

ACADEMY OF  
NEUROGENIC  
COMMUNICATION  
DISORDERS &  
SCIENCES

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Attention ANCS members: Send your contributions and ideas for the next issue to Todd Masiogale at [faix@yahoo.com](mailto:faix@yahoo.com)

# ANCS Newsletter

Volume I, Issue II

Fall, 2003

## A Message from ANCS President Nancy Helm-Estabrooks, Sc.D., BC-NCD(A)

### "Fulfilling the Purposes of ANCS"

At the back of the ANCS Membership Directory, you'll find the Bylaws of our organization. Check them out if you haven't looked at them recently, particularly Article I - 3 "Purposes." Our purposes (in a nutshell) "are professional, clinical, educational, scientific and charitable and are ultimately to encourage the highest quality of life for those with communication disorders." This general statement is followed by specific goals, many of which are reflected in the content of this newsletter.

One theme that comes through clearly in these pages is that more than ever we are fulfilling our goal to "promote quality services to persons with neurologic communication disorders...." Three of the articles in this newsletter pertain to ethical delivery of services to those we serve. The first article was written by members Katz, Zraick, and Horner and answers the question: "If research evidence and practice guidelines pertaining to aphasia treatment exists, are clinicians ethically obligated to use them?" This piece is followed by a discussion written by Jennifer Horner on behalf of the Board of Ethics (BOE) regarding the ethics involved in employing

telepractice across state lines. On page 16 Horner (again, on behalf of the BOE) addresses the question "With regard to the new HIPPA privacy regulations, how much and what type of information can speech-language pathologists share via e-mail or phone?"

Also included in this issue are three articles relating to individuals who have received our members' services for their acquired communication disorders. Our newsletter reporter, Todd Masiogale, interviewed a former patient of his (Louise Tomney) who has made remarkable recovery from a right hemisphere stroke and is now an active speaker and advocate for stroke patients at the state legislative level in Rhode Island. On page 9 you'll find a book review by a person that I've worked with since she experienced an aphasia-producing stroke during the production of a play in Chicago. The renowned stage and screen actress Julie Harris asked if she could write about the book "The Man Who Lost His Language" because it has been a great source of comfort for her as she struggles for fuller recovery of



her communication skills. She recommends this book for ANCS members and their patients and families and provides source information.

Rabbi Leonard Zion, a patient at the Boston VA Medical Center, experienced a stroke in 2001 and as part of his aphasia therapy began to write poetry. One of his poems is included here. Also, Rabbi Zion was one of the people with aphasia featured in the 2003 documentary about aphasia called "After Words" created by Emmy Award winning filmmaker Vincent Straggas in collaboration with Boston-based speech-language pathologist Jerome Kaplan. This film is described on page 8 along with ways to obtain more information about it.

The ANCS goals of promoting scientific research are reflected in the many recent publications by our members. These are listed on page 15

(Continued on page 11)

## Research Evidence, Practice Guidelines, and Ethics

### Question:

If research evidence and practice guidelines pertaining to aphasia treatment exist, are clinicians ethically obligated to use them?

*This piece was written by Richard C. Katz, Richard Zraick and Jennifer Horner, representing the Academy of Neurologic Communication Disorders and Sciences (ANCDS) Board of Ethics, which includes other members Joan Arvedson, Edythe Strand, Connie Tompkins, and Scott Rubin. This is an opinion piece, and does not represent an official statement of the Academy.*

### Question: If research evidence and practice guidelines pertaining to aphasia treatment exist, are clinicians ethically obligated to use them?

This query stems, in part, from the fact that there are many unanswered questions and unexplored areas in our treatment research literature. With the rising expectations for evidence-based clinical practice come a growing responsibility for both investigators and clinicians. Investigators are responsible for defining clearly what practices are supported by what kinds and levels of evidence. Clinicians are responsible for interpreting and applying the evidence with great care, particularly when gaps in knowledge exist and research may not be directly applicable to what is best for an individual with aphasia. Our brief answer to the ethics question above will address several problems that arise as clinicians strive to use published evidence and practice guidelines pertaining to aphasia treatment.

First, clinicians may be confused when reading research evidence, according to Wertz (2003), because researchers apply different yardsticks to measure results. At the outset, researchers should define terminology precisely (e.g., outcome, efficacy, effectiveness), and should explain how these concepts are tested in specific phases of the traditional five-phase outcomes research model employed by most scientific disciplines (Robey & Schultz, 1998). As Wertz posited, "We may not agree about what the rules should be, but unless we consider what the rules might be, confusion will continue" (Wertz, 2003).

Second, published evidence may have limited generalizability. Randomized control trials, meta-analyses and other reports can indicate whether or not a treatment approach is successful for a group

of aphasic subjects, but the results of group research may not be directly applicable to what is best for an individual with aphasia. Third, investigators may simply misinterpret their own results, as did, for example, Lincoln et al (1984). Fourth, studies addressing treatment efficacy and quality of life might report conflicting results. Fifth, clinicians must recognize the variations in levels of evidence used by different practice guidelines. Not all adhere to the level of evidence scale developed by the American Academy of Neurology (1994). Sixth, clinicians tend to "do" what they were trained to do, which is often determined by who trained them as students, and who supervised them when they first started clinical work. Seventh, new clinicians simply lack experience, so they might be unsure how to apply evidence to practice. Eighth, learned clinical practices are reinforced or redirected by what books and journals clinicians read, by what workshops and seminars they attend, and by their clinical successes and failures. Finally, clinicians are influenced by what colleagues in the professional community recognize to be "customary practice," whether supported by evidence, or not.

### Do these problems mean clinicians are free to ignore research evidence and practice guidelines?

No. Clinicians have an ethical obligation to be aware of the evidence. Why? Because evidence helps clinicians ask questions about what clinical techniques they use, and why. (Ochsner, 2003). As Nye and Whurr (2003) pointed out, a central aim of clinical evidence is to emphasize the important tradeoffs between advantages and disadvantages of different treatment techniques. Research and practice guidelines—represented by a range of levels of evidence and/or expert opinion—provide formal support for a variety of clinical options.

### Does the availability of evidence mean that clinicians must use research evidence and practice guidelines?

Again, no. In order to apply clinical options responsibly, both investigators

and clinicians should keep in mind the distinction between evidence of benefit, and benefit itself. To determine benefit, clinicians have an ethical obligation to listen to the "person with aphasia" as well as the "patient with aphasia." Within a specific therapeutic relationship, clinicians may—and sometimes *should*—deviate from an evidence-based report or practice guideline. Clinicians should take into account each patient's unique perception of just how well he or she is responding to treatment, and should use both theoretical reasoning and good judgment when selecting a treatment for a specific patient with aphasia.

In summary, our question—if research evidence and practice guidelines pertaining to aphasia treatment exist, are clinicians obligated to apply them?—has an ethical dimension. We conclude that clinicians have an ethical responsibility to pay attention to research evidence and practice guidelines, and to learn as much as possible about what is "known" (and unknown). However, the decision whether to apply evidence to practice is ultimately a judgment call that should consider the needs of each unique patient. Clinical judgment—our "best guess" at doing the right thing—helps fill the gaps in evidence.

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ANCDS BOARD OF ETHICS ANSWERS QUESTIONS ABOUT:

## TELEPRACTICE ACROSS STATE LINES

**If speech-language pathologists use communication technology to practice ("telepractice") across state lines, are they required to be licensed in all states where this new medium is offered?**

For the purpose of this essay, telemedicine refers to the practice of health care—i.e., the delivery of diagnostic, treatment, or consultative care—directly or indirectly to a patient by various media, e.g., telephone, videotape images, Internet or electronic mail. Alternative terms are: "telehealth," and "telepractice." The legal issues surrounding telepractice are several.

**This first question concerns licensure: who has authority to regulate health professionals?**

Regulation of health care professionals has historically been the purview of each state's legislature by virtue of Article X of the U.S. Constitution which states: "[t]he powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively, or to the people." Each state, therefore, regulates health care professionals within its borders in order to protect the health, safety, and welfare of its citizens. State law governs professional licensure, professional discipline and malpractice.

**The second question concerns "locus of practice": when providers and patients engage in interstate telepractice, does the locus of practice reside with the provider, or with the patient?**

The issue of "where" the treatment is

rendered when provider and patient engage in interstate telepractice has not, to date, been resolved by any court of law (Wachter, 2000). However, when commercial entities have more than minimal contacts *in a state*, they are subject to the laws (and courts) of *that state* (Center for Telemedicine Law, 2003). Analogously, because state legislatures are concerned with *their own citizens*, and health care services rendered *within the borders of its state*, most state laws are written or construed by commentators to mean that the locus of practice is where the *patient resides* (i.e., receives the service).

**The third question is: what are state legislatures doing about telepractice?**

Multiple licenses are burdensome to health care professionals, and barriers to telepractice both limit access and increase costs to patients. On the other hand, interstate telepractices raise concerns about control over the quality of care, the security and privacy of medical information, the risk of fraud, and malpractice liability. State legislatures recognize both sides of the argument, but in general, laws specific to telepractice are conservative.

According to Wachter (2000), 20 states that have written telepractice laws require practitioners who deliver interstate care frequently, and who seek compensation for those services, to acquire a full license (p. 2).

In two states, providers can cross state lines using telepractice, but only if an in-state, licensed provider requests the service, if the licensed provider retains ultimate authority over the care of the patient, and if the patient gives explicit consent to the telepractice (McGinley, 1997; CLEAR, 1998).

Three states allow for a reciprocal, limited license for telemedicine only:

"limited telemedicine licensure permits recognition of privileges in other states, and subjects a practitioner to the jurisdiction of the state where the patient resides" (Wachter, 2000, p. 2).

**In summary, the question posed was: If speech-language pathologists use technology to practice ("telepractice") across state lines, are they required to be licensed in all states where this new medium is offered?**

To fully answer this question, it is necessary to read the licensure and telepractice laws in the state where you live, and the state(s) where you intend to practice via remote technology. Most state laws governing telepractice are restrictive. My understanding of the law is, simply: if an out-of-state speech-language pathologist delivers health care to a patient in another state by telephone, the Internet, satellite, or any other media, the speech-language pathologist should obtain explicit permission from a governmental authority—i.e., a license—in the state where the patient receives the professional services.

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<sup>1</sup>This piece was written by Jennifer Horner, Chair, ANCDS Board of Ethics, on behalf of the BOE members Joan Arvedson, Connie Tompkins, Richard C. Katz, Scott Rubin, Edythe Strand, and Richard Zraick.

<sup>2</sup>The content represents the views of the author, and should not be construed as legal advice or as an official statement by the Academy of Neurologic Communication Disorders and Sciences.

<sup>3</sup>Restrictive laws governing telepractice by physicians and surgeons enacted in: Arizona, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, Oklahoma, South Dakota, Tennessee, Texas, Virginia (Wachter, 2000, Table 1).

<sup>4</sup>Hawaii and California (McGinley, 1998).

## Spotlight on a Member

Marilyn Newhoff, Ph.D., BC-NCD(C)

*Dr. Newhoff, Director of the School of Speech, Language, and Hearing Sciences San Diego State University was interviewed by Tedd Maslongale October 7, 2003*

### Q: What prompted your interest in the field of speech-language pathology?

Well, like many SLPs my age, I didn't come by it easily; certainly, I'd never heard of it when I entered the University of Alabama. I probably should have been in premed and on my way to pediatric neurology, but since I was



*"Language is my driving force"*

only in college to become educated so that I could "carry on a conversation with the man you marry", I was majoring in my second love, journalism. My minor was political science and I wanted to be a political news reporter. But each time I told some all knowing "adult" what my plans were, the response was something along the lines of "Oh, that's a full time career!" To make a long story short, my roommate was majoring in "speech therapy", I needed an elective, I took my first course, then a second, and I was hooked! It was rather incidental that "speech therapy" wasn't really a "career"...little did I know that some decade later I'd still be in school on my way to what is now 25 plus years of a

marvelous, full time, indeed overtime, career.

### Q: Who were your mentors – most influenced your career?

Suffice it to say, I've had the good fortune to have studied with some of the finest folks in our field and have learned tremendously from many. But at the top of my list are Betty Webster, Louise Ward, Larry Leonard, and Audrey Holland. Betty and Louise are gone from us now; but anyone who had the opportunity to know them knows they were the finest clinicians, teachers, leaders, indeed humans, one could hope to find. They believed in me, and encouraged me, when I was pretty much absent faith in myself. They're probably most responsible for my being in the field at all. Larry turned me on to a deep, abiding love of child language and Audrey taught me that I had a halfway decent chance to enjoy the study of both child and adult language disorders.

### Q: As an internationally recognized scholar, what contributions can ANCDs/ASHA offer on the international stage?

First, thanks for the compliment. Second, it would be my view that the education we provide SLPs in the United States is without parallel in the world. It's not a perfect model, but it's a damn good one. So, I believe ASHA's continued attention to the quality of our educational programs can be a major contribution to the world's stage. However, I fear sometimes that, in our quest to be all things to all people, to meet the federal demands for adequate numbers of SLPs, and for myriad other reasons, ASHA (who is us) loses sight of the need to refine its guidelines for accreditation and certification so as to assure quality education. One way that we have managed to ignore this issue is



by refusing to recognize the need for specialization; refusing to recognize that the knowledge base of our field has become so broad that it is impossible to educate quality generalist SLPs. Conversely, ANCDs has gone quite a distance in attempting to recognize specialization, to assure quality of abilities for the individuals who hold ANCDs certification, and the like. I think that, if we're lucky in the discipline, ANCDs can become a model for highly qualified specialized SLPs, not only on the international stage, but on our own "home" stage.

### Q: In your opinion, what are the most pressing needs of our profession in this early part of the 21<sup>st</sup> century?

Oh, my gosh, where to start? One, we need a rebirth of our generation of, emphasis on, and respect for, the basic and applied sciences, and scientists, of our discipline. Two, we need a helluva lot more treatment efficacy data and we need to assure that efficacious treatment paradigms are the backbone of clinical training programs; I continue to be appalled by the number of SLPs I see practicing who, for lack of a better descriptor, are still in the "Sammy snake" era. Three, we need to help the people of the United States recognize that children in public schools deserve decent treatment programs, too; I have never understood why somehow we get away with thinking that this population can benefit from 15 minutes of group treatment, once per week, furnished by an SLP with a caseload of 90; while Dr. Johnson's son in La Jolla can be seen in a beautiful clinical facility twice per

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because he can afford it. Where were we when the feds passed this well intentioned, but under funded, mandate to serve all children in the schools? Four, we need major medical/Medicare reform; not the republican variety, however. We need to be back in the driver's seat in determining what our patients need for their treatment, when, and for how long. And, if we ever get there again, we best not abuse the situation if we want to continue steering our course. Five, we need to do a lot to assure that our profession, as we now know it, still exists when many of us are long gone. Can a technician do what we do? Many "out there" are answering this question with a resounding "yes". Of course, they are wrong; but, if we aren't active (it's already too late for proactive), this can become a legacy we leave to our current students and their offspring. Six, we need more males in the discipline. Seven, I could go on and on.

**Q: What do you think the role of ANCDS should/could be in advancing our practices with neurologic communication disorders?**

In the absence of ANCDS money to support more and better treatment efficacy research, I think that our role is largely a political one. That is, we need a lot more information in the public's view. We need to get to legislators and, short of inducing strokes in them, make them more aware of who we are, what we need to be effective, what our patients need to be best assisted, and the like. We need the voters to know more about stroke and the role of the SLP, especially an ANCDS certified SLP, in patient care. When looking at eating, threading a needle, walking, dressing, communication takes a very distant back seat. Why is that? Let's get in the newspapers, *Parade* maga-

zine, on PBS radio, and the like. Aphasia may not be as sexy as autism, but we know damn well it's got many of the same consequences.

**Q: What advice would you give a new speech/language pathology graduate?**

"Do it (SLP) as long as you love it, as long as it gives you a reason to get up in the morning, as long as you know that what you're doing matters, as long as you're staying on top of the information stream...then, stop."

**Q: How did you become interested in child-based neurogenic communication disorders?**

Language is my driving force; and I love to study, to read about, to teach about, and to treat individuals where I must apply knowledge concerning the relationship of brain and language. And I find that relationship fascinating in individuals of all ages. As you can see from my earlier responses, I switch-hit between children (my favorite area being *specific language impairment*) and adults (*aphasia*).

**Q: What do you feel has been your most significant contribution to neurogenic communication disorders?**

Oh, gads. I suppose some of my earlier work regarding the role of the environment (specifically parental speech) in child language acquisition and its disorders was a decent jump onto the pragmatic revolution at the time; and, some people (like Chick LaPointe) seem to think that I helped bring the pragmatic component of language to clinical aphasiology. I hope that one or both of these things mattered a little. But I really believe my most solid contributions are reflected in those I have taught; many of my former students are exceptional scientists, teachers, and/or

clinicians today. I hope that I had a role in their development. And, though not specific to neurogenic communication disorders, I take a lot of pride in the fact that I "birthed" the *American Journal of Speech-Language Pathology*.

**Q: What do you regard as the most significant published studies on children's language disorders – ones that we all should read?**

That's easy...read Larry Leonard's *Children with Specific Language Impairment*. He covers enough in that text to get you going on some of the best studies conducted through the mid-nineties. And, the book is terrific, generally. It's on my list for the proverbial desert island.

**Q: If you had to do it all over again, would you choose speech/language pathology as a career?**

Knowing *what* I know now might give me pause; knowing *who* I know now leads me directly to "yes, definitely, yes". I cannot imagine my life without the literally hundreds of outstanding friends and professional colleagues I've come to know over these years. What an amazing bunch of folks have entered my life, from our discipline as well as those disciplines with whom we're most closely aligned. I wouldn't trade the happiness I've known interpersonally by being in our field for anything.

**Q: What do you do for fun? How do you enjoy life?**

Other than a few incidents of sadness, I don't remember ever not enjoying life. But, I'm not sure what I do to make that so. Maybe that's my secret; it doesn't take much to please me.



## A Survivor's Story—Recovery from Right hemisphere Stroke

By Tedd Massiongale

Louise Toomey, 61, is a nurse from Providence, RI. She suffered a right hemisphere stroke on October 17, 2001. Mrs. Toomey was in rehab, where she received speech-language therapy for seven weeks, followed after discharge by a home health agency, then went to outpatient therapy for speech-language services at another local hospital, and returned to St. Joseph's Hospital two years later for additional outpatient therapy. She is an active local speaker and lobbyist for stroke survivors at the state legislative level. She recently met with the Governor of Rhode Island as part of her advocacy work. She is the only stroke survivor to participate in a local cardiac rehab program and is a strong advocate of creating comparable programs designed to meet the needs of stroke survivors who require similar care after injury. She was interviewed on August 21, 2003 as part of the Newsletter's commitment to include patient perspectives. She was interviewed at St. Joseph's Hospital in Providence, RI.

**Q:** What is your earliest recollection in the acute care recovery phase of your injury?

I remember the doctor in the emergency room saying since it was a blocked carotid artery, that an injection of TPA should be done and I agreed with him.

**Q:** What would you like to say about the days that followed your acute care stage? Do you have anything you'd like to share?

Well, I remember having pureed food. That really stands out in my mind. I mentioned to my husband that I could really go for an Awful-Awful. My daughters-in-law were visiting us from New York. Not being from Rhode Island, they didn't know what an Awful-Awful was, so they didn't know what I was talking about. (An Awful-Awful is a thick "shake" from a local ice cream chain).

**Q:** I've heard you talk about your "Angel". Tell me about that.

Early in my rehab, one night the girls

(Nurses/CNAs) were giving me a shower. My family had left and I was getting ready for bed. I needed to use the bedpan. I rang the bell. I heard footsteps and someone singing a gospel song. Because I couldn't see out of my right eye, I thought I'd died and gone to heaven. I couldn't see the girl coming, but I could hear her singing and her footsteps. I had my rosary in my hand. The girl prayed with me. So not only did I get the bedpan, I found someone to pray over me. I called her my angel.

**Q:** As a nurse with a busy and active lifestyle, how did you respond to this injury?

It was devastating and I knew I was depressed because of it. Being a nurse didn't help either because I know exactly what's supposed to happen to patients and the care they are supposed to receive.

**Q:** Did your rehab produce any defining moments?

I can remember working hard to ambulate. One day I walked halfway down the corridor to this little seating place called the bus stop. It was very defining because I'd walked halfway down the corridor and I hadn't done that before. It was a milestone.

**Q:** What advice would you give, as a patient, to those of us who practice in speech-language pathology?

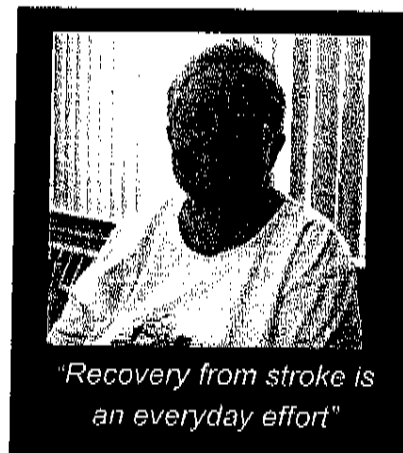
Include the patient in all plans and goals and just tell him/her to be positive, to have a positive outlook. That's half the battle.

**Q:** After discharge from the hospital, what was the transition from rehab to home like for you?

Well, it was great to be home. I had home care, so I had therapy at home and I had a lot of company.

**Q:** Were there any difficult transitions once you were home?

Adapting the things I learned at the rehab hospital to things at home was difficult.



*"Recovery from stroke is an everyday effort"*

One thing that I did do was to read a lot from the stroke magazine that the American Stroke Association puts out. I started volunteering with the stroke association immediately when I got home.

**Q:** Is this something you initiated on your own or was it something you found out about through a health care worker?

They were having a stroke club meeting at the hospital when I was a patient and one of the nurses said it would be good for me to go down and see what it was all about. So I did. They asked me about my story and, at that time, the Heart Association was looking to educate the public about early intervention and getting to the hospital in time to take the TPA. They asked me if I would speak to different gatherings about my story and educate the public on early intervention. I said, "Oh yes, I'll do that." At that time I was also looking for a purpose in my life since I couldn't work as a nurse. The other thing was that I had to apply for social security disability. I didn't retire because I wanted to. I was forced into it.

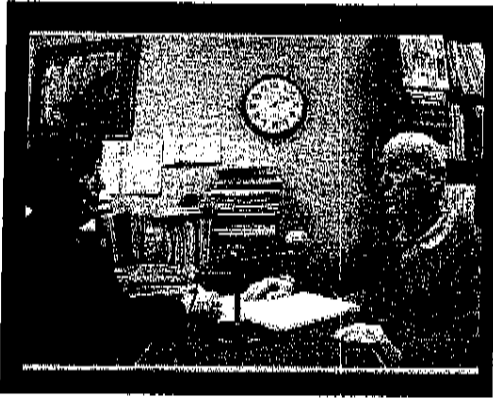
**Q:** So your work with the stroke association has replaced your work as a nurse?

It is therapeutic to me. When you give to other people, you also receive. I was receiving an awful lot.

**Q:** As a stroke survivor, how important are groups such as the stroke association and the local support group?

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## Creative Response to a Left Hemisphere Stroke



Rabbi Leonard Zion of Boston, Massachusetts, writes poetry as part of his aphasia therapy. Rabbi Zion had a stroke on May 10, 2001. The former associate professor at Northwestern University was 76 at the time of his stroke. He is a regular participant in aphasia research protocols and continues his therapy as an outpatient under the care of speech-language pathologist Patricia Fitzpatrick, Ph.D. (pictured at left) at the Department of Veterans Affairs Medical Center in Boston.

### Unseen Waves

By  
Leonard Zion  
(July 17, 2003)

The space within a moment of time,  
how would I fill it up?

To imagine a moment that I will remember,  
that would surpass my wildest dream.

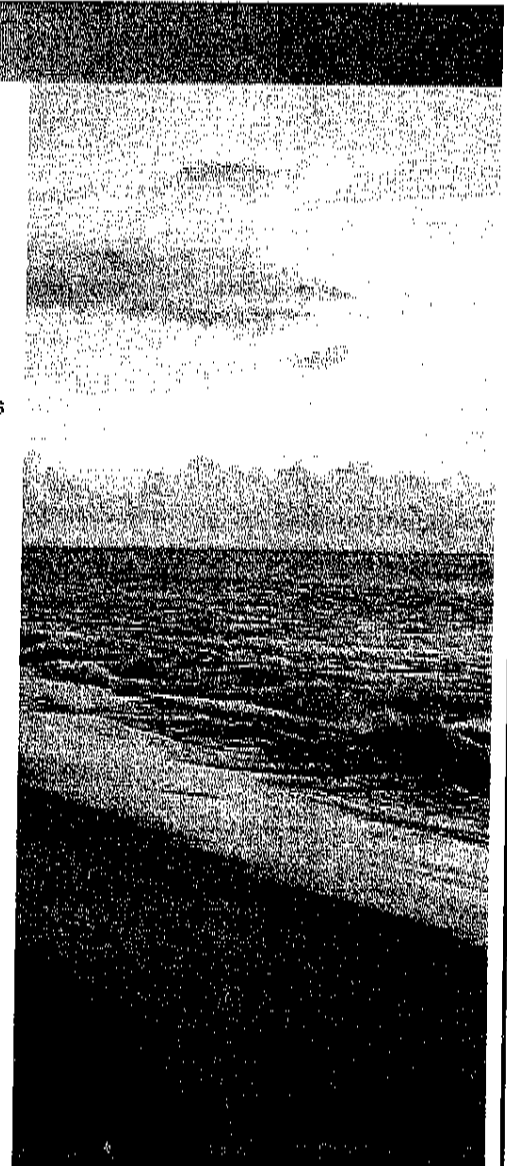
A collection of memories were there  
to sustain my thoughts, intertwined between the strands of forgotten lines  
of names, places, and things I did, and others had done for me;  
that would mean that I have to start over again.

I just lost my memory of things past. Will it last?  
Sometimes, I would delve within my mind  
as a new discoverer on the open sea or as a map maker,  
to compose an unfinished painting  
of the rippling waves that were overlapping recurrently.  
Will they re-appear to show an undisclosed sign?

Waiting for the day, when a pulsating heartbeat,  
will awaken me to a hidden picture or semblance  
that I want to see. There was not any clue  
or pauses to find the words to complete a phrase.

I would ask each person with whom I had an affinity  
to start a dialogue towards the future,  
what to do or to be?

To be confronted by a new dawn,  
was an unending feeling,  
and would it be the same yearning  
as being on the shore?  
Space and time would remind me,  
those waves were never seen before.





## After Words...a Film About Aphasia

Emmy Award-winning filmmaker Vincent Straggas (pictured above) teamed with

speech-language pathologist Jerome Kaplan to produce a documentary film about aphasia entitled "After Words". The film's world premiere was held on June 1, 2003 at the Wang Center for the Performing Arts in Boston.

The film profiles members of a local aphasia support group and includes appearances by Tony Award winner Julie Harris, Academy Award winner Patricia Neal, and renowned mezzo-soprano Jan Curtis. Boston resident and stroke survivor, Rabbi Leonard Zion, was one of many others featured in the film. A short biographical sketch about Rabbi Zion and one of his poems are also featured in this newsletter edition.

When asked about the success of the film after its debut, Mr. Straggas said,

"We've received good reviews for it. People are calling and inquiring about the film." He indicated that not enough information was available to the public about aphasia and he is hoping to make the film available to the public and the healthcare community as a teaching tool. "We are hoping to sell it to a TV network," Straggas said. Negotiations are presently underway with several networks. Jerome Kaplan is handling the healthcare distribution plans and the pair hope to have a website available soon that will provide information about the film and how to access it. Dissemination of the film to healthcare providers would be stipulated by contractual obligations from the network that purchases it.

In a statement from the Somerville Journal Online, Jerome Kaplan indicated that he'd like to submit the documentary for a potential award to the Academy of Motion Pictures, Arts and Sciences. When asked if this would be pursued, Straggas indicated, "It needs a longer theatrical run. We've stepped back since the premier to see what it is we really

want to do and are capable of doing. We'd love for it to have a double life on TV and in the theater, but we are focusing on presenting the documentary in one venue, that of network TV."

Straggas, who worked primarily with dance and music prior to the production of *After Words*, was enlightened by his experience. "This was a whole new project for me," he said. "It was a very gratifying and fulfilling project, something I feel very grateful to have done."

While the film has not yet been sold to a network, individuals interested in more information about the film or potentially viewing it in the future, should contact Jerry Kaplan at 617-499-5011 or by e-mail at [jhkapan@mahhosp.org](mailto:jhkapan@mahhosp.org).

For further information about the film and a look at some reviews, log on to:

<http://jsons.collegepublisher.com/news/438168.html>

[http://www.townonline.com/somerville/arts\\_lifestyle/arts\\_lifestyle/sj\\_feasjkaplanms06192003.htm](http://www.townonline.com/somerville/arts_lifestyle/arts_lifestyle/sj_feasjkaplanms06192003.htm)

### Toomey Interview (cont.d from page 6)

They are wonderful because you meet with other stroke survivors and their families and you can discuss certain things and how you feel.

Q: Where have your speaking engagements taken you?

They have taken me to different senior centers, other stroke support clubs, the Governor of the state, and different societies that help the elderly or people with cancer and other ailments. I have been asked to speak to the Governors Council on health issues. I have also been asked to speak to state the State House. I'll be meeting with Senator Jack Reed (RI) next week.

Q: What will you tell him?

The stroke association is looking to pass a stroke act, which will benefit stroke victims and their families. The act will help stroke survivors have rehab even after their insurance says its over. They

do that with cardiac cases, people who have heart attacks. They go to acute care, then they go to cardiac rehab, but then after they are finished they can go to have cardiac rehab in a gym. I was sitting at home doing nothing. I knew I had to do something, so I called Care New England. I knew they had Healthtrax facilities throughout the state. I asked if they could take care of somebody that had a disability from a stroke. They told me to come in and meet with a personal trainer. I did and they made a program for me. So I started walking on a treadmill, doing the recumbent bike, and pumping iron. We should have something like that for stroke survivors because once they go home, that's it. They regress and don't follow up with their exercises. It's also a good social outlet for people. They can talk to other people.

Q: Since your injury what speech, language or cognitive skills do you still have trouble with?

I still have some attention deficit. I may have been that way all my life. I have to focus really hard. Memory is very good.

Q: What do you do in your free time?

I do fun stuff on the computer. I send e-mails to friends. I search the web to find important things that I want to see.

Q: What are your future plans?

My goal next year is to walk in a marathon in a fight to end stroke. They have fundraisers you do and you work with a personal trainer and then you do the marathon. They help you through it. My personal trainer said that I couldn't get ready in six months. It would take me a year to get ready.

Q: Do you have any parting comments?

Just be supportive of people that have brain attacks. It's not easy. It's not like getting better from surgery. It's really devastating. It's an everyday effort.



## Book Review by Julie Harris

### The Man Who Lost His Language

My friend, John Erwin, a television director, sent me, from England, a new book - "The Man Who Lost His Language" by Sheila Hale. I read the book eagerly. And because I have lost my voice - at least I've lost the way to explain my feelings - I've studied the book ever since. Every day I have learned more things from it. The book is my bible. I keep it by my bed, and I pour through it at night. Every page is a way toward hope, which is important in recovery. For example, Dr Richard Wise spoke to Sheila Hale in 1999. He said:

..."language always has the potential for recovery. In 99 percent of aphasics the processing of language is damaged, but the memory for language is retained. I have seen spectacular late recoveries that could not have been anticipated..."

In addition to words of hope, "The Man Who Lost His Language" also tells of the science of hope, of different treatments to prevent strokes or to use after a stroke. "...the majority of strokes do not in fact come out of the blue. They are not 'Old Testament curses' or, as was believed in the Middle Ages, 'strokes of God'. They are not really 'accidents' either: many can be predicted, and some prevented or delayed" by high blood pressure medication and by diet. Some of the treatments for stroke are experimental and controversial, such as a drug being developed in Australia, AM-36, which seems to protect nerve cells if administered within the first 6 hours post stroke." Sheila Hale also says "the use of bone marrow stem cells may be just around the corner. Of course, some of the formal treatment programs mentioned in the book have been used by many, by both doctors and therapists. There are also organizations that offer hope, such as Different Strokes in England. Different Strokes "offers encouraging practical advice about prevention, treatments, and rehabilitation to young stroke victims."

Sheila Hale wrote the book because her husband, John Hale, a well-known art



Actress Julie Harris writes  
"The book is my bible"

historian, suffered a severe stroke Thursday, 30 July 1992. And Mr. Hale, a writer, was left without his language. For seven years, he was a courageous

man. He finally wrote for himself - in notes to his wife, family and friends - two years after his stroke. And after three years therapy, when asked "How are you today, Sir John?" - And John says "F-f-f-fine". Sir John died 12 August 1999. He lived to see his book "The Civilization of Europe in the Renaissance" win prizes and international acclaim and his membership in the Italian Academy of the Lynxes. The "London Times" wrote in his obituary:

...for those in his company, the infinitely modulated exclamations, chuckles and ironical groans, which accompanied his enchanting smile, seem almost to amount to conversation. Gregarious as ever... he proved that, even with aphasia, life can be exhilarating.

This book should be read by the wives (or husbands) of people with aphasia. "The Man Who Lost His Language" is a very personal book.

(Cont'd on page 16)

**Julie Harris** has been actively involved in the field of performing arts for more than 5 decades. Her successes have spanned Broadway, regional theatre, film and television. She is the recipient of 5 Tony Awards for best actress in a Broadway production (more than any other performer in the history of the American theatre) and 2002 was presented with a special Tony Award for her contributions to professional theatre. While Ms Harris's film credits are extensive - including an Academy Award nomination - she is, perhaps best known for her portrayal of Abra, opposite James Dean in East of Eden. Ms Harris is also the winner of two Emmy Awards for Little Moon of Alban and Victoria Regina (in addition to seven other Emmy nominations). Many regular television viewers will remember her character Lilimae Clements in TV's hit Knot's Landing in which she appeared for seven years.

On May 26, 2001, while performing in Chicago, Ms Harris experienced a severe (L) MCA CVA associated with cardiac arrhythmia, with concomitant (R) sided weakness and aphasia. Ms Harris was transferred to MGH on June 1<sup>st</sup> of that year where she received an initial course of aphasia therapy. Upon return to her home on Cape Cod, Ms Harris received treatment through the VNA of Cape Cod, the Harold Goodglass Aphasia Research Center (Boston University School of Medicine), and is currently being seen through private contract. Her therapy most recently has focused on writing skills, in addition to conversational discourse and oral reading of familiar material.

As Ms Harris writes below, she has found The Man Who Lost His Language particularly helpful to her personally throughout the past several months and she highly recommends it to professionals and families alike - in addition to those people with aphasia whose reading comprehension skills are intact. Unfortunately, the book is not yet published in the United States. However, the UK publisher is Penguin Books and they may be contacted at 80 Strand, London WC2R 0RL, England. Penguin's USA affiliate, Penguin Group (USA) is located at 375 Hudson Street, NYC, NY 10014 and may be reached at 1.800.788.6262.

## Ethics Q & A's

The following question was submitted to the ANCDs Ethics Committee (Jennifer Horner, Chair)  
**Question: With regard to the new HIPAA privacy regulations, how much and what type of information can speech-language pathologists share via e-mail or phone?**

### HIPAA AND PROTECTED HEALTH INFORMATION (PHI)<sup>1</sup>

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that standardizes the electronic exchange of administrative and financial data related to healthcare (HIPAA, 1996). HIPAA's purpose is to improve the efficiency of health care transactions, including administration and billing—not to impede communication among health care providers.

To understand the law as it applies to communication among speech-language pathologists, it is important to understand how HIPAA defines "covered entity," "health care provider," and "health care." First, HIPAA applies only to "covered entities." With few exceptions, you are a "covered entity" if you are (or employed by) a health plan, a health care clearinghouse, or a health care provider that transmits any health information electronically. Second, you are a "health care provider" if you provide services, or you are "any other person or organization who furnishes, bills, or is paid for health care in the normal course of business." Third, "health care" means "care, services, or supplies related to the health of an individual" and includes preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative care, counseling, service, assessment or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body" (45 CFR 160.103). Thus, if you are a speech-language pathologist employed by a covered entity, and you provide health care to individual patients, then HIPAA applies to you!

If you are (or are employed by) a covered entity, HIPAA's Privacy Rule also

applies to you (45 CFR Parts 160, 164). Thereby, the law carefully balances the need for administrative simplification with the civil rights of individuals who receive health care. The Privacy Rule is intended to prevent the unauthorized use or disclosure of "individually identifiable health information." Under HIPAA's Privacy Rule, individually identifiable health information is *protected health information (PHI)* that is transmitted or maintained in *any form or medium*. Individually identifiable health information is PHI whether you *create it, or receive it* (45 CFR 164.501).

PHI is information about an individual, including demographic information, that relates to the individual's past, present, or future health or condition, the care provided, and the payment history (45 CFR 160.103). Some examples of identifiers that are protected by the Privacy Rule are: names of the individual patient, relatives, employers, or household members, geographic information including zip code, dates of birth, admission, discharge or death, photographs, all types of identifying numbers (e.g., telephone, FAX, social security, medical record, license plate), and "biometric identifiers" including fingerprints and voiceprints (45 CFR 164.514(b)(2)).

As a health care provider, you are explicitly permitted to use and disclose PHI for "treatment, payment, or health care operations" (45 CFR 164.502(a)(1)). Specifically, a covered entity may use or disclose PHI for its own treatment, for the treatment by other health care providers, and for payment activities (45 CFR

164.506(c)(1-3)).

In short, speech-language pathologists may disclose or request PHI if the purpose is to provide treatment. But, the law stipulates that communications should adhere to the "minimum necessary" standard. This means, simply, that any communication by

...**"HIPAA's purpose is to improve the efficiency of health care transactions.....— not to impede communication among health care providers."**

you about a patient—either within your employment setting or with outside consultants—should be "the minimum necessary to accomplish the intended purpose of the use, disclosure, or request" (45 CFR 164.502(b)(1)).

Even though the minimum necessary rule does *not* apply if the use or disclosure of PHI pertains to *treatment*, when in doubt, follow the minimum necessary rule (45 CFR 164.502(b)(2)(i)). Lastly, if *all identifiers are removed*, the information no longer qualifies as PHI and therefore PHI restrictions do not apply (45 CFR 164.514(b)(2)).

**Q: If a speech-language pathologist wants to correspond by phone or letter with regard to a specific patient to assure the continuity of care—for example, when referring a patient from a hospital clinic to a long-term care facility—does HIPAA's Privacy Rule allow the clinician to call the facility?**

<sup>1</sup>This note was written by Jennifer Horner, representing the Academy of Neurologic Communication Disorders and Sciences (ANCDs) Board of Ethics, which includes other members Joan Arvedson, Richard C. Katz, Edythe Strand, Connie Tompkins, Scott Ruben, and Richard Zraick. Acknowledgment: Michael P. Wheeler, Privacy Officer, Medical University of South Carolina for offering guidance to the author. This essay relies on the interpretation of the author and does not represent an official statement by the Academy.

(Cont'd from previous page)

**A:** Yes. If the correspondence between health care providers is for the purpose of treatment, the two providers may correspond by phone, letter, or FAX without fear of violating HIPAA (including sharing identifying information). If the correspondence is by FAX, the sender should take special precautions by alerting the recipient that the FAX is about to be sent, and verifying that it was received.

**Q:** If a speech-language pathologist wishes to consult with an expert about a patient's care, may the clinician do so?

**A:** Yes. Consultation is permitted, but it is important to observe the "minimum necessary" rule. Better yet, remove all identifiers! The level of precaution you take should be proportionate to the degree of perceived risk either that you will violate the terms of the Privacy Notice that the patient has agreed to, or that a third party might use or disclose the PHI inappropriately.

**Q:** If a speech-language pathologist wishes to email a diagnostic report to a colleague across town, or in another state, for the purposes of treatment or consultation, is this permissible?

**A:** Yes. Correspondence by email is permitted, but special security rules apply. Under HIPAA's Security Standards (effective in April 2005) the covered entity is required to maintain the

integrity and security of its electronic media (45 CFR 164.312(e)(1)). Furthermore, if the Internet or dial-up lines are used, HIPAA encourages (but does not require) entities to use encryption. Finally, to further guard against unauthorized access to PHI transmitted by email, do *not* type the patient's name in the "subject line," because this might allow someone to trace the email.

**Q:** When corresponding with other health care providers about treatment, is the speech-language pathologist required to obtain an explicit consent from the patient every time?

**A:** No. HIPAA requires that all patients receive a standard Notice of Privacy Practices which must include "the types and uses and disclosures that the covered entity is permitted...to make for each of the following purposes: treatment, payment, and health care operations" (45 CFR 164.520 (b)(1)(ii)(A)). When the use or disclosure is for treatment, the speech-language pathologist may, but is *not* required to obtain consent for each disclosure (45 CFR 164.506(b)(1)).

**Q:** Does the federal law, HIPAA, supersede state privacy law?

**A:** Not necessarily. If state law governing privacy of individually identifiable health information—PHI—is "contrary to" HIPAA, then HIPAA will generally supersede (pre-empt) state law (45 CFR 160.203). The main ex-

ception is as follows: if state law is "more stringent" than HIPAA, then practitioners must observe the more stringent state law standard, in addition to the HIPAA rules (45 CFR 160.203(b)).

#### NOTE

State rules, and institutional rules, may vary. Therefore, the information in this note *should not be construed as legal advice*. Readers should consult with their Privacy Officer, who will be familiar with the law regarding protections for individually identifiable information—PHI—in the state in which you practice speech-language pathology.

#### REFERENCES

Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (August 21, 1996). [HIPAA]

Standards for Privacy of Individually Identifiable Health Information, 45 Code of Federal Regulations, Parts 160 and 164 (August 14, 2002). [CFR]

#### RESOURCES

Fact sheets and guidance documents available on the Internet. See the U.S. Department of Health & Human Services, Office of Civil Rights. Available online: <http://www.hhs.gov/ocr/hipaa/privacy.html>.

The Code of Federal Regulations (CFR) can be accessed via the Cornell University, Legal Information Institute. Available online: <http://www.law.cornell.edu>.

#### President's Message

(Cont'd from page 1)

along with a description of a new study by one of our three international members, Nick Miller of Great Britain. In recognition of their contributions to our field, two of our members (Sharon Moss and Edythe Strand) were selected as 2003 ASHA Fellows. Two other of our members (Jennifer Horner and Travis Threats) have new professional appointments. And, the members' "Spotlight" in this issue falls on Marilyn Newhoff who is a consummate scientist, teacher, colleague and all-round good woman of our field. Her interview on

pages 4 and 5 (including her feisty words about where we might direct our professional energies) is a delight to read.

In writing these words of introduction to Issue 2 of the ANCDS Newsletter, I risk omitting some important points, but I won't neglect to thank our very hard working newsletter committee members: Colleen Karow, Tedd Masiongale, and Billie Connors. Thanks also to ad-hoc member Mary Boyle and to Rich Katz who offered to give everything a final look before we went to press. I hope all of you (including all our new members listed on p.13) find this publi-



Pictured from left to right ANCDS reporter, Tedd Masiongale and production editor, Colleen Karow

cation valuable - if not downright inspiring!

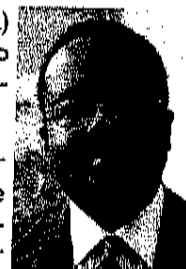
## Awards, Accomplishments, and Honors

In August 2002, Jennifer Horner, PhD, JD, joined the College of Health Professions faculty at the Medical University of South Carolina (in Charleston) as an associate professor and director of the Communication Sciences and Disorders program. In May 2003, she was appointed chair of the Rehabilitation Sciences Department.



Dr. Horner teaches neurologic communication disorders of adults, motor speech disorders, two research seminars, and an interdisciplinary health law course. Her current research and scholarship integrate law and ethics with clinical issues. She is currently contributing to an NIH grant led by Dr. Sharon Moss of ASHA, investigating the teaching and learning of research integrity issues in speech-language pathology and audiology graduate programs. This year, Dr. Horner published a series of papers in *Speech Pathology OnLine* regarding legal and ethical issues associated with the use or withdrawal of feeding tubes in individuals with Alzheimer's dementia. In addition, she co-authored two chapters on Alzheimer's dementia (with Drs. Ripich and Norman) for Johnson and Jacobson's *Medical Speech-Language Pathology* textbook. Dr. Horner was a guest editor for a *Seminars in Speech and Language* issue that focused on ethics and law as applied to clinical situations involving motor speech, cognitive, and swallowing disorders, as well as telepractices, and the responsible conduct of research.

Travis T. Threats, Ph.D., BC-NCD (A) was awarded tenure and promotion to Associate Professor at Saint Louis University in May of 2003.



Dr. Threats was also appointed as "Senior Consultant" for the development of the *Procedural Manual and Guide for the Standardized Application of the ICF: A Manual for Health Professionals*, which is to be a joint publication of the American Psychological Association and the World Health Organization. This manual is intended by WHO to be the clinical interpretation for the *International Classification of Functioning, Disability, and Health (ICF)* for all English speaking countries, and may be translated into other languages. He was the author of two of the five chapters of the prototype of this manual, which is now being field tested. In this position, Dr. Threats is responsible for leading in the development of the field trials, in coordination with the other professional organizations. In addition, he will have input into the overall structure of the book.

Dr. Threats was named by ASHA as representative liaison to the APA and WHO for the development of the clinical manual mentioned above. He will be responsible in this capacity for producing the rough draft of all sections of the ICF dealing with communication and swallowing.

In June, Dr. Threats presented three papers at the 9th North American Collaborating Center (NACC) Conference on the ICF.

Dr. Threats recently resigned from position as editor of *Speech Pathology Online*.

## Congratulations 2003 ASHA Award Recipients

The ANCDs Board, on behalf of our members, wishes to congratulate ANCDs members Sharon Moss, Ph.D., BC-NCD (A) and Edythe Strand, Ph.D., BC-NCD (A/C), and also Pat Doyle, Ph.D. for their selection as fellows of the American-Speech-Language-Hearing Association. This honor, given in recognition of the excellence of their work with those living with neurologic communication disorders, is greatly deserved by these individuals as each has advanced our field in unique but important ways. Additionally, the ANCDs Board recognizes the significant, sustained, and generous contributions of Kenneth Heilman, MD, to the education of a cadre of exceptional speech-language pathologists specializing in neurological communication sciences and disorders, and on behalf of the ANCDs membership, congratulates him as one of two persons to be given the ASHA Service Award in 2003.



Pictured above is Kenneth Heilman, MD

(Picture above left is Sharon Moss, Ph.D. and below left is Edythe Strand, Ph.D.)

## ANCDs MEMBERSHIP COMMITTEE UPDATE

### Featured New Member



The Membership Committee would like to feature our new members throughout the year. In this issue of the Newsletter, we highlight **Amee Evangelista**. Amee is a new student member and is a second year graduate student in the Department of Communicative Disorders and Sciences at California State University, Hayward. Amee is an unusual student however, as the list of her professional accomplishments shows. Amee practiced speech-language pathology in Manila, Philippine Islands for sev-

eral years prior to coming to the United States to pursue graduate education in speech-language pathology. While in Manila, she was Finance Committee Chair and President of the Philippine Association of Speech Pathologists (PASP). She was instrumental in initiating the outreach program of PASP, headed the committee to work for regulation of the profession in the Philippines, helped to start the newsletter of the association and served on the committee to accredit PASP as an affiliate member of IALP. She was a member of the medical mission team of Senator Angara of the Philippines and served as a consultant for two special schools located near Manila. Amee has worked with children with autism and other communication disorders in school and hospital settings. In 1996, together with a developmental pediatrician and two psychologists, she opened a multi-disciplinary clinic eventually becoming the clinical manager.

Prior to her professional positions Amee was active as a student clinician. She was a member of the grievance committee of the student assembly and the university editorial staff at the University of the Philippines College of Allied Medical Professions. She was also an officer of the student organization of speech pathologists in the Philippines.

Amee is employed as a speech-language pathologist in the West Contra Costa Unified School District in San Pablo, California. Please join the Membership Committee in welcoming Amee as a new member of ANCDs.

In addition to welcoming new members, the Membership Committee has discussed ideas for plans to recruit new members, promote the academy and the benefits of membership and Board Certification, and recognize and retain current members. The committee would appreciate suggestions and ideas from members. Please direct your comments to any member of the committee.

Don Freed, [donfr@csufresno.edu](mailto:donfr@csufresno.edu)

Gail Pashek, [gpashek@chumal.cas.usf.edu](mailto:gpashek@chumal.cas.usf.edu)

Barry Slansky, [slanskyb@health.missouri.edu](mailto:slanskyb@health.missouri.edu)

Fran Tucker, [ftucker@siu.edu](mailto:ftucker@siu.edu)

Janet Patterson, [jpatters@csuhayward.edu](mailto:jpatters@csuhayward.edu) (Chair)

Gloriajean Wallace, [wallacgn@mail.uc.edu](mailto:wallacgn@mail.uc.edu) (Executive Board Member-at-large)

ANCDs is pleased to welcome the following 22 new members who have joined the academy since January 2003:

#### Full Members

Lynn Fox, Portland State University, OR

Kristine Lundgren, Harold Goodglass Aphasia Research Center, Boston MA

Marjorie Nicholas, Massachusetts General Hospital Institute of Health Professions, Boston MA

Amy Ramage, San Diego State University, CA

Don Robin, San Diego State University and University of California San Diego, CA

Carol Venus, Central Texas Veterans Healthcare System, Temple TX

Heather Wright, University of Kentucky, Lexington KY

#### Associate Members

Susan Alstat, Center for Comprehensive Services, Carbondale IL

Carolyn Baylor, University of Washington, Seattle WA

Karen Bush, The Cleveland Clinic Foundation, Cleveland OH

Elizabeth Connors, University of Rhode Island, Kingston RI

Amee Evangelista, California State University Hayward, Hayward CA

Kathryn Gantz, Richmond UT

Gillian Hotz, Pediatric Neurotrauma Program, University of Miami, Miami FL

Karen Houle, Cranston RI

Dana Longstreth, University of Wisconsin, Madison WI

Jamie Mayer, Indiana University, Bloomington IN

Debra Gail Nickel, The Psychological Corporation, San Antonio TX

JoAnn Silkes, University of Washington, Seattle WA

Johanna Wood, University of Washington, Seattle WA

Malinda Rassiga, Harrodsburg, KY

Edna Babbit, Chicago IL

Please take a moment to welcome these individuals if you see them at the upcoming Scientific and Educational Meeting in Chicago. New members will have different color badges.

## Continuing Education Opportunities, Events, and Products

### Upcoming CEU Events

The Speaking Out! 2004 conference will be held in Tampa, FL June 3-6, 2004. The conference is being co-sponsored by the National Aphasia Association (NAA) and the University of South Florida. Exciting workshops are planned for aphasia professionals as well as for those living with aphasia and for community group leaders.

The conference will include a pre-conference workshop for professionals by Nancy Helm-Estabrooks. The conference will also feature workshops on multicultural issues in aphasia including sessions conducted in Spanish for people with aphasia and their caregivers, new technologies in the treatment of aphasia, decision making issues for professionals and caregivers, as well as the new laws that impact those with aphasia. The conference will include a workshop on supported communication and severe aphasia, as well

as a session on drawing to supplement verbal communication. There will be ASHA CEUs available for professionals who register for them.

Also planned is an exhibit area featuring aphasia treatment materials for demonstration and sale. Attendees may participate in several pre and post convention activities, including city tours, excursions to Orlando, a possible golf tournament for disabled golfers, and a cruise for those who wish to extend their time with a Caribbean vacation. For more information, please contact the NAA at [naa@aphasia.org](mailto:naa@aphasia.org) or 800-922-4622.

### Journals that provide CEU credits

1. ASHA SID2 Newsletter
2. Seminars in Speech and Language
3. Journal of Communication Disorders
4. Journal of Speech, Language and Hearing Research
5. American Journal of Speech-Language Pathology
6. Journal of Medical Speech Language Pathology

### Earn CEU credits at home

1. E-Courses
2. Audiocassettes/CDs



### Announcements from ASHA

#### Practice Policy Documents

ASHA develops a variety of practice policy documents that include Scope of Practice, Preferred Practice Patterns, position statements, technical reports, knowledge and skills, and guidelines. The decision to create or revise a practice policy document is made based upon input from members, volunteer leaders, staff, and external audiences. A committee, working group, or task force is formed to develop the appropriate documents and the draft document undergoes both a select and widespread peer review. Peer reviews are posted on the ASHA web site at [www.asha.org/about/peer\\_reviews.htm](http://www.asha.org/about/peer_reviews.htm) and are available to the entire ASHA membership. Once the review process is completed, practice policy documents are considered by either the Executive Board or Legislative Council, and, if approved, become official policy of the organization. Docu-

ments that have recently been approved through this process include:

- Rehabilitation of Children and Adults With Cognitive-Communication Disorders After Brain Injury
- Evaluating and Treating Communication and Cognitive Disorders: Approaches to Referral and Collaboration for Speech-Language Pathology and Clinical Neuropsychology
- Knowledge and Skills Needed by Speech-Language Pathologists Performing Videofluoroscopic Swallowing Studies

All ASHA members are encouraged to participate in the development of practice policy documents through the peer review process. For more information, contact ASHA at 1-800-498-2071 or visit the web site at [www.asha.org](http://www.asha.org).

## International ANCDs Member News

### Nick Miller, Ph.D. (Great Britain) reports on Current Research

Speech voice and swallowing problems in Parkinson's disease (PD): Prevalence, nature and psychosocial impact.

A group of researchers - two speech language pathologists, a speech scientist, a health services researcher and a neurologist - are conducting a community wide survey of all people diagnosed with idiopathic PD in the city of Sunderland, Great Britain. Their aim is to establish whether or not speech, voice and swallowing problems are shown on standard clinical assessments, and if so, what constitutes a problem and to what degree. However, an important focus is to compare these results with speaker and caregiver perceived changes and impact. The latter will be based on questionnaires and in depth interviews with a subsection of the approximately 180 participants the researchers expect to recruit. A complementary aspect of the survey will also look at peoples' views on when, where, why and how they might wish to access speech language pathology services.

A parallel study by another neurologist, psychologist and specialist nurses is looking at cognitive and physical dimensions of change with the same participants. They hope to marry the two projects to build a very detailed picture of changes across severity levels and age and gender groups in this community. Start date was May 2003, running until April 2005. The researchers hope to have results to share in a year or so.

Nick Miller  
Speech language Sciences Section  
University of Newcastle-Tyne NE1 7RU, GB



**Editor's Note:** Nick is one of our three international members including:

- Anja G. Lowit, Ph.D.;  
University of Strathclyde,  
Glasgow UK,
- Nick Miller, Ph.D.  
University of Newcastle, UK
- Sheng Hwa Chen, Ph.D.  
Taipei, Taiwan.

We also have one member from Puerto Rico:

- Ana M. Gonzalez  
University of Puerto Rico

## ANCDs Members Recent Publications

*Editor's note: To ensure that your publications appear in our next issue please send them to: Tedd Masongale, faix@yahoo.com*

- Bastiaanse R, Thompson CK, (2003). Verb and auxiliary movement in agrammatic Broca's aphasia. *Brain Lang.*, 84, 286-305.
- Brush J, Threats T, Calkins M. (2003). Influences on perceived function of a nursing home resident. *J Commun Disord*, 36, (5), 379-393.
- Hartman DE, Goodsett M. (2003). A case of crossed aphasia. *Gundersen Lutheran Medical Journal*, 2(1), 43-46.
- Helm Estabrooks N. & Alpert ML. (2004). *Manual of Aphasia & Aphasia Therapy* (2nd edition) Austin, TX: Pro-Ed
- Frattali C, Bayles K, Beeson P, Kennedy MRT, Wambaugh J, Yorkston, KM. (2003). Development of evidence-based practice guidelines: Committee update. *J Med Speech Lang Pathol*, 11(3), 9-18.
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- Kiran S, Thompson CK. (2003). Effects of typicality on online category verification of animate category exemplars in aphasia. *Brain Lang.*, 85, 441-450.
- Schneider S, Thompson CK. (2003). Verb production in agrammatic aphasia: The influence of semantic class and argument structure properties on generalization. *Aphasiology*, 17, 213-241.
- Marshall RC, Karow CM, Morelli C, Iden K, & Dixon J. (2003). A Clinical Measure for the Assessment of Problem-Solving in Brain-Injured Adults. *American Journal of Speech-Language Pathology* 12(3): 333-348.
- Schneider S, Thompson CK. (2003). Verb production in agrammatic aphasia: The influence of semantic class and argument structure properties on generalization. *Aphasiology*, 17, 213-241.

## Book Review (Cont.'d from page 9)

The writer speaks about her moments of despair. When she was told that her husband was ready to come home, she says:

"I panicked. I'd got used to living alone. John's overwhelming joy at his release from institutional life did little to still my fears about how I would cope with him back at home - needy, dependent, living with me again day by day in the house we had once shared but which had become, for me, a private retreat, the place where every evening I escaped from the realities of my husband's diminished condition."

At the same time, it is a love story - a compassionate and physical love story. Of her husband's return home, Sheila Hale wrote:

John was alive with me at home. His vision, hearing, balance, sense of taste and smell had been spared.

He had been spared. He was himself. We slept curled around each other, as before. When we talked, I sometimes forgot he couldn't talk. When we made love, as naturally as ever, I forgot that his right hand didn't work.

This book should also be read by therapists and others who are working with people who have aphasia, those who are helping them to get their "voices" back. The book speaks about the insensitivity of some physicians (for instance, one who spoke of stroke victims as "infarcts") and the rigidity of a few speech/language pathologists. Sheila Hale refers to one simply as "White Coat." It also addresses the wonderful abilities of others, including Elizabeth Warrington who "took the view that in most cases of aphasia nothing is permanently lost". When explaining to Sir John why people could not understand him, Elizabeth said:

"It is as though the road between Naples and Rome had been blown up. You can still travel between the two cities, but you have to make your way through the rubble or find an alternate route."

Sheila Hale also writes about the first doctor to give the couple hope.

"... he gave John the opportunity to do what he likes best: work hard, learn about something new, overcome obstacles, start each day without knowing how it will end." It was under doctor's supervision that John was finally given physical therapy to begin walking.

You have to say, every day, tomorrow it will get better - and I will round another corner. If you lost your "voice" - maybe there will be another way - and the brain will find a new connection.

## ANCDS Members Recent Publications (Cont.'d from previous page)

Shah Y, Thompson CK, (2003). Effects of lexical cues on the production of active and passive sentences in Broca's and Wernicke's aphasia. *Brain Lang.*, 85, 409-426.

Sohlberg MM, Avery J, Kennedy M, Ylvisaker M, Coelho C, Turkstra L, Yorkston, K. (2003). Practice guidelines for direct attention training. *J Med Speech Lang Pathol*, 11(3), 19-39.

Sonti S, Mesulam MM, Thompson CK, Weintraub S, Johnson N, Parrish T, Gitelman D. (2003). Primary Progressive Aphasia: Anatomical and functional analysis of the language network. *Ann Neurol.*, 53, 35-49.

Thompson CK, (2003). Unaccusative verb production in agrammatic aphasia: A syntactic account of verb production deficits. *J Neuroling.*, 16, 151-167.

Thompson CK, Shapiro L, Kiran S, Sobecks, J. (2003). The role of syntactic complexity in treatment of sentence deficits in agrammatic aphasia: The complexity account of treatment efficacy (CATE). *J Speech Lang Hearing Res.*, 42, 690-707.

## Writing Committee Update

Our practice guidelines writing committees continue to be productive. They recently published the article: "Development of evidence-based practice guidelines: Committee update" (see recent publications page 15) and they will be presenting a session "Applying Science to the Art of Care: Evidence-based Practice Guidelines" from 8:00-10:00 on Thursday, November 13 at the ASHA convention. We encourage all ANCDS members to attend. ANCDS is grateful to ASHA for the various forms of support they have provided to our efforts to produce practice guidelines.



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