Welcome to a New Year in CSAP

I am excited to transition into a new year as president of CSAP. Depending on when your state association changes its executive board, you undoubtedly are in transition yourself, either into a new role or into a familiarity with your current one. Our roles help define who we are as individuals.

While we each fulfill important roles in our professional and personal lives, that which joins us together in the CSAP community is our leadership positions in our respective state associations. Some of us were elected to leadership, some of us were appointed and some of us volunteered. Whether you are the president-elect, the president or the past president, you are entrusted with the direction of your state association.

We will have many opportunities this year to talk about leadership: its meaning, its challenges and its rewards. One realization that you might have had is that leadership can be lonely. We sometimes represent constituencies that do not always appreciate our representation, but we serve our colleagues nonetheless. We sometimes work with less help than we need, but we figure out ways to get the job done. We do what we do because we care about our professions. Remember the purpose of CSAP and the CSAP community. You are not alone as the leader of your state association. Please do not hesitate to let me know how CSAP can continue to assist you and the membership you represent. 2015 will be a great year.

Douglas F. Parham, PhD, CCC-SLP
CSAP President

Save the Date for CSAP Spring 2015

Mark your calendars and make your flight arrangements!

The CSAP Spring 2015 Conference will be May 15 and 16 Skirvin Hilton Oklahoma City, Oklahoma

Watch your emails for registration information.
2014 Nancy McKinley Award Recipient
Dr. Carolyn Wiles Higdon, CCC-SLP, Mississippi

What her nominators said ...

• Dr. Higdon is not only an accomplished professional but is an inspiration to her colleagues.
• Carolyn enthusiastically volunteered her time and service to meet the needs of our association.
• Dr. Higdon’s leadership has made a significant contribution to the services for students with communication disorders in Mississippi schools.
• Her obvious expertise and motivation are examples of one who truly loves her profession and the clients she serves.

Accomplishments

• Mississippi Speech-Language-Hearing Association (MSHA) President-Elect, President and Immediate Past President from 2010-2012

• In 2011, appointed by the state superintendent of education to a task force in response to the passage of a new 216 license for individuals with Bachelor’s degrees in speech-language pathology

• Chaired the Task Force’s Recruitment and Retention Committee and worked to develop loan forgiveness bill for Masters level SLPs who elect to work in a school setting

• The loan forgiveness bill was passed in 2012 and funded in 2014 by the state legislature; guidelines are being prepared for initial application in September 2014

• Director of the Teach Mississippi Institute project, which oversaw transition and preparation of individuals with bachelor’s degrees in speech-language pathology to eligibility for 216 license application

• Implementation of the Teach Mississippi Institute included training and obtaining 100 clock hours of practicum under the supervision of master’s level professionals

• Conducted supervision training for master’s level professionals through the MS Department of Education and MSHA continuing education workshops

• The 216 Task Force Project has prepared approximately 200 individuals to take the positions in the MS public schools which should be more than sufficient to meet identified needs.

Student Call to Action!

Students who get involved at some level of their state Convention and have a positive experience, are more likely to join their state association. Set them on the pathway to becoming a member by getting them involved in:

1. NSSLHA National Office:
   National Student Speech Language Hearing Association
   2200 Research Boulevard #322
   Rockville, MD 20850-3289
   E-mail: nsslha@asha.org

2. Volunteering at Convention
3. Advocacy day
4. Committee members
EBS is dedicated to empowering clinicians to become leaders in their fields while providing the highest-quality services for families and communities around the world.

EBS began as a non-profit organization founded by speech-language pathologists, occupational therapists, physical therapists and special education directors more than 30 years ago. We have remained the global leader of birth to 21 year-old programs and the largest provider of services for the pediatric population.

EBS empowers speech-language pathologists to become leaders in their field, while providing the highest-quality services for families and communities around the world. Our mission is to make a difference every day in every life we touch.

The support our Clinical Fellowship Program provides exceeds ASHA and state requirements for obtaining a Certificate of Clinical Competence and professional state license.

EBS provides a solid educational foundation for our team members through extensive training programs, University Outreaches, CEU events, and much more!

The EBS Scholarship and Grant Program was established to advance the careers of future leaders in our field. EBS has helped many individuals achieve their educational and professional goals to better serve populations worldwide.

800.578.7906
hr@ebshealthcare.com
www.ebshealthcare.com
Getting Out of the ‘Comfort Zone’

If you have ever served on a scholarship, competition or search committee, you might have posed a form of the following question to prospective students, competitors or interviewees: “The comfort zone is defined as 72 degrees Fahrenheit on the thermostat. What does it mean to live outside the comfort zone?”

As speech-language pathologists and audiologists, we know full well that the literal interpretation of this question is only one possibility. Language interpretation is multifaceted; every sentence has multiple meanings. In the context of an interview designed to test the interviewee’s ability to think on his or her feet, the question has absolutely nothing to do with the setting on a thermostat. That is not a surprise to those of us in the profession.

Unfortunately, most answerers don’t understand the nature—and therefore the depth—of the question. They interpret it literally and make simplistic comments related to temperature, as if they were performing on a televised home improvement show that was requiring them to showcase their ability to maximize a given room’s environmental potential. Part of their failure is performance anxiety, which is to be expected and understood. The other part is an inability to understand the purpose of the question, and this inability is the real problem. I believe that the solution comes with experience.

Operating within a comfort zone is by definition comfortable. We typically do not have to risk anything, we don’t have to feel uncomfortable, and we don’t have to act or react in ways that make us uneasy. It is not comfortable when we are in situations that make us doubt our professional skills, or test the limits of what we are able to do. At the same time, we need to acknowledge our individual limits, and learn to ask for help.

I completed my clinical fellowship (CF) at a home health agency that focused on providing services to adults with intellectual disabilities working in a workshop environment. I recall that there was a newly minted Master’s graduate student who also started her CF at the agency a few months after I did. By all accounts, the student excelled in her graduate program and had her choice of CFs. Unfortunately, she entered the CF with fists clenched, commanding staff to make the clients available at convenient hours (which was unreasonable), demanding changes be made to daily schedules and routines (which was unfair to clients) and marching about peevved that her commands and demands were unheeded by staff (which was unprofessional and self-defeating). She didn’t just misunderstand the culture of the professional setting; she blatantly ignored it. Indeed, she ignored it to her own peril. Within two weeks, the staff effectively made this aspiring SLP’s life so difficult that she quit and sought another CF. I don’t know whether she was successful. It doesn’t matter, but the point does. The staff—making minimum wage for being insulted, changing diapers and having nothing but lateral job mobility—had nothing to lose and were not about to let someone in her mid-twenties tell them what to do. What the aspiring—and by all accounts, highly talented—

SLP failed to understand was that she was part of a larger whole and therefore needed to understand the culture within which she chose to be placed. She was not the conquering hero swooping in to save the client within a hostile world. The tragedy was that there was no one in authority to help this clinical fellow adapt to her environment and use her skills for the betterment of both her clients and her own personal professional development. Here is our current challenge: Can and will those of us now in authority recognize such a situation, and are we willing to risk the capital to prevent it?

At the end of the academic semester at Wichita State University earlier this summer, I took the opportunity to cover another SLP’s maternity leave at an assistive living facility in Sedgwick county. Everyday presented a different challenge. That was to be expected. What was most interesting was that I had a similar experience to that of my clinical fellowship. Whereas I used the professional skills I learned from both my academic training and previous experience, I was amazed at how much of my day was devoted to personal skills unrelated to the scientific discipline of speech-language pathology: helping clients’ families deal with the experience of skilled services; helping other health care staff respond to situations not specific to the SLP discipline; and making clients’ feel respected as human beings, regardless of their specific communication goals (for example, I developed a renewed appreciation of the privileges of brushing one’s own teeth in the morning, of opening one’s own salt, pepper and sugar packets, and of ambulating at will without assistance). I no longer take these things for granted.

It was only a little over a month and a half later that I felt that I had mastered the system, the schedule and the names of my compatriots in the health professions—the RNs, CNAs, PTs, OTs, PAs, physicians and others—who all helped make the system run as smoothly as possible. I trust my knowledge and skills as an SLP, but I could not have succeeded without the knowledge and skills of others. As someone who struggles with name recall, I cannot overestimate the importance of calling our colleagues by name. There is no embarrassment in asking someone to repeat his or her name.

To quote John Donne, “No man is an island, entire of itself.” We are all skilled, but we often forget to ask for help. We forget that we are not alone, but are in fact surrounded by other professionals. How often do we take the time to ask others in our environment for help? How often do we recognize the need for help in others in our environment? Part of being an association—a network of professionals devoted to common goals—is the recognition that numbers matter, that we can support each other and that we as individual professionals do not labor in isolation.

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Douglas F. Parham, PhD, CCC-SLP
CSAP President
It is interesting to see the title on the line above, “fluency specialist.” I wonder what that really means and how it is perceived by others. I will tell you what it means to me. It means that I have been doing this for a long time! Hopefully, time has ground down some of the sharp edges and more importantly, helped me to learn from others. I can definitely say that I am still learning today. I have learned from books and journals, but I have learned just as much from the clients that I treat, as well as their family and other supporters, and from the clinicians that I am blessed to interact with on a regular basis. Still, the question troubles me, what does it mean to be a “specialist”? My goal in this article is to throw out a few tidbits that will allow you to grow closer to becoming a specialist in your own right.

In order to become an “expert,” I believe that there are at least three components that contribute to this “title.” They are knowledge, experience, and understanding.

1) Knowledge: There simply is no replacement for the knowledge obtained from books and journals. The amount of literature that is available to SLPs today is overwhelming. Beyond that, there are so many areas of speech-language pathology that we are responsible for…… it is hard to keep current in all of them. Therefore, I would like to select just a few pieces of research from the past 20 years or so that have changed the face of stuttering. The first paper comes from the Illinois Longitudinal studies conducted by Ehud Yairi and his associates. Much of this research is summarized in one of his textbooks, For Clinicians, by Clinicians (Yairi & Grinager Ambrose, 2004). Within the pages of this book, are some summaries from his seminal research that I think all SLPs should know. The first of these points is to understand the diagnosis and progression of stuttering. As they followed children who were suspected of stuttering, they found that some would get better and some would continue to stutter which they referred to as “persistent” children who stutter (CWS). As clinicians, we should know which of our clients are likely to get better, so that we can concentrate on the clients that are more likely to require our interventions. Based upon this thought, I think that all clinicians should know the following: persistent CWS will show a preponderance of part word-repetitions, single syllable word repetitions and dysrhythmic phonations (i.e., prolongations and blocks) among all of their nonfluencies. I should note that “nonfluency” is the term that is used to describe all breakdowns in fluency. Stuttering (also commonly called stuttering-like disfluency [SLD], dysfluency, stammering) is a subset of nonfluency, as is disfluency (also commonly known as “normal” disfluency, “linguistic” nonfluency, or nonstuttering disfluency) (see Van Borsel & Tetnowski, 2008 for more discussion on this topic). Once we have sorted out the stuttering from the other disfluencies, we should follow Yairi’s data to see that about 3% SLD separated the persistent CWS from those who would eventually recover. Along these lines, he also introduced us to the concept of a weighted SLD, which is even more accurate in identifying persistent CWS. This information is presented as an opportunity to track children over time. In their longitudinal studies, they found that a weighted SLD score that either increased, remained the same or decreased just slightly was a good predictor on which children would continue to stutter and require intervention. Interestingly, the children who recovered showed a rapid deceleration in SLDs over a relatively short period of time (about six months). However, a smaller group also did spontaneously recover after as long as four years. The knowledge that should be gained from this for assessment with young children is as follows: a) clinicians must differentiate stuttering-like disfluencies from nonstuttering disfluencies in order to correctly identify young children who stutter, b) clinicians should be able to set cut-off points to help select appropriate candidates for intervention. A stuttered syllable percentage of around three, or better yet, a weighted stuttering-like disfluency score of four is indicative of persistent stuttering. These are the children that should begin therapy at an early age, and c) along these same lines, the stability of these scores over a period of about six months or so, is a key predictor of continued stuttering or spontaneous recovery. Keep in mind that these predictors are not without flaw, but are much more data-based then much of the advice that was given years ago. “Waiting until school starts”; “they have to stutter 10% of the time”; “most kids who stutter will recover on their own” are just not good arguments when so much valuable data is readily available today.

2) Expertise: In one of my favorite textbooks, Audrey Holland and LSHAs own Ryan Nelson suggest some counseling strategies to use with real-life people. She stresses the importance of wellness and positive psychology, the ability for our clients to live their catastrophe, the importance of stories and narratives when understanding our clients and the understanding of crisis. But I think one of the most important factors that she talks about is “KNOWING WHO THE REAL EXPERTS ARE” (Holland, 2007). When she talks about the experts, she is not talking about people like me. She is talking about people who are living the disorder! This means parents, families, friends, etc., but it also means people who are going through the same thing, or coping with the same disorder. The disability movement of the 1990’s and 2000’s has stressed this point. People with disabilities are far more interested in “social models” rather than “medical models” (Shakespeare, 2010). In the social model of disability, the emphasis is placed on coping with differences and allowing for society to compensate and adjust for a person to live their life to the best of their ability. As we consider this option, it
should be noted that many people who stutter do not need or expect “perfect fluency,” i.e., no stuttering. Rather, they may choose to improve communication, decrease fear and anxiety and simply lead a normal life. Our role as SLPs may be as simple as asking the client, “What do you want to accomplish in therapy?” My long-term association with the National Stuttering Association (NSA), a consumer-based organization for people who stutter, has taught me that my goals for stuttering are not always what the client really wants. Do all people want perfect fluency? I think the simple answer is YES, but a look at social models of disability may indicate something else. A close parallel for speech-language pathology is Deafness. We need to enter the community of experts in order to see adaptations that deaf individuals may prefer as viable options. We need to listen to some of the true experts. Edwards (2010) writes a brilliant paper called, “Hearing aids are not deaf: A historical perspective on technology in the deaf world.” Edwards eloquently describes how the non-deaf world is constantly making choices for those who live with deafness every day, and make decisions on “the cure” rather than looking at adaptations that deaf individuals may prefer as viable options. We need to enter the community of experts in order to see this view. I regularly see this view at local chapter meetings of the National Stuttering Association. There are three active chapters in Louisiana: one in Lafayette, one in Baton Rouge and one in New Orleans. I invite you to visit one of these chapters and learn from the real experts. Meeting times and places can be found at www.westutter.org.

Understanding: This comes from experience, but it must be guided experience. Many surveys over the years have shown that SLPs feel less comfortable with treating stuttering than any other disorder (e.g., Sommers & Caruso, 1995). One may ask why this is the case. Personally, I think it is because of the mystique of stuttering and the knowledge that we may have to be “counselors” for our clients. Knowing a little more about our clients and how to respond to them are often the keys to helping them get better. At this past year’s National Stuttering Association Annual Conference, I watched as Dr. David Luterman sat with a group of parents of children who stutter. The parents started out very confused, after a while, several began to cry and within an hour most were smiling and answering each other’s questions. All of this was done as Dr. Luterman barely said a word. He was a master of silence, reframing, and sharing himself. These and other techniques are explained in his wonderful book on counseling (Luterman, 2008). I believe that this should be required reading as we begin working with almost any client with a communicative disorder. The insights gained by letting the client lead are invaluable lessons, but often take us away from our training and comfort zones, where we serve as experts. We serve as experts in techniques and strategies of intervention. But clients and their families are certainly the experts of their own personal situations. Use this understanding of our clients to guide future interventions. Ask clients to set their own goals, ask them how each individual session went and what would make the next session even better, develop a strong client-clinician relationship. These will take us a long way in helping the person that seeks out our services. Experts in the clinical process like Bruce Wampold (2001), through meta-analytic research have shown that nearly 75% of the success gained in therapy is due to clinician effects, or the “common factors” that are inherent with almost all therapies. Good clinicians play a significant impact in successful therapy….the research bears this out for most psychotherapies, but specifically for stuttering therapy (Plexico, Manning & DiLollo, 2005; Yaruss, Quesal and Murphy, 2002; Yaruss, Quesal, Reeves et al., 2002)). Understanding our client and putting their needs at the center of therapy will make our therapeutic encounters significantly more successful.

How do we get to this point?

Clearly, reading and self-study is the most often used method to improve one’s skills as we grow professionally. But, the caveat of watching what we read must be endorsed here. Just google the word “stuttering” sometime. I just did. The top two hits were for very specific treatment programs. The efficacy of either one is still in serious doubt, but these would be the top two things that consumers and therapists would see if they searched the internet. I suggest reading peer-reviewed articles and/or attending workshops from reputable sources. Clearly, we must do our homework in this area, but data to back up claims should always be the test!

Here are a few places that I suggest getting good information:

- Attend family events sponsored by organizations that serve persons who stutter where you can learn from all the experts; not just the SLPs, but also from the people who stutter and their families.
- Read peer reviewed journals, such as the Journal of Fluency Disorders. Not only are they the best source of information, but it is a way to earn the now required CEUs to maintain state licensure and national certification.
- Reading the full texts that were mentioned in this article and are listed in the references below.
- Reach out and talk to a stuttering specialist, or better yet, become one yourself. Information on specialists can be found at www.stutteringspecialists.org.

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Ben Blanco/BoRSF Endowed Professor in Communicative Disorders
University of Louisiana LaFayette
Board Recognized Fluency Specialist and Mentor Fellow, American Speech-Language-Hearing Association

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References


John A. Tetnowski, is the Ben Blanco/BoRSF Professor in Communicative Disorders at the University of Louisiana at Lafayette. He has published over 60 manuscripts on the topics of stuttering, cluttering, and research designs. He is a Board Certified Specialist in Fluency Disorders and is currently mentoring another SLP to reach the same certification. He is a Fellow of ASHA (2013), a DiCarlo Nominee from the state of Louisiana (2008), and a National Stuttering Association SLP of the Year (2006). He has treated people who stutter for almost 25 years.

Maine Speech Language Hearing Association's Celebration of 50 Years as a Professional Association:

In October of 2014, the Maine Speech-Language-Hearing Association (MSLHA) celebrated their 50th anniversary as a professional organization. We celebrated this milestone at our Annual Fall Conference in November with over 200 professionals in attendance at the Cross Insurance Center in Bangor, Maine, a gorgeous venue. We had two presenters for our two-day Conference. Nancy Clements, MS, CCC-SLP, presented on Social Thinking: Implementing Dynamic Social Thinking Assessments & Core Treatment Strategies for home and school and Implementing Social Thinking Concepts and Vocabulary into the School and Home Day: A Day to Develop Team Creativity. Nancy Shadowens, MS, CCC-SLP, presented on Mastering Dementia Therapy: The SLP Guide. We continued our celebration by inviting longtime members to attend our Conference free of charge and to join us to share some words at our social hour. We heard from Lou Pelletier, Betsy Field and Gabriella (Gay) Haroutunian about their experiences in the field of speech pathology and audiology. Suzanne D’Bourget and Mike Towey were not able to attend the Conference, but wrote brief recollections of the work that has been done in the field of speech pathology for the past fifty years in the state of Maine. Conference attendees participated in a trivia contest with questions regarding the history of MSLHA over the past fifty years and we asked SLPs to pin the location(s) at which they work on the state map. We also posted history “blurs” for the state milestones in special education, advances in communication laws, world history and the history of our organization on five separate trifold poster boards representing the five decades that MSLHA has been an organization, and asked SLPs to place their name on the decade boards representing the five decades that MSLHA has been an organization. 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