

ANCDS Newsletter Committee:

Mikyong Kim
Sandra Starch (Production Editor)

Alex Johnson (Reporter)

Katarina Haley (Copy Editor)

Carl Coelho (Ad Hoc Member)

Mary Boyle (Ad Hoc Member)

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

Greetings to you all! This is such a busy time of year for everyone, whether you are employed in hospitals, colleges, clinics or schools. I am sure this fall is no different. I hope this newsletter offers you the opportunity to take a short break and read about what is new in the ANCDS.

The ANCDS Executive Board and committees have been very busy. In April, the EB was joined by Alex Johnson, Ph.D. and Lee Ann Golper, Ph.D. who led us through strategic planning using a technique called "SWOT", **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats. No surprise that the list of strengths and opportunities far outweighed weaknesses and threats. But our discussion was not sugar coated either. While opportunities for the Academy abound, our facilitators kept us focused on the ANCDS mission to "promote quality service to persons with neurologic communication disorders..." With this in mind, we developed a strategic plan based on tangible opportunities and manageable timelines that will provide us with a roadmap for the next 3 to 5 years. The strategic plan is available on the ANCDS website for widespread member viewing. Please take some time to read it and provide the Executive Board with your feedback by November 14th. At the upcoming

November 18th Annual Business meeting in New Orleans, we will also discuss the strategic plan with the membership and provide a time for members to share their feedback if they choose to. Once the plan is ratified, we will not only need the continued effort but also additional effort from ANCDS members to ensure that these plans are realized. A call for volunteers to serve on existing and new ad hoc committees will be presented at the business meeting, so come ready to act.

I hope you are planning on joining us in November for what appears to be another day of outstanding continuing education. In the morning, Sandra Bond Chapman, Ph.D and Lori Cook, Ph.D. will discuss the "stall" in the recovery of cognitive and communication disorders associated with pediatric traumatic brain injury (TBI) and Lyn Turkstra, Ph.D. will educate us about social cognitive changes in adolescents and adults with TBI. After the Honors luncheon, Wendy Law, Ph. D., a neuropsychologist from Walter Reed Army Medical Center will educate us about the underlying pathophysiology and outcomes of blast-related TBI in military service men and women. All of this will be followed by case presentations by Melissa Duff and Richard Welland.

In closing, I want to draw your attention to contents of this newsletter. Carole Roth, Ph.D. provides insight from her experiences working with men and women returning from the OEF/OIF theaters. In addition to this, Dr. Roth has provided us with a list of numerous educational resources related to the topic. Also, be sure to look at the list of honors/awards, publications, and presentations by ANCDS members. Twenty-nine publications since the April newsletter and 40 ASHA Con-

vention presentations are continuing education resources that you now have at your fingertips. The amount and quality of scholarship in this organization is something to take pride in, and to share with colleagues and students. See you in November!

Mary R. T. Kennedy, Ph.D., BC-ANCDS



New Members

ANCDS is pleased to welcome the following new members.

Full Members

John DaVanzo, Johnstown, PA
Lynn Fox, Portland, OR
Juliet Haarbauer-Krupa, Marietta, GA
Monica Strauss Hough, East Carolina University, Greenville, NC
Pradeep Ramanathan, University of Connecticut, Storrs, CT

Associate Members

Julie Brunings, Seattle, WA
Melinda Corwin, Lubbock, TX
Ann Cralidis, Winston-Salem, NC
Gail Davie, Cincinnati, OH
Melissa Fryer, Portland, OR
Kelli Johnson, James H. Quillen VA Medical Center, Mountain Home, TN
Bryan Ness, University of New Hampshire, Durham, NH
Jasmine Prieto, Seattle, WA
Thomas Sather, Luther Midelfort-Mayo Health System, Eau Claire, WI

Special Interview

Carole R. Roth, Ph.D., CCC-SLP, BC-ANCDS

Reporter
Sandra Sarch



For this newsletter, Dr. Carole Roth from the Naval Medical Center in San Diego, California, was invited to comment on the unique cognitive-linguistic needs of the returning Iraq and Afghanistan soldiers. Her comments are as follows.

I would like to thank you for the opportunity to share my experiences and perspectives regarding my work with returning Active Duty Service Members (ADSM). I must begin by stating the following:

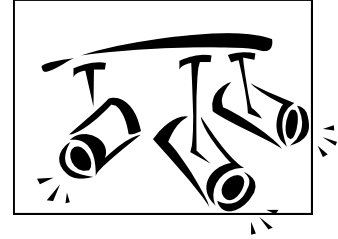
DISCLAIMER: “The views expressed in this presentation are those of the author’s and do not reflect the official policy or position of the Department of the Navy, Department of Defense, or the United States Government.”

Q: Describe your role in the assessment and treatment process with the returning servicemen who have suffered concussive injuries and/or mild TBI from OEF/OIF theaters.

A: Speech-language pathologists working in the Department of Defense (DoD) and VA system of care are actively engaged in evaluating and treating cognitive impairments resulting from combat-related trauma. As specialists we are participating on interdisciplinary teams that are defining practice patterns for addressing the symptom complex presented by wounded warriors.

Q: What have you found is imperative for a thorough assessment/detection of subtle deficits? And for establishing an effective treatment plan?

A: An interdisciplinary team model of assessment is prerequisite to defining the nature, severity and functional impact of the individual’s impairments. The components of the assessment include a thorough review of the history of the event including duration of loss or altered consciousness, duration of post-traumatic amnesia, and the onset and course of cognitive-communication impairments, as well as co-morbidities; including pain, sleep disorders, psychological concerns such as adjustment disorder, depression, post-traumatic stress, medications. The treatment plan is developed as a team with the speech-language pathologist focusing on addressing functional cognitive-communication impairments.



Q: What, if any, was the first and immediate modification you made in your treatment approaches when introduced to this population?

A: Learning about the military culture and military terminology, including three letter acronyms was very important. Understanding the educational and psychosocial backgrounds of the patients served and developing an appreciation for their reasons for signing up for military duty. Finally, listening to their stories. Treatment then focused on how their experiences shaped who they are and what they described as their concerns. I realized that what I, as a speech-language pathologist provided them in terms of cognitive-communication therapy was just the tip of the iceberg and that I needed a team of support to help me help my patients.

Q: Have you become aware of any pre-deployment cognitive/personality/academic trends in these young individuals that can affect their recovery and return to civil-

ian life?

A: The Service Members we serve generally have earned their H.S. diploma or equivalency. We realize that the voluntary nature of signing up for the military for many offers opportunity for doing something prior to or in replacement of attending college after completing H.S. We see a pattern of many young AD/SM who may not have been interested in attending college or did not believe they had the potential, often stating they did not apply themselves in high school, showing interest post-deployment. In some cases there is a history of learning difficulties. I hesitate to state there are trends as we see such a small fraction of the whole AD military personnel. There is also the component of pre-deployment acquired brain injury, as young kids, sports-related during high school or earlier, and even in training. This history needs to be factored into the individual's determined prognosis. Factors related to successful return to civilian life include family support, skills and experiences, educational level, motivation, inner strength which may be associated with beliefs, etc.

Q: If a clinician or student wanted to learn more about this population, are there certain publications/resources that you have found to enhance their knowledge base?

A: See the reference list below as a beginning.

There are various websites and publications availability. The Department of Defense (DoD), with support from the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE), collaborates with the Department of Veterans Affairs (VA) to produce evidence-based guidelines. These can be accessed on-line at: <http://www.realwarriors.net/healthprofessionals/guidelines/clinical.php>

Among the publications available at the above website are:

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury and Defense and Veterans Brain Injury Center Consensus Conference on Cognitive Rehabilitation for Mild Traumatic Brain Injury; 27 and 28 April 2009.

VA/DoD Clinical Practice Guidelines for Management of Concussion/mTBI, April 2009.

Defense and Veterans Brain Injury Center Working Group on the Acute Management of Mild Traumatic Brain Injury in Military Operational Settings: Clinical Practice Guideline and Recommendations, 22 December 2006.

In the final development stage are "Clinical Management Guidelines" for mTBI for speech-language pathologists that will be available soon at this same website.

Additional references:

Defense and Veterans Brain Injury Center website: <http://www.dvbic.org/TBI---The-Military.aspx>

The ANCDs website has a bibliographic reference and direct access to evidence-based

practice guidelines for the management of TBI.

Bagg, M.R., Covery, D.C., & Powell, E. T. (2006). Levels of medical care in the global war on terrorism. *J Am Acad Orthop Surg*; 14: S7-S-9.

Belanger, Heather G., Kretzmer, Tracy, Yoash-Gantz, Ruth, Pickett, Treven, & Tupler, Larry A. (2009). Cognitive sequelae of blast-related versus other mechanisms of brain trauma. *Journal of the International Neuropsychological Society*, 15, 1-8.

Carlson, Kehle, & Meis (2009). The Assessment and treatment of Individuals with a history of TBI and PTSD: A systematic review of the evidence; MN VA HSR&D.

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Dahlberg, Cynthia A., Cusick, Christopher P., Hawley, Lenore A., Newman, Jody K., Morey, Clare E., Harrison-Felix, Cynthia L. and Whiteneck, Gale G. (2007). Treatment efficacy of social communication skills training after traumatic brain injury: A randomized treatment and deferred treatment controlled trial. *Archives of Physical Medicine*

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Gawande, Atul. (2004). Casualties of war—Military care for the wounded from Iraq and Afghanistan. New England Journal of Medicine, 352 (24), 2471-2475.

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Lew, Henry L., Vanderploeg, Rodney D., Moore, David F., Schwab, Karen, Yesavage, J., Keane, T.M., Warden, D.L., & Sigford, B.J. (2008). Overlap of mild TBI and mental health conditions in returning OIF/OE service members and veterans. Journal Rehabil Res Dev., 45(3):xi-xvi.

Malia K, Law P, Sidebottom L, et al. Recommendations for best practice in cognitive rehabilitation therapy: Acquired brain injury. Practical Innovations in Cognitive Rehabilitation Therapy, The Society for Cognitive Rehabilitation, 2004: www.cognitive-rehab.org.uk

Martin, Elisabeth M., Lu, Wei C., Helmick, Katherine, French, Louis, Warden, Deborah L. (2008). Traumatic brain injuries sustained in the Afghanistan and Iraq Wars. American Journal of Nursing, 108 (4), 40-47.

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Neuropsychology, 23(6), 829-836.

Trudeau, D.L., Anderson, J., Hansen, L.M., Shagalov, D.N., Schmolter, J., Nugent, S., & Barton, S. (1998). Findings of mild traumatic brain injury in combat veterans with PTSD

The literature on combat-related mTBI is just beginning to emerge as a result of the numbers of Service Members returning from combat and the funding supporting these studies.

and a history of blast concussion. Journal of Neuropsychiatry and Clinical Neurosciences, 10(3), 308-313.

Trudel, T.M., Nidiffer, F.D., & Barth, J.T. (2007). Community-integrated brain injury rehabilitation: Treatment models and challenges for civilian, military, and veteran populations. Journal of Rehabilitation Research & Development, 44 (7), 1007-1016.

Warden, D. (2006). Military TBI during the Iraq and Afghanistan wars. Journal of Head Trauma Rehabilitation, 21(5), 398-402.

Q: Any suggestions for internship programs?

A: Placement with a Military facility such as Bethesda National Naval Hospital, Navy Medical Center San Diego, Walter Reed Army Medical Center, Brooke Army Medical Center or one of the VA Polytrauma hospitals such as Richmond, Tampa, Minneapolis, or Palo Alto.

Q: Where are we, as a profession, in documented evidence-based treatment with this population?

A: We have a long way to go. Very little is published on evidence-based treatment for mild traumatic brain injury (mTBI). This isn't surprising considering that until the current conflicts (OIF/OEF), mTBI was rarely treated because the condition was considered reversible and treatment of cognitive impairments of mTBI was not a covered benefit by third party payers. The majority of EBT literature describes a moderate to severe TBI population; only a small number of mTBI were included in the studies if at all. The limited literature that does exist focused on mTBI the mechanisms of injury described are primarily sport-related or motor vehicle accidents. The literature on combat-related mTBI is just beginning to emerge as a result of the numbers of Service Members returning from combat and the funding supporting these studies. The differences between mTBI and moderate to severe TBI, as well as between mTBI sustained in combat and in the noncombat, civilian population has yet to be described.

Q: Any motivating/inspiring moments while working with this population?

A: What a difficult question to answer. Each day every Service Member provides motivating and inspiring moments by the stories they share of their experiences. Working with Active Duty military personnel is a unique opportunity. I have been a speech-language pathologist for over 30 years and the work I am doing now is the most challenging and the most meaningful. I feel honored to be able to work with members of our Armed Forces. These young men and women have volunteered to serve our country during a time of war. They return from combat as different people after being exposed to chronic and prolonged periods of trauma. Not only have they survived the constant stress of the noises, lights, vibrations and pressures from exposures to improvised explosive devices (IEDs), rocket-propelled grenades, and mortar fire, they have sustained a protracted state of hypervigilance to their surroundings. These sensory experiences and the associated emotions of living in such a state for 9 months, 15 months, 18 months and longer with only short breaks impact their adjustment when they return home, including cognitive, social, emotional and vocational. Being part of a team that is facilitating the adjustment process is exciting and rewarding, but truthfully, it is emotionally challenging.

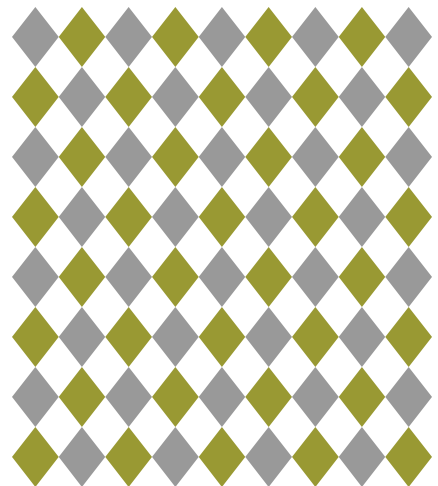
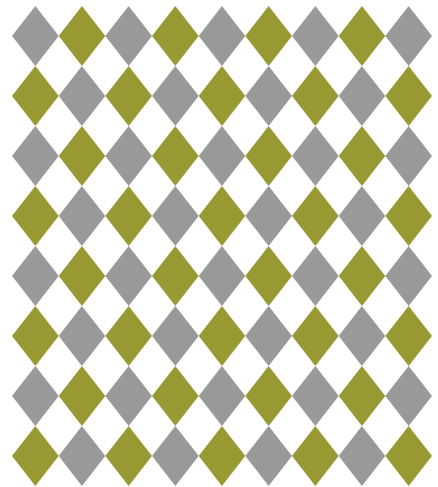
Q: If you could see those in your caseload 20 years from

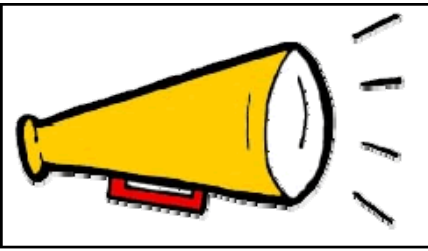
now, where do you see them and what potential barriers might exist in their lives that wouldn't have been present had they not suffered a mTBI, PCS, PTSD?

Each day every Service Member provides motivating and inspiring moments by the stories they share of their experiences.

A: I have seen many Service Members return from OIF/OEF adjust and become contributing members of their communities and their families. Therefore, I believe that with sufficient support and assistance, these individuals can pave a future for themselves, whether it be in the Military or in the civilian sector. The GI Bill provides excellent benefits to support educational goals and there are VA vocational services available to assist with returning to work. What the long-term consequence of prolonged stress and repeated blast exposure means for their future health has yet to be determined. There are some Veterans today who were engaged in previous wars, and are now being diagnosed with medical conditions believed to be related to pro-

tracted and chronic stress from combat. With advancing diagnostic and interventional neurological and psychological procedures, one can only hope and pray that there will be minimal long-term consequences.





ANCDS Committee Corner

Practice Guidelines Committee

Several writing committees are at work on projects this year. Additional help is needed, however, particularly individuals with expertise in dementia and dysarthria. Please contact Stacie Raymer (sraymer@odu.edu), chair of the Practice Guidelines committee, if you would be interested in serving on a writing committee. The benefits include reading all of those articles you have been putting off reading until you have time, learning the science of systematic reviews, publishing peer reviewed papers, and, best of all, working with wonderful colleagues. Please volunteer!

Stacie Raymer, Old Dominion University

Membership Committee

The ANCDS Membership Committee is pleased to announce that the total membership has increased from 217 (at the time of the Spring 2009 newsletter) to 235. This includes 149 Full Members, 81 Associate Members, and 5 Life Members.

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@mail.uc.edu).

ANCDS Annual Meeting. New Orleans 2009**EDUCATION & SCIENTIFIC MEETING PROGRAM: "Topics in TBI
across the Age Span"****Wednesday, November 18, 2009****Hilton New Orleans Riverside, Jefferson Ballroom****7:30-8:00 Registration and Continental Breakfast****8:00-9:00 Business Meeting****9:00-10:30 Neurocognitive Stall in Pediatric TBI: New Directions for Preventing Later Emerging Deficits***Sandra Bond Chapman, Ph.D. and Lori Cook, Ph.D. Candidate, University of Texas at Dallas***10:45-12:15 Social Cognition in Adolescents and Adults with Traumatic Brain Injury***Lyn Turkstra, Ph.D., University of Wisconsin, Madison***12:15-1:45 Honors Luncheon****1:45-3:15 Neurocognitive Sequelae of Blast-Related Traumatic Brain Injury: Pathophysiology and Contributions to Etiology and Outcome***Wendy Law, Ph.D., Walter Reed Army Medical Center***Neurologic Grand Rounds****3:30-4:00 Successful Life Outcome and Management of Real-World Memory Demands Despite Profound Anterograde Amnesia: A Case Study***Melissa Duff, Ph.D., University of Iowa***4:15-4:45 Down but not Out: A Case Study of Anoxic Encephalopathy***Richard J. Welland, Ph.D., Brock University*

We look forward to seeing you there.

Honors, Accomplishments & Awards

Brooke Hallowell, Ph.D., was awarded a research grant from the National Institute on Deafness and Other Communication Disorders to study the validity of Eyetracking Comprehension Assessment System (ECAS). She was also awarded a research grant from the National Science Foundation to review senior engineering design projects to aid persons with disabilities. Additionally, Dr. **Hallowell** has been elected President Elect of the Council of Academic Programs in Communication Sciences and Disorders .

Nancy Helm-Extabrooks, Sc.D., has been named the first Brewer Smith Distinguished Professor at Western Carolina University. Her appointment is in the Department of Communication Disorders and Sciences, College of Health and Human Sciences.

Evelyn R. Klein, Ph.D., at LaSalle University, has been honored as an ASHA Fellow.

Amy D. Rodriguez, M.A., at University of Florida, was selected as an NIDCD Fellow for the Clinical Aphasiology Conference held in May, 2009.

McKay Moore Sohlberg, Ph.D., from the University of Oregon, has been honored as an ASHA Fellow.

Linda, I. Shuster, Ph.D., from the West Virginia University, has been honored as an ASHA Fellow.

Kathleen Youse, Ph.D., has been awarded the 2009 Charles D. Haynes Fellowship by the North American Brain Injury Society (NABIS). The fellowship recognizes promising new professionals that best promote the NABIS mission of advancing brain injury services and treatment through clinical research and/or policy initiatives.

ANCDS Members' Publications

- Centeno, J. G. (2009). Issues and principles in service delivery to communicatively-impaired minority bilingual adults in neurorehabilitation. *Seminars in Speech and Language, 30* (3), 139-153.
- Centeno, J.G., & Kohnert, K. (Eds.) (2009). Serving linguistically and culturally diverse adults: Multidisciplinary perspectives and evidence – A clinical forum. *Seminars in Speech and Language, 30*(3).
- Cuetos, F., & Centeno, J. G. (2009). Applying cognitive neuropsychological principles to the rehabilitation of Spanish readers with acquired dyslexia. *Seminars in Speech and Language, 30*(3), 187-198.
- Duff, M. C. (2009). Management of sports-related concussion in children and adolescents. *The ASHA Leader, 14*(9), 10-13.
- Duff, M. C., Hengst, J., Tranel, D., & Cohen, N. J. (2009). Hippocampal amnesia disrupts verbal play and the creative use of language in social interaction. *Aphasiology, 23* (7), 926-939.
- Ellis, C., & Peach, R. K. (2009). Sentence planning following traumatic brain injury. *NeuroRehabilitation, 24*, 255-266.
- Fox, L. E., Sohlberg, M. M, Fickas, S., Lemoncello, R., & Prideaux, J. (2009). Public computing options for individuals with cognitive impairments: survey outcomes. *Disability and Rehabilitation: Assistive Technology, 4*, 311-320
- Fridriksson, J., Baker, J., & Moser, D. (2009). Cortical mapping of naming errors in aphasia. *Human Brain Mapping, 30*(8), 2487-2498.
- Fridriksson, J., Moser, D., Ryalls, J., Bonilha, L., Rorden, C., & Baylis, G. C. (2009). Modulation of frontal lobe speech areas associated with the production and perception of speech movements. *Journal of Speech-Language-Hearing Research, 52*(3), 812-9.
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- Hallowell, B., & Ivanova, M.V. (2009). Development and standardization of a multiple-choice test of auditory comprehension for aphasia in Russian. *Journal of Medical Speech-Language Pathology, 2*, 83-98.
- Hartman, D. E., Hunter, M., Hutter, R. D., & Schneller, R. N. (2009). Outcomes from a screening procedure for oropharyngeal dysphagia following acute stroke. *Gundersen Lutheran Medical Journal; 6* (1):8-13.
- Heuer, S. & Hallowell, B. (2009). Visual attention in a multiple-choice task: Influences of image characteristics. *Aphasiology, 23*(3), 351-363.

- Ivanova, M. V. & Hallowell, B. (2009). Short form of the bilingual aphasia test in Russian: psychometric data of persons with aphasia. *Aphasiology*, 23(5), 544-556.
- Jones, H. N., Shrivastav, R., Wu, S. S., Plowman-Prine, E. K., & Rosenbek, J. C. (2009). Intensity and fundamental frequency variability before and after two behavioral treatments for aprosodia. *Journal of Medical Speech-Language Pathology*, 17, 45-53.
- Moser, D., Fridriksson, J., Rorden, C., Bonilha, L., Healy, E.W., Baker, J., & Baylis, G.C. (2009). Neural recruitment for the production of native and novel speech sounds. *NeuroImage*, 46(2), 549-57.
- Muller, C. S., Jones, H. N., O'Grady, G., Suárez, A. H., Heller, J. H., & Kishnani, P. S. (2009). Language and speech function in children with infantile Pompe disease. *Journal of Pediatric Neurology*, 7, 147-156.
- Odekar, A., Hallowell, B., Lee, C., & Moates, D. (2009). Validity of eye movement methods and indices for capturing semantic (associative) priming effects. *Journal of Speech, Language and Hearing Research*, 52(01), 1-18.
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- Slocomb, D., & Spencer, K.A. (2009). The effect of feedback schedule manipulation on speech priming patterns and reaction time. *Journal of Psycholinguistic Research*, 38, 43-64.
- Sohlberg, M. M., Fickas, S., Lemoncello, R., & Hung, P-F. (2009). Validation of the activities of community transportation (ACTs) model of community navigation for individuals with cognitive impairments. *Disability & Rehabilitation*, 31, 887-897.
- 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.
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- Threats, T. (2009). Communication functioning and disability. In E. Mpofu & T. Oakland (Eds.) *Assessment in Rehabilitation and Health*. Upper Saddle River, NJ: Pearson.
- Threats, T. (2009). Good Intentions? A commentary on "Degenerative conditions in ageing." In R. Body & L. McAllister (Eds.) *Ethics in Speech Language Therapy*. Hoboken, NJ: Wiley-Blackwell.

Threats, T. (2009). Commentary on Scenario 8.2 Service provision and management. In R. Body & L. McAllister (Eds.) *Ethics in Speech Language Therapy*. Hoboken, NJ: Wiley-Blackwell.

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Turner, T. H., Fridriksson, J., Baker, J., Eoute, D., Bonilha, L., & Rorden, C. (2009). Obligatory Broca's area modulation associated with passive speech perception. *NeuroReport*, 20(5), 492-6.

Walshe, M., Peach, R. K., & Miller, N. (2009). Dysarthria Impact Profile: Development of a scale to measure psychosocial effects. *International Journal of Language and Communication Disorders*, 44(5), 693-715.

Youse, K. M. & Coelho, C. A. (2009). Treating underlying attention deficits as a means for improving conversational discourse in individuals with closed head injury. *NeuroRehabilitation*, 24, 355-364.



Continuing Education Events

The 7th Annual Pediatric Brain & Science Conference

Nov. 9-10, 2009 in Coconut Grove, FL

An exciting multidisciplinary conference presenting the most recent research and clinical management information for those providing care to children and adolescents with brain & spinal cord injuries. We are going green so the conference agenda and details are available on the website at www.pedibrain.org.

Recognizing and Managing Moral Distress in Rehabilitation Health Care

April 19-20, 2010 in Chicago, IL

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

Annual Interdisciplinary Stroke Course: A step Beyond Stroke Rehabilitation Care for the Decade to Come

April 22-23, 2010 in Chicago, IL

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

ANCDS Members' 2009 ASHA Presentations

Bartels-Tobin, L., & Hinckley, J. Acute and chronic phase aphasia treatment outcomes: Two matched cases.

Bourgeois, M., Brush, J., Hickey, E., Hinckley, J., Hopper, T., & Podolsky, L. Treatments that work for both dementia and aphasia.

Cannito, M. P., Chorna L., & Kahane, J. Phonemic loading, sentence production in adductor versus abductor spasmodic dysphonia.

Chabon, S., Lee-Wilkerson, D., & Lemoncello, R. Sustainability: A professional priority for speech-language pathologists and audiologists.

Coppens, P. Addressing cognitive skills in aphasia therapy? A primer for clinicians.

Coppens, P. Aphasia associated with poor short-term memory: Diagnostic & therapy issues.

Donovan, N. J., Velozo, C. A., Wen, P-S, Heaton, S. C., Waid-Ebbs, K., & Singletary, F. Introducing a computer adaptive test of functional cognition for TBI.

Donovan, N. J., Marino, A., Jones, J., Bourque-Meaux, A., & Michiels, H. Do different methods of training transcribers affect speech intelligibility ratings? Considerations for research teams of the future.

Douglas, N., Goff, R., & Hinckley, J. A meta-analysis of partner communication training in aphasia.

Elman, R. J. Aphasia intervention in Japan: International innovation and inspiration.

Elman, R.J. The importance of aphasia groups for rebuilding community and health.

Fergadiotis, G., Christensen, S., & Wright, H. Manipulating linguistic load to investigate working memory in aphasia.

Fox, L., Sohlberg, M. M., Fickas, S., & Lemoncello, R. Public computing options for individuals with cognitive disabilities: Survey outcomes.

Goff, R., Douglas, N. & Hinckley, J. A meta-analysis of aphasia group therapy.

Graham, K., Azevedo, Z., McHose, B., & Raymer, A. Effects of word retrieval training for semantic anomia.

Haley, K., & Helm-Estabrooks, N. Foreign accent syndrome: Etiology, neuroanatomical basis, & clinical course.

Haley, K., Helm-Estabrooks, N., Caignon, D., Womack, J., & McCulloch, K. Self-determination and life activity goals for people with aphasia.

Halper, A. S., Cherney, L. R., & Kaye, R. Post-treatment interviews following computer-based script training: Emerging themes.

Hartman, D. E., Hutter, R. D., Boland, K. M. A case of aphasia and apraxia of speech following status epilepticus and right cerebral hemiatrophy in a developmental left hander.

Heuer, S., & Hallowell, B. New assessment method of attention allocation in individuals with aphasia.

Hidecker, M. J. C., Breckenridge Hanna, C., Paneth, N., Rosenbaum, P., & Kent, R. D. Communication and eating definitions used by cerebral palsy registries.

Hidecker, M. J. C., Paneth, N., Rosenbaum, P., Kent, R. D., Lillie, J., Johnson, B., Chester, K., Jr., & Eulenberg, J. B. Validating the Communication Function Classification System (CFCS) for cerebral palsy.

Hungerford, S., & Bassendowski, N. Should malingering matter to speech language pathologists?

Hungerford, S., Coppens, P., & Orlofsky, D. A case of foreign accent syndrome: Untangling an etiological riddle.

Hungerford, S., Gonyo, K., Whitford, S., & Bassendowski, N. Do executive skills or language skills best predict social competence?

Jacks, A., Cannito, M. P., Chorna L., Beverly, D., & Suiter, D. Acoustic contrastivity changes in idiopathic Parkinson's disease following amplitude therapy.

Karidas, S., & Hinckley, J. Effects of age and aphasia on catalog-ordering performance in single and dual-task conditions.

Kent, R. Clinical doctorate in allied health: Lessons for speech-language pathology.

Krause, M.O., & Kennedy, M.R.T. Processing Speed & Masking Release After Traumatic Brain Injury.

Lemoncello, R., & Chabon, S. Does the clinical fellowship matter in developing evidence-based clinicians?

Martin, G., Roberts, J., & Helm-Estabrooks, N. Verbal perseveration in boys with fragile X and down syndrome.

Mayer, J., Bishop, L., & Murray, L. Cognitive retraining in CADASIL: Can APT-II build cognitive reserve?

Murray, L. L. Narrative differences among elderly with clinical depression versus early Alzheimer's.

Murray, L. L., Raymer, A., Meulenbroek, P., & Edmonds, L. Utilizing principles of neuroplasticity to guide language rehabilitation.

McCorkle, S., Fox, L., & Lemoncello, R. Social participation through Internet-based games for brain injury survivors.

O'Neil-Pirozzi, T. M., & David, A. Maximizing cognitive-communication therapy outcomes: Brain injury survivor and clinician perspectives.

Patterson, J., & Goldblum, G. Facebook experience: Linking persons with neurogenic communication disorders across continents

Purdy, M., Wilson, B., Irwin, B., & Halper, A.S. EBP and documentation of outcomes in neurogenic communication disorders.

Raymer, A., Meulenbroek, P., Murray, L., & Edmonds, L. Utilizing principles of neuroplasticity to guide language rehabilitation.

Richardson, J., Bothe, A., & Marshall, R.J.S. Generalization effects in individuals with aphasia following constraint-induced aphasia therapy.

Simmons-Mackie, N., Cherney, L., Raymer, A., Armstrong, B., & Holland, A. Communication partner training in aphasia: A review of treatment approaches.

Spencer, K.A., McAllen, A., Shulein, O., & France, K. Response preparation deficits in Parkinson's disease.

Vaughan, E., & Nicholas, M. Nonverbal event processing and language impairment in aphasia.

Vitiritti, K., & Peach, R. A reaction time study of lexical processing in aphasia.

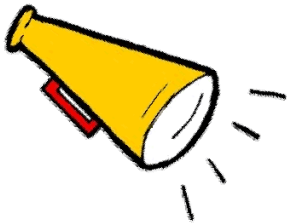
Yorkston, K., & Baylor, C. Communicative participation in multiple sclerosis: Regression analysis of selected variables.

Yorkston, K., Beukelman, D., & Hakel, M. Management of dysarthria in acquired brain injury.

Zimmerman, C., Fisher, J., & Donovan, N. J. Effect of group aphasia treatment on word retrieval skills.

CALL FOR PAPERS
THE 40th ANNUAL CLINICAL APHASIOLOGY CONFERENCE
May 23-28, 2010
Wild Dunes Resort, South Carolina, USA

The Clinical Aphasiology Conference (CAC) is an annual forum for clinicians and researchers engaged in the study and clinical management of persons with acquired neurologic language disorders. At CAC, participants present their recent research and engage in extensive discussions with colleagues. To develop an informal atmosphere conducive to the free exchange of ideas, CAC attendance is limited to approximately 100 people. The 2010 Conference Chairperson is Leora Cherney; the Program Chairperson is Laura Murray.



To Attend the Clinical Aphasiology Conference

If you wish to attend the 2010 CAC, you must submit a summary of an original paper or poster no later than Monday, January 18th, 2010. Two authors from each accepted proposal will be invited to attend the conference. As space permits, first authors of proposals not accepted for presentation also will be invited to attend. A number of student fellowships are available on a competitive basis to students who have earned authorship on a paper submitted to CAC.

Scope of Papers and Posters

APHASIA

APRAXIA OF SPEECH

COGNITIVE-COMMUNICATION DISORDERS FOLLOWING TRAUMATIC BRAIN INJURY OR RIGHT HEMISPHERE
BRAIN DAMAGE

COMMUNICATION IMPAIRMENTS RELATED TO DEMENTIA

COGNITIVE-LINGUISTIC PERFORMANCE IN ELDERLY ADULTS

FOR DETAILED INFORMATION ABOUT CAC 2010 AND THE CALL FOR PAPERS SEE: <http://cac2010.library.pitt.edu>. For general information about the Clinical Aphasiology Conference, see: <http://clinicalaphasiology.org>

Please send queries to Laura Murray, Ph.D., 2010 CAC Program Chair at: lmurray@indiana.edu

ASHA Announcements

By: Amy Hasselkus



American
Speech-Language-
Hearing
Association

ASHA has endorsed the International Brain Injury Association's 8th Biennial World Congress, to be held March 10-14, 2010, in Washington, D.C. The call for abstracts is open through October 12 at www.internationalbrain.org/. ASHA is also a supporting organization of the World Parkinson Congress, to be held in Glasgow, Scotland, from Sept. 26 to Oct. 1, 2010. Abstract submission dates are November, 2009 – May, 2010. See www.worldpdcongress.org/Abstracts/guidelines.cfm for more information.

Congratulations to all who have received Honors of the Association and Fellowship of the Association in 2009. We look forward to recognizing their achievements in New Orleans. To see a list of recipients, go to www.asha.org/about/awards/.

Upcoming ASHA Events

Audiology Conference 2009: *Traumatic Brain Injury (TBI): Effects on Hearing, Memory, and Cognition*

A virtual conference on the Web for audiologists and speech-language pathologists
October 13–26, 2009

<http://www.asha.org/events/aud-conf/>

ASHA Annual Convention: *Two Professions, Two Powerful Partners*
November 19-21, New Orleans

<http://www.asha.org/events/convention/>

Medicare SLP Private Practice

SLPs have started enrolling and billing as an independent provider under Medicare. More information is available, including how to enroll, at <http://www.asha.org/members/issues/reimbursement/medicare/SLPprivatepractice.htm>.



ANCDS Executive Board Members and Committee Chairs

ANCDS Office

PO Box 26532 Minneapolis, MN 55426
 Ph: 952-920-0484 Fax: 952-920-6098
 ancds@incnet.com
 For FedEx & UPS: 2219 Oregon Court

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