



Resound))))

Summer 2010

Newsletter of the National Black Association for Speech-Language and Hearing

National Black
Association for
Speech-Language and
Hearing

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IN THIS ISSUE:

Speech-Language
Pathology and Mental
Illness

Better Hearing and
Speech Month

ASHA Notes

Animal-Assisted
Therapy: A Unique
Literacy Intervention
Approach

Critical Lessons in
Diversity: Postcard
from the Motherland

School Speech-Language Pathologists Beware



A long standing serious and critical shortage of school speech-language pathologists, plus an exemption from state licensure has given some school speech-language pathologists a false sense of job security. The recession in America has forced many agencies, businesses and institutions to close or reduce operations. These changes have included the laying-off and firing of some speech-language pathologists, especially in the educational agencies where most speech-language pathologists work. This time, there is one thing that is unique about these professional cuts. Usually, work force cuts are based on seniority, that is, the last hired are the first to be fired or laid off. However, this time, with the American economy in the worse shape that it has been in since the Great Depression, employers are using a different approach. This time employers appear to be getting rid of the worse or most unproductive workers no matter when they were hired.

In Chicago, Ron Huberman (Superintendent of the Chicago Public Schools), announced that he was getting rid of the worse performing personnel at the end of the school year. His announcement was immediately challenged in court of course by the Teachers Union, but it seems likely that he will prevail. This writer works closely with the public schools in Chicago as he performs outside individual speech-language assessments. Those assessments are requested by lawyers, parents/primary care-givers as a part of Independent Educational Evaluations of students involved in educational litigation (Due Process cases) brought against public schools. NBASLH members that work in the schools should be aware that educational attorneys are targeting speech-language impaired services as a main reason for why some children are being denied a "Free And Appropriate Public Education" in the Least Restrictive Environment. They are saying that the speech-language pathology services are being wrongly denied; if the student is receiving services then they are probably inadequate or of no educational benefit.

Some statements made recently about public school speech-language pathologists in decisions by hearing officers are listed below:

"...witness no name, speech-language pathologist for CPS. Of significance from her testimony was the fact that she violated Best Practice by using outdated tests to examine the student. The findings for this witness is that all testing completed by this witness relative to this student and the issues identified in this DPCN are not relevant, valid or reliable."

"...no name, a speech-language pathologist for CPS, conducted an evaluation of the student... unfortunately her evaluation of the student offered little, if any meaningful information concerning the student's language skills and deficits. Unfortunately, no name's testimony strongly suggested that her focus in evaluating the student was simply to confirm that the student doesn't need speech and language therapy."

continued on page 2

“...no name, a speech-language pathologist for CPS evaluated the student. Said that the report was not complete as it did not include the protocols. She stated that her memory was hazy as to the time period in which she provided services for the student during the school year. Her testimony was unreliable. She said the student made progress but could not state why he had made progress.”

“The most problematic and serious procedural violations occurred in the district’s speech-language assessment. The evaluation contained acknowledged and serious errors that violated the publisher’s express procedures and/or rendered the assessment invalid.”

It should be mentioned that violation of IDEA’s procedural requirements by school speech-language pathologists has cost their school districts millions of dollars in excessive legal fees, compensatory educational services, private school placements at the expense of the local public school district and expensive transportation costs. But, the most harmful factor has been the parents, students and advocates lost of confidence in speech-language pathology services. NBASLH members working in public schools are being asked to remain ethical and follow Best Practices.

Annell A. Brady

Annell A. Brady, M.A., CCC-SLP/L, NBASLH Chair

Speech-Language Pathology and Mental Illness



There is a tremendous need for the professions of speech-language pathology and psychiatry/psychology to form a closer working relationship between the two fields, because of the extremely high prevalence (50 to 90%) of speech-language disorders among children and adults diagnosed with psychiatric disorders. Some researchers have even suggested that “early communication handicaps may lead to secondary psychiatric disorders.” Those facts above demand the kind of attention, from the fields of speech-language pathology and psychiatry, that would engage them in a unified effort to combat illnesses of the mind and promoting mental health for all Americans.

This call for greater collaboration between the two fields is not new. Back in 1999, during Dr. David Satcher’s tenure as Surgeon General, he organized the first White House Conference on Mental Health. In his report on Mental Health, Dr. Satcher made the following statement; “Tragic and devastating disorders such as schizophrenia, depression and bipolar disorder, Alzheimer’s disease, the mental and behavioral disorders suffered by children, and a range of other mental disorders affect nearly one in five Americans in any year, yet continue too frequently to be spoken of in whispers and shame.” Today, those psychiatric disorders can be successfully treated and prevented with appropriate multidisciplinary involvement.

In November 1992, Dr. Christiane A. M. Baltaxe, did a presentation on “Psychiatry and Speech-Language Pathology; Diagnostic, Therapeutic, and Programmatic Interface” at the American Speech-Language-Hearing Association’s annual convention in San Antonio, Texas. However, to date there have been few demonstrations of more and improved collaboration between the two fields, and the need is becoming more intense and critical as we witness the need in places like Chicago.

The South Side of Chicago, Illinois is one of the nation’s largest medically underserved urban areas in America. The 1.1 million population suffers disproportionately from diabetes, hypertension, asthma and other chronic conditions. But, community leaders and health professionals in that area ranked violence and mental illness as the most pressing health issues. The South Side of Chicago is not alone because many urban and rural areas in America are reporting similar health issues.

This writer also feels that mental illness is the number one health problem in America today. Mental illness is also a major cause of domestic violence, street violence and school violence. Some people think that drugs, television, white collar criminals, street gangs and mobsters, corporate greed, moral waywardness, religious and spiritual decline are responsible for the unheralded wave of violence that has been sweeping America, but, they are wrong. The underlying cause of most of the violence in America is the fact that children and adults are “snapping” mentally because of a breakdown in communication. People are in a crisis situation where their speech and language skills fail to help them resolve their problems in a peaceful, acceptable and orderly manner.

Speech-language pathologists must be available to describe patterns of oral language usage that corresponds with certain psychiatric conditions. They must be available to monitor speech-language development in a manner that helps prevent the onset of psychiatric disorders closely related to communication disorders. Speech-language pathologists must interface with the field of psychiatry/psychology to diagnose, treat and prevent common behavioral features of communication disorders and psychiatric disorders.

Annell A. Brady

Annell A. Brady, M.A., CCC-SLP/L, NBASLH Chair

2011 Convention Call For Papers

2011 Convention | Crown Plaza at Historic Union Station | Indianapolis, IN | April 7-10, 2011



NBASLH
At Home in the World

Educational programs can be in the form of sessions or poster presentations. To submit your Call for Paper, log on to the NBASLH website, www.nbaslh.org.

Deadline for submissions is: November 1, 2010.

If you have any questions, please contact the NBASLH Office at 412-366-1177 or nbaslh@nbaslh.org.

Crown Plaza
Room Rate: \$129-\$159

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September 1, 2009 - August 31, 2010

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Better Hearing and Speech Month



In honor of Better Speech and Hearing Month the Department of Communication Disorders at North Carolina Central University, in Durham, NC held its first Alumni Day. Dr. Donnell Lewis was our guest speaker. He shared wonderful memories of the departments first computer and audiological equipment. Humorous stories and fond memories were shared by the more than 30 alumni in attendance. Everyone in attendance agreed it was a great way to spend an afternoon.



ASHA Notes



In conjunction with ASHA's celebration of Diversity and the 40th Anniversary of the ASHA Office of Multicultural Affairs, a number of ASHA and NSSLHA members, some of whom are also NBASLH members were recognized at the ASHA Convention as **Diversity Champions**. These individuals have worked to advance multicultural infusion in our professions and ASHA, served as an advocate or championed the cause

of multicultural issues, demonstrated respect and value for differing backgrounds and points of view, and/or have highlighted the impact of culture and/or language on speech-language pathology, audiology, or speech-language or hearing science. The Champions were featured on a Wall of Fame that was on display in the Ernest N. Morial Convention Center throughout the ASHA Convention, as well as on the ASHA website. Also, at the annual Multicultural Concerns Collective (MC2) Meeting at the ASHA Convention in New Orleans, La., the Champions were presented with commemorative medallions by ASHA President Sue Hale and President-Elect, Tommie Robinson.

A number of other NBASLH members were part of another Anniversary celebration at this year's ASHA Convention since it marked the 10th Anniversary of ASHA's Minority Student Leadership Program. NBASLH members are well represented in the alumni of the MSLP. A reception honoring all current and former participants and celebrating the success of the program over the last decade was also an opportunity for many of the former participants to rekindle relationships and network with current and former supporters of the program.

Animal-Assisted Therapy: A Unique Literacy Intervention Approach



Animal-assisted therapy (AAT) is utilized in many programs today throughout the United States and abroad. Once considered a novel approach to therapy, AAT has become increasingly more commonplace in our culture and is practiced in many settings to include education, medicine and psychology. AAT is defined by the Delta Society as “a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process (Delta Society, 2009).” AAT is directed and/or delivered by a health/human service professional with specialized expertise and within the scope of practice of his/her profession. Key features include specified goals and objectives for each individual and measured progress.” AAT should not be confused with animal-assisted activity (AAA) which is recreational in nature and includes the absence of specific treatment goals. AAA is frequently seen in settings such as hospitals and nursing homes, where animals are accompanied by their handlers to enhance the quality of life for the individuals seen.

My interest in AAT and literacy stemmed from a literacy class I attended at North Carolina Central University this past fall. Our professor wanted us to do a literature review on an innovative topic surrounding literacy. As a result of my topic search, I found several articles on AAT and began to learn about unique programs such as Reading Education Assistance Dogs (READ) that fosters the improvement of literacy skills in school-aged children through the assistance of registered therapy teams as literacy mentors. In doing my research, I learned that there were hundreds of registered therapy programs like READ in the United States, however there was not much clinical research conducted to verify the efficacy of these programs. In doing my research I discovered a pilot

study conducted by Intermountain Therapy Animals “which demonstrated improved reading scores, decreased absenteeism, improved self-confidence and self-esteem, and improved hygiene in the children involved (Intermountain Therapy Animals, 2009)”. Since the READ program study found such promising results, I wanted to conduct my own research study that would examine various aspects of literacy such as fluency and comprehension. Luckily, I was able to find a school in Wake County that had already implemented an AAT program.

Fox Road Elementary school in Raleigh, NC has a unique literacy program named Paw-sitive Influence. Several first through fifth grade students who have been identified as struggling readers have the unique opportunity to participate in the program. Handlers and their dogs go to the school twice per week to offer one-on-one therapy to the children. The child gets to pick the dog he/she wishes to read to while the literacy mentor assists the child in achieving their objective of increasing self-confidence. While working with the dogs and their handlers, the children are developing their self-confidence skills. Children often find it much easier to read to a dog that offers nonjudgmental support while gaining the confidence needed to read aloud in the classroom. I have been following the program since last March and will have my thesis results this November. My analysis of the data will explore the efficacy of the program by looking at literacy test results pre and post intervention along with assessment probes on a sample group of children enrolled in the program.

Literacy specialists acknowledge that children who perform below their peers in reading skills are often intimidated by reading aloud in a group, often have lower self-esteem, and view reading as a chore (Intermountain Therapy Animals, 2009). At home or at school, when children read to others, their mistakes might get corrected. But when a child reads aloud to a therapy dog, there is no criticism. AAT offers nonjudgmental, comforting support that many children crave.

For more information on how to start your own AAT literacy program, please visit Intermountain Therapy Animals at <http://www.therapyanimals.org/read/orders.html> where you will find a READ training package that takes you step-by-step through the process of setting up your own animal assisted literacy program. If you are interested in having a copy of the research findings from the Paws-itive Influence program, please contact Colette Lantélme at lantelme@hotmail.com.

Submitted By: Colette Lantélme, M.Ed. Candidate: December 2009

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NEWSLETTER OF THE NATIONAL BLACK ASSOCIATION FOR
SPEECH-LANGUAGE AND HEARING

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Mark Your Calendars

2011 NBASLH Convention Call for Papers Deadline

November 1, 2010

Membership Renewals Mailed

Early November, 2010

Nomination for NBASLH Board of Directors Deadline

January 15, 2011

Convention Program Mailed

February, 2011

Nomination for NBASLH Awards Deadline

February 15, 2011

NBASLH Scholarship Deadline

February 15, 2011

NBASLH 2011 Convention

April 7-10, 2011

PRAXIS Review

April 7-10, 2011

Resound))))

Do you have news to share?

Members are encouraged to submit items for consideration and publication in the **Resound))))**. Topics include articles of interest to the membership and areas that pertain to SLPs or Audiologist.

Share your good news and accomplishments!

If you have a story, announcement or event you would like to place in the **Resound))))**, please send your information to:

Diane Yenerall, MPM, CAE
NBASLH Business Manager
nbaslh@nbaslh.org

www.nbaslh.org

Check www.nbaslh.org for Event Updates and Reminders!

Critical Lessons in Diversity: Postcard from the Motherland



Imagine your New Year beginning 33,000 feet above the Atlantic Ocean. This was the reality as four graduate students in Howard University's Department of Communication Sciences and Disorders embarked on a life-changing humanitarian journey to the West African nation of Ghana.

In collaboration with a delegation from Columbia University Teacher's College, our professor, Dr. Kay T. Payne, afforded us the opportunity to gain clinical experience while enriching our appreciation for the cultural richness of the motherland.

In Accra, we worked intensely with the speech-language pathologist at Korle Bu Teaching Hospital. A life changing experience was meeting a little girl named Augusta who had a congenital bilateral sensorineural hearing loss. She was so sweet, and her smile was so innocent and kind. We noticed that she only nodded in response to our questions. We were moved to tears when we realized that her family could not afford a hearing aid. Emotions led us to want to do whatever it took, even if from our own pocket. But in discussion with our instructors, we were hit with some critical questions: If she were to get a hearing aid, who would teach her to use it; how would she replace the batteries; where would she get it repaired?

After further conversation with Augusta's mom we discovered that she had a means to communicate using local signs that the family created. We had not realized that our conventional ways of solving hearing deficits, which are often technology oriented and costly, cannot be a reality for most persons in other parts of the world. Moreover, our ways could perhaps do more harm than good. Although we thought we could offer hope, we later came to understand that Augusta already possessed hope; and most of all, she was happy.

We learned that it is important to put emotions aside and use our clinical judgment based on the culture and environment of the client. The client's happiness and perception of their disorder are sometimes more important than a modern technological solution. We were most grateful for this lesson.

In Kumasi, we worked collaboratively with the ENT specialist to provide treatment to cleft-palate patients at Komfo Anyoche University Hospital. Nothing had prepared us for what we saw. It is one thing to view a cleft palate in a textbook, but it is totally different to see the child and hold him in your arms. We sensed what the mothers felt—both the pain of having a child who has a disability and joy of seeing the wonder of simple surgery.

In Garden City and Effiduase we worked at schools for children with special education needs where we provided in-service education to teachers and recommendations to parents. It was

there that we made a special connection with Kofi, a little boy with Down Syndrome. His amazing story touched each of us in a different way. He went from begging on the street to finding a way to go to school every morning. It is important to understand that in some villages children with disabilities are regarded as cursed and often left in the woods to die. So to be able to change the cultural views and educate about disabilities became our mission, and we saw the changes everywhere we went, which was the best feeling of all.

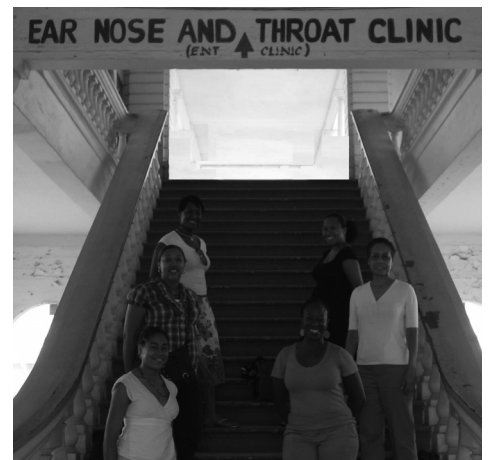
Another rewarding experience occurred at the special education school where we provided children with low-tech augmentative and alternative communication aids. We took them to the local market to apply what they learned. It was exciting to see the transformation of the vendors who first seemed annoyed because they knew the children would not be able to ask for what they wanted. However, as they realized the children's abilities they actually became eager to help, engaging in conversation with them and even helping them learn. We soon learned that although Ghana and the U.S. differ in the availability of resources, with human compassion much can be accomplished.

At the end of each day, we reflected on how our graduate education at Howard provided us with cultural sensitivity and more importantly, common sense. We are taught to be confident and caring while being realistic. Our time in Ghana helped us gain an appreciation for diversity, which is crucial to providing services to individuals with speech-language impairments.

Not all of our time was spent with clients. We attended classes, conducted tours of the amazing attractions such as the old slave castles and shopped for memorabilia and kente cloth. We were even able to pick up some simple words in the native dialect, Twi, including "Afehyia pa" which is "Happy New Year" and "Akwaaba" which means "Welcome."

We will never forget the lessons learned in Ghana. The people were amazing and the experiences were both heart-wrenching and rewarding. We watched as parents who had spent hours walking to our clinic wept openly, then walked away with smiling eyes. This experience not only made us better clinicians, but better human beings. Realizing that we made a difference in the lives of people-- our people-- half-way across the world is a priceless education.

*Submitted By:
Lauren Bryant,
Brittney Goodman
and Valencia Perry*



Pictured Clockwise from top right: Valencia Perry, Dr. Kay T. Payne, Eliza Thompson (alumna), Lauren Byrant, Brittney Goodman and Courtney Wilkes.