What do a 35 year old man with dysarthria, a 16 year old girl with autism spectrum disorder, and a 62 year old woman with aphasia all have in common? They share a potential for impaired exchange of personal stories. Autism, dysarthria, stuttering, and aphasia impact individuals of all ages and are just a few of the disorders we encounter that steal our clients’ “voices” and impair their ability communicate who they are and what they really need. Whether the communication impairment is congenital or acquired, shaping a positive sense of self or expressing one’s needs in the face of an often judgmental world isn’t easy. Frequently, our clients experience painful loneliness due to the fact that they are unable to tell authentic stories about their lives and have their needs acknowledged.

A Social Issue
It has been suggested that the concept of disability is often defined by the people around the individual with disability (Dudley-Marling, 2004). Many of our cultural views of ability, failure or success are focused on just that - individuals (Dudley-Marling, 2004). People might have a tendency to look at what is wrong with the person rather than looking at the entire picture. This larger picture often reveals each individual with a communication impairment as a small piece of a much bigger social context that can either provide support for communication or increase isolation (Dudley-Marling, 2004). When an individual with communication impairment is surrounded by people who aren’t listening, the actual disability can be amplified.

Shaping Identity Through Communication
Specific social contexts are not the only things that help define an individual’s perception disability. One way individuals shape identity is through narratives told to others about life experiences (Bruner, 1990). When the ability to tell stories is impaired, views of self can be negatively distorted. The communication impairment becomes all the more handicapping because negative self-perception can decrease motivation to participate in life, work, or pleasurable activity (Ryan & Deci, 2000).

Our Job
While the International Classification of Functioning, Disability and Health (ICF) encourages consideration of environment and personal aspects of functioning with a disability, this model, which is the framework for our field, may not be fully inclusive of the issues of identity and self-advocacy (American Speech-Language-Hearing Association [ASHA], 2014). This lack of specificity may contribute to the
present general lack of narrative based treatment objectives in our field regarding self-advocacy and identity issues. Approaching identity and advocacy in the treatment room may be as simple as attentive listening so that treatment goals can focus on what really matters. However, direct action might also be taken to actually publish our clients’ personal stories. Encouraging them to write their stories down, and communicate their needs can be very empowering. Mark Ylvisaker demonstrated the power of preparing self-advocacy videos in his work with individuals with traumatic brain injury (TBI) (1996). Ylvisaker reports that an individual with TBI who engaged in writing a script of his experiences and needs so that others could understand his perspective not only changed others in the environment, it changed the person with TBI (Ylvisaker, 1996). When the individual with TBI shared his story, it created a positive sense of self and brought about permanent, empowering change (Ylvisaker, 1996).

It is the SLP’s task to address accurate, meaningful communication. When our clients’ communication impairments dramatically impact identity construction and assertion of self, it may also be our duty to address these issues in a very direct way in the interest of treating the whole person. Harnessing the power of personal storytelling to decrease handicap for our clients is an exciting prospect, and one that is already coming to life in various ways in our field. While these issues may not currently be at the forefront of most of our treatment plans, with a slight shift in perspective, facilitating narratives in the interest of self-advocacy and identity construction could become an essential part of our goal planning.

References


We’ve had a cold and wet winter here in Louisiana, and we’re all ready for beautiful spring weather and the newness it brings with it! I hope that in your neck of the woods things are good and you and yours are well.

Our professional organization is undergoing some renewal as well! The board met in January and reviewed LSHA data from the past 10 years in order to locate any trends/patterns that could help us become a more effective resource for speech-language pathologists and audiologists in Louisiana. One of the things we discovered was that out of all the licensed certified speech pathologists/audiologists in the state (2,985) only 706 (23%) are a member of our state organization. We think we can do better, and we hope that 2014 is the year we turn this trend around! LSHA provides us an opportunity to participate in a statewide conference, and we have had a lobbyist who has kept the issues of our profession front and center with our state senators and representatives. Also, there are many new opportunities for continuing education and connection in your area of the state that are coming down the pike, so stay tuned!

Please read through the LSHA award criteria (included in another place in this newsletter) and give thought to whom you would like to nominate for recognition and honor for their contributions to our profession. Send your submissions to the Nominations, Elections and Awards Committee (KarenLynch@louisiana.edu) by April 30, 2014.

Please plan to attend the convention in Lafayette this June, connect and network, and add your particular skills and talents to our state professional organization. We want you! As professionals, we represent and advocate for ourselves and our clients—become more involved, and let’s move LSHA into a new sphere of influence for our state, our discipline and our profession!
During the fall, the Legislative Committee, based on a request from SPALS and public school SLPs/AUDs, we explored revisiting the addition of ancillary licensed professionals to the extended/sabbatical leave (Gayle Pay) law of 1999. After research and discussion with Ayn Stehr, Lobbyist, it was determined that pursuing this issue would not likely result in any immediate benefit as most school districts are not offering sabbatical leaves to any teacher or related service personnel at this time. This issue will remain a top concern and will be addressed when its relevancy is apparent.

The 2014 Legislative Session convened on Monday March 10 and ends on Monday, June 2nd, 2014. This is a general session with the potential of over 3,000 bills presented. There have been some volunteers for DAC, Legislative Liaisons (formerly “buddies”) and bill readers. The current Legislative Liaison List has been updated. A membership email blast and personal emails to members in districts without representation is being prepared.

The Legislative Director presented and brainstormed at the Regional Audiologist Outreach Meeting in Lafayette on December 13, 2013. Organized by Christy Fontenot, the meeting resulted in a fruitful discussion regarding state and federal legislative issues. Thanks go out to Ashley Thom for volunteering to be a bill reader!

The Legislation Committee is planning to present an overview of the Legislative process and advocacy for the profession at NSSLHA meetings at SLU, ULL and LSUHSC. This endeavor will offer students the opportunity to learn the value of activism prior to the Day at the Capitol. We are hoping that many students and professionals will attend this year’s event.

The 2014 LSHA/SPALS Day at the Capitol was held on March 25, 2014. The Legislation and the Public Relations Committees worked with the Legislative Liaison of SPALS to plan an exciting day. Thank you to those that participated in this experience!

It’s that time of year when we turn our thoughts to those individuals and colleagues who have given so much to and made such a difference in our professions and our state. Please read through the award criteria listed below, think of someone you know who deserves to be so honored, and submit your entry to the LSHA Nominations, Elections, and Awards Committee by April 30. Correspondence/questions should be addressed to Karen Lynch at KarenLynch@louisiana.edu

**LSHA AWARDS**

**Honors of the Association**

The recipient must be a LSHA member in good standing for two years prior to receiving the award. The recipient named as receiving Honors of the Association should have at least 10 years of active service to LSHA, including holding office and/or committee work. The recipient should have made outstanding contributions in no less than 5 of these 10 areas: Clinical service in private practice or in private or public institutions, publications, teaching, clinical supervision, liaison with other professions/agencies, legislative activities, service to LSHA, service to other professional organizations (ASHA, LBESPA, etc.), program administration, research.

**Fellow of the Association**

The recipient must be a LSHA member in good standing for two years prior to receiving the award. The recipient should have at least 10 years of active service to LSHA, including holding office and/or committee work. The individual should have made outstanding contributions in no less than 3 of the 10 areas noted in the Honors of the Association criteria.

**Jeannette Laguaitie Award**

The purpose of this award is to recognize persons who have demonstrated outstanding service to Speech-Language Pathology or Audiology in a setting of Higher Education while also serving as an active contributing member of LSHA. The recipient must be a member in good standing of LSHA for two years immediately prior to receiving the award.

(Continued on page 6)
"Don't wait until everything is right. It will never be perfect. There will always be challenges, obstacles, and less than perfect conditions. So what? Get started now. With each step you take, you will grow stronger and stronger, more and more skilled, more and more self confident and more and more successful." - Mark Victor Hansen

I love this quote. One of the greatest objectives that we can achieve in the field of speech-language pathology is to empower our clients to be as successful and self confident as possible. I’m not sure I fully grasped how important this was until my daughter was born eight years ago with several brain abnormalities. We were told that she would probably not walk or talk. When the prognosis was handed down, I remember my physician telling me although this was a terrible situation, I needed to go home and start being the mom who would help my child achieve the best possible outcome for the hand she had been dealt. Thinking about our situation in this way was a tremendous help. As a speech-language pathologist, I now also view the clients I see in this same manner. I love to help them find their voice so that they are able to share their dreams on whatever platform they choose.

Several years ago, I was working PRN for a local private practice. A client named Tony came in who had been injured in a work related accident. I asked him what he wanted to achieve by coming to speech therapy and he stated that he wanted to be able to give his testimony about his life and his near death experience. I knew that, at this point, his intelligibility was not good enough to achieve this goal. I started thinking about what I could do to help him accomplish this dream. My husband is a missions minister in our local church and I thought about how he makes videos of the preachers from other countries. Most of these preachers either do not speak English or, if they do, their speech is heavily accented. He takes these videos and adds subtitles so they can still get their messages across. So this was exactly what we did with Tony. Now, this took a little more work than expected (Tony is a perfectionist)! We spent some time helping him write his testimony and more time practicing speech and breath support. After several drafts of his message, he was ready to record. Filming took several hours and editing took several more, but it was well worth it! Tony now has the ability to effectively share the story of his journey. To date, thousands upon thousands have seen Tony share his testimony in his own words. "There are lots of experts to help people with disabilities succeed. But the best expert, and the most consistent one, is often found within. After all, no one knows you better than yourself." 1

To enjoy Tony’s video, visit: http://vimeo.com/bachmanadkins/tonyjohnson


Melissa Adkins M.S., CCC-SLP is a speech-language pathologist who graduated from the University of Louisiana at Monroe Speech-Language Pathology program. She is employed in the Monroe area doing PRN work. She is involved in children’s ministry, travels with her husband Ben for World Radio, and homeschools her children, Payton (8) and Paisley (5).
As a dispensing audiologist, I often see people who have lived with severe hearing loss for literally decades before seeking help. The reasons why they have neglected their hearing are varied, but the majority of the time the premise of their reasoning is not accurate. It saddens and frustrates me when I learn that the person’s reason for not seeking help is that they were told by a non-audiologist that their hearing could not be helped. I routinely discover that our new patients do not know what an audiologist actually is, or what we do. They have never investigated on their own who is best suited to evaluate their hearing and determine if they can benefit from hearing instruments. Our field does not do a very good job of promoting our profession to the public, and the way to correct that is not easily addressed. I feel that we have to make a concerted effort to promote our profession to our patients, so that they can empower their friends and loved ones with information that they didn’t have. When I counsel patients, I make a conscious effort to explain everything as I go and use the terms “audiologist” and “audiology” as often as appropriate. I want that term(s) to stick in their head so that they share it with the people in their circle who could benefit from what we do. Just as a person uses the term, “my physician” or “my Dr.,” I want them to use the term “my audiologist”.

Steven G. Madix, Ph.D., CCC-A/SLP received his Bachelors of Arts, Masters of Audiology, and Masters of Speech Language Pathology from Louisiana Tech University. He received his Ph.D. in Speech and Hearing Science from the University of Tennessee in Knoxville. Currently, Dr. Madix is an Associate Professor and clinical supervisor at Louisiana Tech University. Dr. Madix is ASHA dually certified, a fellow of the American Academy of Audiology and the current President of the newly formed Louisiana Academy of Audiology. He is an Associate Professor of Audiology at Louisiana Tech University where his academic interests include early identification, speech in noise, audiological-legal evaluations, and professional issues.
Clinical Perspective: Diagnosis of Dysarthria as First Sign of Neurologic Disease

By Sarah Hayes, MA, CCC-SLP

There are many ways to be an advocate for a client or patient. According to Merriam-Webster’s Collegiate Dictionary (2011), an advocate is “one that supports or promotes the interests of another.” The purpose of this article is to describe how speech-language pathologists (SLPs) may advocate for early diagnosis of some neurological diseases through special attention to auditorily or perceptually perceived changes in speech.

Dysarthria, a motor speech disorder, may be one of the first manifestations of neurologic disease. Joseph Duffy (2005) offered a definition of dysarthria as:

“...a collective name for a group of neurologic speech disorders resulting from abnormalities in the strength, speed, range, steadiness, tone, or accuracy of movements required for control of the respiratory, phonatory, resonatory, articulatory, and prosodic aspects of speech production.” His definition, which he notes is an expansion of one offered earlier by Darley, Aronson, and Brown (1969; 1975), states that the cause of the dysarthria may be damage to or disruption of some aspect of the central and/or peripheral nervous system(s).

To advocate for a timely diagnosis of neurological disease, we have valuable insight to lend to the medical community. Careful consideration of the salient speech characteristics reflective of disruption in the body’s laryngeal, velopharyngeal, or articulatory valving mechanisms is necessary. We do this through our systematic examination of the respiratory, phonatory, articulatory, and resonatory systems. While use of instrumentation may be available to some clinicians, auditory-perceptual measures are still considered the “diagnostic gold standard” (Duffy, 2008).

A thorough written characterization of our patient’s speech and how it is affected by decreased strength, speed, range of motion, accuracy of motion, tone, and steadiness allows us to diagnose a specific dysarthria if present and plan appropriate management. We can also use our written reports to communicate to the medical community that the dysarthria we perceive is one that is consistent with a certain neurological disease or site of lesion (Duffy, 2008). This is not to imply that we are making a medical diagnosis. Rather, we are diagnosing a dysarthria and noting any disease with which it may be associated. For example, deterioration of speech intelligibility with prolonged use followed by return to normal or near normal intelligibility is consistent with Myasthenia Gravis (Duffy, 2005). This would be an appropriate statement to include in a report that should accompany the referral of the patient to a physician.

References:
Healthcare Report: New Speech Evaluation Codes
By Shelley Chesney, M.S., CCC-SLP, Director of Health Care Services
ASHA STAR Representative for Louisiana

January 1, 2014 was a historical day in the world of CPT codes for Speech-Language Pathology. The comprehensive speech, language, voice, communication, and/or auditory processing evaluation CPT code 92506...DIED. In its place, four new codes were born. If you have not met them yet, they are as follows:

92521 – Evaluation of speech fluency (eg., stuttering, clattering)
92522 – Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523 – Evaluation of speech sound production with evaluation of language comprehension and expression (eg., receptive and expressive language)
Note: If a client is only being evaluated for language with no articulation evaluation included, bill 92523 with the -52 modifier, which is used when the services provided are reduced in comparison with the full description of the service.
92524 – Behavioral and qualitative analysis of voice and resonance

These codes can be billed for the same client on the same day with documentation that clearly reflects a complete and distinct evaluation for each disorder. If more than one code is billed on the same day, each evaluation procedure can, however, be documented in one report. Evaluation reports should reflect only the component being evaluated. No more bold headings or sections reflecting all four areas of articulation, language, voice, & fluency. We should now be reporting only on that which is being evaluated. It should be noted that oral motor evaluation procedures have been built into each code and can be performed and reported in any of the new codes.

As for the money, SLPs can expect to see lower payments given that the new codes now reflect smaller components of the old 92506. Clinics billing CPT codes for reimbursement should establish new charge amounts per code as well as determine new standard times allotted to perform each evaluation in an effort to reflect the different reimbursement rates. CMS has established the 2014 national rates for SLP & Audiology as a starting point to help with determining appropriate charges. That fee schedule can be found on ASHA’s website at http://www.asha.org/practice/reimbursement/medicare/feeschedule/

Many states are reporting all kinds of problems with the new evaluation codes. Some examples are reimbursement of less than $20 per code, new codes not yet listed in some of the insurance fee schedules, rejected claims containing the new codes, just to name a few. If anyone is having trouble billing or receiving appropriate reimbursement for any of these new codes, please contact me ASAP. I can be reached at (225) 302-5030 or shelley.ccsll@thechesneycenter.com.

Call for Nominations

Annual nominations for the LSHA Board are now being solicited. Elections will be held for president-elect and for several board positions that are coming open. If you know someone who would be a great asset to our state association and who would be willing to serve, please send your nominations to the LSHA office (office@lsha.org) or Karen Lynch (karenlynch@louisiana.edu).

Elections will be held at the end of April, so please submit your nominations by April 15.
Message from the President-Elect
By Leigh Anne Baker, MS, SLP-CCC, BRS-S

2014 LSHA Convention
June 6-7, 2014
Hilton Lafayette
1521 West Pinhook Road
Lafayette, Louisiana

Earn CEUs, update your skills, and network with speech, language, and hearing colleagues at the 2014 LSHA Convention. Nationally recognized speakers and regional professionals will share their research and experiences.

Featured Speakers
LSHA is proud to welcome the following invited featured speakers to the 2014 Convention:
William Connors
Sylvia Deihl
Jeffrey DiGiovanni
Melda Kunduk
Andrew Riviere

New this year:
Learning Labs
Clean Sweep (more information on page 11)
One free 2014 ASHA Convention registration
Spotlight university-level presentation for students

Continuing the traditions:
Silent auction
One free 2015 LSHA Convention registration
Saturday business lunch
Awards ceremony

Register online at www.LSHA.org.

Special hotel rates for the convention (you must state that you are with the Louisiana Speech-Language-Hearing Association!) $99.00 per night for two double beds or $109 for king bed.
Speech Language Pathologists who provide speech and language services in schools continue to meet the challenges and demands of role implementation that demonstrates our best practice. We are asked to expand our roles in literacy, in curriculum, in professional development, and in any number of faculty tasks as well as provide current therapeutic services in variable settings and conditions. As SLPs in school settings, we provide services across all levels of age and functioning. We address complex communication demands at all levels and assist our professional partners in understanding how failure to address these demands influences our students and their academic achievement. Our role includes integrating our students’ personal, social, academic and vocational functioning for achievement of educational growth. Our contribution to the curriculum includes providing expertise in the area of language that our educational partners may not have acquired in their training. Consultation with teachers and counselors that provides help in the understanding of linguistic foundations of curriculum, cultural diversity and pragmatics is a growing demand and challenge in providing support for at risk students who are struggling in their classrooms. We design and re-design our programs as needed to provide our best individualized services, providing a continuum of service delivery models that provide for students in a manner that in integrative, collaborative, functional and in the least restrictive environment. As we work to enrich the quality and outcome of our efforts, ASHA has provided new guidance and policy documents, available at [www.asha.org/policy](http://www.asha.org/policy) that are useful and developed in a format that can be accessed and shared with key shareholders in our varied educational settings.

### ACE Award Listing

Congratulations to the following professionals who received an ASHA Award for Continuing Education (ACE) in 2013. Well done!

From July to September, 2013, the following ASHA members and/or certificate holders were presented the Award for Continuing Education (ACE) by the Continuing Education Board. The ACE is a formal recognition of professionals who have demonstrated their commitment to lifelong learning by earning 7.0 CEUs (70 contact hours) within a 36-month period. *Names in italics with an asterisk are 2014 LSHA members.*

<table>
<thead>
<tr>
<th>Awardee Name</th>
<th>Award Presented</th>
<th>Location</th>
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<tbody>
<tr>
<td>*Alicia Cantrell</td>
<td>July 2013</td>
<td>Harvey</td>
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<tr>
<td>*Susan Chesney</td>
<td>July 2013</td>
<td>Baton Rouge</td>
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<tr>
<td>Regina Edwards</td>
<td>September 2013</td>
<td>Baton Rouge</td>
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<tr>
<td>Anne Galbraith</td>
<td>July 2013</td>
<td>New Orleans</td>
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<tr>
<td><em>Leah Genusa</em></td>
<td>July 2013</td>
<td>Denham Springs</td>
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<tr>
<td>Tina Marks</td>
<td>August 2013</td>
<td>Opelousas</td>
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<tr>
<td>Lisa Marks</td>
<td>September 2013</td>
<td>Carencro</td>
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<tr>
<td>Angela Ponthier</td>
<td>July 2013</td>
<td>Pineville</td>
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<tr>
<td>Vicky Poston Roy</td>
<td>September 2013</td>
<td>Baton Rouge</td>
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<tr>
<td>Mary Pyfrom</td>
<td>September 2013</td>
<td>Baton Rouge</td>
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<tr>
<td>*Glenn Waguespack</td>
<td>July 2013</td>
<td>Shreveport</td>
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LSHA held an educational forum and free ASHA CEU opportunity for audiologists in the Acadiana region on December 13, 2013. The meeting was held at the Clifton Chenier Health Center in Lafayette from 1-3 pm.

15 audiologists from Lafayette, Baton Rouge, and Lake Charles attended the meeting. Speakers/discussion facilitators included Martin Audiffred, former LSHA president who is currently the Louisiana representative on the ASHA Audiology Advisory Council, Susan Lemonier, LSHA Legislative Liaison Board Member, Christy Fontenot, former LSHA president and current LSHA Board Member, and Kay Darr newly appointed LSHA Audiology Board member.

The group discussed national and state topics of interest to audiologists. The national topics included discussion of audiology issues such as HB 5308 “Fit to Serve” Legislation which is considering using hearing aid dealers and audiology assistants to fit hearing aids for veterans, online hearing aid sales, changes in reimbursement due to value based purchasing, hearing aid tax credit bill, audiology telepractice, cuts to IDEA funding, and “18 x 18” which is attempting to amend title XVIII of the Social Security Act.

Out with the Old, In with the...Borrowed? Join us for a CLEAN SWEEP event!

Donate your gently used items to benefit student scholarships and receive a raffle ticket for FABULOUS PRIZES.

Purchase gently used items for a VERY LOW price and freshen up your personal inventory of therapy materials.

Bring AND Purchase items at the CLEAN SWEEP table in the exhibit hall at this year’s convention.

For those unable to attend convention, the following drop-off sites have been identified around the state:

Louisiana Tech University  
c/o Kerri Phillips
Robinson Hall Rm 313
Ruston, LA 71272
318-257-2586

Slidell Area  
c/o Susan Lemonier
115 Cornerstone Drive
Slidell, LA 70461

University of Louisiana at Lafayette  
c/o Julie Andries
201C Burke Hawthorne Hall
Hebrard Street
Lafayette, LA (337-482-6490)

Nicholls State University  
c/o Donna Fitzgerald

Southeastern Louisiana University  
c/o Donna Thomas

Drop-Off at sites is limited to 20 items that fill no more than a 12x12 box. Please be courteous when dropping off items and remember that these items will have to be transported to convention. Thank you for your participation!
The Mission of the Louisiana Speech-Language Hearing Association (LSHA) is to:

- Serve individuals in the professions of audiology and speech-language pathology
- Advocate for services provided to individuals with speech, language and hearing needs
- Establish and promote professional development & high ethical and professional standards
- Provide programs and services that meet members’ needs
- Serve individuals in the professions of audiology and speech-language pathology
- Advocate for services provided to individuals with speech, language and hearing needs
- Establish and promote professional development and high ethical and professional standards