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Spring Conference Alert.....

Plans are underway for the our Spring Conference featuring Traumatic Brain Injury in both pediatric and adult populations. Stay tuned!



VSHA

VERMONT SPEECH-LANGUAGE
HEARING ASSOCIATION

NEWSLETTER

FALL 2010

VSHA to Sponsor Fall Conference with VCDHH

Are you registered? October 29 is just around the corner!

VSHA will partner with the Vermont Center for the Deaf and Hard of Hearing to sponsor the fall conference, *Principles and Practices for Integrating Listening, Language and Literacy: A Workshop for SLPs, Audiologists, Teachers of the Deaf/Hard of Hearing, Early Childhood Teachers and Parents* at the Capitol Plaza in Montpelier on October 29. The featured speaker is Mary Koch Cline, MA, Auditory Education Consultant.

Research tells us that listening is the natural avenue for the development of language and consequently the foundation of literacy. This workshop provides speech language pathologists, audiologists, teachers of the deaf/hard of hearing, early interventionists, early childhood teachers and parents with the principles and practical strategies for building a solid foundation of listening in children with normal hearing as well as children with hearing loss. The components of listening skill development will be presented along with videos/demonstrations across the age ranges from infant/toddler through school-age. The focus will be on equipping professionals with assessments, activities and organizational

ideas that can be put into action immediately. Speaker Mary Koch Cline is an independent auditory education consultant providing services and support for children with hearing loss and other language processing issues in a variety of educational settings. As a graduate of Gallaudet University's teacher training program and former clinical director of an auditory-verbal center, Ms. Cline brings a very diverse perspective to working with children and their families. Her mission is to foster connection and communication with children, families, and professionals through language uniquely suited to individual strengths and needs – one child at a time. The conference will open at 8:30 with registration and close at 4 pm. ASHA CEUs are available for this conference. The cost of the conference is \$100 if received before October 18 and \$115 afterward for VSHA members. Non-VSHA members will be charged \$140 and \$155, respectively. If you have not received your conference brochure, go to www.vsha.us and click on the link on the left, "2010 Fall Conference Brochure and Registration."

AAC is Trendy With New Software

-by Steffani Wilson, M.S., CCC-SLP, Nine East Network

As a speech pathologist and an AT specialist I am always looking for quality, easy to use products to support my clients' communication needs. Proloquo2Go does exactly that. This software application can be downloaded onto the user's iPhone, iPod touch, or iPad allowing the mobile device to be used as a full AAC device. Since this product was designed to use existing hardware it is an affordable alternative to other AAC devices thus making it accessible

to a wide range of users. A note of caution: because the iphone/ipod/ipad are not considered speech generating devices, they are not eligible for insurance coverage in the same way that other devices are. For example, a non verbal preschooler with ASD uses Proloquo2Go on his iPod touch to communicate with his peers in the classroom setting. After a short period of modeling he was able to navigate from the home page to

see "AAC" page 4

Spread the Word to Teachers About Vocal Health

(Material contained in this article was taken & modified from the Voice Academy website@ <http://www.uiowa.edu/~shcvoice/>)

Vocal health is important for all but especially for those who use their voice for work, such as teachers.

Teachers are 32 times more likely to report voice difficulties than people in other professions. As many as half of all teachers have experienced a voice disorder at some time in their professional lives, compared to 4-6 % in the general population. Twenty percent of teachers (& only 4% of non-teachers) say they've missed work due a voice problem. We encourage you to share and educate the teachers who you work with about this issue.

Symptoms of vocal fatigue:

- Dry mouth;
- Hoarseness;
- Feeling winded or running out of breath when speaking;
- A general feeling of vocal weakness when speaking;
- Tension in the neck, shoulders and upper chest.
- Using your voice incorrectly can lead to the above symptoms. Loud or excessive talking throughout the day can contribute to habitually pushing your voice called "overdriving" the larynx & causing what is called "phonotrauma" or trauma to the delicate vocal fold tissues.

Think about these facts the next time your voice tires:

- Vocal folds collide 100-1000 times/second and thousands of times each day;
- Raising your pitch & loudness increases the vibratory rate & vocal fold friction, contributing to greater fatigue;
- Most teachers speak for long periods of time each day & get limited recovery time.
- Rarely do teachers drink enough healthy liquids, in part because they don't have enough time to then use the bathroom since they cannot leave their classes unattended.
- The response to this phonotrauma is the formation of nodules, polyps or cysts that help cushion & protect the delicate vocal fold tissues. Once this happens, it becomes even more difficult to speak, creating more vocal stress and a downward cycle that can sometimes lead to a need for intense intervention, even surgery.

Here are some ideas from the Voice Academy to help preserve vocal health:

#1. The Lombard Effect is your adjustment of vocal loudness according to the loudness level you hear.

Do you speak over a noisy heating system, loud outside traffic, or 20 noisy, wiggling students?

Maintaining a quiet classroom environment is a worthwhile goal.



#2. Turn your classroom into an acoustically friendly classroom:

What makes a classroom acoustically unfriendly?

A hard, flat ceiling provides an ideal surface for sounds to reflect.

Doors left ajar

The hard-surfaced floor

Walls: Hard objects don't absorb sound.

The heating system: Noises from the radiator, blower or fan can add background noise.

Windows: Old windows are a poor noise barrier between the outdoors and classroom and often let in outside noise of the playground.

How can I make my classroom acoustically friendly?

Low, acoustically tiled ceiling: The tiles are just about ideal for sound control.

Door: Keep the door closed tightly in order to keep out the noise of the hallway.

The floor covering: Carpet (or area rugs) absorb — rather than reflect — your voice. If a teacher's voice continuously echoes, each echo interferes with the next word. This creates an auditory mess for students to unscramble.

Teacher position: Face your students and stand closer to them when you teach. You won't need to crank up your vocal volume to reach your students' ears.

OTHER VOCAL HYGIENE TIPS

Use good breathing habits. Make sure you have enough air support for everything you need to say. Renew your breath more often by pausing, if necessary.

Sit and stand with correct posture. A slouched posture often results in a weak, ineffective, hoarse voice.

Use an easy and gentle approach to voice production. Abrupt hard onset of voice initiation can be damaging to the vocal folds.

Drink plenty of water or healthy liquids. Hydration is essential for the best vocal fold functioning. Coffee and tea with caffeine are de-hydrating.

Get enough rest. When one is fatigued, the natural voice is lower in intensity and voice is forced.

Use the best pitch for your body. Pitch that is too high or low puts excess stress on the vocal mechanism.

Voice Recovery Quiz: What would the healthiest pattern during a two-hour block of teaching?

- 1) Talk 60 minutes, recover 60;
- 2) Talk 30 minutes, recover 30 minutes, repeating twice;
- 3) Talk 10 minutes, recover 5 minutes, repeating eight times.

Answer: Early results show that even small vocal "naps" (#3 above) interspersed with speaking reduces vocal fatigue.

Vocal Health, cont'd

Take a moment or two during the day to stop and relax. Stress has a way of compounding throughout the day, affecting posture, how we hold our heads and ultimately what kind of voice we produce.

Stay healthy. The coughing and sneezing commonly associated with a cold or flu can contribute to edema/swelling in the laryngeal area as well as irritation to the mucosal tissue.

Avoid yelling and screaming, or talking, laughing, or singing **louder** than you absolutely must.

Don't make strange noises with your voice.

Try not to speak or sing over noise/voices/music at parties, nightclubs, in the car, & around machinery.

Avoid excess talking. Pay attention to when your throat feels tired. Give it a rest!

Avoid mint gum or candy as it has been shown to relax the lower esophageal sphincter, thus allowing harmful gastric juices to travel up the esophagus to the larynx.

Do NOT whisper. Whispering forces air during expiration and in turn can increase muscular tension and effort somewhere in the vocal mechanism. It also has a drying effect on the vocal fold tissues.

Try to cut down and eventually eliminate excessive coughing, habitual throat clearing, or hard sneezing. If necessary, keep a journal of how often you clear your throat to chart frequency, time of day, and throat sensations before and after.

Avoid breathing through your mouth in very cold weather. Breathing through your nose cleans and warms the air before it reaches your vocal folds.

Try to avoid smoky environments. Second hand smoke acts as an irritant to the vocal tract.

AAC, cont'd

the greetings page. All pages can be configured to the needs of the user. The grid can have as many as 32 boxes or as few as one. This child started out with one box (greetings) on the home page and has since moved to six boxes on the home page. He now independently uses the device to make choices, state ideas, negation, and to comment on activities. One struggle was to figure out a way for him to carry around the small device in a way that would protect it, but still make it easily accessible. This was solved by purchasing a clear pocket and attaching it to his belt loop with a carabineer. He independently uses the device in the classroom and other places in the community.

A teenage girl uses this device to communicate with peers in the hallway, lunchroom, and during extracurricular activities. Because Proloquo2Go is on her iPod touch she has access to other things that interest her such as music, videos and movie clips.

DON'T SMOKE!

- Cigarettes keep vocal fold tissues constantly irritated
- Evidence show that smoking is directly related to laryngeal cancer and decreases lung function.
- Eighty-five percent of head and neck cancers are linked to tobacco use.

Avoid excess alcoholic consumption. Alcohol contributes to the drying of linings of tissues, makes the stomach produce more acid than usual and further increases this risk of acid backflow because it also relaxes the lower esophageal sphincter, allowing liquid to pass through more easily.

Do not use mouthwash which contains alcohol as it can be drying to delicate tissues.

When experiencing a vocal disturbance

See a physician if you have laryngitis for more than 7 days or pain in the throat, jaw, or ear upon speaking, eating, or swallowing for more than a day.

Reduce or avoid talking when you have an upper respiratory infection such as a cold.

Do not sing or give speeches if you are hoarse or have an upper respiratory infection.

When experiencing a vocal disturbance, if you must speak to a group, then sit in the corner of the room so that you can be heard easily without talking loudly, and then speak only when others in the room are quiet. If you can obtain amplification of your voice when speaking to groups, it is more desirable than attempting to project your voice without assistance. Also, limit the amount of time speaking under such circumstances.

This has greatly improved her social interactions with her peers. She can show them videos that she is interested in and then use the device to comment and ask and answer questions about the music/video. Proloquo2Go has an advantage over other AAC solutions in that the "i-device" that is the medium for the software is commonly used by neuro-typical individuals and especially among the adolescent/teen population, is considered cool and trendy. This makes it motivating for the user, who may have been reluctant to use other devices outside of the therapy room or home. It does require generally good fine motor skills because of the screen size (those who may have lesser skills may choose an ipad) and can be programmed using either words or symbols or a combination of both. More information can be found at www.proloquo2go.com.

Changes in Coverage for SLP Services Demand Our Attention

by Lisa Erwin-Davidson, MS, CCC-SLP, candidate for VT House of Representatives, Orleans County 1-5

Once again changes in health care coverage will require SLPs in all settings to defend and justify their therapeutic effectiveness and their requested reimbursement rates and be asked to play a role in various initiatives set by VT Blueprint for Health. We are not unused to advocating for our clients and making sure we provide the appropriate amount, intensity and type of service that will result in the best functional outcomes for our clients. Getting involved with VSHA to advocate for our profession is becoming increasingly important, sharing stories of frustration with getting insurance reimbursement, getting Medicaid to approve appropriate therapy frequencies, and making sure Speech Generating Devices are covered and approval is not tactically delayed.

At the VT Child Health Symposium – Partnerships for Care, Quality, Integration and Coordination in July Dr. Craig Jones explained the statewide advanced model of primary care and how it will save us money in the long run. Also at the symposium in July, Dr. Judith Paltry gave details on the Affordable Care Act, and that Bright Futures is now the law by which there will be services to children with no co-pay for any group or individual insurance packages. By September 23 new health coverage plans were supposed to provide all Bright Futures services to all enrollees with no cost sharing. Children with insurance are no longer to be denied coverage for pre-existing conditions. Insurance plans are not supposed to impose caps on service nor include restrictive regulations. Small business employers should receive tax credits to purchase employee health care

premiums, and according to Dr. Paltry, most employers will do better than before – with only a small percentage of employers losing out. Until the changes are fully implemented in 2014, we need to talk about what is working and what isn't.

There are two forces at odds here. Insurance costs are one of the highest line items on municipal budgets; the cost of health care is increasing disproportionately; and educational and health care institutions are tightening their belts in an attempt to contain costs. Conversely, there is an increase in the needs and severity of deficits. For example, the prevalence of ASD has increased since 1999, and as of this year, we now have 1010 children diagnosed with ASD and being served on public funding. Schools should not be burdened with most of the costs to treat a child with a medical diagnosis of ASD. Private insurance companies and other forms of medical-public funding streams should also share in those costs. Hopefully many of us will become part of local or state health care initiatives at various levels to improve access to therapy and be able to provide the intensity of skilled service needed to improve functional outcomes of any of our clients. It's important to know what our school boards and towns are thinking about and that we are prepared to defend why our services are more effective than an unskilled aide.

Medical SLPs need to be prepared to know how their service will be integrated and necessary within the Medical Home Model and how you will need to get referrals. I urge all of you to consider the significance of these changes to our profession and get involved.

VSHA Legislative Update

- Susan Kimmerly, Nine East Network, VSHA president-elect

By election season each year, Vermont service and professional organizations have reviewed and clarified their legislative agenda. A lot has to get packed into the short biennium session. The next biennium begins in 2011.

Since 2003, when the licensure bill became law, VSHA has participated in legislative issues primarily through our membership in the Vermont Coalition of Disability Rights (VCDR) and participating in legislative breakfasts and the VCDR Disability Awareness day at the State House.

Over the last five years VSHA task forces have focused on important issues, primarily in speech pathology and more specifically the shortage of SLPs and the utilization of assistants in the field. In addition, the VSHA executive board has recognized the need to update the licensure law. More recently, changes have been made to billing in the Family Infant and Toddler program. Vermont providers must directly bill Medicaid and also are receiving a reduced rate. Vermont Medicaid reimbursement rates are abysmally low for most procedure codes.

Currently, the VSHA Board is preparing to develop a strategy to update the licensure law for SLPs and Audiologists, regulate SLP assistants and advocate for reasonable rates for services reimbursed by Medicaid. If you are interested in getting involved with VSHA's legislative committee, you can contact any of the following: Licensure – Gayle Belin, Susan Kimmerly; SLP Assistants – Kathy Hayes; FIT Billing – Jessie Graham.

ASHA has two member networks that advocate for improved coverage of speech, language, hearing, and swallowing services in private health plans and public health care programs – State Advocates for Reimbursement (STAR) Network and the Medicare Intermediary and Carrier State (MICS) Network. Moira Mulligan represents Vermont in these areas.

In addition, ASHA established the Audiology Advisory Council and the Speech-Language Pathology Advisory Council. They are charged with identifying, discussing and ranking issues of concern to members and advising the Board of Directors on issues for consideration as the Association engages in strategic or forward thinking.

Please consider helping VSHA advocate for the members of our association.