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CEC: Clinical Exchange Corner

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WKU Brain Injury Program Ready To Assist Veterans Who Need Help With Online College Courses

The Preston Family Foundation Acquired Brain Injury Resource Program is helping Western Kentucky University students like Luke Pearson of Bowling Green have success in college.

Pearson suffered a severe head injury in a December 1999 automobile accident and was in a coma for 34 days. As he recovered from his injuries, he entered WKU in the fall of 2000 but "I just decided to give up" in December 2002.

Last year, with encouragement from his wife, Pearson decided to give his education another chance. With a full-time job with the Kentucky Transportation Cabinet, Pearson realized evening and online courses would be his best option.

With the effects of the head injury still affecting his studies, Pearson has turned to the Preston Family Foundation Acquired Brain Injury Resource Program for assistance. Pearson gets one-on-one attention from Kristen Cox, a graduate student from Linton, Ind.

"She'll plan out my week," Pearson said. "She gives me an objective for each day. That helps me so much. I just need that structure."

The success of students like Pearson is one reason the program is now reaching out to assist veterans who have suffered head injuries, according to Dr. Richard Dressler, associate professor of Communication Disorders. "We found that there was a need for helping soldiers coming back from war," he said. Some people recover from head injuries without any noticeable problems, Dr. Dressler

said, but even those with mild head injuries can have trouble with their memory, organization skills or problem solving.

In 2008, the Preston Family Foundation Acquired Brain Injury Resource Program received a grant to provide computer equipment, internet access and technical support for soldiers who have suffered head injuries and who are interested in taking online courses from any institution.

"That way they can stay at home and take college classes while recovering from their injuries," Dr. Dressler said.

The WKU program is partnering with the Brain Injury Association of Kentucky (www.biak.us) on the project. "We link people with the resources and support available in the area," said Jamie Miller, the group's family outreach coordinator for the Bowling Green, Owensboro and Fort Campbell areas.

Fort Campbell and Fort Knox are among the areas targeted by Dr. Dressler and Miller. "Those who can't go back into the military may be able to take advantage of this program," Miller said.

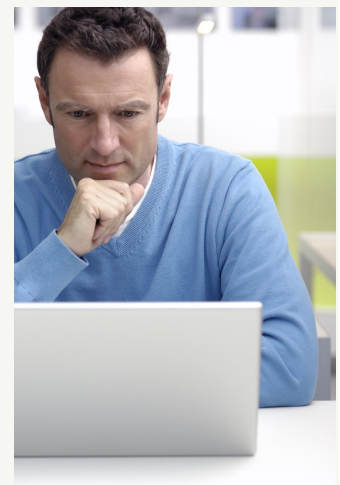
"Our interest here at the Preston Family Foundation Acquired Brain Injury Resource Program is to help people with head injuries to be successful in taking college courses," Dr. Dressler said.

For information, contact Richard Dressler at (270) 745-6280.

Taken from the WKU News Release, dated January 6, 2009.

Upcoming Events:

- Summer Sessions for CEC programs—See page 5 for details
- Family Fun Day at the Suzanne Vitale CEC—Fall 2009
- LifeSkills Run for Autism—October 17, 2009



Augmentative and Alternative Communication News by Debbie Parsley

The Western Kentucky University Communication Disorders Clinic located in the Suzanne Vitale Clinical Education Complex is striving to offer our students and clients cutting edge research based therapies and technology. The clinic is developing an Augmentative and Alternative Communication Lab where students can have access to AAC devices and software.

We are excited to announce that we have recently partnered with the Prentke Romich Company. The company has provided a high tech AAC device called the SpringBoard Lite on long-term loan to the clinic. During the spring semester, Prentke Romich distributor John Thompson gave an instructional training to CEC faculty and students in the use of the SpringBoard Lite. We will utilize this and other devices to assist those with speech disorders to have meaningful communication.

Inside this issue:

Expectations	2
CD Clinic News	2
ASK THE CLINICIAN	3
Opening Our Doors	4
Reflections by FCC Interns	4
CEC News	5
Summer Program Info	5



Reality Check for Parents: Expectations by Dr. Tammy Shaffer

Parenting is hard work. Especially if you want to do it “right”. I know I work hard at positive parenting, and I imagine you do, too. I fail—a lot. I bet you do, too! In today’s stressed-out, fast-paced, isolated world (despite all the tech available!), parents often feel alone in the rocky world of parenting, and can lose sight of the long-term goals of being a parent when dealing with today’s issues. So, I think it’s time for a reality check. This article begins a short series of articles concerning some “reality checks” for parents. We will explore expectations today, and in the future we will take a look at responsibility, choosing battles and avoiding the “loser” game. Are you ready?

I hold high expectations for myself. I also have high expectations for my daughter. My expectations cover an array of issues, including keeping a clean and organized bedroom, how well she performs her “household responsibilities” (chores!), completion of homework and good grades and being “sweet” to her friends.

I want my daughter to grow into a responsible young adult, but I sometimes worry way too much about the things she “messes up” rather than what she does right. I

sometimes overlook good behavior while correcting her mistakes. She unloaded the dishwasher, but forgot to feed the cats. Where is my focus—what she did, or didn’t do? My expectations for her are high—what are yours like? Are they too high, or just right? Or maybe they are too low. In any case, be clear with yourself what your expectations are—and what they are all about. Are they YOUR expectations, or are they really the expectations that you think other people think YOU should have?

Adjust your expectations to fit the ability of your child. Focus on their accomplishments and potential, rather than their mishaps. Praise efforts, not just the finished product. “Wow! You worked really hard to stay in the lines and picked such bright colors!” goes a lot further than, “Wow! I like your picture!” Focus on what your child actually did to achieve the goal, not the goal itself.

Final Thought: Think about this when weighing how you respond to your child. Right now, this very minute, you are building a FUTURE relationship with your child. What kind of relationship do you want with your adult son or daughter? Start working on it NOW!!

BG Hot Rods Sponsors Autism Awareness Day by Lou Ann Sanford

On Saturday, April 18, the Bowling Green Hot Rods graciously hosted Autism Awareness Day at the Ballpark. A portion of the proceeds from each ticket sold using the KAP order form will be given to the Kelly Autism Program. First pitches were thrown out by the following representatives of the Kelly Autism Program and Autism Awareness Day with the Hot Rods (pictured at right): Leo Govoni, Director of the Center for Special Needs Trust Administration, Michael Kelly, SAE (winner of the most tickets sold from Sigma Alpha Epsilon), Big Red, Danon Camic, AOPI (representative of Alpha Omicron Pi, sorority selling the most tickets) and Chris Perriello, six year participant of the Kelly Autism Program.



Communication Disorders Clinic News by Mary Lloyd Moore

Plans are underway for the 2009 Summer Boot Camp! We expect 35 graduate students and 17 undergraduate students to be here for Boot Camp this summer, scheduled for July 1-28. Clinic is offered on Monday/Wednesday and Tuesday/Thursday from 9:00 am until 3:00 pm. In addition to working with clients in the Communication Disorders Clinic, our graduate students will gain experience in the Early Childhood Center and the Kelly Autism Program. They will also go out into the community and provide speech and language screenings for the Head Start Programs in surrounding counties. Additionally, these students will be assigned to the Adult Day Care Center where they will provide language stimulation groups for folks there. As you see, we have a very busy summer planned for our student clinicians. Hence the name, Boot Camp! If you know of anyone interested in speech and/or

language therapy during the summer, please have them call us at 270-745-2183.

The Communication Disorders Clinic is exploring common interest with School Based Speech Language Pathologists to establish an Augmentative Communication Devices Language group. The group will meet for eight sessions in July (twice per week for four weeks).

The AC users will participate in theme based language activities using their adaptive technology to provide access to communication, recreation and computer based activities alongside their peers. Social interaction will be emphasized to enhance skills and promote self-esteem.

Early Childhood Center Adds New Group by Vicki Beach

This semester, the Renshaw Early Childhood Center has added a new group component to its regular group schedule. Due to the increase in kindergarten age children in need of services, the Early Childhood Center (ECC) has added a student led after school kindergarten group. The lead teacher in the group was Ericka Powell, ECC Graduate Assistant. This was a new effort to involve more Communication Disorders students in a group intervention field experience.

The after school group was comprised of 6 kindergarten age children who are high functioning and have a diagnosis on the autism spectrum. The children have delays ranging from fine motor to social speech. Each Communication Disorders student was paired with two kindergarten children for whom they were responsible and an ECC student worker to help them with

implementation and group structure. The kindergartners did “partner speech” for 20 minutes where they engaged in activities designed to foster social speech in a larger group, as well as fine motor skills.

The group met once weekly and was very successful. The Communication Disorders students have indicated that they enjoyed learning in this unique environment and have learned to “think on the fly” when things do not go according to plan. The kindergarten age child is rapidly becoming one of the ECC’s largest populations and this age group is also one of the most vulnerable as they transition from kindergarten to first grade. We at ECC are encouraged by the success of this collaboration with the Communication Disorders clinic and hope to be able to continue to provide student led groups in the future.

ASK THE CLINICIAN: If You Think Your Child Has a Hearing Loss

It is important that parents be aware of their child’s hearing from the moment their child is born. A child’s hearing can be affected by many things. Some children run a high risk of hearing loss due to certain medical diseases or medications, heredity or perinatal complications, including rubella, syphilis, low birth weight, meningitis and asphyxia. Toddlers and preschool-age children may acquire temporary or permanent hearing loss with repeated middle ear infections. Older children may acquire a hearing loss with repeated exposure to loud noises such as loud music.

If you suspect your child has difficulty hearing, seek professional help immediately. Early attention to your child’s hearing will help your child reach his or her full potential.

Here are a few guidelines to help you determine if your child’s hearing is normal.

From birth to 3 months, the child should....

- Startle or cry at loud noises
- Stop moving and seem to listen to speech or sounds
- Awaken at a loud sound

From 3 to 6 months, your child should....

- Look toward a sound or speaker
- Smile when spoken to
- Recognize mother’s voice
- Enjoy rattles and other toys that make sounds

From 6 to 9 months, your child should....

- Respond to his or her name

- Babble and make lots of different sounds
- Respond to “no”

From 9 to 12 months, your child should....

- Turn or look when his or her name is called
- Listen to people talking
- Respond to simple commands such as “give me,” and “come here”
- Understand “bye-bye”

From 12-18 months, your child should....

- Point to objects or familiar people by name
- Imitate simple sounds or words
- Follow simple spoken directions
- Say 2 to 3 words by 12 months & 8 to 10 words by 18 months

By 18 months, your child should....

- Hear you call from another room
- Hear and understand conversations easily
- Hear TV or music at the same loudness as everyone else
- Hear quiet speech
- Have normal voice qualities
- Have normal verbal language development (vocabulary, speech, sounds, sentence structure)
- Show social rapport and emotional development appropriate for his or her age

**Taken from Pro-Ed, © 1987, 2002 by Mary Brooks & Deedra Hartung



Opening Our Doors to the World via TopSCHOLAR by Connie Foster

The Suzanne Vitale Clinical Education Complex has its newsletters on TopSCHOLAR™, The Research and Creative Activity Database of Western Kentucky University at <http://digitalcommons.wku.edu/cec/>. What does this mean? Through keywords like Kelly Autism Program, acquired brain injury, and communication disorders, anyone worldwide searching the Internet (ex., Google) will find *Clinical Exchange Corner*. The newsletter is a starting point for adding other full-text content, papers, fact sheets, guides, learning aids to showcase specific areas of services,

philosophies and vision, especially for faculty who want to share their intellectual output.

Through a database like TopSCHOLAR™ the world shrinks and information explodes! WKU Libraries offers this first centralized digital repository in the state that is dedicated to scholarly research, creative activity, and other full-text learning resources that merit permanent access. Interested in knowing more? Contact Connie Foster at 745-6151, or email: connie.foster@wku.edu

Reflections by Family Counseling Clinic Interns

As an international student, there are several challenges to studying here in America, especially the language and the culture. However, now I realize that those challenges were relatively easy in the counseling classroom. Doing my internship at the Talley Family Counseling Clinic (FCC) is working in the real world, facing the language and the cultural difficulties.

For example, during my second month of working at the FCC, in one of the sessions, my client brought up the issue of child custody. I was lost when the client was talking about this because my knowledge about child custody and the child custody the client was talking about was different. Korea has a different child custody system. I need to understand their story so that I will be able to understand why this issue is so stressful for the client.

On the other hand, I am trained to watch clients' non-verbal language. However, since the verbal language is still a challenge for me, I came up with several tips to understand a client better or look at a hidden agenda. I would like to talk about the word "just". For example, a client will say "I just want to see my son study". The client used the word "just" to emphasize that the client only wishes to see his/her son study. On the other hand, when the client uses "just", it might be a positive attitude, which the client considers that is do-able. However, my hypothesis is the client might try to minimize the issue or the client will think that the issue is an easy one. Nevertheless, it is a hypotheses and I need to double check with the client.

Besides the hypothesis, I speak "Konglish". Maybe this is a new word for English-speaking Americans. However, it is quite common among Koreans. It means that I speak English, but the structure of my sentences and expressions are still Korean. I really appreciate that most of my clients not only never complain but also understand my English. When I speak to them, I see that they pay attention to me. Maybe they notice my Korean accent and Konglish, and try hard to listen, even if they usually do not pay much attention to others speaking.

As a student majoring in mental health counseling and as a growing counselor, I believe my experience at the FCC, despite my language and cultural differences, and my Konglish, will be my precious learning steps. It was not my intention originally to be trained as a dual language and multi-cultural counselor. However, my path as a counselor seems to be heading that direction. I will keep up my head, as God gives me. I have chosen to do my best, and will keep dreaming, while I work to prepare, to be a dual language speaking and multicultural counselor.

-Jun Young Lee

My experience as an intern at the Talley Family Counseling Clinic has been one of challenge and growth as a person and as a professional. I started out a year ago just hoping to make some kind of positive impact on the individuals that I would come into contact with. Now, I am still in the process of trying to soak up as much knowledge as possible from those around me, but I feel much more confident and competent as a counselor.

Having the opportunity to work with clients and see growth over time has been rewarding, to say the least. I have been fortunate to be able to work with clients from a variety of backgrounds. I have found that the array of individuals who I have come into contact with have contributed and continue to greatly influence my development in the field.

Perhaps the thing I have been most fortunate to find in the last year is that there are still people who genuinely care about helping others. My peers in the counseling program and the entire family at the Suzanne Vitale Clinical Education Complex have been a privilege for me to be around. It has been refreshing to find that at a time when so much attention is given to negative topics and individuals, there are still people who want to help someone when they can.

- Matthew Young



Suzanne Vitale Clinical Education Complex News



Mr. Leo Govoni, director of the Center for Special Needs Trust Administration was a special guest for the Bowling Green Hot Rods Autism Awareness Day. Mr. Govoni had a full weekend, including a tour of the Kelly Autism Program, led by participant, Christian Butterfield.

WITH HEARTFELT THANKS



We would like to extend a special thank you to the following people :

- Doug Ault
- Joe & Navada Campbell
- Leo Govoni and The Center for Special Needs Trust Administration
- Leisa & David Hutchison
- Vickie and Dan Renshaw
- Suzanne Vitale
- WHAS Crusade for Children
- The WKU Parents' Advisory Committee
- Chris Harmon and the WKU IT Department

NATIONAL STUDENT SPEECH LANGUAGE AND HEARING ASSOCIATION CHAPTER (NSSLHA) PRESENTS BASKET OF GOODIES AND CHECK TO LOST RIVER ELEMENTARY SCHOOL'S SPEECH PATHOLOGY DEPARTMENT

During the spring 2009 semester, our students raised \$300.00 to donate to the Speech Language Pathology Department at Lost River Elementary School. In addition, they presented a basket of therapy supplies to them. Our students understand the importance of collaborating with local school systems to increase their own learning opportunities and enhance the learning opportunities of students in our local school systems. We applaud these students as excellent examples of meaningful student engagement and generosity. The photograph below was taken during the check presentation on March 18.

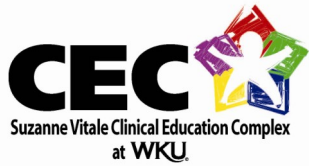


(L-R) Student Kendra Dixon, Lost River Elementary SLP BJ Cummings, Students Stephanie Padgett, Amanda Carlton, Lyndsey Hildenbrand, and Lost River Elementary Principal Jim Goff.

SUZANNE VITALE CLINICAL EDUCATION COMPLEX 2009 SUMMER PROGRAM INFORMATION

- Kelly Autism Program
 - Two sessions—June 8-26 and July 6-24
 - 9:00—12:00 Monday & Wednesday
 - 9:00—12:00 Tuesday & Thursday
 - 1:00—4:00 Monday & Wednesday
 - 1:00—4:00 Tuesday & Thursday
- Early Childhood Center (Big Red School)
 - Session is July 6-31
- Communication Disorders Clinic
 - Session is July 1-28

The Kelly Autism Program & Renshaw Early Childhood Center are proud to be recipients of the WHAS Crusade for Children grant.



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**Visit the CEC
website at
www.wkucec.com.**

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