

ANCDS Newsletter Committee:

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Message from the President Mary R.T. Kennedy, Ph.D., BC-ANCDS

Greetings! With a long winter behind us, I want to welcome you to another exciting year in the ANCDS. At our annual business meeting last November, the Executive Board (EB) rolled out an ambitious strategic plan for the ANCDS over the next five years. With feedback from several members, the EB ratified the plan shortly thereafter. The plan outlines goals and objectives for ANCDS to:

1. Facilitate the knowledge transfer and implementation in neurologic communication disorders and sciences;
2. Improve the quality of care to individuals with neurologic communication disorders;
3. Expand the membership base of the organization;
4. Evaluate the current board certification process, and;
5. Establish a financial plan for the organization.

If you would like to view the objectives and outcome metrics that accompany these goals, the entire plan can be viewed by clicking on the link in the upper right hand corner of the ANCDS website. Implementing this plan will take a lot of work by ANCDS member volunteers and I was very pleased that so many offered to help at the annual meeting. Look for names of new volun-

teers on various committees! For example, I am pleased to report that Caroline Royal-Evans, MS, BC-ANCDS will chair the ad hoc committee that is charged with studying ANCDS board certification including the process, value and outcomes. She is joined by Kathleen Youse, Ph.D., BC-ANCDS and McKay Moore Sohlberg, Ph.D., with assistance from Gloriajean Wallace, Ph.D., BC-ANCDS (chair, membership committee) to study the issues and provide specific recommendations to the EB at this year's annual meeting in November. Look for an electronic survey coming your way in the summer or fall so that you can provide feedback on board certification and membership.

In November, Carl Coelho, Ph.D., BC-ANCDS (Past President) announced the results of last fall's elections. Michael Kimbarow, Ph.D., BC-ANCDS (Treasurer), Nina Simmons-Mackie, Ph.D., BC-ANCDS (Secretary) and Sharon Moss, Ph.D., BC-ANCDS (Member-at-Large) were re-elected. McKay Moore-Sohlberg, Ph.D. was elected as Member-at-Large. And we want to thank Lynn Maher, Ph.D. for her service as Member-at-Large. Steve Belanger, Ph.D., BC-ANCDS rotated off as chair of the Board Certification committee, allowing Kathleen Youse, Ph.D., BC-ANCDS to take over the reins. We

also want to thank Jack Thomas, MS, BC-ANCDS for his years of service as he rotates off as the Academy's Archivist.

The professional education provided at the annual meeting was of the high caliber we have come to expect from the ANCDS. Thank you to Linda Shuster, Ph.D. and Michele Page Sinnott, MS for providing us with an excellent program and luncheon. Be sure to read about the conferral of the Honors of Academy to the much deserving [Martha Taylor Sarno, MA, MD, BC-ANCDS](#) for her years of research and service to those with aphasia and other neurological communication disorders.

In closing, remember to save November 17, the day before the ASHA convention, to attend the ANCDS annual business and professional education meeting. The Department of Communication Disorders and Sciences, at Temple University (Philadelphia) will be hosting our annual meeting where we will learn about apraxia of speech across the lifespan. I hope to see you there!

Mary Kennedy, Ph.D., BC-ANCDS

New Members

ANCDS is pleased to welcome the following new members.

Full Members

Galgano, Jessica (New York, NY)
Wallace, Sarah (Pittsburgh, PA)

Associate members

Biel, Michael (Pittsburgh, PA)
Braislin, Melissa (Sharon, CT)
Grove, K. (Boulder, CO)
Lulai, Rebecca (Minneapolis, MN)
Nakano, Erline (Tampa, FL)
Nuckton, Brenda (Portland, OR)
Ogawa, Makiko (Arlington, TX)

ANCDS Annual Meeting: New Orleans, LA
Wednesday, November 18, 2009
Hilton New Orleans Riverside

The 2009 Annual Education and Scientific Meeting was held in New Orleans at the Hilton New Orleans Riverside on November 18. The theme of the meeting was traumatic brain injury (TBI) across the lifespan. Drs. Sandra Bond Chapman and Lori Cook from the University of Texas at Dallas led off the program with their talk entitled *Neurocognitive Stall in Pediatric TBI: New Directions for Preventing Later Emerging Deficits*. They discussed a phenomenon called “neurocognitive stall,” in which children and adolescents who have sustained a TBI either lag behind in their post-injury cognitive development or fail to develop some skills altogether. They also described ways to detect and monitor deficits that emerge after the individual has theoretically recovered from the initial injury. Finally, Drs. Chapman and Cook described techniques that they have developed to address deficits in what they call “strategic learning” and “strategic reasoning.”

The second talk, delivered by Dr. Lyn Turkstra from the University of Wisconsin-Madison, was titled *Social Cognition in Adolescents and Adults with Traumatic Brain Injury*. Dr. Turkstra discussed social deficits subsequent to TBI. She addressed the issue of whether social cognition, social skills and pragmatics were different names for the same ability. Dr. Turkstra described their approach to dealing with social skills deficits, which is to collaborate with adolescents on developing target constructs and measurement techniques. She noted that, although social cognition is difficult to assess and it changes with age, it is an important construct to capture because it is an essential element of successful return to work, school and community living.

Immediately after the Honors Luncheon, in which Dr. Martha Taylor Sarno received the Honors of the ANCDS, was a talk by Dr. Wendy Law, a neuropsychologist from the Defense and Veterans Brain Injury Center at Walter Reed Army Medical Center. The talk was entitled *Neurocognitive Sequelae of Blast-Related Traumatic Brain Injury: Pathophysiology and Contributions to Etiology and Outcome*. Dr. Law discussed mechanisms of injury in TBI, and the particular ways in which blast injuries differ from other types of TBI. She also described the factors that can complicate TBI in blast injuries, such as post traumatic stress disorder. Finally, Dr. Law described cognitive, social and language deficits associated with TBI.

There were two interesting Neurologic Grand Rounds presentations, *Successful Life Outcome and Management of Real-World Memory Demands Despite Profound Anterograde Amnesia: A Case Study* by Dr. Melissa Duff from the University of Iowa, and *Down but not Out: A Case Study of Anoxic Encephalopathy* by Dr. Richard J. Welland from Brock University. In her presentation, Dr. Duff described the case of Angie, a woman with a profound amnesia, who, on her own, developed remarkable strategies to cope with her amnesia. Dr. Welland described the case of an individual who developed a significant dysarthria as a result of anoxic encephalopathy.

The slides from the three speakers are available on the ANCDS website. The case study presented by Dr. Duff and published in the *Journal of Clinical and Experimental Neuropsychology* is available as a pdf on the website.

Submitted by the Education and Standards Committee (Linda Shuster, Chair; Patrick Coppens; Heather Harris-Wright; Kristie Spencer)

2009 ANCDS Business Meeting Highlights



On November 18, 2009 President Mary Kennedy called the annual ANCDS meeting to order in the Hilton New Orleans Riverside Hotel and welcomed all attendees. The minutes were approved as submitted.

Treasurer's Report: Michael Kimbarow, Treasurer, reported that the association has maintained a strong financial status; however, costs have increased and are outstripping dues. Implementation of the strategic plan includes a financial plan for ANCDS. Since there has been no dues increase in 26 years, the membership

should expect to see a proposal to change the fee structure next year. Also, meeting expenses this year exceeded registration, creating a loss and indicating the possibility of increased registration fees in the future.

Nominating Committee: Carl Coelho, Past President and Chair, announced re-election of Michael Kimbarow (Treasurer), Nina Simmons-Mackie (Secretary), and Sharon Moss (Member-at-Large). In addition, McKay Moore Sohlberg was elected a new Member-at-Large. Carl asked members to consider suggestions for 2010 elections of a new President Elect and 2 Members-at-Large.

Professional Affairs & Practice Guidelines Committee: Stacie Raymer, Chair, announced that six working committees are at various stages of writing or publishing clinical guidelines. Kathy Yorkston and the dysarthria committee are now focusing on specific disorders (e.g. ALS); Pelagie Beeson and the aphasia committee are focusing on publication of aphasia guidelines; the dementia committee is seeking volunteers and a new chair; Mary Kennedy and the TBI committee are moving forward on guidelines. All of the existing ANCDS documents are now linked to the ASHA Compendium. Stacie thanked ASHA SID 2 for a \$10,000 grant to help offset the cost of developing the clinical guidelines.

Education and Standards Committee: Linda Shuster, Chair, announced that Traumatic Brain Injury was the topic of the day and thanked her committee (Patrick Coppens, Kristy Spencer, Heather Harris Wright) for helping devise the program and thanked ASHA SID 2 for processing the continuing education credits.

Meeting Committee and Local Arrangements: Michele Page Sinotte, Chair, announced that 86 attendees had registered (more than last year). She reported on logistics of the Hilton meeting accommodation and asked for volunteers to help with the committee next year.

Publications Committee: Leonard LaPointe, Chair, reported that the *Journal of Medical Speech-Language Pathology* continues to have a cordial and productive relationship as the official journal of ANCDS and continues to publish practice guidelines.

Newsletter Committee: Mikyong Kim and Sandy Starch have worked together to produce the newsletter and are looking for a “reporter” who is willing to interview individuals for the newsletter.

Membership Committee Report: President Kennedy, reporting for Gloriajean Wallace, Chair, reported that the current membership has increased and is now close to 260, including both full and associate members.



Certification Board: Steve Belanger, Chair of the Certification Board, announced that four candidates are undergoing the certification process at present. Steve announced that there are currently 3 vacancies on the certification board; volunteers on the board must be board certified. The process is now being conducted by teleconference which is proving much more efficient.

Honors: Anita Halper, Chair, thanked her committee: Joan Averdson, Jack Thomas, Gail Ramsberger, and Kristy Spencer. The Honors of ANCDS were presented to Martha Taylor Sarno at the Luncheon.

New Business: President Kennedy announced that the ANCDS Strategic Plan is posted on the ANCDS website. She presented a slide show describing the planning process and the results. Feedback on the Strategic Plan was solicited from the membership.

A video library related to neurogenic disorders was suggested along with linkages to other available resources. This might include linking Practice Guideline publications to videos demonstrating interventions.

President Kennedy called for volunteers for all aspects of ANCDS activities; Please contact Mary Kennedy (kenne047@umn.edu) or any of the Executive Board to volunteer (emails are posted on www.ancds.org)

Announcements:

Linda Shuster and McKay Moore Sohlberg are being presented as ASHA Fellows. Anthony Salvatore received an award for his outstanding work in Texas regarding TBI. There will be 40 presentations by ANCDS members at this year's ASHA convention.

Adjournment: President Kennedy thanked the members for attending and officially adjourned the annual meeting at 9 AM.

Respectfully submitted by: Nina Simmons-Mackie, Secretary



2009 ANCDS Honors Award

Martha Taylor Sarno



The members of the 2009 Honors Committee, Joan Arvedson, Gail Ramsberger, Kristie Spencer, and Jack Thomas join me in recognizing an individual whose enormous impact on the field of aphasiology has been recognized world-wide, both within and outside the profession. She is a meticulous researcher, an outstanding clinician, a respected teacher and an advocate for people with aphasia and their families. In fact, she was a pioneer

in advocating for individuals with aphasia and their families and developed valuable resources to educate communities about aphasia. Our honoree's tireless devotion to helping individuals with aphasia gains a rightful voice in the area of disability and her commitment to improving the daily lives of persons with aphasia and their families is without equal.

- The 2009 ANCDS recipient of the honors of the Association has such a distinguished and distinctive career that it is difficult not to identify her immediately. In light of her myriad contributions to the study of aphasia, it is difficult to single out her most outstanding accomplishment. To summarize, this 2009 honoree has been a member of ANCDS since its inception and is Board Certified. She:
 - Was the first speech-language pathologist in a comprehensive rehabilitation setting
 - Designed the first measure of functional communication in aphasia
 - Has conducted innumerable research studies in aphasia and made abundant contributions to the aphasia literature in areas such as measurement of functional communication, investigations of the post-acute challenges of living with aphasia, and psychosocial and ethical-moral issues in the treatment of individuals with aphasia
 - Was a founding member of the Academy of Aphasia and served on their Board of Governors

- Was the founder of the National Aphasia Association and served as its president for 14 years
- Served on the Task Force to Study Ethics in Rehabilitation Medicine at the Hastings Institute of Society Ethics and Life Science
- Received numerous honors including the Doctor of Medicine *honoris causa* from the School of Medicine at the University of Goteborg in Sweden; Frank Kleffner Clinical Career Award from the American Speech-Language-Hearing Foundation, Honors of the American Speech-Language Hearing Association and the Gold Key Award of the American Congress of Physical Medicine and Rehabilitation.
- Served as Director of the Speech-Language Pathology Department at the Rusk Institute of Rehabilitation Medicine from 1950 to 2009 and
- Continues to pursue her research in clinical aphasiology

Our honor's recipient is a consummate professional and has given a life-time of extraordinary, continuous and dedicated leadership to our field. She has been a role model for many of us and has set a standard to which many of us aspire, but few achieve. We are so proud and pleased to present the 2009 Honors of the Academy of Neurologic Communication Disorders and Sciences to our esteemed colleague, **Martha Taylor Sarno**.

Presented by Anita Halper, M.A., CCC-SLP, BC-ANCDS, Chair Honors Committee
As nominated by the ANCDS Honors Committee
and conferred by the ANCDS Executive Board
November 2009

Spotlight on a Member Ellen Hickey, Ph.D., CCC-SLP

Reporter: Melissa Duff



Q: You recently were on sabbatical in Africa. Where did you go and what were you doing there?

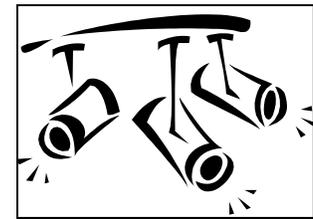
A: I was in Blantyre, Malawi, the financial center of Malawi (as much as there is one!) and the 2nd largest city. I was there for 6 months working with the Kachere Rehabilitation Center to develop speech-language therapy services. There are no speech-language pathologists or audiologists in Malawi. There are 2 Communication Disorders Assistants who were trained in Canada and returned to work in Malawi, but they are expected to function as both SLPs and audiologists rather than as assistants!

At Kachere Rehabilitation, I trained 3 rehabilitation technicians; we worked primarily on basic assessment and treatment strategies for adults with dysarthria, aphasia, and apraxia of speech. We also did a little bit of work with those with cognitive disorders, and all staff at Kachere were trained in Spaced

Retrieval Training (SRT) so that memory deficits would not impact physiotherapy and occupational therapy so much. But my work quickly expanded.

Kachere Rehabilitation Center is part of Malawi Against Physical Disabilities (MAP), which has a Rehabilitation Technicians School and an Outreach program. I also worked at Children's Villages (SOS) in Blantyre and Lilongwe. At SOS Children's Rehabilitation Program, I worked with the 2 Communication Disorders Assistants and with children having cerebral palsy, acquired disorders from cerebral malaria, encephalitis, meningitis, or HIV. HIV/AIDS has been an enormous burden on the country. Initially, the HIV epidemic primarily affected young, professional adults, which took an extreme toll on the development of the country. Now, the epidemic has spread to villages and impacts people of all ages.

We also worked as a team with physiotherapy, occupational therapy, and nursing. I provided in-services to all staff at the SOS Medical Centers about the types of communication disorders seen in their children, and about use of AAC for those with severe disabilities. This was very rewarding, as staff would exclaim things like, "You mean, Miracle can under-



stand?!" (I love Malawian names!) They were shocked to think that such a child could actually express himself, if given the proper means. I addressed behavioral challenges and their relationship to communication frustration and worked with the OT and CDA (Communication Disorders Assistants) at each facility to develop communication systems for nonverbal children.

I was also approached by professionals at several other programs, but given my limited time, did not get to be involved in all proposed projects. For example, a neurologist at Queen Elizabeth Central Hospital (QECH) asked me to initiate a swallowing program for in-patients in acute care; a pediatrician asked me to evaluate children with cerebral malaria; a teacher asked me to work with some children who stutter; and some physicians wanted me to work with a medical student who stuttered severely. The people who run a home for street children (STEKA house)

wanted me to do some work with their children. I did manage to go on some home visits as part of a Stroke Outcomes research project with a Finnish neurologist, did hearing and vision screenings on street children at the STEKA house, and was able to transition one STEKA boy with cognitive and communication disorders into rehab at SOS. ,

I also taught for about 30 hours in the Rehabilitation Technicians School, with 18 students in the class. I taught some basics of communication processing and neurological communication disorders. The students were also trained in making basic communication boards (e.g., alphabet boards), and SRT.

Q: You mentioned some of the rewards associated with your work in Malawi. I'm assuming there were some challenges too?

A: Oh yes. The challenges were many! There were many challenges working in such a different health care context, creating difficulty in developing appropriate assessment and treatment materials, challenges in clinical decision-making, and challenges in working with my Malawian colleagues. Some were related to language and cultural communication differences. The national language is Chichewa, which is a Bantu language, but there are also many regional tribal languages. Just when I thought I was doing well

with Chichewa and could work with a client a bit on my own, the next person through my door would speak some other language that I had not heard of!

Major barriers related to the economic context included a severe lack of adequate resources (finances, skilled personnel, equipment, etc.) throughout the health care system and within clients' families. There is a

Major barriers related to the economic context included a severe lack of adequate resources throughout the health care system and within clients' families.

staff shortage at all hospitals, so each patient must be accompanied by a guardian (i.e., family or friend/ caregiver). This individual stays with the patient at all times to provide ADL care, do laundry, provide food, etc. This situation presents a hardship for many families, as two people are then unable to work or care for their children. The issues of "fairness" in treatment are quite different. With my first out-patient, I felt he would make a

lot of progress and be able to go back to work if he had enough therapy. So I asked him to come three times per week for a few weeks and then we could see how things went from there. The rest of the staff gasped when they found out. "That's not fair!" Turns out, it's not fair to ask guardians to spend that much time away from work, not earning money or being able to do their farming, and it's not fair to ask people to spend that much money on transportation to come to appointments. After that, I never made a decision about how much someone should come to out-patient without asking a Malawian to discuss it with the family member first.

In rehabilitation settings in Canada or the US, the focus often shifts quickly from basic needs to higher level needs, such as vocational and leisure activities. In Malawi, 65% of the population lives in extreme economic poverty, and 85% survive on subsistence farming. Many people do not have time for leisure, and when they do, they have very limited resources to pursue leisure interests, and work is often very labor intensive (e.g., chopping wood and carrying it 10-20 km to sell, or farming). Additionally, people thought I was a little bit crazy when I kept insisting that the guardians tell me what they would like their spouse to be able to talk about with them. I finally learned that

spouses don't sit around and talk much. The man is out selling goods or doing labor, and the women are in the fields working, fetching water, caring for children, etc. One rehab tech said to me, "What is it with you azungu [white people] and your conversations about the moon? The moon has always been there, and it will always be there, and it will do the same thing all the time. If you don't have enough food for your children, or you are exhausted from your daily chores, how can you take the time to sit there and look at the moon and talk about how pretty it is?" Basic needs are usually the focus of rehabilitation needs.

Q: Given how in demand you were it sounds like there was a lot of interest in your services and expertise among medical and rehabilitation professionals, but given these cultural differences about why to have therapy or what to communicate about, was it difficult to motivate the patients and families to participate?

A: Actually, the other rehab professionals didn't really "get it" at first. They assumed it was just about articulation. Of the three rehab techs that I trained at Kachere, two actually agreed to be trained because they saw it as a "break" in their daily work. During the first 2 weeks, they often

slept during the sessions! I talked with the rehab director about how to deal with that, and she had a talk with them. After that, one of them stayed awake and became very engaged in the sessions, and she grew very passionate about speech language pathology.

The patients and families needed no convincing whatsoever! They were actually, to some extent, more interested in speech sessions than some of the people at home who have to be convinced



Basic needs are usually the focus of rehabilitation needs.

that they shouldn't just spend all of their time at physio! As I would walk into the building in the morning, I would have people stop me along the way to my office asking, "What time will you see my husband/brother/mother today?" and then they would line up outside my door.

I have had several people say, "When people are living in such extreme poverty and can barely meet their basic needs, how can you expect them to worry about something like speech therapy?" I have two responses. Communication is a basic need. And if you talked to the mothers of the children at SOS rehab or to the clients or families at Kachere

who received speech-language therapy services, you would quickly find out how valuable and important they think this service is. For example, I was working with an 11-year old child with mild cerebral palsy, severe motor speech disorder, and significant intellectual delays with severe behavior problems. I was training her to use communication cards using the PECS approach. The child is ambulatory and has gross motor abilities with her hands, so she could get the card that she wanted and make requests, which cut down on behavior problems. Her mother said to me when I was leaving, "Thank you so much for coming here and teaching us. You are the first person who has ever given me hope that my daughter will one day be able to communicate with me. The doctors and teachers have never given me anything to work with. I know it will take a long time, and it will be hard work, but you have no idea how much that hope means to me."

Q: It is stunning how much you accomplished while you were there, but also how many other requests there were for your time and services. Will you be returning to train more SLPs?

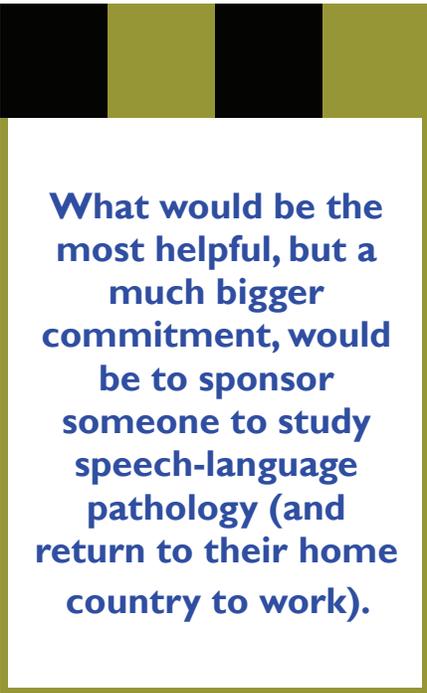
A: I do want to continue to be involved and I hope to get more involved with children with cerebral malaria. I keep

in touch by email with one of the rehab techs at Kachere and one of the CDAs at SOS. I am hoping to go back this spring for about 5-6 weeks, and am working on money for that.

Q: I am so inspired by your work and experiences in Malawi. Are there ways for other SLPs to get involved? What can people do?

A: There are a number of ways individuals or institutions can support the development of speech language pathology in developing countries, whether or not they can travel to work in such places. One way to get involved is to donate materials and equipment. For example, they have a very hard time obtaining ear mold material in Africa. You have to be careful to ask what would be useful for the context. In just 6 months, I saw many examples of foreigners sending or suggesting donations that were not useful, like electrical AAC devices. Very few people have electricity (6% of Malawians), and there is no one to fix broken equipment that is very specialized. Additionally, many of our SLP materials cannot be used in Malawi due to inappropriate content or presentation. I thought I was very clever to take a bunch of photos in the first couple weeks and have them developed to use as treatment materials. It was a big lesson when I found

out how many clients had never seen a photo before, and therefore had not developed the cognitive skill to recognize photos. For others, they never had exposure to the same things that I had seen there, so they could not recognize them (e.g., zebra, electrical appliances). A better way to assist is to donate money to provide supplies that can be purchased locally. While there are office supplies (paper, pens, printer ink, etc.) in Malawi, there is very little money for this at



What would be the most helpful, but a much bigger commitment, would be to sponsor someone to study speech-language pathology (and return to their home country to work).

the hospitals or among families. The NSSLHA groups at Ohio State University and Arizona State University provided this kind of support and I was able to provide digital cameras, printers, lots of ink, laminating sheets, and lots of paper to make communication boards.

What would be the most helpful, but a much bigger commit-

ment, would be to sponsor someone to study speech-language pathology (and return to their home country to work). Two of the students I worked with would like to go to school to become SLPs, but that means leaving the country, and neither have the money to do so.

Q: Ellen, this has been very eye opening. Thank you so much for sharing your experiences.

A: Zikomo kwambiri! (Thank you very much!)

This interview is in honor of Simunji Mufalali who invited Ellen to work in Malawi and who became a dear friend and colleague. Simunji Mufalali was killed in a car accident shortly after Ellen returned to Canada.

Ellen Hickey, Ph.D., CCC-SLP is an Associate Professor in the School of Human Communication Disorders at Dalhousie University. She conducts research and teaches on topics of assessment and treatment of persons with neurological communication disorders. She co-authored the book, *Dementia: From Diagnosis to Management – A Functional Approach*, with Michelle Bourgeois. Dr. Hickey has recently become involved in international development of speech-language pathology.

Interview of a New Board-certified Member Gramma Rangamani, Ph.D., CCC-SLP

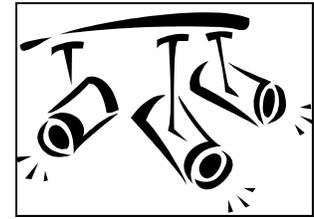
Reporter: Melissa Duff



Q: You recently completed the ANCDS board certification processes. Why did you decide to get this certification? What do you think this certification offers you beyond the Clinical Certificate of Clinical Competence provided by ASHA?

A: In my view, the certification process is somewhat akin to one of the required tune-up services on a car that has been running on cruise for a while! I must admit that while I was simply curious initially, later I was impressed with the value of the process that was involved in the board certification. Knowledge does not remain static and therefore there are always new discoveries and understanding that keep taking place in any field. The certification was a validation to myself that I am providing evidence based practice and the best of service to my clients, and imparting the fundamentals and developments in the field to the future professionals in the field, who I men-

tor. In order to answer what the certification offers beyond ASHA's clinical certificate of clinical competence (CCC), I have to first delineate the main difference in the two processes. I believe that the board certification and the CCC are two different entities. While they may appear to be on the same line of progression, they are actually on different dimensions or axes. The CCC establishes the knowledge and skill competencies across a broad range of clinical areas at an entry level into the profession, which can be likened to a two dimensional portrait; whereas, the board certification determines the third dimension of in-depth knowledge and skills, in a focused clinical area. The certification process offers a unique chance to develop and sharpen one's knowledge and skills in Neurogenic Communication Sciences and Disorders (NCSD). Especially for professionals graduating out of clinical programs, with 1 to 2 credits each, in the areas of aphasia; cognitive disorders; and motor speech disorders, the certification process provides a self-study opportunity to delve into the theoretical fundamentals, bridge the clinical experiences with theoretical bases, and further one's knowledge and skills in the field.



Q: Can you describe the certification process? How long did the process take?

A: The first step in the certification process was a multiple-choice exam. After successfully completing the exam I worked on a case report of a clinical intervention that I had completed with one of my patients. The report was submitted for a review by a board of examiners. Once the report was accepted, I had an opportunity to meet with the examiners for a further discussion on the case that I had submitted. Having participated in the discussions successfully, I was awarded the certification! While the process can be easily completed in about a year's time, it took me almost close to 2 years for reasons unrelated to the certification process.

Q: What impact do you think the certification will have on your clinical practice?

A: Being recognized as a board certified member, my clients should have comfort in seeking help from our clinic, as it is part of a training institution. I hope I can serve as a liaison and serve as a contact person for other clinicians in the region to share their doubts / questions regarding their clinical practice. In the process, I hope I can motivate them to pursue their certification.

Q: At the ANCDS annual meeting in November, Mary Kennedy, the ANCDS president, stated that few ANCDS members were pursuing the certification process and that there were ongoing discussions about the utility and future of the certification process. Why do you think so few members pursue the board certification?

A: One primary reason could perhaps be the lack of any structured support and mentoring through the certification process. The certification process by itself is an excellent opportunity for professional growth. However, I believe, it can appear fairly simple and straightforward, or extremely daunting, depending upon the training background of professionals. For example, the exam can be a simple process for professionals that have a yearning passion and self-motivation to understand the typical and atypical neural processes or to those that have adequate academic training in the area. Though, as I have pointed out

earlier, professionals graduating from clinical programs may not have the necessary in-depth academic preparation in neurophysiology, neuropathology, neuro-linguistic and cognitive-linguistic processes. In such instances, an exam focusing on the content areas may itself become the deterring factor. Even if one braves to prepare for the exam, the certification process does not provide any guided assis-

The certification process by itself is an excellent opportunity for professional growth.

tance (e.g. recommended resources, sample questions, workshops etc.) for preparation. Similarly, there is no support of any kind to mentor and/or facilitate the writing process or the final oral defense. I was fortunate that an esteemed member was willing to read my report and give me some constructive feedback, before I submitted my report. I believe if there is more structured support and guiding/mentoring mechanisms in place, there will be more success stories on the process of attaining certification, which in turn can motivate others to follow suit. Further, despite the publicity,

there are many clinicians who have not heard of ANCDS or the wealth of information that exists under the practice guidelines. Unless professionals are made to realize the importance of the certification process, it may only be seen as another exercise in simply adding more letters to the end of a name.

Even though one can come up with many suggestions, I think appropriate actions can be pursued, if the real reasons for professionals not wanting to take up the certification can be determined. So, perhaps a short survey posted to the ASHA's special interest division 2 members, may give some leads as to why one may not want to pursue the ANCDS certification. Once the reasons are collated and prioritized, necessary actions can be implemented to overcome the resistance.

Q: Having been through the process, would you do it again?

A: I think I would gladly repeat the process again, if I had to. The whole certification process was an extremely stimulating experience. It helped me to reaffirm my knowledge of the fundamental concepts and current practices. Particularly, the writing process provided an occasion for introspection of

evidence-based practice and for an objective discussion and integration of the theoretical concepts and their implications to my clinical practice.

Q: What advice would you give to those considering completing the certification processes?

A: For those seeking certification I would like to quote one of my clients with chronic aphasia, who remarked, “You can’t just give up. You have to keep at it, if you want it!” This was said in response to a comment made by another client regarding her progress during a group therapy session. This client could not write even her name or any other simple words a year ago, but after intervention with evidence-based treatment methods and her hard work, she was finally able to independently write a letter to her daughter. Specialization and Excellence in knowledge and skills are critical key components of any service, and in my opinion, it is also a fundamental right of every patient/client to receive such service. Whatever the ultimate reasons that there may be for obtaining the certification, one fact remains clear. That is, for all professionals who feel that they have a wealth of clinical experience

and specialization in NCSD, the certification process provides a self-study opportunity for introspection, validation and continued growth of one’s knowledge and skills. For others, it provides an excellent opportunity to increase the depth of their knowledge base and sharpen their clinical skills. I believe all professionals working in the area of

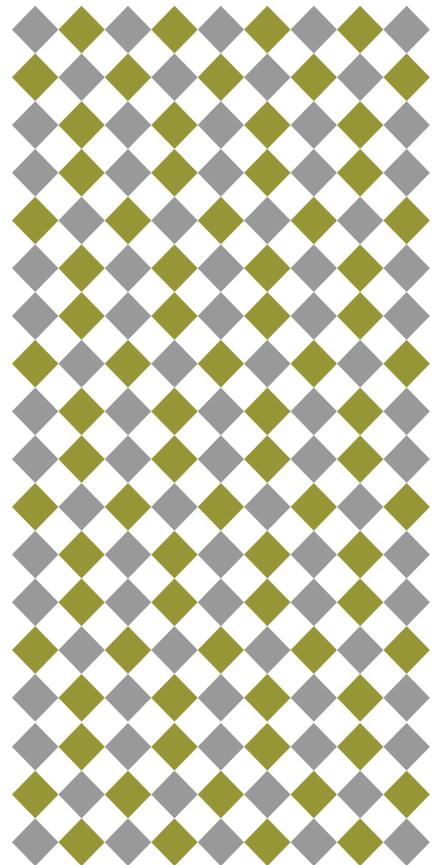


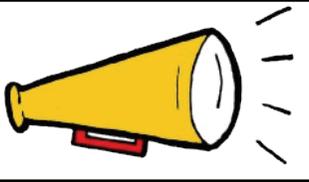
The certification process provides a self-study opportunity for introspection, validation, and continued growth of one’s knowledge and skills.

NCSD should obtain the board certification! Especially for professionals who are not actively involved in teaching and research, the board certification process provides a self-paced opportunity to hone their analytical and critical evaluation skills and knowledge of current practices.

Gramma Rangamani is an associate professor and graduate di-

rector in the Department of Communication Sciences and Disorders at St. Cloud State University. She teaches graduate and undergraduate courses in the area of adult neurogenic communication disorders. She has many years of clinical experience working with adults with neurogenic communication disorders. Her research interests include cognitive-linguistic intervention in chronic aphasia, and language impairments (including reading and writing disorders) and intervention in English and bilingual/multilingual speakers. Dr. Rangamani recently completed the ANCDs board certification process and shared her experiences with us in this interview.





ANCDS Committee Corner

Membership Committee

The ANCDS currently has 212 members. This includes 141 Full Members, 66 Associate Members, and 5 Life Members. We welcome our newest ANCDS members (2 Full Members, 4 Associate Members, and 4 Student Associate Members) who have come on board since the Fall 2009 newsletter was published. Please continue spreading the word about the educational training, newsletter, patient advocacy, research, networking and other activities and opportunities available to those who join the ANCDS.

The Membership Committee welcomes your suggestions regarding membership recruitment, which should be forwarded to Dr. Gloriajean Wallace, ANCDS Membership Chair (wallacgn@email.uc.edu).

Meetings Committee/Education and Standards Committee

The Meetings and Education Standards committees are pleased to announce that the Annual Business and Scientific Meeting will be held at Temple University in Philadelphia, PA. The annual meeting will take place on Wednesday, November 17, 2010 from 8am to 5pm. The topic will be apraxia of speech in children and adults, and the speakers will be Lawrence Shriberg, Edythe Strand, and Julie Wambaugh. More details regarding the program schedule and registration will be available in late summer/early fall.

Please e-mail Linda Shuster, Education Committee Chairperson (LShuster@mail.wvu.edu) if you are interested in presenting a case for the Grand Rounds portion of the meeting.

Please contact Michele Page Sinotte, Meetings Committee Chairperson (michele_page@hotmail.com) if you have any questions or special requests for the day of the meeting.

Practice Guidelines Committee Update and Random Thoughts

Work continues in the Practice Guidelines Committee in 2010. First, we welcome several new members to the dementia committee, which will be spearheaded by Michelle Bourgeois. Over the next several months, they will be collaborating with the ASHA National Center on Evidence-Based Practice on a review of cognitive stimulation interventions in dementia. When the N-CEP approached us, we thought this would be a good opportunity to collaborate and tap into some additional resources available in that office. Thank you to committee members for willingly taking on this project.

Other committees are at work as well. Mary Kennedy is meeting with some members of the TBI committee to make plans for their next projects. Kathy Yorkston is forging ahead with some disease-specific reviews in the dysarthria writing committee, first tackling the ALS literature. Don Robin and his committee have completed a review of the, albeit, small literature on treatments for developmental apraxia of speech; they hope to post some evidence tables soon. Julie Wambaugh is looking for the apraxia of speech committee to update their documents as needed. And Pagie Beeson is finalizing the long-awaited meta-analyses on aphasia treatment.

Arguably the greatest contribution of the ANCDs has been the series of excellent documents developed over the past 10 years by the Practice Guidelines writing committees. During this era, the science and process of evidence-based practice has continued to evolve. New journals have proliferated including some in our discipline (e.g., *Evidence Based Communication Assessment and Intervention*). In addition, perspectives on what evidence-based practice is and is not have proliferated. A variety of perspectives are expressed in a recent volume of the *Journal of Evaluation in Clinical Practice*. A paper in that volume by B.G Charlton (2009) expresses a rather cynical view of evidence based practice as it has turned away from the original science of clinical epidemiology, wherein a medical practitioner makes decisions about individual patients on the basis of their knowledge of epidemiology of the disease, its progression, and treatment (http://charlonteaching.blogspot.com/2009_08_01_archive.html). We certainly have seen some of the downside of evidence based practice in our discipline when lack of evidence is viewed as lack of an effect.

Our goal is for ANCDs to be at the forefront of evidence based practice in neurogenic communication disorders. We will continue to conduct thorough reviews of timely topics using the most up-to-date, rigorous methods. We will advocate for implementation of highest quality of evidence based clinical speech pathology services, incorporating knowledge about the latest empirical evidence for diagnosis and treatment of neurogenic communication disorders. We will instigate much-needed research in areas that have insufficient rigorous clinical trials to support strong guidelines for clinical practice. At this critical time of healthcare reform in our country, the work of ANCDs is even more important and must go on.

Anyone interested in participating in or commenting on the writing committees is welcome to contact Stacie Raymer at sraymer@odu.edu.

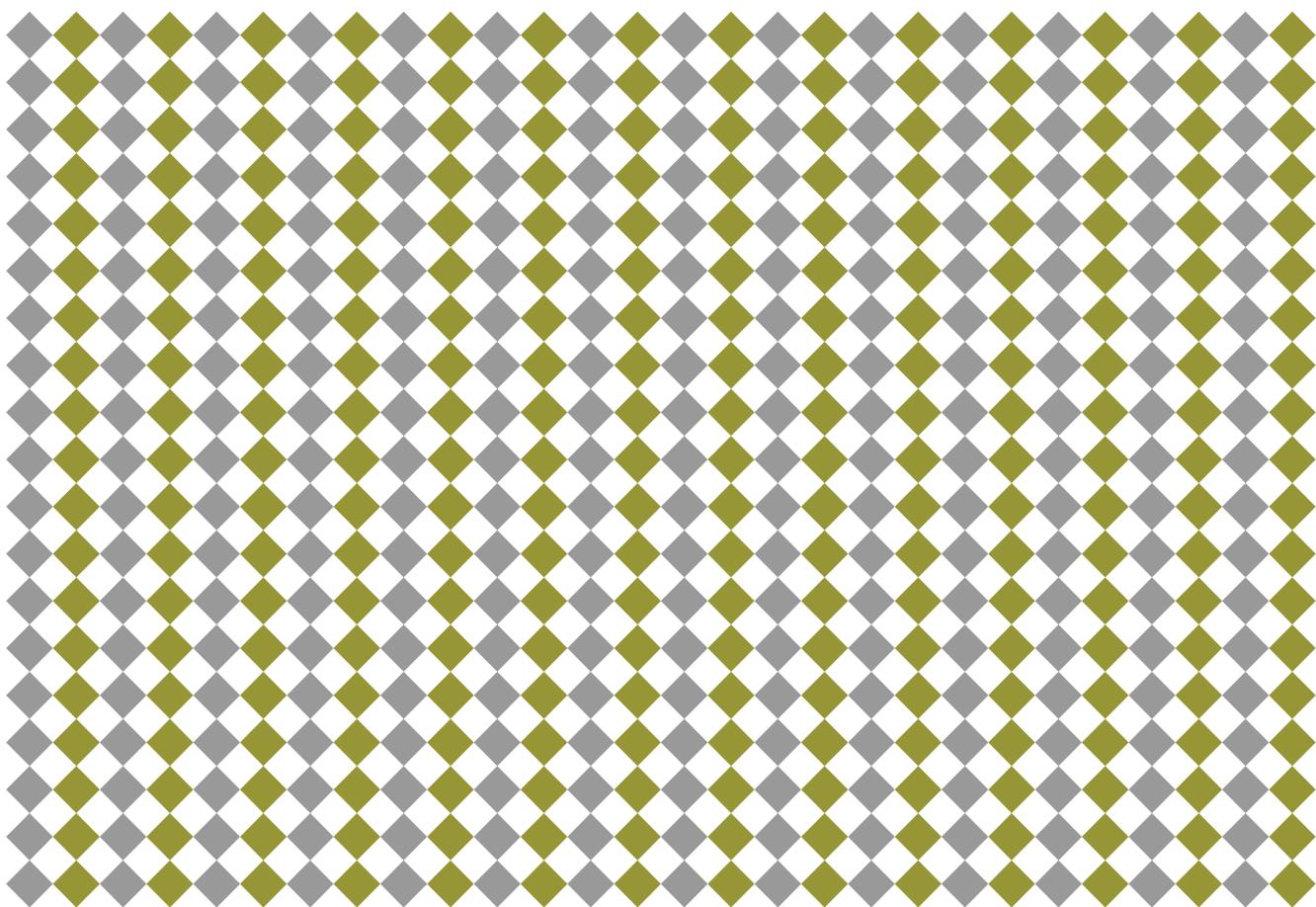
Charlton, B.G. (2009). The zombie science of evidence-based medicine. *Journal of Evaluation in Clinical Practice*, 15, 930-934.

Stacie Raymer, Chair

Honors, Accomplishments & Awards

Anthony P. Salvatore, Ph.D., was awarded the Texas Speech-Language-Hearing Association “Hall of Fame Award” in March 2010.

Jacqueline Stark, Ph.D., at Austrian Academy of Sciences, was elected the president of Association Internationale Aphasie (AIA) in Fall 2009.



ANCDS Members' Publications

Baily H, Agger W, Baumgartner D, Burmester JK, Cisler RA, Evertsen J, Glurich I, Hartman, D, Yale SH, DeMets, D. (2009). The Wisconsin network for health research (WiNHR): A statewide, collaborative, multi-disciplinary, research group. *Wisconsin Medical Journal*, 108, 453-458.

Buckingham, H., Christman, S. S. (in press). Charles Darwin and the evolution of human grammatical systems. *Journal of the History of the Neurosciences*.

Centeno, J. G., & Cairns, H. S. (2010). Frequency effects on verb inflection use by Spanish-speaking agrammatic individuals: Theoretical and clinical implications. *International Journal of Speech-Language Pathology*, 12, 35-46.

Hartman D, Hutter R, Boland K. (in press). A case of aphasia and apraxia of speech following status epilepticus and right cerebral hemiatrophy in a developmental left-hander. *Journal of Medical Speech Language Pathology*.

Haley, K.L., Roth, H.L., Helm-Estabrooks, N., & Thiessen, A. (2010). Foreign accent syndrome due to conversion disorder: Phonetic analyses and clinical course. *Journal of Neurolinguistics*, 23, 28-43.

Helm-Estabrooks, N., & Karow, C.M. (2010) *Problem Solving Treatment Program: A Model-Based Approach*. Northborough, MA: CommDis Resources.

Hotz, G., Helm-Estabrooks, N., Nelson, N. & Plante, E. (2010) *Pediatric Test of Brain Injury*. Baltimore, MD: Brookes Publishing Company.

Hotz, G, Helm-Estabrooks, N. & Nelson, N. (2009). The Pediatric Test of Brain Injury: Development and interpretation. *Topics in Language Disorders*. 29, 3: 207-223.

Krause, M.O. & Kennedy, M.R.T (2009). Changes in metamemory over time. *Brain Injury*, 23, 965 — 972.

Lemoncello, R., Sohlberg, M.M., & Fickas, S. (2010). How best to orient travelers with acquired brain injury: A comparison of three directional prompts. *Brain Injury*, 24, 541-549.

Lemoncello, R., Sohlberg, M.M., & Fickas, S. (2010). When directions fail: Investigation of getting lost behaviour in adults with acquired brain injury. *Brain Injury*, 24, 550-559.

Lundgren, K, Helm-Estabrooks, N., Klein, R. (2009). Stuttering following acquired brain damage: A review of the literature. *Journal of Neurolinguistics*, 23, 1-8.

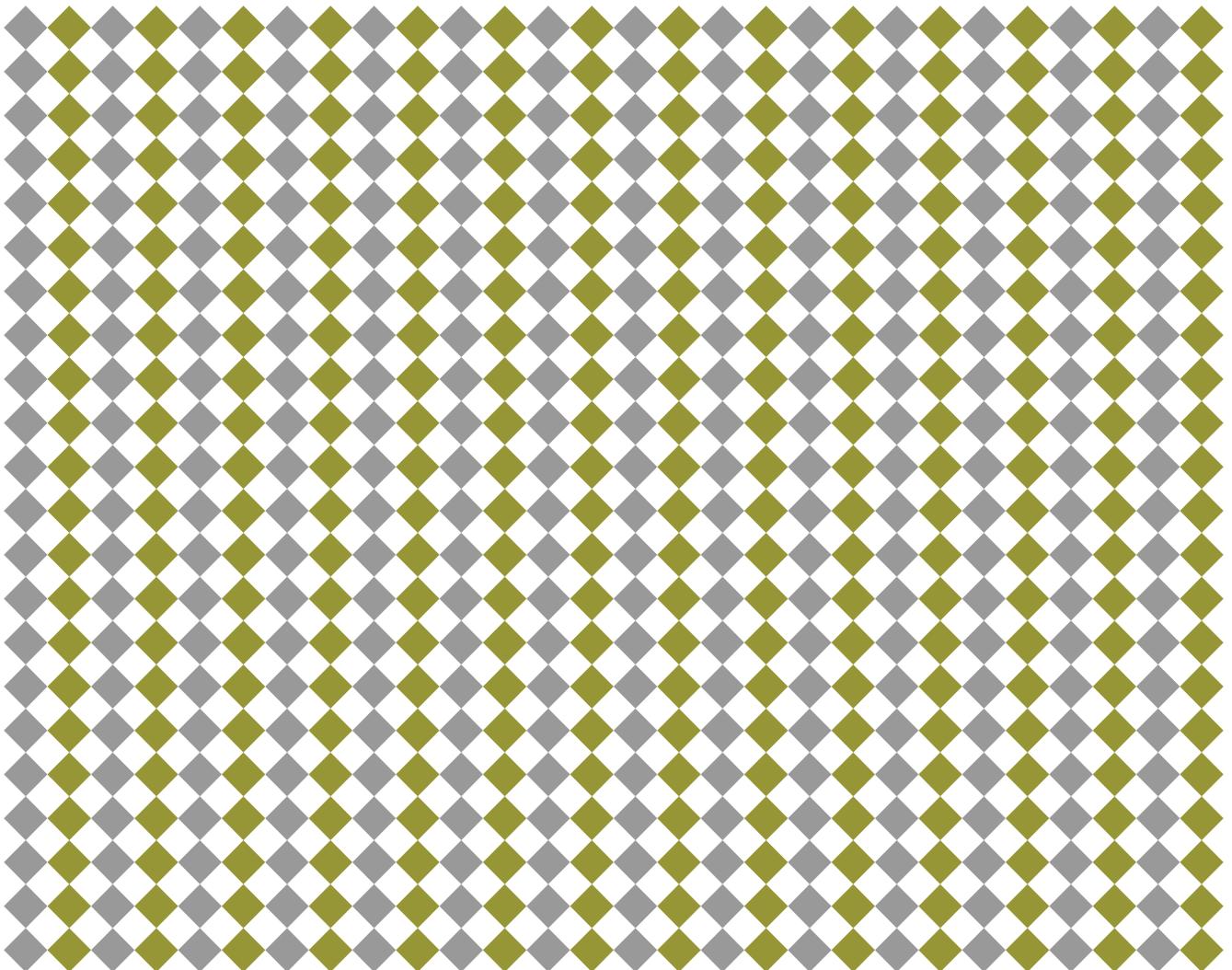
MacDonald, S. & Wiseman-Hakes, C. (2010). Knowledge translation in ABI rehabilitation: A model for consolidating and applying the evidence for cognitive-communication interventions. *Brain Injury*, 24(3), 486-508.

O'Neil-Pirozzi, T.M., Strangman, G.E., Goldstein, R., Katz, D.I., Savage, C.R., Kelkar, K., Supelana, C., Burke, D., Rauch, S.L., Glenn, M.B. (2010). A controlled treatment study of internal memory

strategies (I-MEMS) following traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 25 (1), 43-51.

Pimentel, J. (2009). Contextual thematic group treatment for individuals with dementia. *Neurophysiology and Neurogenic Speech and Language Disorders*, 19, 135-141.

Sohlberg, M.M. & Kennedy, M.R.T. (2009). Evidence-based practice: Reminders and updates for clinicians who treat cognitive-communication disorders after brain injury. *Brain Injury Professional*, 6(2), 10-14.



Continuing Education Events

Recognizing and Managing Moral Distress in Rehabilitation Health Care

April 19-20, 2010

Chicago, Illinois

Rehabilitation Institute of Chicago. Contact: education@ric.org, visit www.ric.org/education or call 312-238-6042.

Annual Interdisciplinary Stroke Course — A Step Beyond: Advancing Stroke Rehabilitation Care for the Decade to Come

April 22-23, 2010

Chicago, Illinois

Rehabilitation Institute of Chicago. Contact: education@ric.org, visit www.ric.org/education or call 312-238-6042.

Annual Brain Injury Course: Interdisciplinary Approach to the Management of the Patient with Brain Injury

May 17-18, 2010

Chicago, Illinois

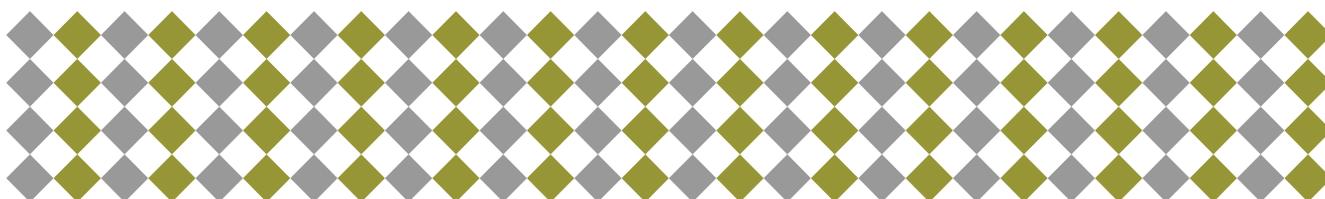
Rehabilitation Institute of Chicago. Contact: education@ric.org, visit www.ric.org/education or call 312-238-6042.

Linking Neuroscience to Clinical Practice

June 11-12, 2010

Chicago, Illinois

Presented by Martha S. Burns, PhD, CCC-SLP. Rehabilitation Institute of Chicago. Contact: education@ric.org, visit www.ric.org/education or call 312-238-6042.



Executive Function and Medial Frontal Lobe Function: Enhancing Cognitive-Linguistic Treatment

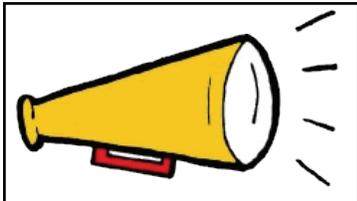
July 7-8, 2010

Chicago, Illinois

Presented by Martha S. Burns, PhD, CCC-SLP. Rehabilitation Institute of Chicago. Contact: education@ric.org, visit www.ric.org/education or call 312-238-6042.



Please send announcements to:
mkim@uri.edu



ANCDS Reminder

We would like to remind all certificate holders that the correct designator behind your names is **BC-ANCDS**. Please make sure you are using the correct designator in your email correspondences and business cards.

ASHA Announcements

By: Amy Hasselkus



American
Speech-Language-
Hearing
Association

Announcements from ASHA

ASHA again participated in the annual brain injury awareness day on Capitol Hill, which took place on March 17 in Washington, D.C. The event is sponsored by the Congressional Brain Injury Task Force. Representatives from ASHA were present in the exhibit hall to promote the role of SLPs and audiologists in the management of individuals with TBI. More information on the day is available at http://www.biausa.org/elements/brain_injury_awareness_day_2010.pdf.

ASHA has had discussions with the Centers for Disease Control (CDC) about partnering on their TBI outreach to schools. ASHA has been asked to review and contribute to educational materials that they plan to provide. This collaboration is continuing and we hope to have more to report in the future.

ASHA hosted a meeting of the Taxonomy Advisory Board in March. This interdisciplinary project has completed 1 year of a 5-year grant from the National Institute for Disability and Rehabilitation Research (NIDRR) to develop a taxonomy of rehabilitation treatments. The benefits of a taxonomy would be to provide uniformity to support basic and clinical research, clinical treatments, documentation, pre-service education, interdisciplinary communication, and program evaluation. For more information about the project, contact Margaret Rogers at mrogers@asha.org.

Model licensure language for telepractice is now available on ASHA's Web site at <http://www.asha.org/uploadedFiles/ModRegTelepractice.pdf>.

A new document on telepractice has been drafted by the Ad Hoc Committee on Telepractice in Speech-Language Pathology. The document, "Professional Issues in Telepractice for Speech-Language Pathologists" contains information about technical and legal/ethical standards and will be presented to ASHA's Board of Directors for consideration this Spring. Once approved, it will be available on ASHA's Web site at <http://www.asha.org/practice/telepractice/>.

Upcoming ASHA Events

Health Care Conference/Business Institute 2010, April 24-25, Seattle, WA. More information is available at <http://www.asha.org/events/hcare-conf/>.

Schools Conference, July 16-18, Las Vegas, NV. More information is available at <http://www.asha.org/events/schools/>.

2010 ASHA Convention: Leadership into New Frontiers, November 18-20, Philadelphia, PA. More information is available at <http://www.asha.org/events/convention/>



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<i>Publications:</i>	Leonard L. LaPointe, Ph.D., BC-ANCDS	llapoint@mailier.fsu.edu
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