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2009 GSHA Convention
April 2-4, 2009
Atlanta Marriott Gwinnett Place

*GSHA is Now Accepting
Award Nominations*
p. 11

2009 GSHA Convention

Get up to 1.7 CEUs and Network with Colleagues from around the Country!

By Lori Burkhead, Ph.D., CCC-SLP

With 40 presenters from Georgia and nine other states, topics ranging from translational research to how to work smarter (not harder) in the schools, and a silent auction you will not want to miss – it is safe to say that the 2009 GSHA convention has something for everyone! We are excited to offer some of the best variety and breadth of information (from beginner to advanced) this year! With the economy being tight, it is our goal to offer a local program that is rich in content that would allow GSHA members to obtain much of their CEU needs close to home. We are bringing the experts to you! We have even included more topics of interest to our audiology members by inviting Dr. Brian McKinnon, a world-class neurologist and Dr. Althea Gray, a lead audiologist who will provide updates on auditory processing and technological advances in audiology. Attendees will choose from a range of topics pertaining to adult communication and swallowing disorders as well as school-based issues. With talks on everything from aphasia to Asperger's, the nuances of voice to weaving "magic" into the school curriculum, there are ample offerings for both medically-based and school-based practitioners.

In addition to the many out-of-town speakers, we have high-quality presentations from the Peach State, too. There are over 25

of your fellow members from around the state who will share their knowledge and expertise. The esteemed list of presenters also includes includes physicians, university faculty, experienced speech pathologists as well as graduate student scholars who will share a fresh perspective and some of the latest findings of our field. This year's convention really has it all!

Join us at the Atlanta Marriott Gwinnett Place April 2-4 to update your knowledge and to connect with colleagues across the state. The roundtable mixer with 50/50 raffle and wine & cheese reception with silent auction will be fun ways to get to know or get re-acquainted with your fellow members. You won't be disappointed!





Message from the GSHA President

Ruth Stonestreet, Ph.D., CCC-SLP

On behalf of your Executive Council and the GSHA Office Staff, I wish you a very prosperous New Year! Speaking of the New Year, 2009 should be the year that all of us as GSHA members strengthen our membership by contacting those who have not yet renewed or potential new members to join our ranks.

GSHA is YOUR professional state association. Our renewed agreement with ASHA, completed in five (5) year intervals, was approved by ASHA and Vince Clark, Past President, Erica Chatelain, President-elect and I received the framed certification at the Council for State Association Presidents (CSAP) Meeting at the ASHA Convention. GSHA is the only association for speech, language and audiology in the state that is nationally recognized by ASHA. Such recognition officially establishes collaborative relationships between ASHA and SSHAs (State Speech-Language-Hearing Associations) that are based in mutual respect, interdependence, and shared responsibilities. This recognition permits these associations to optimally promote and advocate for the professions, their members, and consumers of audiology and speech-language pathology services. To review the agreement, you can refer to the article in the Spring 2008 *Communication Lines*.

Executive Council Committees are working diligently in providing membership with benefits. The *Communication Lines*, which has gone green thanks to the hard work of the GSHA Office staff, is now better than ever! Provide us with articles, therapy tips, clinical exchanges and other ideas that

can enhance the publication. Melanie Hudson, Chair of the Publications Committee, will be glad to take your suggestions. Jill Shedd, your Schools Committee Chair, is working along with your council members, GSHA lobbyists and Jean Norman, SW Regional Representative, on various issues in the legislature. Lori Burkhead, along with President-elect, Erica Chatelain, have worked diligently on obtaining excellent speakers for the convention and received some excellent call for papers. They have planned a varied convention program. Look for new ideas and new opportunities at this convention in Atlanta, and come hear some fantastic speakers! Donna Davidson, VP for Legislation, continues to monitor legislation for us. We have all regional representative council filled, so please contact your representative for information or suggestions. Your representatives are as follows: Northeast, Terry Seehorn; Northwest, Sandra Jeffcoat; Southeast, Kelly Weber, Southwest, Jean Norman, and Metro, Janine James. Contact them and let them know what they can do for you in your region. They are available for you! All our council members and committee members are dedicated to the association, and they are to be commended for their volunteerism and commitment.

Thanks to all of you who have supported us in the last year. Let's make 2009 a year of increased membership and volunteerism.

GSHA is the only association for speech, language and audiology in the state that is nationally recognized by ASHA.

News from ASHA

by Emily Wooten, M.A., CCC-SLP

Our Mission

The Georgia Speech-Language-Hearing Association is a professional association of individuals specializing in the prevention, diagnosis, and treatment of human communication disorders that (a) advocates for the professional interests of its members and the individuals they serve, and (b) provides for the exchange of professional information and ideas.

Our Vision

The Georgia Speech-Language-Hearing Association and its members shall be recognized as authorities in speech-language pathology and audiology at the local and state levels.

COMMUNICATION LINES is published three times a year by the Georgia Speech-Language-Hearing Association (GSHA). The Editorial Committee welcomes and appreciates articles, news items, and comments. **The next submission deadline is April 15, 2009.**

Let us know if you have moved - please send or fax us your name, new address, and telephone number. Or, you can update your profile directly at www.gsha.org.

Sue Hale, MCD, CCC-SLP began her one-year term as president of ASHA on January 1, 2009. She succeeds Catherine Gottfred, Ph.D., who will continue to serve on ASHA's 2009 Board of Directors. Mrs. Hale is the Director of Clinical Education and Assistant Professor in the Department of Hearing and Speech Sciences at Vanderbilt University. She recently served a three-year term as ASHA's Vice President for Quality of Service in Speech-Language Pathology. She has also served as a member of the Council on Professional Standards and was the chair of ASHA's Council for Clinical Certification.

More than 12,000 individuals attended the recent (Nov. 20-22, 2008) annual American Speech and Hearing Association Convention, which was held in Chicago, IL. Members attended 1,800 educational sessions and 29 short courses in speech-language pathology and audiology. The number of speakers at this year's convention topped 4,000. The convention featured a number of positive trends that ASHA supports including: evidence-based practice; diversity; discipline-wide topics appealing to speech-language pathologists and audiologists; and expansion of the discipline's knowledge base through enhancement of clinical and research program content. The convention also showcased increased audiology content, more poster sessions and exhibits than at previous conventions, and accolades from Julie Andrews and Senator John Glenn.

Recently, the American Speech-Language-Hearing Association Foundation awarded 65 research grants, scholarships, and clinical achievement awards supporting research investigations, master's and doctoral education, clinical developments, and research travel stipends. The total of these monetary awards was \$574,000. Funding was given to exceptionally innovative and skilled researchers, students, and clinicians. This was the largest one-time disbursement of charitable funding in the ASH Foundation's history.

ASHA's Board of Directors approves GSHA's recognition renewal at the ASHA convention in Chicago.

Pictured from left to right: Catherine Gottfred, ASHA President, Vince Clark, GSHA Past-President, Ruth Stonestreet, GSHA President, Erica Chatelain, GSHA President-Elect, Dee Anne Owre, ASHA Vice President for Government Relations and Public Policy.





Ruth H. Stonestreet, Ph.D., CCC-SLP
GSHA President

Ruth, who graduated from high school in Kentucky, went to Mississippi University for Women where she graduated with a Bachelor of Science degree in Speech and Drama and Speech Therapy and a Master of Science degree in Speech Pathology. She received her Doctor of Philosophy degree from Southern Illinois University with an emphasis on Infant-Toddler-Preschool Communication Disorders and a cognate in Rehabilitation Administration. Her career has taken her to Mississippi, Kentucky, Michigan and Georgia where she has worked as a Speech-Language-Pathologist for children with cerebral palsy, as a Consultant for the Michigan Department of Mental Health serving adults with special needs, as a Speech-Language Pathologist, Assistant Principal and Coordinator of Part H and C of IDEA for the Macomb Intermediate School District and as a Professor at Valdosta State University. Ruth has served on executive councils for two state speech-language-hearing associations, Michigan and Georgia, and is now serving as your President. She has just been named an ASHA Fellow and received this award at the ASHA Convention in November.

The Clinical Exchange

by Cathy Carney Thomas, M.A., CCC-SLP

Hello everyone. Hope that we have all settled back into the swing of things after a busy holiday season. Did we make any resolutions? Did we come back to work for the new year with some new ideas or new questions or new suggestions for our fellow speech and hearing professionals? You did? Good! Then this column is custom made for you.

Each issue will pose a question - supplied by you - and provide answers and suggestions for that question - received from you the readers. This is a great way to keep each other aware of new ideas, recent innovations and the latest research.

The question for this issue relates to hospice care. Speech Pathologists and Audiologists don't usually see patients in Hospice services. It is not a covered for payment by most of the insurance providers. However, It is possible to see a patient at the "End of Life" and be part of the team involved in the treatment and plan of care decisions. Our mission this issue is to examine the role of the Speech Pathologist in Palliative Care.

There have been four distinct roles for SLPs in Hospice Care. The first is to provide consultation to patients, families, and members of the hospice team in areas of communication, cognition and swallowing function. The diagnosis of Dysphagia is frequently one of the pivotal symptoms for prompting the decision to begin hospice care. The Speech Pathologist uses his/her clinical expertise regarding dysphagia recommendations, provides input regarding the patient's communication and cognitive status in terms of decision making ability and uses the ethical principles for informed consent should the patient decide to continue oral feedings and risk malnutrition and dehydration.

The next role is to develop strategies in the area of communication skills in order to support the patient's role in decision making, to maintain social closeness and to assist the client in end of life goals. It is very difficult to discuss end of life issues when communication skills are declining. The third role is to assist in optimizing function related to dysphagia symptoms in order to improve patient comfort and eating satisfaction

and promote positive feeding interactions for family members.

The Speech Pathologist should also communicate with members of the interdisciplinary hospice team to provide input related to overall patient care. The SLP has the expertise and experience to provide education regarding strategies for communication and swallowing to other members of the team and provide and explain the assessment findings and palliative rationale for the services provided.

I know that most of us don't work with many patients ready for Hospice care; however, the clinical significance of these suggestions can be transposed to other areas within our scope of practice.

The next issue will pose the question to all of you who are certified in Vital Stimulation - we received requests for comparisons and treatment rationale for the adult (acquired disorder) versus the child (developmental disorder). What have we learned about techniques and treatment efficacy for E-stim. Any of you who can help out with this curiosity should e-mail your responses to me at cathycarney2@aol.com. We want to hear from you. You may also forward any questions you would like to see answered in future issues of *Communication Lines*.

Good Luck in 2009.

Use of Telehealth/Telemedicine Technologies in Speech-Language Pathology Rehabilitation

Introduction

According to the National Rural Health Association, 25% of the US population resides in rural areas, but only about 10% of physicians practice in rural America¹. This fact means that rural Americans have significantly limited access to many health care services. The Philanthropic Collaborative for a Healthy Georgia² reports that (a) "Georgians living in rural areas are not as healthy as those living in urban areas", and (b) "Health problems such as heart disease, diabetes and cancer occur more frequently among people living in rural areas." A greater rural incidence and prevalence of many chronic conditions is associated with both a greater than average need and demand for these same services.³

Geography and transportation are constant challenges for patients and providers in rural communities. In parallel, physical challenges and cost issues also can limit patient access to services in urban areas as well. These rural and urban challenges also can be addressed using telemedical approaches to open access to scarce services that are so important to these populations.

Telehealth/telemedicine is no longer a purely experimental field. It has proven its effectiveness as a tool to overcome distance, cost, and patient mobility issues in numerous clinical scenarios. These technologies are important considerations for the delivery of medical, diagnostic, therapeutic, management, training, and education services to individuals with access limitations of any cause in any location.

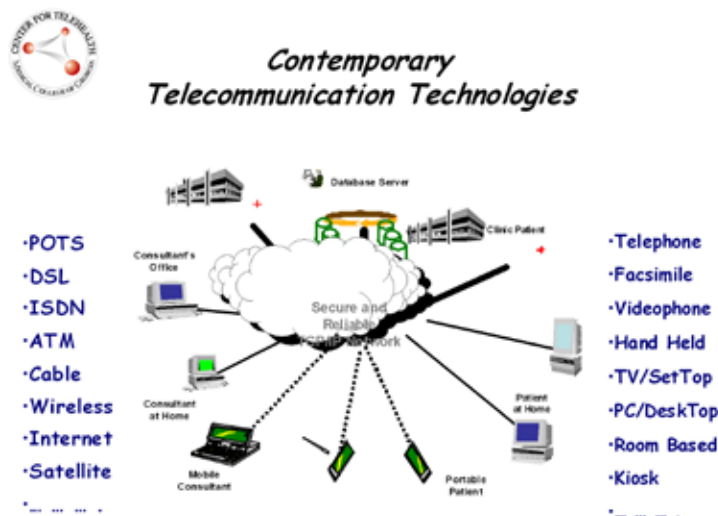
Definitions

"Telemedicine" is generally defined as the use of medical information exchanged from one site to another via electronic communications to improve patients' health status.⁴ The term "telehealth" is often used to encompass a broad scope of remote healthcare services that are provided by physicians, clinicians other

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than physicians, by non-clinician health-related service providers, and can include activities other than clinical services. Some groups use the term "telemedicine" to describe a subset of activities within the general concept of "telehealth" (e.g. HRSA's Office for the Advancement of Telehealth).⁵ In the remainder of this paper, we will use the term "telehealth" in its inclusive sense.

FIGURE 1



Tele-Technologies

In Figure 1 we attempt to demonstrate (a) the broad range – from POTS or "plain old telephone service" to satellite - of communication technologies available for telehealth activities, (b) the rapidly increasing number of fixed and mobile end-user devices – from PDAs and cell phones to room-based suites – that can be used by either the provider or the patient, and (c) the unifying capabilities of the Internet and of central databases.

Figure 1.

Certain principles need to be recognized for the effective use of telehealth technologies. The most important is that one must first define the clinical services to be provided and the circumstances under which they will be provided. The selection of an end-user technology and peripheral sensor, as well as the selection of the communication

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service (bandwidth) follows from that clinical service definition. One should never proceed in the opposite direction. The next principle follows from the first: Choose the least complicated end-user technology and the lowest bandwidth (cost) required to accomplish the task. Strict adherence to these principles will increase system reliability, usability, accessibility, and ultimately program sustainability.

Tele-Rehabilitation

Tele-rehabilitation refers to the clinical application of consultative, preventative, diagnostic, therapeutic, and monitoring activities in real-time via two-way audiovisual linkage. It can include remote assessment of vital signs, the use of specialized chemical or physical sensors to evaluate homeostasis or mobility, and computer graphics to document status change over time in response to rehabilitation programs.

Tele-rehabilitation in the form of physical, occupational, and speech therapy has been studied and applied in the United States. Typically, a tele-rehabilitation connection includes an office/clinic/hospital-based therapist observing and/or delivering service by videoconferencing with patient at a

See *Telecom* on page 6

similarly equipped remote site (e.g. a rural medical center, a doctor's office, a patient home). Communicating with the client using both video and audio, the therapist can instruct, observe, and document implementation. The patient can observe in order to learn and implement the strategies recommended. The nature of the treatment required and the outcomes sought will determine the sophistication and cost of the required equipment. As shown in Figure 2, this is an iterative process whether conducted in-person or remotely through the use of telehealth technologies.

Figure 2.

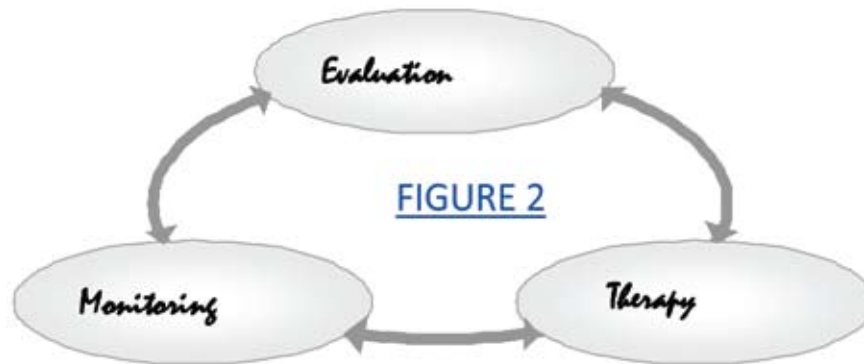
Conducting the process remotely using telehealth technologies can overcome the barriers of distance and patient mobility while simultaneously reducing cost.

Research has shown that speech and language pathology diagnoses and assessments performed at a distance can be equivalent to those conducted in traditional in-person settings.⁶ This work includes assessment sessions 7-12, assessment and therapy sessions.¹³⁻²¹ These studies examined using telehealth technologies to assess and/or treat misarticulation, stuttering/fluency, voice disorders, dysarthria, aphasia, dysphagia, and cognitive deficits following traumatic brain injury. Some of the studies were conducted with patients in the same facility in order to demonstrate proof of concept. An extensive review of the literature in the application of telemedicine and telehealth technologies in the management of communication and swallowing disorders supports favorable responses both from the clinician as well as the patient²².

Cost and Value

Telehealth has great potential for both diagnosis and treatment of communication and/or swallowing disorders. Cost depends on the sophistication of the clinical work to be

done. How clear must the picture be? How smooth must the video be? The higher the resolution and more life-like the motion, the more bandwidth that is required and the more costly will be the connection. Is it necessary to use sensors to provide bio-feedback (e.g. breathing, phonation, articulation, fluency, voice intensity)? These will also demand bandwidth, and therefore increase cost. The wrong choice can condemn the financial sustainability of the program. Tele-psychiatrists, for example, have learned that they can usually address the needs of both clinician and client using



Internet-video-conferencing so long as the steps necessary for HIPAA compliance are taken.

Studies in tele-rehabilitation and other telehealth applications have shown reduced travel expenses for patients and clinicians, as well as reduced unproductive down-time for clinicians. As a result, the over-all cost of the rehabilitative effort is reduced. On the other hand, even if cost is not reduced, tele-rehabilitation can provide access to services for individuals who could otherwise not access them because of the barriers of travel cost and inconvenience or mobility-impairing physical limitations.

The clinical success of telehealth programs and the value of telehealth services must take into account several parameters: immediate cost recovery, immediate and long-term cost avoidance, and clinical objectives met by as large a fraction of the population in need as possible. These parameters also define the sustainability of telehealth programs. However, certain diagnoses or complicated cases may limit the use of telehealth technologies because certain aspects of the encounter require direct contact. Examples include the assessment of individuals who have had laryngectomy,

as well as certain aspects of assessment and treatment of dysphagia.

Future Directions

It is encouraging that studies have not generally indicated a patient preference for in-person treatment sessions in comparison to tele-sessions, and that most studies demonstrate positive and encouraging outcomes.

These facts are stimuli for following the recommendations of Hill and Theodoros²³ concerning the use of telehealth technologies in the area of speech-language pathology: (a)

standardize frameworks for evaluating available technologies, (b) pursue additional cost-benefit ratio data, (c) assess programmatic value for educational and informational purposes, and (d) explore the efficacy of tele-rehabilitation in a wider variety of communication disorders. In essence,

in spite of the exceptions that these technologies will work in at least some clinical areas is known. The challenge is to define the rehabilitation areas in which the technologies can be employed most productively and then to contain cost by matching the desired service with the most appropriate and most affordable technology.

However, throughout this process it is important to remember that although tele-rehabilitation is an excellent tool for offering skilled services and behavioral interventions to individuals without access to those services, it is not intended to replace locally-available direct allied health therapy in either rural or urban communities. Tele-rehabilitation can provide skilled therapeutic, monitoring, and management services to patients who live in any area with limited access to those services and can also be used to cost-effectively supplement in-person services, especially for those with post-acute care needs.

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See Telecom on page 9

What's New At The "U"?

Georgia State University

Happy New Year to our colleagues and alums throughout the state! Congratulations to our most recent graduates (December, 2008): Brittany Banks, Lindsey Bowman, Dawn Brookes, Macy Brown, Brittany Byrd, and Danielle Santana. We wish you well and know that you will make Georgia State proud to have you as alums.

The Georgia State University chapter of NSSLHA had a productive fall semester raising \$200 for breast cancer research by participating in Casual Day for the Cure. This effort was done in memory of a current student whose mother passed away due to breast cancer in the summer of 2008. Additionally, NSSLHA adopted a family for the holidays through Project Healthy Grandparents, an organization that helps support grandparents who are raising their grandchildren. NSLHA members provided clothing, toys, and other items on the family's wish list. NSSLHA is looking forward to a great Spring Semester!

Spring semester will be a busy semester for us as always. Ms. Michelle Bartolozzi, Ms. Laurie Ben-Moshe and Ms. Kristin Hanna return as part-time instructors to join our full-time faculty supervisors, Ms. Mary Rambow and Dr. Stacey Wallen, in sharing their expertise our students during clinical experiences. We are grateful to Dr. Dan Sisterhen for teaching our Advanced Audiology class this spring semester.

The program faculty and current students will be interviewing over 75 applicants to our graduate program in February. We look forward to meeting the applicants and having these prospective students learn more about our program as they tour the program and meet with faculty and current [Winter 2009 Communication Lines](#)

students. In faculty news, Dr. Laures-Gore along with members from the Atlanta Aphasia Association were invited by the Georgia Department of Labor-Vocational Rehabilitation to educate their employees about the clinical aspects of aphasia and its impact on work. In October and November individuals living with aphasia told their stories about the effect aphasia had on their employment. Dr. Debra Schober-Peterson and Dr. Colleen O'Rourke published the article "Identifying and Assisting At-Risk Graduate Students: Process and Outcome Factors" in the October issue of *Perspectives on Administration and Supervision*.

Mark your calendars for our Eleventh Annual Summer Institute to be held on June 18-19, 2009. Dr. Kathryn Kohnert, an associate professor at the University of Minnesota will present on Language Disorders in Children and Adults who are Bilingual. Dr. Kohnert is nationally known for her research and teaching in the area of bilingual studies and was awarded the American Speech-Language-Hearing Association's Certificate for Special Contributions in Multicultural Affairs in 2006. We hope you'll join us to learn more about this exciting topic.

For additional information about the graduate program in Communication Disorders at Georgia State University, please call 404-413-8044.

University of Georgia

In addition to the usual fall activities, the UGA CMSD program was quite busy finalizing our preparations for our two-day reaccreditation site visit by ASHA's Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), which occurred October 23 – 24, 2008. Although we have not received the final decision from the CAA, we anticipate that the results will be positive. Thanks to everyone who participated in this process!

Our fall semester culminated with a graduation brunch hosted by CMSD faculty to celebrate the December graduation of 18 master's degree students. We extend our congratulations to these new alumni for their many accomplishments. We know you will all have very successful futures and look forward to hearing from you as you begin your careers.

We currently have 19 graduate students who started 2009 by completing

comprehensive exams and beginning their final semester in medical and school internships. This group is our first class who will graduate after the change in the length of our master's program from seven to six semesters. We are thankful to all of the off-campus supervisors who are providing clinical education opportunities for this class. Many of these supervisors also provided internships for our students in the fall, and we greatly appreciate their commitment to the professional development of these new professionals.

Several of our faculty had presentations accepted at the recent ASHA convention in Chicago, including:

Structural characteristics of prelinguistic vocalizations by Dr. Suneeti Iyer and graduate students, Amy Fleming and Allison Arnold.

Prevention instruction for graduate clinicians in speech-language pathology: A university model by Dr. Holly Kaplan, Carol Ann Raymond, and graduate student, Rebecca Hancock.

Investigating the Principles of Constraint-Induced Aphasia Therapy: Massed Practice by Dr. Rebecca Marshall and doctoral student, Jessica Richardson.

Yogic Breathing: A Complementary Approach to Altering Language & Cognition by Dr. Rebecca Marshall.

Additionally, faculty recently published articles in the following publications:

Iyer, S. N., & Oller, D. K. (2008). Prelinguistic vocal development in infants with typical hearing and infants with severe to profound hearing loss. *Volta Review*, 108, 115-138.

Iyer, S. N. & Oller, D. K. (2008). Fundamental frequency development in typically developing infants and infants with severe to profound hearing loss. *Clinical Linguistics and Phonetics*, 22, 917-936.

Marshall, R.S. & Laures-Gore, J.S. (2008). CE Introduction: What Is Complementary and Alternative Medicine? Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders, 18(3), 86-89.

Laures-Gore, J.S. & Marshall, R.S. (2008). Acupuncture as a Treatment Technique for Aphasia and Cognitive Impairments. Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders, 18(3), 107-113.

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Al De Chicchis, Alice Sanderson, and Holly Kaplan, along with 11 very hard-working graduate students, provided hearing screenings for the Special Olympics Winter Games in Marietta on January 18. Otoloscopic checks, tympanometry, otoacoustic emissions, and puretone testing were provided as part of the Healthy Athletes total health-screening program. The UGA Speech and Hearing Clinic is fortunate to be invited to participate in this effort. Not only do Georgia's Special Olympians benefit from identification of possible health needs, the University is able to provide its students with an excellent clinical practicum in identifying the hearing health needs of Georgians with developmental disabilities.

Wine n' Cheese Reception with Silent Auction



6:15 to 7:30 pm
Thursday, April 2
Exhibit Area

Join us at convention!

Healthcare Committee Report

by Kelly Ball

First, I would like to thank my Healthcare committee members TJ Ragan and Kelly Webber for developing the healthcare survey that went out to members in December. A lot of valuable information was gained from GSHA members.

The Healthcare committee is now pursuing several Medicaid issues. The Trialliance is scheduled to meet with Medicaid next week regarding the CMO's compliance with Senate Bill 507. Topics to be discussed include assigning prior approvals to the child instead of the provider, the need for CMO's to honor each other's prior approvals, basing the determination of services on the need of the child, and discontinuing the requirement that a standardized test be administered in order for a child to qualify for swallowing and sensory therapy. In addition, numerous GSHA members have expressed concerns regarding the restriction that Medicaid places on Clinical Fellows in the private sector by not allowing them to become providers. An initiative has been started to get this restriction repealed.

No new information has been received regarding Babies Can't Wait.

Results of the Healthcare Committee Survey, including how the BCW transition to the primary provider model is progressing across the state, will be discussed at the GSHA convention.

Regarding the adult population, therapy cap repeal legislation has been introduced in congress. The following information was received from ASHA regarding this issue:

Senator John Ensign (R-NV) and Representative Xavier Becerra (D-CA) recently introduced the Medicare Access to Rehabilitation Services Act (S. 46/H.R. 43) that would repeal the Medicare Part B therapy caps. The current therapy cap exceptions process is set to expire December 31, 2009. Please contact your members of Congress and request that they become co-sponsors of this important legislation on ASHA's Take Action Web site at <http://takeaction.asha.org>.

Please join us at the Healthcare forum, to be held during the GSHA convention, in April.

Call for Articles

Communication Lines is a newsletter published electronically four times a year by the Georgia-Speech-Language-Hearing Association (GSHA).

Information for Contributors:

News items and position statements on current professional issues are invited for publication. Manuscripts must be typewritten, single-spaced and submitted on disk (or via e-mail) in Word or Works format. The name, address, and telephone number of the author must be included. Letters to the Editor should be 200 words or less. Unsigned letters will not be published. The author's name may be withheld upon request if a valid reason is provided. GSHA reserves the right to keep any manuscript submitted and does not guarantee that all submissions will be published. GSHA also reserves the right to edit letters and articles for purposes of clarity and space.

Permission to quote a portion of any article in the issue is granted if credit is given to author(s) of the paper and the magazine.

Articles or news items may be sent to:

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Tiffany C. Markey, M. Ed., CCC-SLP

EBS Healthcare – Area Supervisor



As a high school student, I was so infatuated with the sciences. I enrolled in every science class possible. So quite naturally, upon entering college, I determined that my major would be Chemistry Pre-Medicine. I began my college career at Xavier University. However, I did not dream that Chemistry would be that much more difficult than what it was in high school. I fell out of love with Chemistry very quickly. During my second year of college, and feeling unsure about what I wanted to do, I received a brochure from New York University (NYU). I noticed that one of the field of studies listed was Speech Pathology. I immediately researched the field and decided that this had to be “my thing.” Feeling like it was time for me to get away from home, I packed my bags and moved to Houston, Texas and enrolled in school at Texas Southern University. After completing my B. S. in Communicative Disorders, I moved back home to New Orleans for a little while and worked with the Department of Social Services. After one year, I entered graduate school in Baton Rouge at Southern University.

After graduating, I returned home, once again, to New Orleans. This was at a time when there were major cuts in Medicare and not many people were hiring, so my Clinical Fellowship began at the Arc of Greater New Orleans with the Early Intervention (EI) division. I initially had no desire to work with children. However, when I began working with the birth – three populations, I just fell in love with them. It was an amazing feeling to see the progress that was being made, as well as the smiles on parents’ faces when their child would say a word for the very first time. I knew this had to be my calling. Because of some changes in EI, I then decided to work in Long Term Acute Care and Rehabilitation. Although it was really great to work with adults and make many people happy with regaining skills they had lost, it just wasn’t the same as EI. So, I returned to EI on a contract basis and began to work independently with the State of Louisiana in 2002. This

was such a wonderful feeling to be able to have my own practice and continue to do what I was “called” to do. It was especially great because now I was able to provide services in the homes of my families. This created such a great bond between me and my families that most were asking if I could continue to provide services to their families after their children turned three years old. This prompted me and two of my friends, a physical and occupational therapist, to open a multi-disciplinary clinic. This also prompted me to enroll in an MBA program so that I could learn the ins-and-outs of business. We were in the process of opening a clinic when New Orleans was hit with Hurricane Katrina.

As a result of Hurricane Katrina, I relocated to Atlanta, GA. I initially lived with my sister in Athens when I began to realize that there was no going back home. I thought “Wow, I have to now start my career over from scratch.” My entire business was gone. Although I was very thankful that my entire family and friends were safe and sound, I couldn’t imagine starting all over again. That’s when I found EBS Healthcare. EBS was great in helping me to adjust to the dramatic changes I had to make. They were the only company who seemed to have a genuine concern about me and what I was experiencing as a result of the hurricane. I began working with them in the Fulton County School System. Once again, I never thought I wanted to work in the schools, but I found the schools to be quite an experience. Most of the students are so appreciative of what you do for them and are usually so excited when it’s time to come to speech. I have been with EBS for the past 3 ½ years and am now the Area Supervisor for Georgia. This position has allowed me to impart the knowledge that I have gained throughout my career onto other SLPs. I can share with them everything I know, as well as things that I have learned from the mistakes that I have made. I also am able to learn many


See Spotlight on page 11

Spotlight from page 10

different things from them. This position is a very important role because I am now not only responsible for myself; but also for the actions of SLPs that I supervise. So this is a very challenging, but rewarding role that forces you to thoroughly think through each and every decision that has to be made.

EBS has not only provided me the opportunity to work in a leadership position, but has also placed me in a position that allows me to meet and network with many individuals in our field. I attend conferences and job fairs on behalf of the company, as well as assist with our University Outreach program that informs graduate students about everything they should know and ask when looking for their first job. I am also a member of GSHA's Technology and Publication committee and a peer review member of Perspectives for Division 16 of ASHA.

I have been very busy during my 10 years of practicing and hope to continue along this road. I have seen many different children and adults throughout the course of my career with many different diagnoses and deficits. Although I believe language and trachs are my areas of expertise, I can honestly say that my joy comes from the smiles on the faces of each individual that I see, that is so overwhelmingly happy when they realize that they have completed a task that they were not able to do before. This feeling is one that is irreplaceable and reminds me of why I continue to do what I do. I love this field of speech pathology, the continued opportunity for growth and development, and the limitless opportunities that I have. I love what I do.



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Building Better Tomorrows... Together

GSHA Accepting Award Nominations

Deadline March 1, 2009

Georgia Speech-Language-Hearing Association (GSHA) presents awards to its members at the annual convention. These awards are presented to individuals who make distinguished contributions and who are recognized for professional and/or scientific achievement to the field of speech-language pathology and audiology. Each year, members of GSHA have the opportunity to nominate individuals for awards. Please take time to look at the awards listed below.

The GSHA Honors and Awards Committee is composed of the President-elect as chair and all the regional representatives. The committee will convene prior to the convention, review the nominations and make decisions. All nominations for awards with accompanying materials for selection must be sent to: Erica Chatelain, M.Ed. CCC-SLP, 126 Lundy Place, Macon, GA 31210.

The closing date for the nomination is March 1, 2009. Any questions regarding the awards and honors can be directed to Erica Chatelain at echatelain@thespeechpath.com or 478-719-0621.

Nominations are being accepted for Honors of the Association, Clinician of the Year, Clinical Achievement Award, Jack Bess Memorial Award, Jack Bess Memorial Scholarship, Legislator Appreciation Award, and Volunteer Appreciation Award.



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 In which of the following settings do you currently work (check all that apply)? School Private Practice College/University Medical Center

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You may join GSHA at the time you register for the convention to qualify for the lower convention rate. GSHA membership runs July 1 thru June 30. If you submit a membership application with your convention registration, you will receive a \$10 coupon good towards your next year's membership. To become a member of GSHA and qualify for the lower convention rates, you MUST include a membership application and dues payment with your convention registration. You can download a membership application from the GSHA web site at www.gsha.org. Members of the Speech-Language-Hearing Associations in Florida, Alabama, Tennessee, and South Carolina, and North Carolina may register at the "Member" rate with verification of state association membership. Contact GSHA at execdir@gsha.org for details.

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