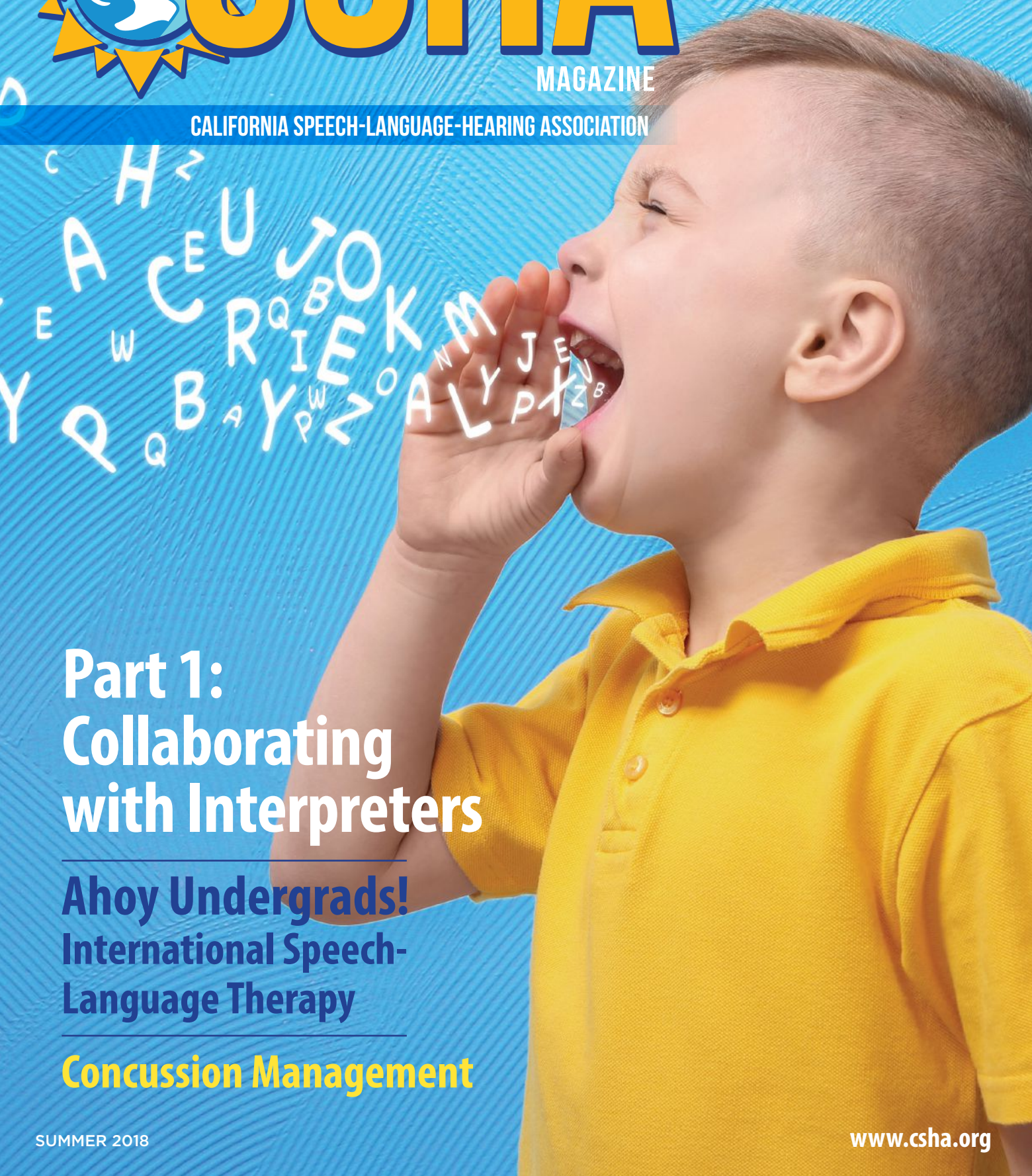
CSHA

MAGAZINE

CALIFORNIA SPEECH-LANGUAGE-HEARING ASSOCIATION



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Concussion Management

SUMMER 2018

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Letters to the editor

Letters to the editor in response to content in this magazine are welcomed. All letters will be edited for length and AP style. Please send your 200-word letter to csha@csha.org

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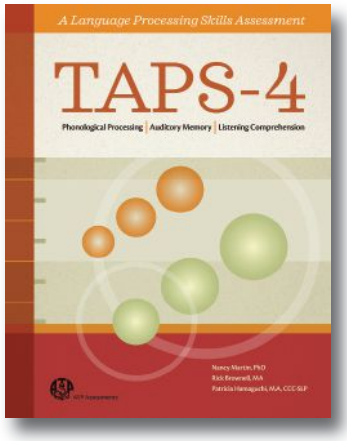
Get a Complete Picture of Language and Auditory Processing!

TAPS-4



Nancy Martin, PhD / Rick Brownell, MS / Patricia Hamaguchi, MA, CCC-SLP

A test of language processing skills

The TAPS-4 (2018) features new subtests along with revisions to subtests from the TAPS-3, fully updated norms, and an expanded age range (through 21 years). The TAPS-4 subtests were also reorganized into Index and Supplemental subtests, reducing testing burden and increasing flexibility in administration.

The TAPS-4 also features audio administration for the subtests in which proper pronunciation of speech sounds is critical, providing a greater degree of standardization and accuracy during the testing process.

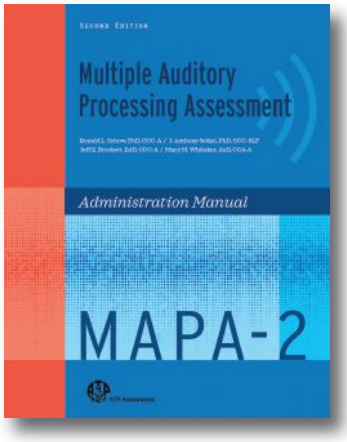
Assess the areas that underlie effective listening and communication skills.

Phonological Processing
Word (Pair) Discrimination
Phonological Deletion
Phonological Blending
Syllabic Blending

Auditory Memory
Number Memory Forward
Word Memory
Sentence Memory
Number Memory Reversed

Listening Comprehension
Processing Oral Directions (without background noise)
Auditory Comprehension of Language
Auditory Figure-Ground (Processing Oral Directions with background noise)

MAPA-2



Ronald L Schow, PhD, CCC-A / J. Anthony Seikel, PhD, CCC-SLP
Jeff E. Brockett, EdD, CCC-A / Mary M. Whitaker, AuD, CCC-A

Identify children who have auditory processing disorders.

The Multiple Auditory Processing Assessment (MAPA-2) is an individual administered assessment for ages 7 through 14 that can be administered by speech-language pathologists as well as audiologists in just 35 to 45 minutes. It may be used as a screener to be followed by other behavioral or physiological tests or it may be used for a preliminary diagnosis in the auditory area. The test is administered via CD and can be used in a clinic setting or a sound booth.

The MAPA-2 also includes the Scale of Auditory Behaviors, a normed parent- or teacher-completed questionairre of listening behaviors.

Eight subtests in the three skill areas most recommended for APD assessment

Monaural
Monaural-Selective Auditory Attention Test
Speech in Noise for Children

Temporal
Tap Test
Pitch Pattern Test

Binaural
Dichotic Digits
Competing Sentences

Supplemental Subtests
Duration Pattern Test
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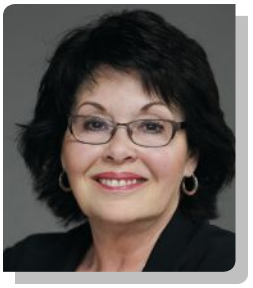
PRESIDENT'S MESSAGE



Welcome to the 2018-2019 CSHA year! I am energized and enthusiastic about this exciting time for our association. We are on the verge of a new era, one which will take us to the next level and beyond. I am incredibly excited to present the person who will lead CSHA into the future:

Brian Lewis, CAE, *CSHA Executive Director*

Brian comes to us with many years of strong managerial leadership experience in both nonprofit and for-profit organizations of various sizes, including several educational associations and consulting firms. He has also been a volunteer for numerous public service organizations, serving at the task force, council and board level, giving him the opportunity to work within different governance models. A lifelong learner who believes in "constant improvement and reflection," Brian has taken advantage of his experiences and learned from each one. Over the years, he has become a proven leader who actively engages colleagues and stakeholders. The building blocks of his career have been a commitment to meaningful change, a focus on the strategic interests of the organizations and members he has served, and a deep belief in ethical leadership.

Currently, Brian owns and runs the consulting company Associan, which has been an avenue to provide entrepreneurial, strategic consultation to innovative public, private and nonprofit organizations in the areas of change management, collaborative leadership, governance, advocacy, communications and strategic branding.

The former CEO of the International Society for Technology in Education, Brian joined ISTE in 2012 following a 25-year career in both the public and private sectors. He brought his skills as a strategist, collaborator and communicator to the organization at a time when its board sought significant strategic change. He led a comprehensive brand strategy effort to establish a differentiated brand position that drove all programs.

Before joining ISTE, Brian served as chief strategy officer and interim CEO for the National Board for Professional Teaching Standards. Previously, while serving as executive director at the *California Association of School Business* Officials, he launched California School Business magazine, ultimately named the best association magazine in the nation by ASAE in 2009.

CSHA and Brian will be working together at a time when his experiences meet the key criteria for an Executive Director as identified by the CSHA Search Committee. These criteria are:

- Strong management/leadership in a professional membership association
- Experience in developing and implementing strategies for recruiting and retraining members and communicating an association's value
- Experience in developing and managing a high-performing staff with a strong culture of member service
- Adept at building and maintaining strong relationships with internal and external stakeholders

Before Brian's first official day in the office on July 2, he began working with CSHA leadership, Chris Packard, interim ED, and CSHA staff, learning the CSHA structure, culture, history and needs of the organization. At the same time, he began introducing new ideas to begin the process of moving CSHA forward. Now, the many activities and projects that the CSHA Board put on hold can be planned and accomplished. A partial list includes: 1) Policies and Procedures, to replace the CSHA Standing Rules; 2) Update Strategic Plan; 3) Written CSHA volunteer position roles and responsibilities; 4) Social media guidelines; 5) Fundraising opportunities

Kudos go to Chris Packard, interim ED, who joined the CSHA staff as a contractor, on April 2, 2018. He began his work, overlapping with Shawn, until her departure on April 6. It was a very easy transition and the association has run smoothly throughout. By the time you read this, the transition from Chris to Brian will have taken place and I have no doubt it, too, will be smooth and efficient. We have an extremely capable, organized and collaborative staff, who have been working with an extremely experienced interim ED. Now, we have the perfect ED on board. CSHA has been quite lucky to have had this terrific combination of individuals all working for the benefit of the organization. I am extremely thankful and applaud each one.

I would like to extend my sincere appreciation to David Martin and Sterling Martin Associates for their leadership and support during the executive director search. It has been an amazing experience. I would also like to thank my colleagues on the Search Committee. You are truly an incredible, collaborative, thought-provoking team, with whom I have thoroughly enjoyed working over the past five months.

CSHA Search Committee

Beryl Fogel, *Chair*

Linda Pippert, *President-Elect*

Lynda Oldenburg, *V.P. Association Services*

Terry Kappe, *Immediate Past Secretary*

Cindy Sendor, *Treasurer*

Anna Vagin, *Director North*

Gilda Dominguez, *Director South*

CSHA volunteers have been busy with many other projects and activities over the past few months, a few of which I would like to share.

The 2018 CSHA Convention, in Sacramento was a tremendous success! I want to thank:

- Lindsey Sutch, Convention Chair
- Angela Mandas and Karen Yaghoubian, Program Co-Chairs
- Char Rau, Jamie Gomes, and Emily Perez-Yi Social Co-Chairs

They, of course, were not alone in their efforts. Many other volunteers worked during the past year and at the convention to ensure attendees had an enriching and enjoyable experience. I must add that it was wonderful to be back in Northern California again.

Convention topics included speech, language, literacy, diversity, swallowing disorders, voice, fluency and more, with the purpose of increasing knowledge, expertise and skills across multiple areas and settings of the professions. Presenters were intent upon sending attendees back to the worksite with increased knowledge and excitement over the prospect of incorporating new ideas into their assessments, service plans, and interactions with those they serve.

CSHA began a new tradition in 2018 by giving the Knowledge Bowl a place of honor in the convention schedule. On Saturday evening, teams of graduate students from universities throughout the state contended for top honors and the privilege of having their school name engraved on the brand new CSHA Cup. It was an exhilarating contest, culminating with the California State University, Fullerton, team demonstrating its knowledge and winning the cup. They will keep the cup safe until 2019, when they will return to defend their win.

Historically, CSHA has set aside specific time during the convention to hold an annual business meeting. During the past few years, we have conducted this meeting at the Opening Session. Prior to that, it was held at the Plenary Session Luncheon. As the Board of Directors was navigating the Bylaws changes, in contact with the CSHA consulting attorney, we gained additional knowledge of the lawful expectations of an organization such as CSHA. As you know, CSHA is a 501(c)(6) public benefit corporation, whose purpose is to:

- Maintain, enhance, improve, and expand speech and hearing services provided to the public
- Foster excellence in the professions of speech-language pathology and audiology, and
- Educate, advocate and collaborate

Beginning in the fiscal year 2017-2018, we did not hold an annual business meeting at the convention. Instead, within 120 days of the end of the CSHA Fiscal Year, which is May 31, we will, as required by the state, provide an annual report with specified items detailed for inspection by the voting members. The information included in the annual report will be of greater detail than has been presented at previous annual meetings. Because this is the first year CSHA will be sending this report, the means of dispersing it has not yet been determined. Please be on the lookout for a notice in CSHA Connect, the new bi-monthly newsletter, later in the year for additional information.

CSHA Legislative Day, May 2, was a huge success thanks to Bob McKinney, CSHA Legislative Committee Chair, as well as Abe Hajela and Caitlin Jung of Capitol Advisors Group. Heather Cioffi, Continuing Education and Membership Coordinator assisted Chris in the logistics. Bryan Stowe, 2017 CSHA Adult Consumer of the Year, gave an inspiring, heartwarming presentation to the group, with support from Brandy Dickenson, SLP. As Bob reports, the attendees then went to the Capitol and "met with legislators to spread the word about the work that we do and advocate for increasing the graduate programs in the California State University system." At the end of the day, the wrap-up demonstrated numerous positive outcomes resulting from meetings with legislators and staffers.

Congratulations are in order for the Early Intervention Committee, chaired by Immediate Past President Dr. Deborah Ross-Swain. They have recently been awarded an ASHA grant for the production of a video, titled "200 by 2." It will be an informational video highlighting speech, language and social milestones and is meant to be played on monitors in the offices of pediatricians, general and family practitioners, as well as in SLP and audiology clinics. The video also will be distributed to parent organizations. The committee has developed a public relations subcommittee to create and distribute informational materials, will be submitting a paper on the relationship between early intervention and learning to present at the CA Academy of Pediatrics conference, and is working with the CA Academy of Pediatrics to survey pediatricians regarding types of information on Early Intervention that would be helpful.

CSHA is also expanding collaboration with California Academy of Audiology (CAA). Within the past two years, we collaborated on the ASHA grant-supported brochure and video, "My Baby has a Hearing Loss." In March, at the 2018 CSHA Convention, CAA leadership greeted attendees at a comped table in the hxhibit hall. In September, CSHA leadership will greet CAA attendees at their conference. In addition, the first annual Audiology Day flyer, created through the efforts of Michelle Fielder, Marketing and Events Coordinator, included the CAA logo and was distributed by both CSHA and CAA. Stay tuned for updates as our two organizations collaborate further.

I am honored to serve as your CSHA president and energized at the possibilities we have in front of us at this time in our history. Thank you for your confidence and support.

Beryl Fogel, M.A. CCC-SLP
CSHA President

SPEECH-LANGUAGE PATHOLOGIST'S ROLE IN CONCUSSION MANAGEMENT

Pradeep Ramanathan, Ph.D., CCC-SLP
California State University, East Bay

The purpose of this article is to highlight the key role that speech-language pathologists (SLPs) play in concussion management. Whether in school-based or healthcare settings, SLPs complement the roles of other professionals to deliver comprehensive concussion services. The services support baseline cognitive testing for student athletes (i.e., prior to beginning athletic involvement at the school or college), diagnostic testing and differential diagnosis, return to learn services for students, treatment of persisting post-concussion symptoms, and concussion education and prevention. This article will briefly describe the etiology of concussion and mild traumatic brain injury (mTBI), and the SLP role and scope of practice in concussion evaluation and management.

Etiology

The terms concussion and mild traumatic brain injury (mTBI) are often used synonymously; when differentiated, distinctions are often subtle, inconsistent or differ in severity and/or nature (McCrory et al., 2017; Salvatore & Fjordbak, 2011). A concussion may be caused by forces or torques applied directly to the head (e.g., the head striking, or being struck by an object), or indirectly, such as to the neck or body, which

in turn transfers forces to the head (e.g., whiplash). Forces cause linear acceleration, while torques (occurring when a force is applied off of the center of mass of an object) cause rotational acceleration. The latter is believed to cause greater severity of injury (Kleiven, 2013).

Broadly, to qualify as a concussion, the head injury must be severe enough to cause alteration in mental status and/or other symptoms, but not so severe as to result in significant signs on routine structural neuroimaging (e.g., contusion, hemorrhage, hematoma, etc.); overt signs are usually associated with moderate or severe TBI. Specific criteria for clinical identification of concussion vary somewhat by professional body. As one example, the World Health Organization Collaborating Center Task Force on mTBI defines a concussion as involving one or more of the following criteria after head injury: altered mental status, 0 – 30 minutes loss of consciousness, 0 – 24 hours of post-traumatic amnesia, and/or other transient neurological abnormalities such as focal signs, seizure or small intracranial lesions not requiring surgical intervention (Carroll et al., 2004).

There is much debate concerning the issue of intracranial structural injury. Many experts argue that concussion involves primarily metabolic injury. The consensus statement from the 5th International Conference in Sport states that "acute clinical signs and symptoms largely reflect a functional disturbance rather than a structural injury and, as such, no abnormality is seen on standard structural neuroimaging studies" (McCrory et al., 2017, p.2). However, others argue that concussion spans a spectrum; low-grade injury may result primarily in metabolic dysfunction, medium-grade concussion may also include structural injuries not detectable in conventional structural neuroimaging, and high-grade concussion may result in additional mild structural abnormalities detectable even with conventional neuroimaging (Hoshizaki, Post, Kendall, Karton, & Brien, 2013). Notably, despite frank findings, the latter might still be classified as concussion rather than moderate-severe TBI due to the symptomatic presentation.

The Centers for Disease Control and Prevention describe common symptoms of concussion as falling under one or a combination of four domains: physical, cognitive, emotional and sleep (CDC, 2009). Physical symptoms may include headache, nausea/vomiting, tinnitus, blurred or double vision, sensitivity to noise/light, dizziness and/or balance problems, fatigue, etc. Cognitive symptoms may include disorientation/confusion, and impairments to concentration/attention, learning and memory, executive functions, metacognition, speed of processing, as well as communicative symptoms such as slurred speech, word finding difficulty, etc. Emotional problems may include irritability, emotional lability, depression, anxiety, etc. Sleep problems may include drowsiness, trouble falling or staying asleep, and disturbances to one or more of the phases of sleep.

The epidemiology of concussion remains unclear due to under-reporting, variable research methodologies and populations studied, differing diagnostic criteria and other factors. As an example of the wide range of estimates, the systematic review by Clay, Glover and Lowe (2013) indicates between 10 and 2,150 concussions per every 100,000 "athletic exposures" (e.g., practice or competitive event), from youth sports through college and professional sports. For all forms of concussion (not just sport-related), Cassidy et al. (2004) estimate that the base incidence rate likely exceeds 600 per 100,000 individuals, including individuals seen in emergency departments, as well as estimates of those not formally seen by a healthcare provider.

SLP Role and Scope of Practice

There is a growing understanding of the critical role SLPs play in concussion management (Dachtyl & Morales, 2017; Porter, Constantinidou, & Marron, 2014; Sirmon-Taylor & Salvatore, 2012; Sohlberg & Ledbetter, 2016). With expertise in assessment and treatment of cognitive-linguistic impairment after TBI, SLPs are uniquely qualified as service providers for concussion. Nevertheless, SLPs often hesitate, or feel inadequately trained, to evaluate and/or treat problems with attention, memory, or executive functions in the absence of overt communicative impairment. Indeed, Stuck's (2012) nationwide survey of 272 school SLPs revealed that practitioners primarily relied on tests of language for students with concussion. However, following concussion or TBI, cognitive impairments are more common than aphasia or dysarthria, so it is critical that SLPs complete any additional training they feel they need to achieve competence in managing cognitive impairments following brain injury.

In its scope of practice statement, the American Speech-Language-Hearing Association (ASHA) includes cognition, among functions related to communication, as a valid domain for service delivery (2016). Overlap occurs when cognitive impairments affect communication, producing a "cognitive-communicative" impairment (e.g., discourse incoherence due to executive dysfunction). But what about management of purely cognitive impairment? The ASHA statement does not provide a clear and bright line delineating our role from those of related professions, leaving room for interpretation. However, many university speech pathology departments (e.g., Miami University, University of Colorado at Boulder, California State East Bay, Biola University, etc.) offer cognitive evaluation and treatment following concussion; thus, SLPs may be confident that this is within our scope of practice. However, as laws and

licensing regulations vary by state, SLPs should carefully verify to what extent their setting permits evaluation and treatment of purely cognitive impairments. This underscores the importance of partnering with other relevant professionals to provide services. Doing so can mitigate concerns for overstepping our scope of practice while still meeting the needs of concussed individuals.

Concussion Assessment

Generally, evaluation may involve: (1) baseline testing prior to injury, (2) sideline testing immediately after injury at an athletic event, (3) acute evaluation, within the first 48 hours after injury, (4) ongoing monitoring, (5) and comprehensive neurocognitive re-evaluation.

Baseline. For populations at higher risk of concussion (e.g., athletes and soldiers), history taking and baseline testing prior to joining an athletic team or military deployment are common practices to establish a pre-injury baseline. Interviews and/or questionnaires identify demographics, prior history of concussion, pre-morbid conditions that might complicate a subsequent concussion diagnosis, risk factors, etc. Testing is generally performed by the relevant service providers, such as certified athletic trainers (ATCs) for sports and trained military personnel for soldiers. It is within the scope of SLP practice to work with other professionals to ensure that appropriate cognitive and communicative assessments are included in the baseline testing protocol. Typically, such a protocol involves broad assessment of a range of cognitive functions, including attention, short-term and working memory, learning and recent long-term memory, executive functions and cognitive processing speed. Physical testing may include postural stability/equilibrium, visual tracking and motor speed. Some of the popular baseline tests include the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT; https://impacttest.com), Balance Error and Scoring System (BESS; https://www.carolinashealthcare.org/documents/carolinasrehab/bess_manual_.pdf), the King-Devick test (https://kingdevicktest.com), and the Vestibular/Oculomotor Screening (VOMS; see Appendix 1 in this article: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4209316/).

Sideline. If a concussion is suspected during an athletic activity, sideline screening will be administered by an ATC or team physician. Common assessments may include the King-Devick test, the screening portion of the Sport Concussion Assessment Tool (SCAT-5; http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf), balance testing such as the BESS or similar assessments. For soldiers, the screening portion of the Military Acute Concussion Evaluation is commonly used (MACE; https://dvbic.dcoe.mil/files/resources/DVBIC_Military-Acute-Concussion-Evaluation_Pocket-Card_Feb2012.pdf). For non-athletic and non-military concussions, there is no sideline screening.

Acute evaluation. If screening is positive, the individual should undergo a more thorough evaluation by a physician or other healthcare provider. Neuroimaging may be conducted to rule out more serious brain injury. SLPs may repeat baseline tests to detect significant changes in performance. One constraint is that intensive or lengthy testing after concussion will likely exacerbate symptoms and jeopardize recovery. Therefore, testing must be brief and targeted. Furthermore, an estimated 80 – 90% of concussions resolve within a few weeks (McCrea et al., 2013); given the risk of exacerbation, in-depth testing of all concussed individuals immediately post-concussion is neither warranted nor advisable. Post-screening evaluation of acute concussion generally involves history taking, symptom checklists, and limited testing. Tools such as the complete SCAT-5, and the Acute Concussion Evaluation (ACE; https://www.cdc.gov/headsup/pdfs/providers/ace-a.pdf) are commonly used.

Ongoing monitoring. After the initial evaluation, symptoms should be monitored on a daily, or near-daily, basis to ensure timely resolution. This may consist of self- or clinician-administered symptom checklists or brief interview.

Comprehensive neurocognitive re-evaluation. For most individuals, acute evaluation and subsequent monitoring will suffice; concussion symptoms will resolve in days to weeks. However, for 10 – 20% of individuals, symptoms may persist. If this continues beyond a certain point (two to three months is a common benchmark), it is advisable to conduct an in-depth re-evaluation. Krug and Turkstra (2015) provide a detailed discussion of how SLPs may implement problem-based interviewing, detailed symptom checklists, and standardized neurocognitive testing, at this stage.

Education and Management

Concussion education during the acute stage is critical. Mittenberg, Tremont, Zielinski, Fichera and Rayls (1996) found that concussed individuals who received education prior to hospital discharge on the "nature and incidence of expected symptoms, the cognitive-behavioral model of symptom maintenance and treatment, techniques for reducing symptoms, and instructions for gradual resumption of premorbid activities" (p. 139), have approximately half of the symptom burden at six months post-concussion compared to a matched control group of concussed individuals who received no education. Interestingly, there is evidence that concussion education prior to injury (such as is provided to student athletes during baselining), does not seem to improve knowledge of concussion. Knollman-Porter, Brown, and Flynn (2018)

found no difference in knowledge about concussion between athletes who had received annual pre-season concussion education and non-athletes who did not; however, varsity athletes did significantly *overestimate* their knowledge of concussion.

After an initial period of rest for one or more days, as symptoms resolve, the individual should follow a graduated schedule of return-to-learn/return-to-play. Such schedules must be individually tailored and modified per ongoing monitoring. If symptoms persist beyond a few weeks, SLPs should collaborate with other professionals to develop an appropriate management plan tailored to the needs of the client. Across the spectrum of concussion, from baseline testing to management of acute and chronic concussion, an interdisciplinary, team-based, approach is ideal. Porter, Constantinidou, and Hutchinson Marron (2014) describe the Concussion Management Program of Miami University, coordinated by the Department of Speech Pathology and Audiology. In perhaps the longest running interdisciplinary university sports-concussion program in the United States (since 1999), SLPs coordinate baseline and post-concussion testing, return-to-learn planning, accommodations, and other aspects of concussion management. Readers are encouraged to review this article as a model of how university speech pathology departments with an on-campus clinic can coordinate an interdisciplinary team to provide concussion-related services to the campus community. Dachtyl and Morales (2017) similarly describe a collaborative model of concussion management for the pre-kindergarten through 12th grade population. Their "Cognitive Return to Exertion (CoRTEx)" program emphasizes collaboration between SLPs and ATCs, and provides a model for service delivery in a school-based setting; readers are likewise encouraged to review this article. As a demonstration of the successful

application of these approaches, Sohlberg and Ledbetter (2016) provide a review of 24 clients seen by graduate student speech pathology clinicians (supervised by certified and licensed SLPs) at the University of Oregon Speech Pathology Clinic. Whether based in schools or colleges, the publications listed in the reference are guideposts for development of a robust, interdisciplinary, concussion management program.

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BIO: Dr. Pradeep Ramanathan holds bachelor's and master's degrees in Physics, and worked as an engineer in Silicon Valley for several years before pursuing a clinical Master's degree and subsequently a Ph.D. in Speech-Language Pathology at the University of Minnesota. At a level-one trauma center in Minneapolis, he worked primarily with individuals with aphasia, TBI and swallowing disorders, and there helped found one of the country's first few intensive aphasia programs in 2003. Dr. Ramanathan served as an Assistant Professor at the University of Connecticut (UConn). He previously worked with the Brain Injury Alliance of Connecticut (BIAC) to establish the UConn's first TBI support group, and organize NSSLHA fundraising events for TBI. He subsequently served on BIAC's Board of Directors. Dr. Ramanathan joined the faculty at California State University, East Bay, (CSUEB) in 2015. He conducts research in cognitive neuroscience and concussion, and is currently working to establish a comprehensive concussion management program at CSUEB.

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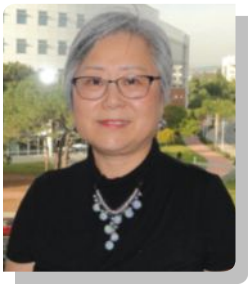

Q: How did you come to be a speech-language pathologist in the United States?

A: My story is very different from that of most SLPs. I received my B.A. in Psychology at Korea University and my M.A. at Seoul National University (SNU). During my graduate degree program, my focus was on psycholinguistics, which examines language processing. I was interested in learning about the processes involved in language comprehension and production. I was fascinated by several books on the topic of language: *Psychology and Language* by Herbert and Eve Clark, *Psycholinguistics: An introduction to the Psychology of Language*, by Donald Foss and David Hakes, and *Modularity of Mind* by Jerry Fodor. The title of my thesis was Issues in the Semantic Parsing of Relative-Clause Sentences.

After completing my graduate degree in 1986, I decided to go to the United States to pursue a doctorate in psychology. My plan was to return to Korea and teach at a university when I completed my Ph.D. However, at that time, I became concerned about gender discrimination in Korea in academia. As I was researching options for my future career, I encountered a friend who was studying special education and I shared my concerns about my future career in academia with her. She introduced me to the field of speech-language pathology. The very next day, I visited the Fulbright office in Seoul, and learned there were many universities in the United States that offered doctoral programs in speech-language pathology.

After consulting with my graduate adviser at SNU, who fully supported my new plan to apply to programs in the United States, I was admitted to the University of Wisconsin-Madison for doctoral training in 1988. Initially, I had planned to complete the doctorate and teach at a university, but as time went on, my plans broadened to include clinical training, as well as teaching future SLPs. This new plan meant taking graduate courses in communicative disorders and completing 400 hours of practicum, all before completing the doctorate program. Subsequently, I completed my Clinical Fellowship Year (CFY) at the Autism and Developmental Disability Clinic at Yale University.

Q: How did you become interested in autism spectrum disorders?

A: My dissertation title was "The Relation Between Speaking Rate and Verbal Short-Term Memory in Children with Down Syndrome," which reflected my interests at that time. Until my CFY at Yale, my knowledge about autism spectrum disorder (ASD) was very limited, but I was able to focus on ASD that year. When I left Madison, WI, for New Haven, CT, I was a bit skeptical about the ASD diagnosis, which is based on behavioral observations. However, within the first month of my CFY, I became very interested in ASD, which required a significant amount of clinical research. Since then, I have continued to teach and pursue clinical work and research on the topic of ASD.

Q: You have involved a number of students over the years in your research. What are some of the research projects they have done with you?

A: Mentoring students is one of my career focuses. Since joining California State University, Fullerton (CSUF), in 2006, I have worked with undergraduate students in my research projects. One of the projects was called Open Dialogue, which brought Asian parents who have children with developmental disabilities, including ASD, together with the professionals who serve children with development disabilities in the community. It is rare for the parents and professionals to convene and share successes and challenges together. With several students, we hosted the event at our Titan Student Union. Bilingual student volunteers took notes of each table discussion and served as facilitators for the discussion. The summary discussion was presented at ASHA convention (2010 and 2012 below).

Another project was with a graduate student who took an Independent Study course reviewing the current intervention studies focusing on ASD, which resulted in a publication (Bruner & Seung, 2009). Another graduate student worked on a Theory of Mind (ToM) study with me. He participated in administering baseline tests (receptive and expressive vocabulary and cognitive tests) and an experimental ToM task. He and I coauthored two ASHA presentations (2008 and 2009 below) and a publication (2008 below). I have also mentored several honors projects, and some of the projects were presented at ASHA conventions (2013, 2014, and 2015 below).

Publications (peer reviewed): * indicates students

Bruner, D.*, & Seung, H. K. (2009). Evaluation of the efficacy of communication-based treatments for autism spectrum disorders: A literature review. Communication Disorders Quarterly, 31(1), 15-41.

Seung, H. K., Lee, H. J., Monarrez, M.*, & Farrar, M. J. (2008). Theory of Mind performance in high functioning English speaking children with autism. Korea Research Foundation Research Report (KRF-2006-H00013): Cross-linguistic study on the relationship between language and theory of mind. 68-82.

Presentations (peer reviewed)

Lewis, K.*, & Seung, H.K. (2015). Treatment and causes of ASD: A survey perspective of public understanding. Poster session at the California Speech-Language-Hearing Association Annual Convention, Long Beach, CA.

Lewis, K.*, & Seung, H.K. (2014). The public's understanding of autism spectrum disorders; A survey study. Poster session presented at the American Speech-Language-Hearing Association Annual Convention, Orlando, FL.

Kim, M.J., Seung, H.K., Richtsmeier, E*. (2014). Acoustic characteristics of prosody in children with ASD. Poster session presented at the American Speech-Language-Hearing Association Annual Convention, Orlando, FL.

Gresch, L.*, & Seung, H.K. (2013). Using creative dance to facilitate communication development in children with autism spectrum disorder. Poster session presented at the American Speech-Language-Hearing Association Annual Convention, Chicago, IL.

Helfrich, S.L.*, Seung, H.K., Chen, J.*, Cho, D.*, Lee, S.*, & Pham, H.* (2010). Breaking barriers, Building bridges: An Asian American parent and professional perspective. Poster session presented at the American Speech-Language-Hearing Association Annual Convention, Philadelphia, PA.

Marsden, C.*, Keinart, L.*, Rosen, M.*, & Seung, H. K. (2009). Vocal imitation training in children with autism. Poster session presented at the American Speech-Language-Hearing Association Annual Convention, New Orleans, LA.

Seung, H. K., Lee, H. J., Farrar, M. J., & Monarrez, M.* (2009). Language skills and false belief performance in high functioning English speaking children with autism. Poster session presented at the 8th International Meeting for Autism Research, Chicago, IL.

Seung, H. K., Lee, H. J., Monarrez, M.*, & Farrar, M. J. (2008). Theory of mind in children with high functioning autism. Poster session presented at the American Speech Language-Hearing Association Annual Convention, Chicago, IL.

Kopatz, M.* & Seung, H.K. (2012). International disparities in the prevalence rates of autism spectrum disorders. Poster session presented at the American Speech-Language-Hearing Association Annual Convention, Atlanta, GA.

Helfrich, S., L.*, & Seung, H.K. (2012). Challenges in autism experienced by parents and professionals: Asian perspective. Oral session presented at the American Speech-Language-Hearing Association Annual Convention, Atlanta, GA.

Q: You have moderated a support group for Korean mothers of children with ASD for a number of years at CSUF. What is effective in terms of offering them support?

A: I have been hosting the monthly Korean parent support group at CSUF on Saturdays from 10 a.m. to 12 p.m. Many Korean parents have difficulty understanding the evaluation processes and evaluation reports, as well as all the professional jargon (e.g., receptive language, articulation, etc.). Sometimes, parents bring a copy of their child's IEP report and we review it together. From these experiences, I have learned that there have been some misunderstandings related to the IEP process that could be related to cultural differences. For example, parents typically take IEP meetings very seriously in the hopes of securing as many hours of intervention as possible for their child. As the professionals begin gathering at the meeting and engaging in small talk to break the ice, Korean parents may interpret this casual dialogue to mean that the professionals do not take the meeting as seriously as they do. Another area of confusion is that parents may not understand the

differences in the scopes of practice between applied behavioral analysis therapists and SLPs, and as a result may ask their ABA therapists to help their child to improve communication skills.

Q: You are a Fulbright scholar. What did you do during your Fulbright Fellowship year?

A: During a sabbatical in the fall of 2012, I conducted a study of an early screening for ASD and developmental delay risk in Korean children. My Fulbright Senior Research Award allowed me to conduct a six-month project on ASD screening by traveling across South Korea. At the time, there were two screening tests available in Korean: Modified Autism Screening in Toddlers (M-CHAT) and First Year Inventory (FYI). Using these assessments, I was able to screen over 2000, 16- to 36-month-old children by having their parents respond to a 23-item ASD screening test (M-CHAT). In addition, approximately 900 parents responded to a 63-item developmental screening test (FYI). One of my colleagues in social work who has expertise in analyzing large sets of data using the Item Response Theory made it possible for me to publish the study in 2015 in the *Journal of Autism and Developmental Disorder*, a highly respected journal.

Q: You have earned a number of teaching and mentoring awards at CSUF. What are some of those awards and what are some of your keys to good teaching and mentoring?

A: Since joining the department in 2006, I have received 15 awards from CSUF and other organizations.

CSUF

Outstanding Faculty Recognition for Scholarship and Creative Activity (spring 2007 and 2010)

Teacher-Scholar recognition in the category of sponsoring student research and creative activities (spring 2008, and 2011), and service (spring 2009)

Outstanding Senior Honors Project Mentor (spring 2010)

Outstanding Educator of the Year Award, CSUF Associated Students, Inc. (spring 2011)

CSUF Outstanding Research Mentor Award (spring 2017)

Other

Diversity Travel Award, International Society of Autism Research (2007, 2008, 2009)

Outstanding Leadership Award District 8, California Speech-language-Hearing Association (spring 2016)

Council of Academic Programs in in Communication Sciences and Disorders Leadership Academy (spring 2016)

Our teaching loads at CSUF are heavy and consist of four courses per semester. In spite of our heavy teaching load, engaging in research activities and contributing to the body of literature brings validity to the department and contributes to effective teaching. Keeping up with research makes me excited, and that excitement spreads to the department, to my classroom and to my students. Teaching and research are not separate constructs but are connected to each other and drive each other.

Q: CSUF's Communicative Disorders program became the Department of Communication Sciences and Disorders under your leadership. What are your goals as chair of the new department?

A: My goals are: (1) to create a culture and environment of engagement with the students and faculty that supports an exchange of ideas for program development, teaching and clinical education, (2) to establish open communication channels between students and faculty, and (3) to promote the work of our students and faculty in and off the campus.

Q: Finally, what guidance would you give speech-language pathologists who are working with bilingual/bicultural children and families with ASD?

A: Often, parents who speak a different language in their home ask their SLP if they should stop using their home language with their children with ASD. After being asked this type of question by several parents who spoke Spanish at home, I was able to conduct an intervention for a Korean-American child with ASD. This study was a follow-up of a single child over a 24-month period of intervention, with systematic data collection every six months. The results suggested that we provide intervention in the child's first language (the language used at home) initially and gradually transition to English-based intervention. In spite of its limited sample size (one child), it provides important practical data to professionals and parents. Clinicians currently tend to inform parents to stop using their home language with their children with ASD outside of California, where cultural and linguistic diversity is not as common as it is here. However, research does not indicate that this is best clinical practice.

Bio

Dr. Seung joined California Sate University, Fullerton, in 2006 and became Chair of the new Department of Communication Sciences and Disorders in 2017. Dr. Seung is a member of the Health Promotion Research Institute (http://hpri.fullerton.edu/) at CSUF. Dr. Seung developed a deep interest in the communication development of children with ASD during her clinical fellowship at the Autism and Developmental Disabilities at Yale University. She continues to conduct research in ASD. She has hosted a monthly parent support group with Korean-American mothers who have children with ASD. She also serves as an advisory board member of the Korean Special Education Center in Santa Fe Springs, California.

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PART I: COLLABORATING WITH INTERPRETERS

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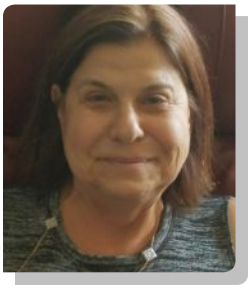
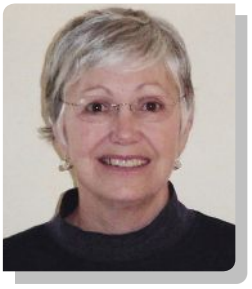




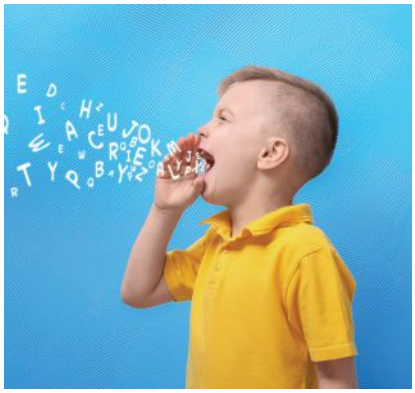
This article is a summary of the Position Paper completed by the CSHA Task Force on Collaborating with Interpreters, convened from 2015-2017 by the CSHA Board of Directors, based on identified needs for professionals in communication sciences and disorders to work effectively with individuals of diverse language and cultural backgrounds through language interpreters. Task Force Co-Chairs, Henriette W. Langdon and Terry Irvine Saenz, completed the paper with contributions from Susan Clark, Gilda Dominguez, and Marcella McCollum. The complete Position Paper is available to CSHA Members on the CSHA website at: https://www.csha.org/. The Position Paper was developed from reviews of research recommending best practice and results of a statewide survey conducted by the Task Force members. The survey process and results will be included in the Fall 2018 issue of CSHA Magazine as Part II of this article. Part I highlights recommended practices for speech-language pathologists (SLPs) and audiologists (Au.D.s) working with language interpreters.

Why Guidelines for This Topic?

The number of individuals who speak a language other than English has increased in California and all states of the nation. English Language Learners (ELL) students enrolled in California's schools are estimated to be approximately 1/3 of the total number of ELL students in the nation (5 million) (California Department of Education, 2015). Over forty-three percent (43.8%) of individuals five and older speak a language other than English in California, and of those individuals, a total of 16.6% did not speak English very well, and 8% did not speak English at all. The most common language spoken is Spanish (10.1 million) (or 26% of the total population of 38 million), followed

by Chinese at 1 million, Tagalog at 764,763, Vietnamese at 521,534 and Korean at 372,742 (*Sacramento Bee*, November 3, 2015). In California, reports indicate that there are 881 bilingual SLPs with a majority who are Spanish language providers and 33 bilingual Au.D.s. Clearly, there is a great disparity between the supply and demand of bilingual professionals in our professions (ASHA, 2016).

SLPs and Au.D.s are charged to prevent, assess and provide treatment plans for individuals who do not speak English very well and thus have ethical and legal responsibilities to deliver services (specifically assessments and communication with students' parents/ caregivers) in the preferred language of the client. As stated in the 2006 re-authorization of the Individuals with Disabilities Education Act, "Testing and evaluation materials and procedures should not be racial or cultural discriminators and such materials or procedures shall be provided and administered in the child's native language or mode of communication, unless it is clearly not feasible to do so, and no single procedure shall be the sole criterion for determining an appropriate educational program for a child," (20 U.S.C. §1412 (6)(B)). However, several studies concluded that speech-language pathology and audiology professionals do not always feel well prepared to provide services with ELL students and their families due to lack of adequate training, expectations and even trust in the relationship between the two individuals (Caesar & Kohler, 2007; Guiberson & Atkins, 2012; Hammer, Detwiler, Detwiler et al., 2004; Kritikos, 2003; Palfrey, 2013; Roseberry-McKibbin et al., 2005). Furthermore, great disparities exist in the dynamics of the interpreting process during interviews, assessment and conferences with clients and families, where interpreter/translators (I/Ts) assume various roles including being a message clarifier, a cultural clarifier and patient advocate (CA Healthcare Interpreting Association, 2012). Researchers recommend that SLPs and Au.D.s explicitly discuss these roles with I/Ts prior to interactions with clients and caregivers (Friedland & Penn, 2003; Kambanaros & Steenbrugge, 2004; Merlini & Favaron, 2005; Roger & Code, 2011).



Situations Where an I/T is Needed: Different Settings and Two Professions

SLPs and Au.D.s work in a range of settings including medical, rehabilitative facilities, private practices and public schools. Whereas services for language interpreting are generally more regulated in medical facilities in requiring at least two years of college and knowledge of medical terminology. For example, this is not the case for public schools where anyone who states that he or she is bilingual in English and the target language may be charged to do the job. However, being bilingual does not mean being an effective interpreter. The skills needed to be an effective interpreter are much greater. As noted in the following paragraphs, the role of an interpreter and translator exceeds that of just being bilingual. Additionally, the collaboration between an SLP or Au.D. and an I/T requires specific skills from both parties as well as following a process to ensure accuracy and fairness.

Desired Skills of I/Ts- Linguistic, Personal and Cultural Aspects

Linguistic aspects. The SLP/Au.D. should be involved in the process of selecting the I/T because the two will be working together. It is suggested that the ultimate selection of this individual be based on both professional and personal assets. Desired assets include: 1) high degree of oral and written proficiency in both the first language (L1) and the second language (L2); 2) ability to convey the same meaning across the two languages; 3) ability to adjust to variations in speakers' roles and backgrounds; 4) ability to synthesize verbal and nonverbal communication in L1 and L2; 5) knowledge of two cultures and cultural adaptation; 6) familiarity with procedures and vocabulary used in the professions (further training might be necessary); 7) understanding the I/T role in the SLP/Au.D. collaboration process; and 8) remaining neutral.

Personal aspects. Personal aspects of an I/T include being honest, flexible, respecting time lines, providing accurate interpretations and/or translations, maintaining confidentiality in all situations and striving to continue learning. The SLP and Au.D. will need to continue training the I/T they work with by reviewing specific procedures and policies, practicing some specific assessment strategies, sharing further professionally based information and community resources, as well as taking ample time to prepare the I/T before each interview, assessment or conference.

Cultural aspects. There are many cultural aspects and differences that may affect an interpreter's ability to effectively convey a message from one language to another. Consequently, there are four main roles that an I/T can play (CA Healthcare Interpreting Association, 2012). First, an I/T can be a *message converter*, observing body language and listening, converting a message's meaning from one language to another without unnecessary deletions, additions or changes in meaning. Second, an I/T can be a *message clarifier*, in which the I/T works with a speaker about a

misunderstood concept or word to restate it or describe it in a simpler way. Third, an I/T can be a *cultural clarifier*, helping to explain cultural differences when any party to the interpreted interaction is confused. Finally, the I/T can be *a patient advocate*, advising families of available resources and advocating for them as appropriate. In short, the I/T sometimes works as a cultural broker, working with professionals and the family and child to make sure both sides understand procedures according to their views of the world (Hasnain & Leung, 2010).

Why are the above roles necessary in an interpreted interaction? For some immigrants, culturally specific beliefs about the causes of disabilities can coexist with Western beliefs. The following generalities should be applied with great caution. The generalizations often apply most frequently to recent immigrants and less so for later generations as they acculturate to the United States. In addition, each family is highly individual, so it is a mistake to assume a family's attitudes on the basis of the family's culture alone. In some Asian cultures, disabilities may be viewed as a punishment for transgression in a former or present life and may be stigmatized (Chiu et al., 2013; You & McGraw, 2011). In many cases, traditional explanations will not be shared with professionals, and families may seek help from many different sources. Interpreters often are more familiar than professionals with traditional explanations of disabilities, and professionals must take care in respecting traditional beliefs while presenting Western interpretations.

Additionally, there might be differences in attitudes toward invisible disabilities, such as speech and language disorders where a salient or apparent speech and/or language problem may not be visible. Some Latino families may deemphasize the importance of achievement in contrast with appropriate social demeanor by individuals with invisible disabilities (Cohen, 2013), while some Asian families may be stigmatized if their children have invisible disabilities and do not achieve. In addition, some other countries have limited educational opportunities for children with disabilities (McFadden, 2013).

More subtle issues in utilizing professional services with an SLP or Au.D. are found related to accessing services, confidentiality and trust. For example, Cohen (2013) reported that some Latino immigrants may not be aware of available services. Croot (2012) and Ravindran and Myers (2012) found that some immigrants from South Asia expressed dissatisfaction with the services they received. Some refugees adopt a policy of not trusting other people because they came from a country where information about them caused them to flee (Tribe & Keefe, 2009). In some cultures, individuals are reluctant to talk about personal matters directly and prefer to talk about them indirectly (Fontes, 2008). For these reasons, collaborating with professional interpreters is far preferable to asking a community or family member to act as an interpreter (Norbury & Sparks, 2013). Finally, the ultimate voice for approval of services can vary with cultures and families. For both Latino and Native Americans, it is advantageous to involve the entire family (Lomay & Hinkebein, 2006; Sharma & Kerl, 2002).

When Should the SLP or Au.D. Professional Seek the Assistance of an I/T?

The collaboration with a trained interpreter or translator is necessary when the SLP or Au.D. does not speak or is not sufficiently fluent in the language of the client or the family. Collaboration with an I/T is needed in three cases: 1) interviews when the SLP or Au.D. needs to collect or verify information that will be necessary to conduct a more effective assessment in case it is needed; 2) the assessment itself; and 3) conferences to share results and draft an intervention plan. On a number of occasions, it has been reported that SLPs may opt to assess a student in only English because this is his or her "stronger" or "more dominant" language. However, caution is advised because these two terms do not provide any indication about the student's abilities in his or her other language, and a more in-depth assessment might be necessary. Although there are very few materials in languages other than English, Langdon and Saenz (2016) provide strategies that may be followed in cases where there are tests (like Spanish) as well as when there might not be tests. Obtaining information in the two languages when possible is important; it assists both the SLP and the Au.D. to have a more complete picture of the client's true hearing and language abilities.

The BID Process (Briefing/Interaction/Debriefing)

Collaborating with an I/T may not be achieved successfully without prior planning. It is recommended that the SLP/Au.D. follow three steps prior to scheduling an interview with a client or his or her family, a conference, or an assessment. The three recommended steps include: briefing, interaction and debriefing or the BID process.

Interviews and Conferences. During the briefing step, the SLP/Au.D. reviews the critical pieces of information to be discussed with the client and/or the family with the I/T and any areas where there might be some concerns. If there are more professionals involved in the meeting, their information is discussed with them as well to prepare the I/T as much as possible. The SLP/Au.D. reminds the I/T to request everyone present to share his or her information using sentences that are stated slowly and clearly. That is, the I/T will interpret all that

is said, whether considered to be positive or negative comments, and the I/T will not editorialize about the information. Procedural safeguards are to be shared with the client or family as appropriate as well. In case something is unclear, it will be appropriate to interrupt the flow of the information, but all parties need to be informed about what is occurring. Additionally, all persons present are requested to pay attention and to avoid side conversations. During the interaction phase, the SLP or Au.D. addresses his/her comments directly to the client or family member and not the I/T. The I/T interprets the information using the I pronoun as in "I would like to ask you some questions" and not "Mrs. Smith would like to ask you some questions." A debriefing between the I/T, SLP/Au.D. and staff should follow the interview or conference. When the interview or conference is concluded, the I/T stays with the SLP/Au.D./staff to discuss the content of the interaction, including the areas that went well and those that may need follow-up. In other words, the I/T should not be dismissed at the time the meeting is concluded.

Assessments. During the briefing portion, the SLP/Au.D. will review the age of the client, the concerns, the materials and tests (if appropriate) to be used, and language sample techniques. In case of an audiological assessment, the Au.D. will discuss the need to ensure that directions are appropriately followed as well as whether or not a SRT and a WRT will be collected (which have been developed for specific languages only). For an SLP assessment, the order in which the different tasks will be administered will be discussed, and planning on how to ensure that the SLP is able to follow the flow of the assessment is included. Included as well are strategies might be followed in case there needs to be a shift in plans because the prepared materials are insufficient or inadequate to obtain the desired information. During the interaction phase, the SLP/Au.D. should be present to observe the interaction between the client and the I/T, to record the client's behaviors and ensure that the I/T is following the procedures discussed during the briefing. Interrupting the interaction might be necessary when the SLP/Au.D. is unsure of something or needs clarification, and the I/T should also be strongly encouraged to do the same to ensure that the assessment is proceeding in the direction that was planned. Just as for interviews and conferences, the I/T should not be dismissed after the assessment.

During the debriefing period, the SLP/Au.D. and I/T discuss what went well in the assessment, how they might implement the process differently if needed in the future and the type of follow-up necessary. The language samples may need to be transcribed and analyzed with the SLP present to record specific information regarding various aspects such as pragmatics, syntax, grammar, use of vocabulary, flow of the interaction, organization, as well as articulation and phonological skills.

Therapy. SLPs/Au.D.s may be less likely to use I/Ts in therapy

than in interviews, conferences, and assessments. However, using the target language skills of SLP/As, whenever possible, to provide therapy in the native language, at least initially, is highly recommended. SLP/As have background and training in the field to implement therapy techniques and can provide therapy in the native language when a child speaks little to no English. In the briefing step, the SLP/Au.D. works with the SLP/A to identify appropriate materials and stimuli in the native language and discuss how the SLP/A will present the materials and other stimuli and take data. Another important aspect of this step in some cases is to discuss with the SLP/A how to train the parent to implement language enhancement activities at home. In the interaction step, the SLP/A initially implements therapy under the direct supervision of the SLP/Au.D. and additionally models language enhancement techniques for the parent. Finally, in the debriefing step, the SLP/Au.D. discusses the therapy and modeling with the I/T and strategizes on how to improve the interaction step in the future.

Code of Ethics for Interpreter/Translators

One nationally based code of ethics for interpreters is A National Code of Ethics for Interpreters in Health Care (NCIHC, 2004). The following are aspects of the code of ethics that may be relevant to SLPs and Au.D.s. First, there is the importance placed on treating all information as confidential. Second, the interpreter attempts to convey the message accurately, trying to share the spirit and content of the original message, while paying attention to its cultural content. Third, the interpreter tries to maintain impartiality and avoids advising, or projecting personal beliefs or biases. Fourth, the interpreter retains professional role boundaries and avoids personal involvement. Fifth, the interpreter attempts to deepen awareness of his/her culture and other cultures (including that of the work setting). Sixth, the interpreter treats everyone with respect. Seventh, the interpreter may, when the client's well-being, dignity or health are at risk, potentially act as an advocate for a client. This should only be undertaken if other actions have not resolved the issue and after careful thought. Eighth, the interpreter attempts to further her/his skills and knowledge on a continual basis. Finally, the interpreter must always act in an ethical and professional manner.

Summary

The guidelines provided in this article are drawn from several sources including research and policy in the field. In addition, the significant experience of the authors and members of the CSHA Task Force on Collaborating with Interpreters is integral to the recommended practices that are discussed. California's highly diverse and multilingual population is a particularly rich environment that provides the opportunity and the responsibility for SLPs and Au.D.s to reach beyond language and cultural barriers with vulnerable children and adults who experience communication disorders and their families. Continued research, training and development is encouraged in our university programs and in state legislation to improve language interpreter and translator services for our increasingly global population.

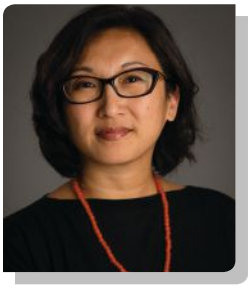
Note: In developing this position paper the authors wanted the readership to know that research on interpreting for SLPs and Au.D.s who work in medical settings is nonexistent. While there is a robust literature on the importance of collaborating with trained interpreters in medical settings with specialized medical professionals, information on best practices when working with medical SLPs, Au.D.s, occupational or physical or therapists has not been explored. Certified medical interpreters do not receive training on how to work with these professionals; they center their training on various medical specialties such as obstetrics and gynecoloy, internal medicine, pediatrics and others.

BIO: Henriette W. Langdon received her Ed.D. from Boston University in Special Education and Psycholinguistics. She has dedicated her professional life to refining assessment and intervention practices for ELL students, including exploring best methods to collaborate with interpreters and translators when SLPs do not share the language of their clients. She has been a full-time professor, consultant and direct provider of services for these students and their families. Currently, she is co-owner of Sunflower Therapies with her daughter, a licensed MFT and doctor in Depth Psychology. Henriette has lectured nationwide and overseas on these topics in both Spanish and Polish. Most recently, she and Terry Saenz completed a book titled *Working with Interpreters and Translators: A guide for Speech-Language Pathologists and Audiologists* (Plural Publishing, 2016). Henriette is fluent in English, Spanish, French and Polish and has provided services to clients in Spanish and French on occasions. She raised her daughter speaking French and Spanish.

BIO: Terry Irvine Saenz is a professor of Communication Sciences and Disorders who came to California State University, Fullerton, in 1991. She is the coordinator of the Preliminary Speech- Language Pathology Services Credential in Language, Speech and Hearing.

THE 100-WORD MULTILINGUAL GLOSSARY OF SPEECH, LANGUAGE AND HEARING TERMS

Betty Yu, Ph.D., CCC-SLP
San Francisco State University and Member of the CSHA Diversity Issues Committee (2007-2011)



Purpose

The 100-Word Multilingual Glossary of Speech, Language and Hearing Terms was created by the California Speech-Language Hearing Association (CSHA) Diversity Issues Committee. The purpose of the glossary is to assist speech, language and hearing professionals to find translations of one hundred common terms used in the communication sciences and disorders (CSD) field across languages. Currently, the glossary is available in five languages, including: Chinese, Spanish, Hungarian, Korean. A German glossary is underway.

The multilingual glossary was created in response to the growing need for speech-language-hearing services in diverse language communities across California. There is a shortage of multilingual resources to support quality service delivery outside of English-speaking communities. One of the intended uses is to help clinicians communicate specialized concepts and terms to clients/patients in their native languages. It has been frequently reported that even clinicians who speak the languages of their clients/patients and those who work through a translator/interpreter have difficulty accessing commonly used terms in the CSD field. The multilingual glossary may help improve the clarity and consistency of communication between clinicians and clients/patients across settings.

Development and History

The multilingual glossary was first developed by the members of the Diversity Issues Committee in the 2005-2006 term. It has since been revised and refined by members of subsequent committee terms over the span of ten years. The translations of each of the four languages have also been externally reviewed by many licensed speech-language pathologists and audiologists who have native linguistic and literacy skills in the target languages and cultural knowledge of the needs of the specific language communities.

In addition to the development of the multilingual glossary, the Diversity Issues Committee has also engaged in a wide variety of activities to assist CSHA members in increasing their knowledge and awareness of issues related to cultural and linguistic diversity in the CSD field. To learn more about the Diversity Issues Committee, please email diverscomcsha@gmail.com or visit their Facebook page at https://www.facebook.com/cshadiversitycommittee/

Accessing the Glossary

When referencing the glossary, please cite as: The Diversity Issues Committee of the California Speech-Language-Hearing Association. (2018). *100-Word Multilingual Glossary of Speech, Language and Hearing Terms*.

Future Directions

Future directions for the multilingual glossary include:
1. Expanding the glossary to additional languages
2. Linking the glossary to the CSHA and ASHA websites
3. Incorporating voice recordings of spoken glossary terms

BIO: Betty Yu is an Associate Professor in the Department of Speech, Language and Hearing Sciences at San Francisco State University. She served on the CSHA Diversity Issues Committee from 2007-2011 and is currently the President of the Asian Pacific Islander Speech-Language-Hearing Caucus.

100-Word Multilingual Glossary of Speech, Language, and Hearing Terms ©

English	Traditional Chinese (Taiwan, Hong Kong Macau)	Simplified Chinese (Mainland China, Singapore)	Spanish	Hungarian	Portuguese	Korean
Affricate	破擦音/塞擦音	破擦音/塞擦音	sonido africado	zár-rés hang	africado	파찰음
Air/bone conduction	氣導骨導	气导骨导	conducción aérea/ósea	csontvezetés	condução óssea	공기/골 전도
Airway	呼吸管道	呼吸管道	ruta aérea	légút	passagem do ar/ via aérea	기도
American/California Speech-Language Hearing Association	美國/加州語言聽力協會	美国/加州语言听力协会	la Asociación Americana/Californiana del Habla, del Lenguaje y de la Audición	amerikai/kaliforniai logopédus egyesület	Sociedade Brasileira de Fonoaudiologia SBFa	미국가주 언어치료협회
Anomia	名稱性失語症	名称性失语症	anomia	anómia, szótalálási nehézség	anomia	명칭 실어증
aphasia	失語症	失语症	afasia	afázia	afasia	실어증
aphonia	失音症	失音症	afonía	afónia	afonia	무성증
apraxia	言語失用症	言语失用症	apraxia del habla	apraxia	apraxia	실행증
articulation	發音	发音	articulación	artikuláció, kiejtés	articulação	조음
aspiration	氣管吸入異物	气管吸入异物	aspiración	aspiráció	aspiração	기도내흡인
assessment (plan)	評估	评估	evaluación	diagnosztika, felmérési terv	avaliação	진단 계획
audiogram	聽力測驗圖	听力测验图	audiograma	audiogram	audiograma	청력도
audiologist	聽力學專家	听力学专家	audiólogo	audiológus	fonoaudiólogo	청각사
auditory processing	听能处理	听能处理	procesamiento auditivo	hallott anyag megértése, feldolgozása	processamento auditivo	청각 처리
communicative augmentative and alternative	擴大性與替代性溝通溝通系統	扩大性与替代性沟通沟通系统	comunicación augmentativa y alternativa	kiegészítő-alternatív kommunikációs eszközök	comunicação alternativa	보안대체 의사소통
autism/autistic	自閉症	自闭症	autismo/autístico	autizmus/autista	autismo	자폐
bilingual	雙語	双语	bilingüe	kétnyelvű	bilíngüe	이중언어
cerebral palsy	小兒痲痹症	小儿麻痹症	parálisis cerebral	agybénulás	paralisia cerebral	뇌성마비
cleft lip/palate	裂唇, 裂腭	裂唇, 裂腭	labio/paladar hendido	szájpadláshasadék	fissura palatina	입술 파열/구개파열

English	Traditional Chinese (Taiwan, Hong Kong Macau)	Simplified Chinese (Mainland China, Singapore)	Spanish	Hungarian	Portuguese	Korean
cochlear implant	人工電子耳植入術	人工电子耳植入术	implante coclear	cochleáris implantátum	implante coclear	달팽이관 이식
cognition	認知能力	认知能力	cognición	megismerés, kogníció	cognição	인지
communication	溝通	沟通	comunicación	kommunikáció	comunicação	의사소통
communicative disorder	溝通障礙	沟通障碍	afección comunicativa	kommunikációs rendellenesség	distúrbio da comunicação	의사소통장애
International Phonetic Alphabet	國際音標	国际音标	intento comunicativo	kommunikácisós szándék	Alfabeto Fonético Internacional	국제 음성 문자
comprehension	理解	理解	comprensión	megértés	compreensão	이해
conductive hearing loss	傳導性聽力損失，耳聾	传导性听力损失，耳聋	pérdida auditíva conductiva	konduktív halláskárosodás	perda auditiva condutiva	전도성 청각 장애
consonant	子音	子音	consonante	mássalhangzó	consoante	자음
deaf/deafness	耳聾	耳聋	sord(a/o)/sordera	süket/süketség	surdo/surdez	청각소실
developmental milestone	發展里碑	发展里碑	hito del desarrollo	fejlődési mérföldkő	marco de desenvolvimento	발달 이정표
disability	殘障	残障	incapacidad	fogyatékosság	deficiência	장애
disorder	障礙，失調	障碍，失调	desorden	rendellenesség	distúrbio	장애
dominant language	主要語言	主要语言	idioma dominante	domináns nyelv	idioma dominante	우성 언어
dysarthria	吶吃，發音障礙	吶吃，发音障碍	disartria	dizartria	disartria	구음 장애
dysphagia	吞嚥障礙	吞咽障碍	disfasia	nyelési rendellenesség/zavar	disfagia	연하장애
dysphonia	發聲障礙	发声障碍	disfonia	diszfónia	disfonia	발성장애
ear (inner, middle, outer)	耳朵 (內耳, 中耳, 外耳)	耳朵 (内耳, 中耳, 外耳)	oido (inner) oreja (outer)	belső fül, középfül, fülkagyló	ouvido/orelha	귀 (내,중, 외)
ear infection	中耳發炎	中耳发炎	infección en los oídos	fülgyulladás	infecção auditiva	중이염
eardrum	耳鼓膜	耳鼓膜	tímpano	dobhártya	tímpano	고막
easy onset	輕起聲	轻起声		nem erőltetett hangindítás	início fácil	편안한 시작
echolalia	仿說	仿说	ecolalia	echolália	ecolalia	반향어
English	英文	英文	inglés	angol	inglês	영어
esophageal speech	食道發音	食道发音	habla esofágico?	nyelőcső beszéd	fala esofágica	식도발성/ 식도언어
evaluation	評量，測驗	评量，测验	evaluación	értékelés	avaliação	평가
examination	檢查	检查	examinación	megvizsgálás	exame	검사

English	Traditional Chinese (Taiwan, Hong Kong Macau)	Simplified Chinese (Mainland China, Singapore)	Spanish	Hungarian	Portuguese	Korean
expressive language	語言表達	语言表达	lenguaje expresivo	kifejező/expresszív nyelvi készség	linguagem expressiva	표현언어
Flexible Endoscopic Evaluation of Swallowing (FEES)	彈性內視鏡吞嚥評量	弹性内视镜吞咽评量		flexibilis endoszkópos nyelésvizsgálat	Nasofibrolaringoscopia da deglutição (ou FEES)	후두내시경 삼킴 검사
fluency	言語流暢性	言语流畅性	fluidez	folyamatos beszéd	fluência	유창성
Global aphasia	完全性失語症	完全性失语症	afasia global	globális afázia	afasia global	완전 실어증
goal	治療目標	治疗目标	meta	cél	meta	목표
grammar	文法	文法	gramática	nyelvtan	gramática	문법
Hard glottal attack	硬起聲	硬起声		erőltetett hangszálösszezárás	ataque vocal brusco	심한성대접촉
hearing	聽力	听力	audición	hallás	audição	청력
hearing loss	聽力損失	听力损失	pérdida auditíva	halláskárosulás	perda auditiva	청력상실
Hypernasality/hyponasality	鼻音過重或不足	鼻音过重或不足	hípernasalidad/híponasalidad	hipernazalitás/hiponazalitás	hipernasalidade/hiponasalidade	과대비성/과소비성
Individual Education Plan	個別化教育計畫	个别化教育计画	Plan Individualizado de Educación	egyéni fejlesztési terv	plano de educação individual	개별 교육계획
Individual Transition Plan	個別化升學計畫	个别化升学计画	Plan Individualizado de Transición	egyéni tranzíciós terv	Plano de transição individual	개별 전환 계획
International Phonetic Alphabet	國際音標	国际音标	alfabeto fonético internacional	nemzetközi fonetikai ABC	alfabeto fonético internacional	국제 음성 문자
jaw	下巴	下巴	mandíbula	állkapocs	mandíbula	턱
language	語言	语言	lenguaje (general), idioma/lengua (specific)	nyelv	linguagem (general), idioma/linguagem (specific)	언어
larynx	聲帶	声带	laringe	gégefő	laringe	성대
Least Restrictive Environment	最低限制性的環境	最低限制性的环境		a legkevésbé korlátozó környezet	meio ambiente restritivo ao mínimo	최소 제약 환경

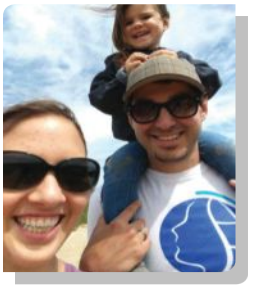
English	Traditional Chinese (Taiwan, Hong Kong Macau)	Simplified Chinese (Mainland China, Singapore)	Spanish	Hungarian	Portuguese	Korean
light articulatory contacts	構音器官微微接觸	构音器官微微接触	contactos articulatorios suaves	könnyű érintéses hangképzés	contato articulatório leve	가벼운 조음 접촉
lip(s)	嘴唇	嘴唇	labio(s)	ajkak	lábio(s)	입술
Literacy	閱讀能力	阅读能力	alfabetizacion	írástudás, műveltség	alfabetização	글쓰기 읽기 능력
Mean length of utterance	平均語句長度	平均语句长度	largo promedio de oraciones?	átlag mondathossz	duração média da emissão/enunciado	평균발화길이
medication	藥	药	medicína/medicamento	orvosság, gyógyszer	medicina/medicamento	약
memory	記憶	记忆	memoria	memória, emlékezet	memória	기억
mental retardation	智力遲緩，智力障礙	智力迟缓，智力障碍	retardo mental	szellemi fogyatékosság	retardo mental	지적장애
modified barium swallow	改良式鋇劑吞嚥檢查	改良式钡剂吞咽检查	trago de bario modificado	báriumos nyelési teszt	deglutição de bário modificado	수정된 바륨 연하
motor speech disorder	運動性言語障礙	运动性言语障碍		motorikus beszédrendellenesség	distúrbio motor de fala	운동성 소리장애
mouth	嘴	嘴	boca	száj	boca	입
nasal cavity	鼻腔	鼻腔	cavidad nasal	orrüreg	cavidade nasal	비강
norms	正常值或常態分配值	正常值或常态分配值	normas	normák	normas	표준
nose	鼻	鼻	naríz	orr	nariz	코
Oral-motor examination	口腔運作檢驗	口腔运作检验	examinación oral-motriz?	hangképző szervek vizsgálata	avaliação motora oral	구강 운동기능 검사
otolaryngologist	耳鼻喉科醫生	耳鼻喉科医生	otolaringólogo/a	fül-orr-gégész	otorrinolaringologista	이비인후과 의사
palate	腭	腭	paladar	szájpadlás	palato	구개
pharynx	咽頭	咽头	faringe	torok, garat	faringe	인강
phoneme	語音	语音	fonema	fonéma	fonema	음소
phonemic awareness	語音察覺度	语音察觉度	conocimiento fonemico	tudatos hangképzés	consciencia fonológica	음소 인식
phonology	語音學	语音学	fonología	fonológia	fonologia	음운론

English	Traditional Chinese (Taiwan, Hong Kong Macau)	Simplified Chinese (Mainland China, Singapore)	Spanish	Hungarian	Portuguese	Korean
Picture Exchange Communication System (PECS)	圖片交換溝通系統	图片交换沟通系统	sistema de comunicación de intercambio de imágenes	képkártya-csere mószer	sistema de comunicação por intercâmbio de imagens	그림교환 소통법
pragmatics	語言使用	语言使用	pragmática	pragmatika	pragmática	화용법
pronunciation	發音	发音	pronunciación	kiejtés	pronúncia	발음
receptive language	語言理解能力	语言理解能力	lenguaje receptivo	nyelvértés	linguagem receptiva	수용언어
report (n.)	報告	报告	informe	jelentés, beszámoló	relatório	보고
respiration	呼吸	呼吸	respiración	légzés	respiração	호흡
result (n.)	結果	结果	resultado	eredmény	resultado	결과
semantics	語義	语义	semántica	szemantika, jelentéstan	semântica	의미론
sensorineural hearing loss	神經性聽力損失	神经性听力损失	pérdida auditíva sensorineural	szenzoros-idegi halláskárosodás	perda auditiva neurosensorial	감각신경성청력상실
sentence	句子	句子	oración	mondat	frase	문장
sign language	手語	手语	lenguaje de gestos	siketek jelbeszéde	linguagem de sinais	수화
soft palate	軟腭	软腭	paladar blando	puha szájpadlás	palato mole	연구개
sounds	聲音	声音	sonidos	hangok	sons	소리
speech	口語/說話	口语/说话	habla	beszéd	fala	말
speech pathology	語言障礙病理學	语言障碍病理学	patalogía del habla	logopédia	Fonoaudiologia	말치료
speech therapist/speech-language pathologist	語言治療師	语言治疗师	terapista del habla/patólogo del habla y del lenguaje	logopédus	fonoaudiólogo/a	언어치료사
stutter	口吃	口吃	tartamudear	dadogás	gaguejar	말더듬
swallow	吞嚥	吞咽	trago (n.) tragar (v.)	nyelés	tragar (n.) engolir (v.) deglutir	삼킴
syndrome	症候群	症候群	síndroma	szindróma, kór	síndrome	증후군
syntax	文法	文法	sintaxis	szintaxis, mondattan	sintaxis	통사
tooth/teeth	牙齒	牙齿	diente(s)	fog, fogak	dente(s)	이
therapy	治療	治疗	terapia	terápia	terapia	치료

English	Traditional Chinese (Taiwan, Hong Kong Macau)	Simplified Chinese (Mainland China, Singapore)	Spanish	Hungarian	Portuguese	Korean
traumatic brain injury (TBI)	外傷性腦損傷	外伤性脑损伤	lesión cerebral traumática	traumás fejsérülés	lesão cerebral traumática	외상성 뇌손상
tympanogram	鼓室圖	鼓室图	timpanograma	timpanogram	timpanometria	고실도
velopharyngeal incompetence	顎咽功能不足	颚咽功能不足	incompetencia velofaríngea	orrgarati zár elégtelen működése	incompetência velofaríngea	연인두 폐쇄부전
vocabulary	辭彙	辞汇	vocabulario	szókincs	vocabulário	어휘
vocal cords/folds	聲帶	声带	cuerdas vocales	hangszálak	cordas/ pregas vocais	성대
vocal nodule	聲帶瘤	声带瘤	nódulo vocal	hangszál csomó	nódulo vocal	성대 결절
voice	聲音	声音	voz	hang	voz	소리
vowel	母音	母音	vocal	magánhangzó	vogal	모음
word	字詞	字词	palabra	szó	palavra	단어

AHOY UNDERGRADS! SETTING SAIL FOR AN INTERNATIONAL INTERVENTION AND ASSESSMENT EXPERIENCE

Kris Brock, Ph.D., CCC-SLP
Idaho State University
Leah Gonzales, Amanda Guerrero, Reid Magliano, Monica Plascencia, Emma Raygoza, and Eva Zuniga, Undergraduate Students



"Tell-Tale"

A tell-tale is a compass in the captain's quarters that indicates the course of the ship, and it seems an appropriate starting point for our story. You see, our international therapy story started two years ago in Belize, with an idea that became Therapy Abroad, a company dedicated to sharing speech/language pathology expertise with developing countries and providing students with international experiences.

Fall 2016, Therapy Abroad had recruited a team of two Ph.D., CCC-SLPs, five M.S., CCC-SLPs, and one behavior modification specialist to take three teams of 12 undergraduate students to Belize for a six-week period (each team stayed two weeks). The undergraduate students were enrolled in communication sciences and disorders programs in California and Toronto. In preparation for the trip, time was set aside for the professionals to train the undergraduate students to participate in therapy sessions under the guidance of supervising SLPs, to participate in and administer assessments with supervising SLPs, and to provide parent counseling post-intervention. Dr. Tonya Dantuma from Biola University conducted three (3), three-hour training workshops for local parents to learn how to facilitate language and modify challenging behaviors. Now point your compass south, and set sail with us to hear about the pirate adventure of Tykes the Terrible. We'll tell a tale rich with student experiences providing culturally relevant intervention—an unforgettable experience!

"Bring a Spring Upon Her Cable"

This pirate saying is a favorite because it means "to come around in a different direction, oftentimes as a surprise maneuver" (www.pirateglossary.com, 2017).

Monkey Bay Nature Preserve and our home for 2 weeks.

Landing after a five-hour flight, the Belizean countryside presented a dramatic change from Southern California. Changing every few miles, we saw bustling villages with busy markets, roadside fruit stands, limestone hills and a dense rain forest whose rivers led to the Caribbean Sea.

Once we arrived at Monkey Bay, an expansive 1,000-acre campus, we settled in to discuss our diverse ethnic and social backgrounds, ideas about speech-language pathology, and initial perceptions of our "new digs." Toward the end of the day we were exhausted, yet beyond excited for the service opportunity that awaited us, because that very next day we would become pirates!

Our first day at The Inspiration Center saw us busily preparing Tykes, a group speech-language therapy camp consisting of stations aimed at enhancing communication and school-based skills (see CSHA Magazine Spring/Summer 2017). The center is one of a handful of rehabilitative facilities in Belize offering home-based and clinic-based support for children with disabilities staffed by the only licensed SLP in the country, a physical therapist and a social worker.

Students were assigned to two stations as we brainstormed potential challenges. Our pirate theme needed to follow three critical principles: (1) create an activity easily replicated at home, (2) create a culturally relevant/appropriate activity, and (3) focus on speech and language outcomes. We created visuals and videos to teach more abstract language concepts, and prepared to embrace our adventure.

Sailing Unfamiliar Seas & Exploring New Land

Our pirate-themed camp consisted of seven stations, each modified to be culturally appropriate. We consulted with staff at the clinic to learn about different aspects of Belizean life such as dances, games and home- and community-based routines. The official language of Belize is English, but the children speak Spanish and/or Creole, something else we needed to keep in mind when distinguishing between a language difference and a disorder.

The little pirates began each day with fine motor activities to create an outfit fit for a buccaneer! Story time focused on developing literacy skills and story grammar comprehension. The Basic Concepts station, created by a Belizean physical therapist, had the children walk the plank and pick up gold coins, while simultaneously differentiating between the concepts few vs. many. The ease of inter-professional collaboration was not only exciting, but also a valuable learning experience for the future practitioners.

Games such as "Mr. Jaguar, what time is it?", freeze tag and a shaving cream experiment provided children with the opportunity to regulate. A new addition to the Tykes

The shaving cream behavior modification experiment.

camp in Belize was a feeding station. Both parents and professionals expressed concern regarding food aversion and a healthy diet (e.g., several children did not eat fruit). Cantaloupes and watermelons were transformed into pirate ships that sailed up a child's arm, over their head, and into their mouths. As we know, feeding therapy is a long process, but for this camp experience, tasting and chewing food was the short-term goal. Therefore, melon balls became "cannon balls" where children spit their ammo at a marauding pirate ship. After two weeks, several children had expanded their food inventory by at least two fruits, and the parents were ecstatic.

The last station of the camp involved pretend play, where the children searched for map pieces that led to buried treasure, battled sea monsters and danced away tornadoes. Before the adventures began, each pirate was assigned a role on the ship: captain (helm), navigator (compass), lookout buccaneer (spyglass), and cannonball loader (cannon). Assigning roles encouraged communication among the crew and prevented some maladaptive behaviors from arising.

In addition to our pirate-themed camp, we participated in a community-based rehabilitation (CBR) experience. Many families were unable to come to the clinic because of the clinic's location, transportation barriers, family

Community Based Rehab Home Visit with Undergraduate Students

responsibilities and flooding during the wet season. Therefore, the inter-professional CBR team traveled to clients' homes to provide vital medical and rehabilitative services.

CBR provided a valuable opportunity to bridge what the students had learned in lectures to a real-world scenario. Homes stood on stilts, to prevent wood rotting during the wet season, and typically consisted of fewer than three rooms (i.e., kitchen, living room and bedroom) (see Figure 3). During CBR visits, we worked with a variety of children with autism spectrum disorder, cerebral palsy, dysphagia and Hunter syndrome. Both the undergraduate students and the professionals were able to observe, assist with assessments and learn about the culture on a deeper level.

The goal of international therapy experiences is sustainability, not a temporary fix. Therefore, the Therapy Abroad team visited Helping Hands School, a resource center based in the capital, Belmopan, and La Isla Carinosa Academy, a private primary school on the five-mile island, Caye Caulker. In Belize, many students do not continue to high school because of below-average entrance testing levels, family responsibilities or financial complications (education in Belize is not free). We spent a wonderful day with the local students. In addition to working on language skills, they taught us to dance like Belizeans, sing Belizean songs and speak some Creole. It was an emotional goodbye after a rewarding experience.

"Be Like the Water" with Glows and Grows

Throughout our voyage, we encountered unexpected scenarios. No matter how much planning went into our activities, unexpected events were always setting us off course. For this reason, we chose to live by the quote "be like water." This allowed us to go with the flow and turn a negative situation into a positive one. This flexibility allowed us to come together at the end of each day to discuss and critically analyze our clinical skills and our performance at each station. Each team member discussed one 'glow' and one 'grow.' Glows and Grows was a time for reflection and problem solving where the team identified areas of exceptional clinical skills or areas requiring further development.

Walking the Plank

Our journey offered opportunities few undergraduate students receive: support from three practicing clinicians, repeated practice of clinical skills and active learning. Many SLPs claim to have been "thrown into clinic," and that they lacked hands-on experience during their education. However, the students in our program learned through didactic lecture, role-playing, and then by participating in supervised assessments and intervention. This active learning is often the missing piece in undergraduate student education, secondary to a variety of higher education variables. However, active learning may be the bridge to not only a better understanding of this profession, but also to developing more competent and confidant clinicians. We returned to the United States energized about our field, full of memories that will last a lifetime, and grateful to have had this amazing experience.

BIO: Dr. Kris Brock is an Assistant Professor at Idaho State University and founder of the Assisting Adults and Children to Communicate using Technology Lab (@AACCT_Lab). His area of expertise is investigating the effects of AAC systems, symbol sets and interface displays on the communicative competence of individuals with aphasia and individuals with autism. In summer 2018, Dr. Brock will be implementing a new AAC camp in Belize. He is also paid a small stipend for his work. He is working toward the Order of Merlin, First Class.

Leah Gonzales, Amanda Guerrero, Reid Magliano, Monica Plascencia, Emma Raygoza, and Eva Zuniga all contributed to the writing of this article. They are undergraduate and graduate students from various Communication Sciences and Disorders programs across California

REPORTS FROM CSHA STUDENT REPRESENTATIVES, NORTH AND SOUTH

Abigail Gavens, CSHA Student Representative, Northern California
Carsen Lane, CSHA Student Representative, Southern California
Amanda Perrotti, CSHA Past Student Representative, Southern California
Stephanie Herold, CSHA District 3 Student Liaison, University of Pacific
Michelle DMello, National NSSLHA Vice President of Government Relations and Public Policy, California State University, Fullerton
Leila Regio, Student, California State University, Los Angeles
Serena Baldry, Student, California State University, Sacramento

From Amanda Perrotti and Abigail Gavens

Remember what it was like to be a student? Late nights juggling projects and exams. Early mornings sitting in traffic to get to your internship, and maybe you had a social life. It's not an easy task, and yet it is one that we all go through to become speech-language pathologists. There are many students who go above and beyond just being a student. Individuals who, on top of everything else, take the time to enhance their communities by being active participants in CSHA and related student groups. These are the many students who created original infographics to spread awareness of our profession for Better Hearing and Speech month. Recently, sixteen students who lobbied at Legislative Day in Sacramento, met with our state legislators and their assistants to build rapport and to share what it is that SLP's do. It is because of the initiative of these students that there is a place within universities and the larger CSHA communities where students can connect with professionals, stay up to date on the newest research and so much more.

In this article we wanted to highlight just a few of the astounding activities that our students were a part of. If you would like to get involved with your student group, please reach out to your District's Student Liaison or to one of the CSHA Student Representatives.

From Carsen Lane

My name is Carsen Lane and I am honored to have been elected into this position and to serve as the CSHA Student Representative from the south for the 2018-2020 term. I received my bachelor's degree from California State University, Fullerton (CSUF) in May of 2018, and I am entering my first year of graduate school this fall in the Speech-Language Pathology Program at Loma Linda University. I pursued my first leadership role at CSUF as a council representative, and later as president of the local National Student Speech Language and Hearing Association (NSSLHA) chapter—a chapter with over 250 members! The mentorship that I received at CSUF from faculty and peers fostered a passion for leadership.

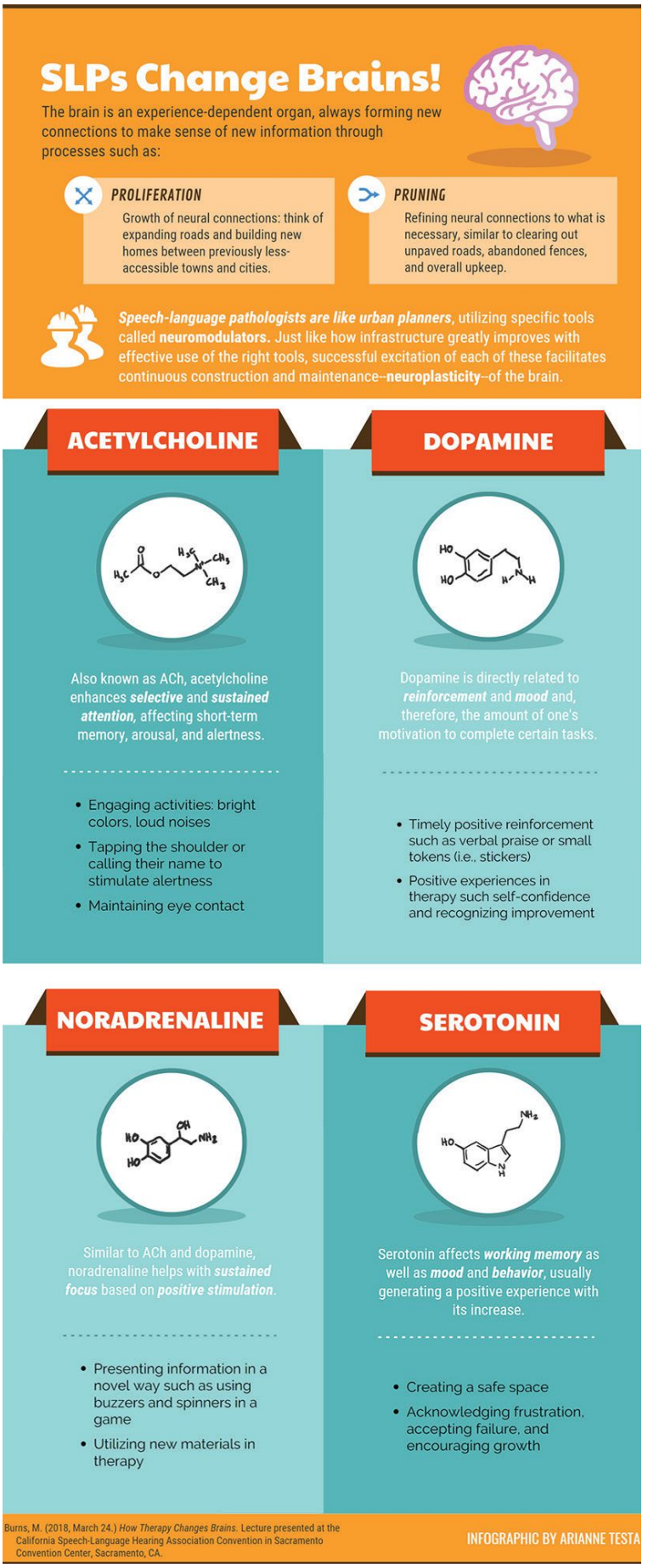
I am ecstatic to join the CSHA leadership team because I have a passion for student advocacy, mentorship and leadership in our field. Last year, I traveled to Washington, D.C., to advocate for the repeal of Medicare outpatient

therapy caps with a group of my peers. I learned invaluable skills in critical thinking and argument delivery as it applies to our field. I am eager to find opportunities for students to get involved in advocacy at the state level.

I am looking forward to getting to know students and professionals across the state who are passionate about issues in speech-language pathology and audiology. I hope to share my experience and encourage students to pursue active involvement to benefit from the fantastic networking, leadership, volunteer and education opportunities available through CSHA.

From Stephanie Herold

During the first week of May, the University of the Pacific (UOP) and CSHA District 3 put on, "Better Hearing and Speech Night at the Ballpark" at a Stockton Ports baseball game. Originated by Professor Benjamin Reece, this annual event's overall goal is to recognize individuals who are affected by speech, language and hearing disorders, and to come together to celebrate May as Better Hearing and Speech Month (BHSM). As CSHA District 3's Student Representative, I had the pleasure of helping organize this year's event by fundraising, generating community interest, distributing tickets and assisting in managing a booth at the event that provided information regarding both communication disorders and BHSM. Over 300 free tickets were given out to local speech-language pathologists, clients from our university clinics (both children and adults), and students and their families from local elementary schools. Undergraduate and graduate students from UOP also attended the event, where they had the opportunity to interact with their clients in a natural environment and celebrate all the progress each client had made throughout the semester. Some clients were even chosen to receive Client Honors during the event, where they were given specific roles during the game, such as throwing out the first pitch or announcing for the local radio station. Additionally, those attending the event heard the national anthem sung by audiologist student Jan de la Cruz. This event was made successful thanks to the support of UOP professors, supervisors, undergraduate and graduate students. This event brought clients and clinicians together and allowed for a fun evening of baseball and raising awareness of the importance of our field.



From Michelle DMello

In the fall of 2017, a small group of students from California State University, Fullerton (CSUF), had the privilege of traveling to Washington D.C. to advocate on Capitol Hill. No one in the group, including myself, had any experience with advocacy, but we were all excited for this opportunity. Not knowing where or how to start, we used the resources provided by the ASHA Advocacy Team, along with counsel we received from our professors, to decide what issues to discuss on the Hill. It was through this process of learning and informing our congressional representatives that I realized that, as students, we too can lend our voices to support the future of our profession.

As a student, your experience with advocacy doesn't have to include traveling thousands of miles to have your voice heard. Starting locally, even within your own NSSLHA chapter, is a great way to get involved. Not sure how? Here are some helpful tips for getting started:

1. Host a letter-writing pizza party! Who doesn't love pizza? And what better way to rally with your peers and handwrite letters to your legislators than over pizza?

2. Hold a friendly competition between chapters. Whether it is through sending the most tweets on a scheduled advocacy day or the most letters in a month, it all comes down to which chapter can win the title of Advocacy Champions!

3. Invite your local CSHA district to come to your chapter or school. You can find the contact information for your local CSHA district by checking out the CSHA website or calling the CSHA office. Have them talk about the legislative issues that are currently being discussed and how students can help advocate for those issues.

4. Host a roundtable. Invite both audiology and speech professionals from all settings to inform your chapter of the range of issues that affect them, then start a grassroots awareness effort on campus to get the movement going.

As future professionals, our voices do matter, so speak up and be heard!

From Leila Regio

The California State University, Los Angeles (CSULA), NSSLHA chapter was recognized with Gold chapter honors for the second year in a row for the admirable efforts it has continuously expended in promoting student involvement both within the community and the field. CSULA's NSSLHA chapter established a mentorship program that matches undergraduate and post-baccalaureate students with graduate clinicians who share similar experiences and will work together towards professional and academic goals. The students in NSSLHA also work hard within the Communication Disorders Department by volunteering at the university's Speech-Language Clinic to help maintain a clean and safe environment for clients and clinicians.

In addition, the CSULA NSSLHA chapter recently launched a bilingual library program, La Biblioteca, which serves the children and families at the early intervention program on campus. This program serves families from diverse backgrounds, many from low socio-economic statuses, with no access to books. Aside from serving families within the university, CSULA partners with the Violence Intervention Program in Los Angeles, which serves individuals who have experienced family violence or sexual assault. The NSSLHA members who volunteer at the center promote communication and reading with children who are being treated and protected.

Recently, CSULA's NSSLHA chapter sought to promote vocal health awareness by hosting a Porto's fundraiser on campus. Every year on April 16th, World Voice Day is globally recognized by speech-language pathologists, otolaryngologists and other voice specialists to promote voice science, pedagogy and the arts. Through this fundraiser, NSSLHA members had an opportunity to educate students and teachers on the importance of vocal hygiene

STUDENT CORNER

by giving vocal health tips and distributing flyers with more information. The CSULA NSSLHA chapter also participated at this year's Autism Walk at the Rose Bowl in Pasadena, CA. Through these initiatives, we hope to continue impacting our university and the greater community in a positive way.

From Serena Baldry

The NSSLHA chapter at California State University, Sacramento (CSUS) is built upon a strong foundation of interpersonal relationships and an unwavering sense of community. We are continuously striving to inform members of the Sacramento community about the basics of our field. Throughout the 2017-2018 academic year, the NSSLHA chapter at CSUS hosted many events to raise funds for our eventual donations to the ASHFoundation, the NSSLHA Loves Campaign, and our home clinic—The Maryjane Rees Speech and Language Center.

A spectacular event that reflects this hard work was our 14th Annual NSSLHA Conference. This year's theme was "Refining Your Clinical Toolkit." We welcomed over 120 guests who enjoyed presentations on early intervention, stuttering, generational differences, counseling in voice therapy and aural rehabilitation. We raised nearly $9,000 through this conference. The presentations provided advocacy and awareness of our field, and allowed attendees to increase their knowledge about both the patient and clinician perspectives.

Through this and many other experiences like it, we were able to increase an awareness of the role of advocacy, raise funds for causes dear to us, as well as pave the way for many future CSUS NSSLHA chapters to come. In order to grow professionally and to excel in our futures, we encourage our members to engage in leadership opportunities and events like our conference and to participate in activities, such as advocacy walks at the State Capitol, donation drives and client-centered holiday events in our clinic. Among the many successes of this academic year, we were honored to have received Gold Chapter honors from National NSSLHA, as well as the Outstanding Teamwork award from the Student Organizations and Leadership department at CSUS. Our chapter advisor, Dr. Heather Thompson, was also honored this year to receive the National NSSLHA Chapter Advisor–Making Waves Award for her outstanding work as our advisor and mentor.

We are proud to be a strong NSSLHA chapter and plan to move forward with these experiences as momentum for even greater success in our chapter's future. Throughout the 2017-2018 academic year, we have been successful in engaging our chapter members, as well as members of our community, benefiting the communication sciences and disorders field as a whole.

MEETING THE NEEDS OF ALL CSHA MEMBERS: A NEW MODEL FOR CONTINUING EDUCATION EVENTS

Christine A. Maul, Ph.D., CCC-SLP
CSHA Vice President of Continuing Education
Katrina Duncan
CSHA Conference and Exhibits Manager

For the new fiscal year, which began June 2018, a new model of delivering continuing education (CE) events to members of the California Speech-Language-Hearing Association (CSHA) will be in place. Working with a newly formed Continuing Education Committee (CEC), the CSHA headquarters staff, headed by Katrina Duncan, will organize, administrate and conduct at least seven (7) regional workshops throughout the state of California. The goal of the new model is to serve as many members as possible, and to represent a wide range of practice areas with well-known, sought-after presenters. Furthermore, there will be an emphasis on offering workshops to areas of California that have been underserved in the past, and on featuring high demand topics, such as supervision courses.

Topics will be selected based on proposals submitted online by members of CSHA who may be interested in having a regional workshops in their geographic area. It is also permissible for speakers interested in presenting a workshop of their own to submit a proposal; however, sitting members of the CEC are not eligible to submit proposals suggesting themselves as speakers. Topics will also be identified through the recommendation of the CEC and through analysis of data regarding past CSHA conventions to determine well-attended presentations. After selection of the topics, CSHA staff will investigate possible venues and speakers for the regional workshops for the current fiscal year.

The procedures involved in this new model of CEU events will adhere to the following timeline:

- Proposals can be made at any time during the fiscal year via the CSHA website. The form for submission can be found under the tab Education.
- The deadline for proposals submitted by the CSHA general membership will be a date to be specified during the first week in May. The deadline will be firm, and proposals submitted after the deadline will not be eligible for consideration.
- Before May 30, the CEC will confer, via a conference call, to: (1) evaluate submitted proposals, (2) make other recommendations for topics and locations for regional workshops, and (3) determine possible presenters and low-cost or free venues.
- Conferences, speakers, and venues will be decided by mid-June.
- The CSHA CEU coordinator will then work with the American Speech-Language-Hearing Association (ASHA) for CEU approval, a process that can take up to four weeks.
- By August 1, a Master Regional CEU Calendar will be constructed, showing the upcoming CEU workshops on the CSHA Website under the under the education tab.
- By the end of August, CSHA members will receive a postcard mailing, announcing the master calendar for the fiscal year.

CEC Duties

There are specific duties the CEC and the CSHA staff will fulfill in carrying out these new procedures. The CEC will:

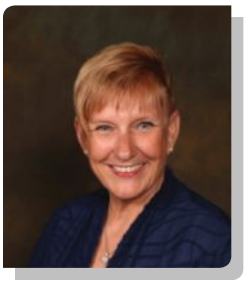
- Serve as subject matter experts (SMEs) to provide guidance to CSHA staff in conducting regional CEU workshops.
- Review and select possible proposals submitted through the regional CEU application process.
- Make further recommendations regarding workshop topics and possible speakers.
- Write articles for a bi-weekly newsletter regarding regional CEU events.
- If possible, attend regional CSHA conferences to staff a CSHA membership table.

CEC Committee Members

The CEC is composed of seven (7) members. The committee chair is the Vice President of Continuing Education. Two members represent Northern California, two represent Central California, and two represent Southern California. The term of office will be two years; however, for the initial committee members, three will serve two years and three will serve three years. The first slate of committee members for fiscal year 2018-2019 is described below.

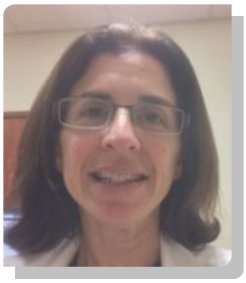
Committee Chair

Christine A. Maul, Ph.D., CCC-SLP is the Vice President of Continuing Education and is currently serving as the chair of the CEC. She is an associate professor at California State University, Fresno (CSUF). She is the co-author of two textbooks in the field of communicative disorders and has published peer-reviewed articles in the areas of family-centered service delivery, child language disorders and multicultural issues. Before joining the faculty at CSUF, she was a school-based speech-language pathologist for Fresno County Office of Education, working with children and young adults with severe disabilities. She also served as an instructor for the California Preschool Instructional Network (CPIN) as the special education lead for Merced County Office of Education.

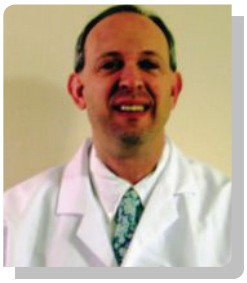


Northern California

Jennifer L. Kizner, M.Ed, CCC-SLP, BCC-S, MBS-IMP Registered Clinician has been a speech-language pathologist (SLP) since 1998. She is currently the clinical specialist in speech-language pathology for Head and Neck Oncology at Stanford HealthCare,



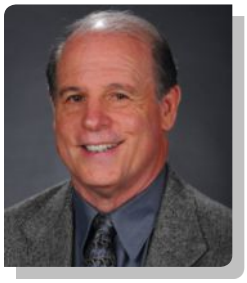
where she has organized annual courses in fluoroscopic endoscopic examination of swallowing (FEES). She is a member of the first ASHA Dysphagia Practice Analysis committee and has presented at both the state and national levels.



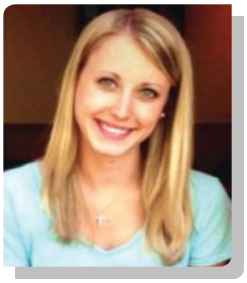
David B. Efros, M.S., CCC-SLP has worked in skilled nursing facilities and in a memory and cognitive disorders clinic. He has made numerous presentations at the state and national level on topics such as language and working memory, assessment and treatment of traumatic brain injury, and augmentative and alternative communication.

Central California

Stephen D. Roberts, Ph.D., CCC-A, MBA, CRCC, CLCP, FAAA is an Associate Professor in the Department of Communicative Sciences and Deaf Studies at California State University, Fresno. During his career, he has held various positions in the public and private section working as an audiologist, rehabilitation counselor, certified life-care planner, and senior healthcare administrator. He has authored over a dozen peer-reviewed articles and has made numerous presentations at regional, state, national/international meetings. His scholarly research interests include audiologic/aural rehabilitation, and self-efficacy training with hard of hearing adults and their communication partners.

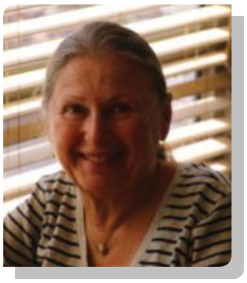


Victoria Riley, M.A., CCC-SLP has experience in private clinic and medical settings, working with clients across the lifespan. During graduate school, she worked for the TALK Team, a private clinic in Fresno, serving as a language coach for children with social pragmatic language disorders. Currently, she is employed at Community Regional Medical Center, in the acute inpatient setting, where she is a member of a team of SLPs assessing and treating dysphagia and cognitive-linguistic disorders.

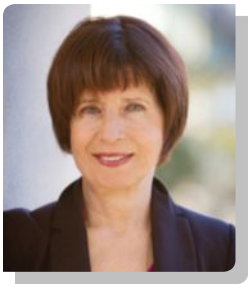


Southern California

Helen Sherman-Wade, M.A., CCC-SLP has taught at California State University, Northridge for over 30 years, with a teaching focus related to diagnostic testing. She is currently the Executive Director of Speech, Language and Educational Associates (SLEA), which is a multi-disciplinary practice providing early intervention, child development, speech-language assessment and therapy, educational assessments and therapy, occupational therapy and behavioral intervention.



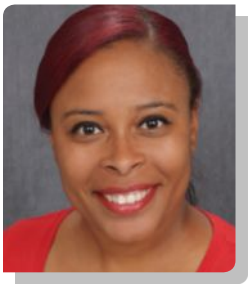
Maria Davis-Perkins, Ph.D., CCC-SLP has served as an educational consultant to high school staff, as an SLP in schools as well as hospitals, and as an SLP in the private sector. She currently owns and operates a private practice, Perkins Speech and Language Services, which is vendorized by the Regional Centers. Her research and practice focus on developing the language, speech and literacy skills of children from preschool to high school. Dr. Davis-Perkins is also a consultant with 3D Educational Solutions and has presented at CSHA as well as the California Association of Bilingual Educators (CABE).



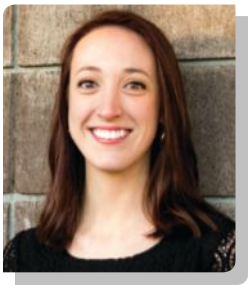
CSHA Staff

The CSHA staff will work in close collaboration with members of the CEC to organize and administer CEU events. Each CSHA staff member will perform specific duties, as described in the following introductions.

Katrina Duncan is the Conference and Exhibits Manager at the CSHA headquarters. She will be the lead CSHA staff member in organizing approve CEU events. Her duties will include overseeing a professionally run statewide, regional continuing education program, and ensuring quality control and consistency for CEU events throughout the state.



Heather Cioffi is the Membership and Continuing Education Coordinator at the CSHA headquarters. She will be helping CSHA members with workshop registration and answering questions regarding CEUs.



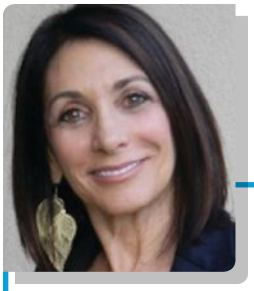
Michelle Fielder is the Marketing and Events Coordinator at the CSHA office. Her duties in planning regional CEU events include helping members learn about where and when upcoming CEU workshops will be held. The initial list of workshops will be sent to CSHA members in August. Workshops will also be featured in the bi-weekly CSHA newsletter.

We are excited to be part of this new direction in ensuring that CSHA members in all areas of the state will have the opportunity to attend low cost, high quality CEU events. If you have comments or questions regarding this new model for CEU's for CSHA members, please contact Christine Maul at cmaul@csufresno.edu or call (559) 278-3938.

BIO: Dr. Christine Maul is an associate professor at California State University, Fresno, in the Department of Communicative Sciences and Deaf Studies. She has served on the CSHA Board of Directors in various capacities over the past 15 years, as director-elect, as director, as a member of the Multicultural Committee and as registration chairman for three CSHA conventions.

BIO: Katrina Duncan is an accomplished meeting planner with 20 years of experience; she has a passion for managing projects, growing organizations and bringing people together. Duncan has planned many events, including complex citywide conventions and Fortune 500 events. She is a member of Meetings Professional International, and the California Society of Association Executives.

QUESTIONS & ANSWERS



for California Speech Language Hearing Association Members Summer, 2018

By Dr. Elaine Fogel Schneider, Ph.D., CCC-SLP, BC-DMT, CTTI
CSHA Vice President of Professional Services

Welcome to the Questions and Answers Column! This column provides a forum to answer your questions as well as to provide a sounding board for some of your concerns, share practical ideas and promote a healthy dialogue about professional services. All CSHA members are encouraged to email questions for this column to me at: drelaine@askdrelaine.com

Please visit the newest sources of information for this commission. On the CSHA website under the ADVOCACY tab you will find links to web pages containing information and resources important to the various aspects of our fields. The information will be provided by the following who report to this commission:

State Education Advocacy Leader (SEAL):
Holly Kaiser

State Medicare Administrative Contractor Representative (SMAC):
Kathleen Catterall

State Advocate for Reimbursement Representative (STAR):
Shellie Bader

SLPAHAD (Speech Language Pathology & Audiology & Hearing Aid Dispenser)-CSHA Liaison:
Patti Solomon-Rice

Audiology Committee Chair:
Joan Havard

Early Intervention Committee Chair:
Deb Swain

Early Intervention Committee Co-Chair:
Audra Elliott

International Relations Committee Chair
Deb Swain

Workload Committee Chairs:
Brian Sharp

FEES Task Force:
Courtney Young

As our current President, Beryl Fogel once said, "Your CSHA Board is committed to following rules and regulations of the profession and of the organization. We strive to be transparent in order for our members to be fully aware of our actions and the reasons behind those actions." As such, here is an explanation of recent changes to CSHA's Bylaws.

CSHA's Bylaws have undergone substantial changes since those dated April of 2011. Changes that were dated January of 2018 have been voted upon, and were recently passed. Therefore, I would like to welcome you to the Questions and Answers Column, not as the Commissioner of Professional Services – SLP & AUD, but as the Vice President of Professional Services! I am honored to be the first Vice President of Professional Services for CSHA, and would like to devote this Question and Answer article to the many facets of this Vice Presidency and the CSHA organization.

Q: What is the mission statement of our organization?

A: The Mission of CSHA is to foster excellence in the professions of speech-language pathology and audiology through education, advocacy and collaboration in partnership with the increasingly diverse population we serve.

Q: The new CSHA Bylaws were approved and went into effect as of June 1, 2018. What happened to the six Commissioners who used to be non-voting Board members?

A: The composition of the Board has been modified in these Bylaws. CSHA had six commissioner positions: (1) Commissioner on Association Services, (2) Commissioner on Professional Development and Continuing Education,

(3) Commissioner on Publications & Research, (4) Commissioner on Legislation, (5) Commissioner on Professional Services, and (6) Commissioner on Organizational Advancement and Outreach. Rather than having six commissioners (a term that is outdated), the new CSHA Bylaws proposed consolidating the six commissioners into three vice president positions. There was overlap between several volunteer and staff positions and this change corrected that.

Q: What are the new Vice President positions and how are they different from the Commissioner positions?

A: The three new Vice President positions are:

- Vice President of Association Services: Linda Oldenburg
- Vice President of Continuing Education: Christine Maul
- Vice President of Professional Services: Elaine Fogel Schneider

Moving forward, these three positions are now board positions, and as board positions, they are also voting positions. The current individuals who were Commissioners for those positions will remain in their positions until their terms expire on May 3, 2019. A slate will be elected by members, at the next year's elections. Together with the Paraprofessional Director position, there are 18 members on the CSHA Board of Directors, including 10 Directors, the President, President-Elect, Secretary and Treasurer.

Specific duties of board members and other volunteers were removed from the Bylaws, and only general responsibilities were included with these changes. Specific duties will now be listed in CSHA's Policies, rather than in the Bylaws. In addition, many of the duties listed in the April 2011 CSHA Bylaws are outdated.

Q: What are the responsibilities of the Vice President?

A: General Vice President Responsibilities:
Article X – Officers, Section 10.06 states that the Vice Presidents shall have such powers and duties as the Board may from time to time determine.

1. Vice Presidents are responsible to the President.
2. Vice Presidents, acting within the policies established by CSHA, shall be responsible for the implementation of the regular business of the Association.
3. Vice Presidents shall keep the President of the Association fully informed of the activities of their Vice Presidency.
4. Vice Presidents shall attend all regular meetings of the Board of Directors.
5. In the event of resignation or incapacity of a Vice President, the President shall appoint, with the approval of the Board of Directors, a member to complete the unexpired term.
6. Vice Presidents shall provide a written report prior to each Board meeting.

Q: What are the responsibilities of the Vice President of Professional Services?

A: The responsibilities of the Vice President of Professional Services shall include:

1. Determining the need for initiation and surveillance of legislation in areas of interest to members.
2. Developing position statements on legislation.
3. Providing input to the Vice President on Professional Development and Continuing Education on current educational needs and interests of members.
4. Reviewing and surveying clinical practice, including the development of peer reviewed documents pertaining to practice issues in the profession regardless of work setting.
5. Monitoring the Scope of Practice.
6. Maintaining liaisons with other agencies, associations, and institutions, including university programs, concerned with clinical practice.
7. Monitoring special interest groups and related professional organizations as they concern professional organizations.

Q: What are the functions of the CSHA liaisons to ASHA, the committees, and task forces monitored by the Vice President on Professional Services?

A: In order to better understand the responsibilities of this Vice Presidency, an overview of the three ASHA liaison positions, STAR, STAMP, SEAL, will be explained in this article, in addition to the distinction between a standing committee and a task force.

(The Audiology Standing Committee, the Diversity Committee, Early Intervention Committee, International Relations Committee, Workload-Caseload Committee and FEES Task Force will be explained in the next Q & A article).

CA ASHA STARs (State Advocates for Reimbursement) are ASHA-member audiologists and speech-language pathologists who advocate in their states for improved health care coverage and reasonable reimbursement. Their targets are key decision-makers in private corporations, public agencies, and the local legislature. Examples are health care insurance executives, benefits administrators, state insurance department officials, and state congress members. STARs create advocacy strategies and share skills with the state speech-language-hearing associations that appoint them.

http://www.asha.org/practice/reimbursement/private-plans/reimbursement_network/

STARs form a true network. They link states together and to ASHA through monthly conference calls, a STARs-only e-mail discussion group, and periodic meetings. STARs are individuals who:

- Are proactive.
- Will eagerly assist colleagues and others with advice and information.
- Can help seek solutions when members face challenges to their economic viability.
- Must count on their colleagues (you) to help them effectuate positive changes in private health insurance and Medicaid.

CA ASHA StAMP (State Advocates for Medicare Policy): The mission of the State Advocates for Medicare Policy (StAMP) Network is to enhance and perpetuate the advocacy, leadership, and communication of ASHA members at the state level to influence administrative and public policy decisions that impact Medicare coverage and reimbursement of audiology and speech-language pathology services.

http://www.asha.org/Practice/reimbursement/medicare/STAMP/

StAMP Network participants are appointed by ASHA recognized state speech-language-hearing associations. They advocate for Medicare coverage and reimbursement of audiology and speech-language pathology services in the states.

The StAMP representative is responsible for establishing or enhancing effective links to medical directors, consultants and key personnel with:

- Medicare administrative contractors (MACs)
- Medicare regional office officials
- State health agencies (certify Medicare facilities), consumer groups and other related professionals.

CA ASHA SEALs (State Education Advocacy Leaders): State Education Advocacy Leaders are appointed by ASHA and recognized state speech-language hearing associations to advocate on education issues. These issues may include caseload/workload, salary supplements, and maintenance of personnel standards in school settings. SEALs can be speech-language pathologists or audiologists. The State Education Advocacy Leaders were established in 1999 under ASHA's Priorities. Per ASHA, the mission of the SEALs network is to enhance and perpetuate the advocacy, leadership and clinical management skills of school-based ASHA members at the state and local levels to influence administrative and public policy decisions that affect the delivery of speech-language pathology and audiology services in school settings. http://www.asha.org/advocacy/state/seals/

SLPAHAD (Speech Language Pathology & Audiology & Hearing Aid Dispenser) CSHA Liaison is a licensed speech-language pathologist, or audiologist, who is an appointed member of the SLPAHAD Board. As the CSHA liaison, this member reports to the Vice President of Professional Services and provides quarterly reports to CSHA about the key meeting points, action items, and/or pertinent issues discussed at the SLPAHAD Board meetings. The SLPAHAD report is also placed in Board Meeting Minutes. Our SLPAHAD liaison is instrumental in keeping CSHA informed about topics and matters brought before the Licensing Board during their quarterly meetings that are held throughout the state. http://www.speechandhearing.ca.gov/

A Standing Committee:

- Considered a permanent part of the Association.
- Consists of appointed persons constituted to monitor, review, and recommend actions for Board approval and implementation by the Association.
- Current Standing Committees include:
  - Audiology Standing Committee
  - Diversity Committee
  - Early Intervention Committee
  - International Relations Committee
  - Workload Committee

A Task Force,

- Carries out specific time-limited charges.
- Upon completion of the specific charge, the Task Force is dissolved.
- Current Task Forces include:
  - FEES Task Force

Stay tuned for our next Q & A to find out more about the mission of CSHA Committees and Task Forces and how they are working for you!

I welcome your questions and/or comments, so send them to me at **drelaine@askdrelaine.com**.

Dr. Schneider is a #1 Amazon Best-Selling Author of '7 Strategies for Raising Calm, Inspired, & Successful Children' and CSHA Commissioner of Professional Services, SLP & AUD and is on faculty at California State University, LA, consults with Long Beach Unified School District, is the executive director for TouchTime™ International, and a Fellow of CSHA. She's an invited speaker and workshop trainer for therapists, educators and agencies about her BeREALNow™ program, (Be Ready Everyone and Learn Now), making a difference in the lives of children, families, around the world and those who serve them.

UNDER THE DOME

Fourth Annual CSHA Legislative Day

Caitlin Jung and Abe Hajela, Capitol Advisors Group, LLC

Kicking off Better Speech and Hearing Month, CSHA held its 4th Annual Legislative Day in Sacramento on May 2nd. Over thirty CSHA members attended this year's legislative day, with attendees ranging from SLPs, SLPAs, students and consumers. The day kicked off with opening remarks from Senator Bill Monning (D – Carmel) followed by a presentation from Bryan Stow, the recipient of CSHA's 2017 Consumer Award, on his experience with speech pathology services.

Divided into eight groups, attendees met with 31 different member's offices throughout the afternoon. Meetings focused on providing information about CSHA as an organization as well as raising awareness about the current shortage of SLPs throughout the state and how that has affected consumer access to needed services. The day concluded with a debriefing session inside the State Capitol, where attendees shared their experiences and takeaways from their various meetings. We also discussed how to build on these newly made connections, encouraging attendees to follow-up after their meetings to maintain the relationships and getting involved on the local level.

NPA/NPS Audit Fix on the Way to the Governor

Over the past year, CSHA has been working with other stakeholders to resolve an issue that arose regarding the certification of nonpublic agencies (NPAs) and nonpublic schools (NPSs). Last year, a longstanding section of the state education code was interpreted to require NPAs and NPSs to submit an annual entity-wide audit as part of their certification or re-certification applications. This new reading of existing law raised questions among NPAs and NPSs about what exactly constitutes an "entity-wide annual audit" as well as concerns regarding the high costs of such an audit.

Throughout our discussions with the California Department of Education (CDE) and the Legislature to resolve this issue, various solutions to the issue were discussed. Potential fixes included creating a tiered system where only NPAs and NPSs who had revenues over a certain amount would be required to conduct an entity-wide audit or exempting NPAs and NPAs from the audit requirement entirely. When initial attempts to resolve the issue last year were unsuccessful, CDE agreed to waive the requirement for all NPAs and NPSs that met all other certification criteria for the 2017 application process, with the hope that a more permanent resolution could be reached this year.

Now, after nearly two years of effort, it seems we have achieved resolution. Working closely with key CDE staff and the Senate and Assembly Budget Subcommittees On Education, CSHA, as part of the stakeholder coalition, was able to get an amendment to the audit requirement included in Assembly Bill 1808, which is part of the 2018-19 State Budget package. Under the revised language, only an NPS that also operates a licensed children's institution would be subject to the entity-wide audit requirement. All other NPAs and NPSs would be exempt from the requirement.

Both the Senate and Assembly have approved AB 1808 and it has been sent to the Governor for action. Given that the language was reviewed by the Department of Finance and shared with the Governor's staff, all expectations are that the bill will be signed in the next few weeks, with the Governor having 12 business days to sign or veto the bill once it reaches his desk. It is important to note that since the revised language was included in the proposed 2018-19 State Budget, which takes effect July 1, 2018, it will be law well prior to the October recertification deadline later this year. Under the normal bill process, most bills do not take effect until January 1st of the year following their approval.

State Licensing Board Discusses Tele-Supervision, Changes to SLPA Regulations

On May 31st and June 1st, the Speech-Language Pathology Audiology and Hearing Aid Dispensers Board held its quarterly meeting in Sacramento. Capitol Advisors Group and Linda Pippert, CSHA's President-Elect, were in attendance on June 1st. The Board

discussed a number of issues relative to Speech Language Pathology and Audiology, including:

- **Supervision of RPEs**. Discussion was in response to a number of letters received by the Board regarding whether or not tele-supervision could be used for RPEs. According to the Board, current regulations use a definition of "direct supervision" that was developed before tele-supervision was a common practice. The Board looked at the supervision requirements for SLPAs, which would allow for the use of "indirect supervision via electronic means," and debated whether they wanted to use the same standard for RPEs out of consistency. The Speech-Language Pathology Practice Committee ultimately recommended the Board direct Board staff to work with the Board's legal counsel to create a proposal of language based on a model of tele-supervision. Its use is determined based on the skills of the RPE in question.
- **Proposed SLPA Regulations.** The Board approved an amended regulations package relative to SLPAs. A similar package of regulations was previously denied by the Office of Administrative Law for technical reasons. The approved package includes new definitions for "full-time work experience," changes to the SLPA application for licensure, a requirement that a SLPA supervisor have at least 3 years of full-time experience providing services as a fully licensed practitioner, authorization for the live electronic observation of SLPAs, and the addition of a course in SLPA scope of practice to the bachelor's degree requirements for SLPAs. The regulations package will now go into the rule-making process, with the language hopefully being posted for public comment later this year.
- **Audiology Interoperative Monitoring.** This is a continuation of an issue that the Board discussed at its February meeting. The issue had been raised by a group of Intraoperative Monitoring Audiologists who were unable to receive reimbursement for services performed because certain insurance companies refused to acknowledge intraoperative monitoring as within the scope of practice for audiologists. At the previous meeting, the Board moved to work with interoperative monitoring audiologists to develop a letter clarifying that interoperative monitoring is within the audiology scope of practice. The Board was presented with a draft of the letter at its June meeting. Ultimately, the letter will be sent to insurance companies as well as placed on the Board's website, following clearance by the Board's legal counsel.

The Board had its quarterly meeting in August 9-10 in San Diego. Items discussed included continuation of the discussion on the use of tele-supervision with RPEs, the Board's ongoing work with the Department of Health Care Services' Child Services Division and a possible update on locked hearing aids.

Guidelines for Prospective CSHA Magazine Authors

Do you want to write an article for CSHA Magazine? We welcome articles that focus on clinical and professional practice in the field of communicative sciences and disorders (CSD) from CSHA members throughout California. In addition, articles from other disciplines with an interprofessional focus will also be considered. If your article is in the idea stage and you would like some assistance in completing a submission, please contact Nancy Robinson at nancyr@sfsu.edu to be connected with a member of the CSHA Editorial Committee who will work with you. If your article is well developed, the following guidelines are provided for authors to complete and submit their work directly to Margaret Vento-Wilson, Editor-In-Chief at margaretvwcsha@gmail.com, as email attachments. Keep in mind that these are general guidelines and may not fit every article. Submission deadlines are as follows: March 1- Spring Issue; June 1- Summer Issue; September 1- Fall Issue; December 1- Winter Issue. Formatting guidelines are as follows:

1. 1800-2000 words, MS Word format, double-spaced.

2. Clear organization to include the recommended following sections with headings, as appropriate to the content:

a. Introductory paragraph to provide an overview of the content, purpose and conclusions;

b. Background information to provide the rationale and evidence-base;

c. Explanation of procedures, practice, innovations and other applications for practice;

d. Summary of key outcomes to date, recommendations and further areas of development; and

e. Related resources and references that support the content of the submission.

(The above sections may vary, related to the focus and content of the submission. However, an introductory paragraph is required.)

3. Evidence of link to current theory, research, and/or policy is provided by identification of current and relevant sources that may include the following:

a. Articles that include reference citations are required to use APA format with references listed at the end of the article.

b. If the submission is focused on a specific area of scope of practice in CSD, citation of professional policy documents is recommended.

c. Other resources, as appropriate to the article content, may be listed at the end of the article.

4. Authors are requested to submit a brief bio and photo with each submission. Photo release forms must be provided when photos of minors are included. Contact the EIC for release forms.

WE ARE HIRING CFS & SLPS TO JOIN OUR TEAM!

Grow, contribute and learn with our company!

Exciting News!

SLEA is now an Employee Stock Ownership Plan Company (ESOP)

Founder and Prior Owner, Helen Sherman-Wade, MA, CCC-SLP, sold her shares giving current and future professionals and employees ownership of the company.

The ESOP will have a positive effect on the practice by further strengthening the historical bond of its professionals and employees.

SLEA will continue to empower its professionals and employees to enhance the lives of those they serve!

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