

ACADEMY OF
NEUROLOGIC
COMMUNICATION
DISORDERS
& SCIENCES

ANCDS Newsletter

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Fall 2005

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The mission of ANCDS is to promote quality service to persons with neurologic communication disorders. The articles in this newsletter testify to the energy and enthusiasm that ANCDS members bring to this mission. Some highlight a single member's activities. Others result from the work of the

many members who volunteer to serve the Academy on its committees and boards. Although I know that all of you are dedicated, hardworking people, I'm always impressed with the amount of work that all of you do, individually and collectively through ANCDS, to fulfill our mission. The newsletters make it all more tangible for me, and this edition is no exception.

Board Certification is the primary method for promoting quality services. Our Board Certified members are recognized for their expertise in diagnosing and treating neurologic communication disorders. If you've wondered about the process for obtaining certification, two articles in this issue will demystify the process. Leora Cherney, Chair of the Certification Board, outlines the steps in the application process and provides valuable suggestions in "The Nuts and Bolts of the Board Certification Process". As Leora points out, you don't need a doctorate for Board Certification. We welcome applications from clinicians with master's degrees and with doctorates.

In a companion piece, Jackie Hinckley describes her own journey through the process. She points out that her



years of continuous professional education and clinical problem solving prepared her to succeed on the written exam. She says that she actually *enjoyed* the oral presentation of her case, and that echoes the comments I heard from every applicant I encountered during my term on the Certification Board. So if

you've been thinking about applying for Board Certification, what are you waiting for? I urge you to read these articles and start the process. Our consumers need a way to identify expert clinicians, and in the area of neurologic communication disorders, the Academy's Board Certification process is the way.

The member highlighted in this edition of the newsletter is ANCDS founding member and ASHA Fellow, Lisa Breakey. In her interview with Mary Purdy, Lisa discusses how important holding Board Certification from ANCDS has been to her career. She also offers an experienced private practitioner's per-

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writing committees.

spective on service delivery challenges. Lisa's years as an ASHA Legislative Councilor and as president of the California Speech and Hearing Association demonstrate her dedication in advocating changes to ensure that people with neu-

rologic communication disorders will have access to quality service. Far from feeling burned out from her professional activities, Lisa seems positively energized by them. She pursues a variety of avocational interests and has no plans to retire - - ever! Hats off to Lisa!

ANCDS member and ASHA President-Elect Alex Johnson reports that ASHA's advocacy efforts to prevent the return of the Medicare therapy cap are at a crucial stage. Moreover, did you know that there is a bill before the Senate seeking to allow Speech-Language Pathologists to bill Medicare under their own provider number? As Lisa Breakey notes in her interview, these activities deserve our strongest support. Use the information in Alex's report to contact your Congressional representatives and explain how crucial these bills are for the people you serve.

ANCDS and ASHA have been collaborating for a number of years in the area of evidence-based practice. As you know, this has been one of the primary focuses of the Academy for almost 10 years (see www.ancds.org, Practice Guidelines), with the support of ASHA and its Special Interest Division 2:

Neurophysiology and Neurogenic Speech and Language Disorders. This year, evidence-based practice has been elevated to the level of a focused initiative at ASHA. We can be proud of the many ANCDS members who have served on the practice guidelines writing committees. They are truly leaders in this effort to promote quality services to persons with neurologic communication disorders.

Wondering what else you can do to promote quality service? Attend the 2005 Annual ANCDS Education and Scientific Meeting on Thursday, November 17, 2005 at the Manchester Grand Hyatt Hotel in San Diego and encourage your colleagues to attend. The Education and Standards Committee, chaired by Jay Rosenbek, has put together a wonderful program that will explore innovative treatment approaches. Those of you who have attended the meeting in the past will be pleased to see that Neurologic Grand Rounds will be back this year. It's clear that all of you enjoy that part of the program as much as I do, since you rate it so highly every year. I hope to see you there!

Mary Boyle, ANCDS President



New Members in 2005

ANCDS is pleased to welcome the following new members. Many of these new members will be attending the 2005 Educational and Scientific Meeting in San Diego in November. Please look for them and welcome them to the Academy and the meeting.

Full Members

Carolyn Higdon, Ed.D. - Oxford, MS

Fang-Ling Lu, Ph.D. - Danton, TX

Associate members

Bessie Antonopoulos, M.A. - Chicago, IL
 Nicole Archambault, M.S. - El Segundo, CA
 Tami Brancamp, M.S. - Reno, NV
 Elizabeth Burke, M.S. - Windsor, CT
 Tamara Cranfill, M.A. - Somerset, KY
 Jennifer Dalton, M.A. - Greensboro, NC
 Michele Eiem, M.A. - Cinton, NJ
 Tiffany Holland, M.S. - Nashville, TN

Harrison Jones, M.A. - Gainesville, FL
 Jeanne Katzman, M.A. - Los Angeles, CA
 Katherine Larib, M.S. - Lutz, FL
 Susan Leon, M.A. - Gainesville, FL
 Jennifer Petherbridge, M.A. - Warminster, PA
 Lynette Schultz, M.A. - Sarasota, FL
 Nancy Standeffer, M.S. - Tuscaloosa, AL
 Kathryn Wilson, M.A. - Rochester, NY

Lisa Breakey, M.A., BC-NCD, has been in private practice in San Jose, California for over 25 years, specializing in adult neurogenic communication disorders. Ms. Breakey is a strong advocate of persons with communication disorders and has participated in numerous conferences around the country on service delivery in health care settings, legislation, reimbursement, and addressing the challenges of diversity. She has been active in professional organizations at the state and national levels. She was president of the California Speech and Hearing Association, was a founding member of ANCDs, served on several ASHA committees, was an ASHA



legislative councilor, and is an ASHA Fellow.

Q: You've been involved in ANCDs from the beginning, as one of the "founding fathers" in 1988. What motivated you to become involved?

A: I was very concerned that ASHA had decided not to move towards a clinical Ph.D., that the existing Master's programs could not possibly be "robust" enough to prepare SLPs for child and adult disorders, and that ASHA kept adding areas to the scope of practice without the rigorous demands necessary to increase the concomitant level of education.

Q: What do you see as the advantages to having Board Certification, and what words of advice do you have for other clinicians who may be considering Board Certification?

A: Having Board Certification from ANCDs has been an incredible advantage in my private practice. All of my office patients are private pay. Neurologists and colleagues in my geographic area refer to me specifically because of my advanced certification. The majority of these clients are individuals who want to return to high-level jobs such as lawyers, corporate vice presidents, and professors. They or their families are usually very knowledgeable concerning the type of qualifications the professionals with whom they are dealing should have. And, of course, the educational programs and the networking opportunities that belonging to ANCDs provide have assisted me to develop the accelerated skills I need to deal with this population. I would advise any clinician who is working with adults to consider Board Certification by ANCDs. It is an invaluable tool and a needed testimony to her or his skills.

Q: You have a keen interest in service delivery issues and have published and spoken on the challenges of providing speech-language pathology services in the 1990s. What do you think are some of the challenges facing us in the new millennium?

A: I believe there are four primary challenges we face: 1) An extreme shortage of fully qualified SLPs serving



adults, 2) Decreasing training opportunities for Clinical Fellows in adult neurologically based communication disorders due to the decreasing number of qualified SLPs to act as supervisors, 3) The increasing focus of SLP services on dysphagia rather than communication disorders in the acute care and SNF populations, and 4) Third-party reimbursement.

Q: Have the issues changed over the past decade?

A: I do not think the issues have changed. The extreme shortage of qualified SLPs providing services for adults is a mirror image of 1975

when I first started serving the adult population in California. The cause of this is circular. First there was a lack of fund-

ing directly related to the lack of inclusion of SLP services in defining legislation. This impacted rehabilitation services to adults and there were limited employment opportunities. Because SLPs did not look to the adult area for employment, there was a shortage. Services typically provided by the SLP were covered by other professions or seen as non-essential, and populations who needed our services were not identified, which reaffirmed to the powers that our services were not essential. Two examples are the non-inclusion in the Medicare act of SLPs as independent providers and the recent implementation of PPS

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which was a direct cause of the layoffs of numerous SLPs from Rehab Corporations. Consequently SLPs left the adult field, continuing the destructive cycle.

Q: Has the situation worsened or gotten better?

A: The situation has become worse. There is a golden opportunity for SLPs in adult work, but they need a higher level of skill, and they need to operate as independent practitioners. SLPs can't expect to find a ready-made job or position, but they can show that their services are necessary and can be profitable. In other words, they need to go into a situation and prove that there is a need for SLP services in adult settings.

Q: What do you see as the role of the speech-language pathologist in dealing with these issues?

A: First, SLPs can increase pressure on ASHA to obtain legislation including the SLP in Medicare as independent practitioners. PTs and OTs are included in the basic Medicare legislation as independent practitioners who do not have to bill through a physician, and we are not. This inequity has been in existence for over 30 years and is the reason we are not a "necessary or primary service" under most third party payment systems, but OT and PT are. This would then give SLPs the power to move towards inclusion in payment systems as a primary/necessary service for Adult Day Health Care, Nursing Homes, Home Health, etc. Second, SLPs need to consistently strive to improve their skills in service provision for adults. Finally,

SLPs can review the services provided in their community, determine where there is a need and then "sell" those services utilizing existing studies and information.

Q: You obviously have a strong commitment to the field. You have been President of the California Speech-Language-Hearing Association, were an ASHA Legislative Councilor for 18 years, and are an ASHA Fellow. What keeps you motivated?

A: I have always believed, and have seen reaffirmed over the nearly 40 years of my career, that the ability to communicate, in the broadest sense of the word, is an essential factor in maintaining the quality of life, and that without the services we provide to those who need them, quality of life would decrease

Q: What do you see yourself doing over the next 5-10 years?

A: My sister, just last week, unequivocally stated to a friend who inquired, that I would never retire. I agree. Vivian Sheehan is my model. She is still providing quality services and is into her 80's. I am constantly exploring new aspects of my profession. I have done some corporate work and recently agreed to an adjunct faculty position at a local Community College. This means I will be able to see how the work I do with individual clients for auditory processing and memory deficits can be applied to small groups at the college level.

Q: What can we find you doing when you are not in the office, in other words, for fun?

A: I love to travel (last year I spent three weeks in Paris, two in Italy and one in Cabo); am a supporting member of the San Francisco Ballet; serve as chair of the First Step Advisory Committee for a new award winning modern dance company, LevyDance; work on my French and take Tango and Flamenco lessons.

MARK YOUR CALENDARS

Don't forget to pay your ANCDS dues before October 31st
to avoid incurring the \$25.00 late fee!

The Nuts and Bolts of the Board Certification Process

Leora R. Cherney, Ph.D., CCC-SLP, BC-NCD
Chair - Certification Board

ANCDS offers Board Certification for demonstrated expertise in the areas of adult and/or pediatric neurologic communication disorders. Anyone with a minimum of five years of full time equivalent clinical experience in neurologic communication disorders is eligible to apply. A doctoral degree is NOT required for Board Certification.

The American Speech-Language Hearing Association does not have a board that offers specialty recognition in the area of neurologic communication disorders. Therefore, Board Certification by ANCDS is the only avenue by which speech-language pathologists with advanced knowledge, skills and experience in neurologic communication disorders can be recognized by consumers, colleagues, referral and payor sources, and the general public. The Certification Board encourages both members and non-members to consider Board Certification as an important means of achieving recognition for expertise in neurologic communication disorders.

Many potential applicants have perceived the Board Certification process to be overwhelming, particularly in view of their job responsibilities and time constraints. Yet, as you will see from the companion article by Jackie Hinckley, the process is inherently rewarding and surprisingly manageable. To assist potential applicants, the Certification Board has developed some clear and succinct guidelines about the process, and these can be obtained from the ANCDS website at <http://www.ancds.org/brdcert.htm>. What follows is merely a brief summary highlighting some of the key components of this on-line document.

After an individual has been approved for candidacy, he or she has two years to complete the two parts of the Certification process: (1) the written examination and (2) the written case study and oral discussion of the case. However, most successful candidates typically have taken about a year to complete the process.

The examination consists of 80 multiple choice questions that assess the person's integration of knowledge and application to clinical practice in either adult or pediatric neurologic communication disorders. A frequently asked question is "How do I study for the examination?" Reviewing current general books and book chapters in areas such as assessment and treatment of aphasia, dysarthria, and cognitive-communication disorders associated with right hemi-

sphere and traumatic brain injury, together with the candidate's clinical experience over at least five years of practice should be sufficient to ensure a passing grade on the examination. In the event that a candidate fails the examination, he or she can retake it within one year.

The Written Case Summary provides candidates with an opportunity to demonstrate their advanced clinical competency in working with a case of their choice. The Written Case Summary should include the following eight areas: relevant history of the patient; assessment methods/tests and results; diagnostic and prognostic conclusions; management recommendations and procedures including rationales for treatment decisions and how the treatment approach meets standards of evidence-based practice; data documenting outcome of treatment; rationale for termination of treatment and follow-up recommendations; integration of content with literature and evidence based practice guidelines; and a brief self-critique. This final section is extremely important in that it allows the candidate to analyze the management of the patient, discuss what worked and what didn't work, and how he or she might do things differently given the luxury of hindsight.

A common pitfall in the Written Case Summary relates to the clarity of the writing. Candidates should proofread their work carefully and ensure that all references are correct and updated. The use of tables and figures to illustrate specific test scores is highly encouraged. Candidates should be concise, yet specific and careful attention should be paid to organization, transitions, and referents. The Written Case Summary should be 10 - 20 pages long, double spaced.

The Written Case Summary is reviewed anonymously by a subcommittee of at least three members of the Certification Board and feedback is provided to the candidate together with the recommendations of "pass", "rewrite" or "fail". A Written Case Summary that is evaluated as a "fail", may not be resubmitted. However, the Candidate may submit a new Case Study, if the two-year time period since admission to Candidacy has not been exceeded.

If the Written Case Summary is designated as a "pass", the next and final step is the formal face-to-face oral presentation that is followed by an interactive question-and-answer and discussion period between the Candidate and the examining team.

Should you have any questions regarding Board Certification, please feel free to contact any member of the Certification Board. A list of Certification Board members can be found at <http://www.ancds.org/admin.html>

**Finally getting around to it:
A personal account of the Certification process
Jacqueline J. Hinckley, Ph.D., CCC-SLP, BC-NCD**

Excellence matters. It matters to our clients and their families, to the public, and to payers. But mostly it's a question of self-respect – you wouldn't have wanted to become a speech-language pathologist if you didn't want to be a GOOD one.

You can know you're a good one by seeing smiles on clients' faces and hearing thanks. You can know you're a good one when your colleagues consult with you, when you realize you have developed the habit of checking the literature when you're not 100% sure you remember something right, when you find yourself saying "in the cases I've seen like this one....". But there are days when nothing goes smoothly, your clients cancel again or don't cooperate, a colleague seems to snub you, and you evaluate a patient that you can't immediately make sense of. On those days you begin to doubt whether those signs of accomplishment that carried you proudly to the parking lot at the end of the previous day weren't quite as much as they seemed at the time.

It was on one of those days, or more precisely, during one of those not-so-good weeks, that an announcement came through about Board Certification through ANCD S. It sounded appealing – a way to demonstrate expertise that was a tangible mark for employers and clients, and well, probably for me, too. But I was behind on about a hundred things; there were follow-up phone calls to make and new appointments to schedule, and applying for Board Certification didn't even get written down on the list on the top of my desk.

About five or six years later – yes, five or six years – I had moved to a new job. You know how in the first few weeks of something new – a new year, a new job – you decide that you will finally accomplish all those things that you've been meaning to do. So I pulled out the ANCD S application forms for Certification, read them, signed them, and sent them in. That part wasn't bad at all, and that day was another jaunty walk to the parking lot to go home.

I was contacted by the Certification Board, who told me that my application was received and accepted and I could go ahead and schedule the exam. The exam is preferably proctored by another ANCD S member, so I looked in the directory, and fortunately I had an ANCD S member right in Tampa. I arranged with her a convenient time to take the test, and set it up.

I didn't know what to study to prepare for the exam. By this time I had about 13 years experience in neurologic communication disorders and I had regularly attended conferences and read journals. I felt fairly up to date but did I really know the material that would be on the exam? I had the good intention of boning up, especially in areas

that I thought I hadn't done as much clinical work in, but honestly, I got caught up in new job activities and didn't do as much of that as I intended to do.

Sitting there with the exam and my number 2 pencil, and taking a deep breath, I consoled myself. Surely my years of continuous professional education and clinical problem-solving would see me through. That was really the point of the exam anyway, right? And I figured that I had taken many multiple choice exams, albeit years ago, to get where I was. Taking multiple choice tests was probably a lot like riding a bicycle.

I was relieved when I heard I had passed the exam. I would have been so embarrassed in front of the Certification Board and my colleague who proctored the exam if I had failed. The Board notified me to move on to the next step of the process, writing up a case study.

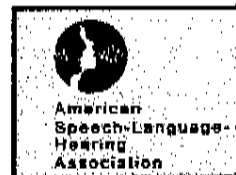
Deciding on a case to write up was the hardest part for me. I read and re-read the guidelines, trying to guess what was really wanted. Finally I decided to choose a case that had an interesting feature to it. But I did not want to choose a case that was so unique or so challenging that there would be little clinical literature to relate to in the written case report. I looked through old files and chose the case of a patient with right hemisphere CVA who presented with a classical aphasia. This allowed me to relate to the various clinical literatures on what might be expected in right CVA, and how my case was similar to and differed from other cases of right CVA and aphasia reported in the literature.

Writing the case report, once I actually got started with the old case notes in front of me, wasn't so bad. I searched the literature a little bit to make sure I was aware of recent articles relevant to the case.

The Certification Board gave me feedback on my written case report that I responded to. Then the oral presentation was scheduled for a time at the next ASHA Convention which I was planning to attend anyway. Although I was a little nervous, I told myself I was just there to talk about the case and surely I could do that! The Certification Board members who met with me made me feel comfortable and relaxed. They asked me interesting questions and brought their own clinical expertise to the discussion. In the end, the oral presentation was more enjoyable than anything else, and wasn't any of the anxious-making things I had imagined.

They congratulated me, and I had finally accomplished the recognition of a mark that is a sign of clinical excellence for my clients and my employer. It is a certification that is similar in concept to medical specialists who are Board Certified.

And yeah, I'm a little proud of myself, too. I got it done!



As the end of the year approaches, ASHA is advocating on many fronts to prevent the return of the Medicare therapy caps. One alternative is a Senate bill to recognize speech-language pathologists as suppliers of Medicare services by separating SLPs and PTs in the outpatient Medicare statute. If passed, this would afford SLPs the long-sought opportunity to bill Medicare under their own provider number. Another bill seeks to repeal the therapy caps. To read more about these alternatives and to advocate with your Congressional representatives for their support, go to <http://www.asha.org/about/legislation-advocacy/2005/haltrestart.htm>.

ASHA collaborates with other organizations in areas such as research and professional and patient advocacy. For example, ASHA has collaborated for many years with Division 40 (Clinical Neuropsychology) of the American Psychological Association on joint document development related to cognitive issues. This year ASHA became an organizational partner of the World Parkinson Congress to support an international forum for researchers, health professionals, and consumers in Washington, DC on February 22-26, 2006. ASHA members Lori Ramig and Deborah Theodoros are among the invited speakers. For more information, go to www.worldpdcongress.org. Most recently, ASHA has been in communication with the American Congress of Rehabilitation Medicine (ACRM)'s Brain Injury Special Interest Group on insurance plans' denials of cognitive rehabilitation treatment for individuals with brain injury. For more information on the issue of insurance and cognitive treatment, see the March 1, 2005 issue of *The ASHA Leader* at <http://www.asha.org/about/publications/leader-online/>.

ASHA's Focused Initiatives in 2005 have developed many strategies to address key issues that affect ASHA members in various settings: evidence-based practice, health care reimbursement, Ph.D. shortages in higher education, and personnel issues. Of particular interest to ANCDs may be recent updates in the area of evidence-based practice, including the following activities:

- Completion of a Knowledge-Attitudes-Practice (KAP) survey related to evidence-based practice. The purpose of the survey is to collect data/information to guide the development of educational products/activities.
- Progress within the Advisory Committee on Evidence-Based Practice (ACEBP). The ACEBP was established to provide guidance on core issues related to evidence-based practice (e.g. use of terminology, levels of evidence, etc.). The committee met and a) has developed a set of procedures for conducting evidence reviews, b) is adapting a system of levels of evidence for use by ASHA, c) has proposed revisions to the process and format for developing ASHA practice policy documents, and d) has developed procedures for prioritization of clinical topics recommended for evidence review.
- Redesign of the evidence-based practice section (members only) of the ASHA Web-site that includes links to Web-based clinical trial registries.
- Development of an international registry of clinical practice guidelines that are relevant to communication sciences and disorders.

For more information on all the Focused Initiatives, go to www.asha.org and search on "Focused Initiatives Second Quarter Progress Report (2005)."

Thursday, November 17, 2005
Manchester Grand Hyatt Hotel
Manchester Ballroom I

8:00 - 8:30	Registration / Continental Breakfast
8:30 - 9:30	Annual Business Meeting
9:30 - 9:45	BREAK
9:45 - 12:00	Neural Substrates of Cognition in Aphasia Therapy: Shifting the Paradigm for Treatment Development <i>Bruce Crosson, Ph.D.</i>
12:00 - 1:30	Catered Luncheon and Honors of the Association presented by: <i>Barbara C. Sonies, Ph.D., BC-NCD</i>
1:30 - 3:00	An Investigation of Constraint Induced Language Therapy in Aphasia: What we have learned so far..... <i>Lynn Maher, Ph.D.</i>
3:00 - 3:15	BREAK
3:15 - 4:45	Neurologic Grand Rounds A Case of Foreign Accent Syndrome with Multiple Sclerosis? <i>Katarina Haley, Ph.D.</i> <i>Nancy Helm-Estabrooks, Sc.D.</i> <i>Katrina Miller, M.A., CCC-SLP</i>
4:45 - 5:00	Concluding Ceremony

We look forward to seeing you.

Committee Announcement

Two Amendments to the ANCDS By-Laws Approved

In July, 2005 the ANCDS Executive Board proposed two amendments to the Academy's by-laws and sent the proposals to full members for a vote. The first amendment proposed to change the fiscal year of the Academy to coincide with the calendar year in order to provide accurate data on income within a calendar year and on funds available for end-of-year expenses. The second amendment proposed to change the name of the Professional Affairs Committee to the Professional Affairs and Practice Guidelines Committee in order to provide a permanent status to the ad-hoc Practice Guidelines Coordinating Committee. The Academy's full members approved both amendments in August, 2005.



By: Amy Hasselkus

A number of documents were approved by ASHA's Legislative Council earlier this year and are available online at www.asha.org:

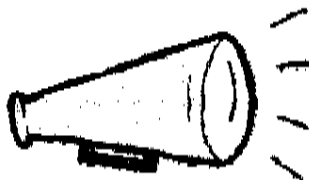
- *Knowledge and Skills Needed by SLPs Providing Clinical Services via Telepractice*
- *Knowledge and Skills Needed by SLPs Serving Persons with Mental Retardation/Developmental Disabilities (MR/DD)*
- *Principles for SLPs Serving Persons with Mental Retardation/Developmental Disabilities (MR/DD): Technical Report*
- *Roles and Responsibilities of SLPs in Service Delivery for Persons with Mental Retardation/Developmental Disabilities (MR/DD): Position Statement*
- *Roles and Responsibilities of SLPs Serving Persons with Mental Retardation/Developmental Disabilities (MR/DD): Guidelines*

Results of the 2005 SLP Health Care Survey are now available on ASHA's Web site at www.asha.org/members/slp/healthcare/healthcare_survey.htm. The survey results and accompanying reports include information about caseload, employment, productivity, culturally and linguistically diverse populations, and challenges faced by SLPs in health care.

Keep your eye out for information about the 2006 ASHA Health Care Conference to be held in Nashville, TN on April 1-2. Three tracks of programming will be offered, including adult clinical issues (TBI, aphasia, trach/vent), adult swallowing, and pediatric issues (autism, craniofacial anomalies, working in early intervention). More information will be available later this fall.

A revised version of the popular *Guide to Successful Private Practice in Speech-Language Pathology* has been completed and will be available from ASHA Product Sales in November. Call (888) 498-6699 for more information.

For more information about these and other ASHA activities, please contact Amy Hasselkus at (800) 498-2071 ext. 4514 or ahasselkus@asha.org.



Submission Deadline: October 20, 2005
 American Neuropsychiatric Association
 February 18-21
 San Diego, CA
www.anpaonline.org

Submission deadline: January 31, 2006
 International Neuropsychological Society Convention
 July 26-29
 Zurich, Switzerland
 Email: ins@osu.edu



Pélégie (Pagie) Beeson, Associate Professor at the University of Arizona, was awarded a research grant from the National Institute on Deafness and Other Communication Disorders for a project entitled, "Developing Evidence-Based Treatments for Agraphia." This 5-year project will provide the resources to examine the therapeutic effects of several treatment approaches for the remediation of impairments of written language. Co-investigators include Steven Rapcsak, M.D., Professor of Neurology, and Maya Henry, doctoral student at the University of Arizona.

Hugh Buckingham, Ph.D. has been asked to update his 1981 Clinical Aphasiology Conference invited lecture at the Kerrville conference, as a "classic" in CAC papers. The article will appear soon in *Aphasiology*. The title is: "A pre-history of Broca's aphasia." The Kerrville CAC in 1981 was a splendid reunion and coalescence of academic and social engagement.

Caroline Royal-Evans, M.S., BC-NCD (A) was promoted from Clinical Associate Professor to Clinical Professor at The University of Memphis, School of Audiology and Speech-Language Pathology. She has been a member of the faculty at Memphis since 1992.

Melissa Duff recently completed her doctorate at the University of Illinois at Urbana-Champaign and has taken a post-doctoral position in the Department of Neurology at the University of Iowa.

Patrick Coppens, Ph.D., was elected as chairperson of the Communication Disorders and Sciences Department at SUNY Plattsburgh. Condolences accepted.

Congratulations 2005 ASHA Award Recipients

The Academy of Neurologic Communication Disorders and Sciences congratulates the ANCDS members who will be receiving awards from the American Speech-Language-Hearing Association (ASHA) at its annual meeting in San Diego in November. ANCDS member **Christy Ludlow, Ph.D., BC-NCD (A)** will be receiving the Honors of ASHA in recognition of her distinguished contributions to the field of speech, language, and hearing. The Honors of the Association is the highest award that ASHA gives. ANCDS members **Nancy Alarcon, M.S., BC-NCD (A)**, **Joan Jaeger, M.S., BC-NCD (A)**, and **Julie Scherz, Ph.D.** will be designated as Fellows of ASHA in recognition of their outstanding contributions to the professions. These awards testify to the excellent work that all of these individuals do on behalf of persons living with neurologic communication disorders.

American Speech-Language-Hearing Association (2005). Evidence-Based Practice in Communication Disorders: Position Statement. (Travis Threats is a co-author). Available at <http://www.asha.org/members/deskref-journals/deskref/default>.

Coppens, P., & Frisinger, D. (2005). Category-specific naming effect in non-brain-damaged individuals. *Brain and Language, 94*, 61-71.

Davis, L., & **Copeland, K.** (2005). Effectiveness of computer-based dysphagia training for direct patient care staff. *Dysphagia, 20*, 141-148.

Duffy, J. R. *Managing primary progressive aphasia (PPA)*. National Aphasia Association News Bulletin, May 2, 2005; Part II.

Dunlosky, J., Herzog, C., **Kennedy, M.**, & Thiede, K. (2005). The self-monitoring approach for effective learning. *Cognitive Technology, 10*, 4-11.

Hartman, D. E., Sanchez, A., McDonnell, D., Bouri, A., Overholt, E. M., & Jones, H. N. (in press). Progressive apraxia of speech. In **M. R. McNeil** (Ed.), *Clinical management of sensorimotor speech disorders* (2nd edition). New York: Thieme.

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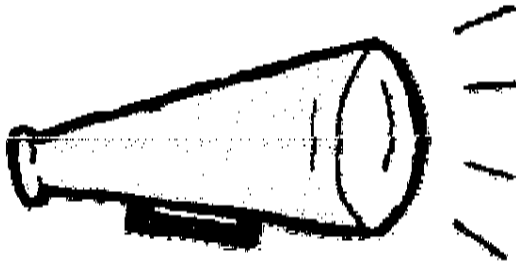
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We have an interest in candidates who might be suitable for a voting joint appointment and teaching in the Department of Cognitive Science, as part of our initiative to foster transdisciplinary research and program collaboration. We also have an interest in candidates whose research focus in communication sciences has relevance to children. The successful candidate will be expected to develop a strong externally-funded research program, contribute to the department's graduate program, interact with other departments and schools, and assist the department in meeting college and university goals, including undergraduate teaching in our university-wide undergraduate liberal education program, SAGES.

Applicants must hold a Ph.D. or equivalent by date of appointment and have, relative to career stage, a distinguished record of scholarship, service, and teaching. Compensation commensurate with qualifications. Applicants should provide a letter of application, a curriculum vitae, a statement of research interests and plans, a statement of teaching experience, and the names, addresses, and email addresses of four referees to whom we may write. Electronic applications only, to Stephen Haynesworth, Ph.D. (stephen_haynesworth@case.edu), Acting Chair of the Department. Complete applications received by November 30, 2005 will receive full consideration. Case Western Reserve University is committed to diversity and is an affirmative action, equal opportunity employer. Applications from women or minorities are especially encouraged.

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