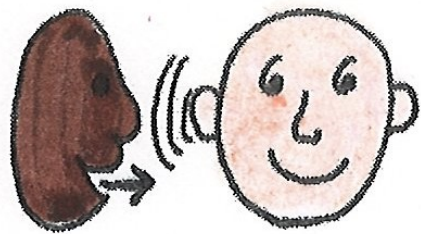
Ethics –Cliff Notes:

- 1. If you like it, try to do that for others.**
- 2. If you don't like it, don't do it to other people!**



Let's work to be GREAT together

Because **People MATTER!!!**



If I can help:

Jennifer Buhrmann

(817) 915 - 5264

joyfulnoisesonline.com

jennifer@joyfulnoisesonline.com

