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Message from the President

by **Andy McMillin**

Happy summer to all! For people on an academic schedule, like I am, the end of spring can be extremely hectic. As the loose ends begin to get re-tied, my thoughts start to move toward the fall Conference. I was thrilled to see the announcement of our Friday speakers this year.



It's a stellar lineup, and I am particularly happy to see that Ken Bleile will be presenting. He literally wrote the book on "The Late 8" in speech sound development/disorders, and I was fortunate to hear him give a brief talk at last year's ASHA Convention. Without a doubt, his talk was the most valuable session I attended at the Convention, and I left thinking that I would like every one of my students (and all of my colleagues as well) to hear what he had to say.

He crystallized several complex concepts in speech sound treatment eloquently, engagingly, and succinctly. And some of the conclusions emerging from his research might be surprising to many. For me, Ken Bleile will be a "don't-miss" element of this year's OSHA conference.

And when is the Conference this year? I'm glad you asked. This year's Conference will be held on October 9-10, at the [Jantzen Beach Red Lion Hotel](#) in Portland. In addition to an outstanding group of speakers, we hope to have a few new items to offer: We are exploring whether we can host a special all-state PubNight on Thursday night, October 8, at the Conference hotel. We will post details as we learn them on the OSHA website (www.oregonspeechandhearing.org), the OSHA Facebook page (please "like" us if you haven't yet done so: <https://www.facebook.com/OregonSpeechLanguageHearingAssociation>), and in the special edition of the OSHA Newsletter that we plan to send out in September.

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A Year in the Life of a Transgender Voice and Communication Clinic

by Tricia Thomas

HOW IT ALL STARTED

Approximately one year ago, I was visited at my school site by Teresa Roberts, MS, CCC-SLP, who was at that time a clinical supervisor at Pacific University. Teresa had a brainstorm to set up a voice and communication clinic for transgender youth in cooperation with TransActive Gender Center, a one-of-a-kind facility that exclusively serves youth and their families.

Teresa had been working on setting up the clinic for a few months already, and had the green light and

Transgender youth are considered one of the most at-risk groups for bullying, self-harm, dropping out of school, unsafe sexual practices, and homelessness. Research continually supports the vulnerability of this population. Transgender people overall, but specifically youth, are at great risk for discrimination and marginalization at a time in their lives when belonging is more than a perk, it's essential for survival. The statistics for the numbers of transgender youth who attempt suicide are heartbreaking. Conservative reports show that fewer than 5 percent of the overall population reports attempting suicide, but in the transgender and gender-non conforming population up to 25 years old, approximately 45 percent have attempted suicide – not considered or ideologized, but attempted.

location from the dynamic Executive Director, Jenn Burelton; the support of Pacific University; students vying for a place in the clinic; and she had Wendy Posson, an SLP who had done extensive research into the LGBT (Lesbian, Gay, Bisexual, Transgender) experience with speech-language pathology.

But she did not have someone who was comfortable coaching voice. She knew I had a background as a professional singer and voice coach and she asked me to join the team.

I hesitated. I am a single mom and my only daughter had just turned 17 and would be leaving for college soon, so I hated to take away from time I could be spending with her. On the other hand, I missed voice work and rarely had an opportunity to use this expertise.

Additionally, a family connection meant I had a commitment to the transgender population, especially the youth population. As a professional singer and voice coach, I believe that anyone with a modicum of self-awareness can be trained to use their voice more effectively. Most voice practices have to do with rehabilitation.

This was going to provide an opportunity to work on voice with people who are looking for options rather than needing to be treated for disorder.

And, like most SLPs, I feel an intrinsic need to be of service. So I said yes.

RESOURCES AND TEXTS

In preparation for starting the clinic, Teresa, Wendy, two second-year grad students, and I spent the spring and summer researching and meeting. We were joined by a first-year grad student who would not be working directly

with clients, but as a transgender person, would be vital in developing our intake questionnaire and offering invaluable insights that would increase our cultural competency along the way.

At TransActive we would be working with young people at various stages of transitioning, and the assumption was that many would be transitioning post-puberty, which would make voice a priority for the transitioning women. We discovered that the transgender population that most frequently seeks voice coaching are women at varying states of transitioning, which makes sense – transitioned men have the advantage of physiological changes that hormone therapy causes in the larynx which creates what is perceived as a deeper, therefore, masculine voice.

[Read More](#)

A Circle Closes

By Glenn Weybright

(Note: Information about Dr. Robert Blakeley first appeared in the OSHA Communicator, Volume 1, 2011)

A circle closed for me on May 16, 2015, when Allison Blakeley graduated from Pacific University's School of Communication Sciences and Disorders with a Master's degree in speech language pathology. Does the last name ring a bell for you? Yes, she is related to THAT Blakeley.



Allison Blakeley and her father.

Dr. Robert Blakeley was head of the Speech and Hearing Clinic and the Craniofacial Disorders Program at the University of Oregon Medical School (now Oregon Health and Sciences University)

for 43 years.

He was a past president of the Oregon Speech and Hearing Association and president of a section of the National Cleft Palate Association. He was named a national Master Clinician and awarded Honors of the Association by the American Speech Language Hearing Association.

In the early 1970s, Dr. Blakeley and others successfully pushed for legislation creating the State of Oregon Licensure program for speech language pathology and audiology, and he held license number 1.

And he was a friend, colleague, and mentor to many of us. The year before he retired, Dr. Blakeley was also my supervisor for a one day per week sabbatical I gave myself to follow him around.

Bob Blakeley passed away on December 14, 2010. His influence on my professional life was profound.

And now to Allison Blakeley, Bob's great niece.

[Read More](#)

Once, Twice, Three Times Outstanding!

By Kris Cook and Sam Neilsen

As a student, it's easy to identify the hard classes. They're the ones in which you struggle to succeed. Not because they're filled with complex material;

even something complex can be broken into manageable pieces.



Jeff Conn, PhD

The hardest classes are the ones taught without a clear path to success. They leave you questioning what's expected, what you should be learning, and

maybe (on a bad day) even why you chose your major. As a student, it's easy to fail. This being the case, it's also easy to identify the professors who not only teach, but who enable you to succeed. Enter Jeff Conn, PhD.

With a lifelong dream of teaching, Dr. Conn sets an exemplary standard of what students feel a professor should be. It is no wonder this is his third time winning the John Eliot Allen Outstanding Teaching Award; the first, in 2005, was after only one year of teaching at PSU. This is reflective of the passion and enthusiasm he brings to the classroom and spreads to his students, infusing his lectures with relevant pop culture and humor to help students engage with course materials on multiple levels.

Incorporating his personal learning experiences into his own teaching style, he avoids the role of a 'Guardian of Information' who would only dole out nuggets of wisdom to those he deems worthy. Instead he believes in not merely instructing his students, but rather in being a 'learning facilitator', who interacts with, encourages, supports, and challenges his students.

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Legislation Report, June 2015

Submitted by: Kathy de Domingo

Thanks to a very strong group effort, OSHA has been able to impact the following bills:

Universal Licensure (SB 287): Passed into law and was signed by Governor Brown on June 4, 2015. Effective January 1, 2016, SLPs practicing in the schools will no longer be required to hold a license from the Teachers Standards and Practices Commission. Licensure with the State Board of Examiners for Speech Language Pathology and Audiology will be required to practice in public schools.

Licensure of Music Therapists (HB 2796): The bill passed the House vote on June 18, 2015, and will next go to the Senate. It is expected to pass and allow for Music Therapists to be licensed in the State of Oregon. They will be licensed under the Health Licensing Office versus having a specific licensing board, with an initial licensing fee of \$150 then \$50 annually. To be eligible for licensure, Music Therapists must demonstrate that they have met education and practicum requirements (1,200 hours of supervised work) and hold a certificate from the American Music Therapy Association. MTs will not be able to diagnose speech and language disorders but may provide treatment using music therapy modalities to facilitate improving speech and language.

Amending the Behavioral Analysis Regulatory Board (SB 696): The ABA Board will be expanded to nine members, including the categories listed below, all of whom must be confirmed by the Senate. Practitioners who are licensed with another professional board will be asked to register but will not be required to hold dual licensure in order to practice ABA and be reimbursed by insurers.

- 4 members who are licensed by the board (ABA practitioners)
- 1 licensed psychiatrist with experience or training in ASD
- 1 licensed psychologist (registered with the board)
- 1 developmental pediatrician with experience or training in ASD
- 1 member of the general public without financial interest in provision of ABA or has a family member diagnosed with ASD
- 1 member who is a parent, guardian or family member of an individual diagnosed with ASD

The bill passed both the Senate and House as of June 23, 2015, and is on its way to the Governor's desk for signature.

I want to personally extend my appreciation to Genoa Ingram and her staff at Court Street Consulting. Her weekly reports on the many bills that she's tracking, as well as the heads up when there's opportunity to weigh in have been valuable.

[Read More](#)

Nominate a Colleague!

Dear Fellow Speech-Language Pathologists, Audiologists, and Speech-Language Pathologist Assistants:

There are some amazing people in our field who are changing the lives of children, students, and adults. Please take the time to recognize these individuals by nominating them for an OSHA award. Feel free to email me at laurettamanning@comcast.net if you have questions and go onto our [website](#) to begin the process.

Thanks! Lauretta

Extending the Educational Eligibility of Developmental Delay Beyond Kindergarten

By Jennifer Potegal

The transition from preschool to kindergarten is an exciting and somewhat anxious time for children and their families. For our families with students who receive Early Childhood Special Education (ECSE) services under the category of Developmental Delay (DD), the anxiety may be increased many times over.

In Oregon, DD is not recognized as a categorical eligibility as students move into school-age services, kindergarten and beyond. For students with an eligibility of DD, an evaluation is required to identify a categorical eligibility so that they may access special education services as they enter school.

While this may sound simple enough, many times there is simply no “category” into which our students with DD easily fit. This can lead to pursuing medical appointments to identify a possible health impairment, so that Other Health Impairment (OHI) may be used, pursuing an Intellectual Disability (ID) eligibility at an age when we know that IQ is not stable, or falling back on the old standby of Communication Disorder (CD) for a student with delays that obviously go beyond a language impairment.

If the family and the evaluation team are unable to find an appropriate eligibility category, some of these students will enter kindergarten with no eligibility and therefore, no IEP and no special education services, despite all evidence that points to their need for support.

The Individuals with Disabilities Education Act (IDEA) does not specify that a child be identified with a categorical eligibility by age five or kindergarten – that is left to the discretion of each state. According to IDEA, students can be evaluated and identified under the category of DD through age nine. Approximately half of the states extend the use of DD or what is also referred to as “noncategorical” eligibility beyond age five. These include Alaska, Arizona, Georgia, Hawaii, Idaho, Illinois, Kansas, Maryland, Massachusetts, New Mexico, Utah, and our close neighbor, Washington, just to name a few.

I have worked on both sides of the ECSE to kindergarten transition, first as an SLP in an elementary school, and for the last three years as part of the Portland Public School Early Childhood Evaluation and Transition team. I have seen firsthand the negative impact of ending the DD eligibility prior to kindergarten on students, families, and school staff.

As the EI/ECSE representative for OSHA, I have proposed that we form an ad-hoc committee to examine and advocate for a change to the Oregon Administrative Rules so that DD or noncategorical eligibility in Oregon can be extended past kindergarten.

I am seeking people that are interested in joining and contributing to this committee through testimony, research, and advocacy. Currently, I have many ECSE and school-age SLPs in the Portland metro area that would be willing to serve. I am interested in hearing from (1) those outside of our region, (2) those outside of our discipline, e.g., psychologists, OTs, teachers, parents, etc., and (3) those outside of the educational realm, e.g., SLPs in clinics and private practice.

Please contact me via email at jpoteegal@pps.net if you are interested in joining, in adding your voice and perspective to this issue, and/or if you have any questions.

To learn more about the Individuals with Disabilities Education Act, visit idea.ed.gov.

The Way We Talk – A Documentary About Stuttering, and How Hard it is to Say What's in Your Heart

By Kerry Callahan Mandulak, PhD, CCC-SLP
Asst. Professor, School of Communication Sciences and Disorders
Pacific University

“It’s okay to stutter. Who knew?” - Joe Klein, PhD

I remember the first time Michael Turner came to the Portland chapter of the [National Stuttering Association](#) (Portland Stuttering Support Group). This group was started as a speech–language pathology master’s level project by Lesley Rytel, a graduate of the Portland State University program, with the support of Glenn Weybright and myself. It was summer, he didn’t really talk beyond introducing himself, and yet he agreed to come speak to my Fluency Disorders class that Friday as part of a panel of people who stutter (Glenn encouraged me to ask him, and so I did).

I had no idea what was going on in Michael’s mind at that point – whether he liked the group, or found it helpful – but what that first meeting created was the push that Mike needed to begin working on a documentary film about stuttering – the personal experience of a person who stutters.

That stuttering support group meeting was almost exactly three years ago. In that very same week, Glenn met Ian MacKay in his office. Ian had been referred to Glenn because of his interest in helping teens who stutter, and I also distinctly remember the phone call I got from Glenn while walking to the dentist in downtown Portland. Another invite to my class that Friday was offered to Ian and he accepted. Michael and Ian met that night at my class, and Ian became a significant contributor and main character in the movie.

Mike moved forward with the documentary, and as the movie ideas evolved, the core theme always seemed to remain around telling his story, his journey toward acceptance of his stuttering, and also allowing others the insight into the lives and experiences of people who stutter. Mike’s brother, mother, grandfather, and great uncle all stutter. Despite the family history, stuttering was rarely talked about among them as he grew up.

As an adult, deciding to stop the struggle against stuttering and move toward acceptance was an experience that Mike chronicled throughout the [film](#). He goes on a journey that includes long discussions with his family members, a trip to Japan, and the shared experiences of what it is like to stutter with his friends from a support group right here in Portland (including a newly graduated Natalie Vanderpol, who attended Pacific’s master’s program in Speech–Language Pathology).



Michael Turner (center) with his grandfather and mother. All three are stutterers.

All of these moments add up to a gentle, kind, and humble story about stuttering: what it means, how it’s defined, and how people who stutter manage to both work through the challenges and celebrate the positives. It’s an honest and vulnerable view about stuttering that tells a story while also providing information about what stuttering really is.

Michael conducted a successful Kickstarter campaign (<https://www.kickstarter.com/projects/1516460982/the-way-we-talk>) with a goal of \$16,250. With over 300 backers, the goal was met by over 150 percent! Michael also won the Oregon Media Arts Fellowship grant for 2015 that provided additional funding for the film. While financial support was crucial to make this documentary happen, Michael said it best in one of his Kickstarter updates:

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Making Connections

Save the Date!



OSHA 2015 Annual Conference

October 9 & 10 | Portland, OR

OSHA Members Earn ACEs

By Laretta Manning, Honors & Awards Chair

Congratulations to the following OSHA members who have been awarded an ACE (Award for Continuing Education) by the American Speech Language Hearing Association's Continuing Education Board: Jennifer (Bills) Durham, Linda Bryans, Virginia Kouba-Monda, Julie Mondz-Kleinman, MiaTree Oquilo, Andrew Palmer, Ellen Reuler, Samantha Shune, Kimberly Stahlnecker, and Janet Wagner.

The ACE is a formal recognition of professionals who have demonstrated their commitment to lifelong learning by earning 7.0 ASHA CEUs (70 contact hours) within a 36-month period.

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MORE PLACES TO DISCOVER YOUR CAREER

Choose a setting (school, home, clinic, community)
Explore locations (local, national, international)
Embrace your role (CF, supervisor, consultant)

MORE CHOICES TO REACH YOUR POTENTIAL

Extensive training (CEUs, professional partnerships)
Ongoing mentorship (widespread network of support)
Professional growth (connect with certified specialists)

MORE OPPORTUNITIES TO EXPERIENCE SUCCESS

Expand your boundaries (immersion/outreach programs)
Become a leader (mentor, speaker, clinical researcher)
Achieve your unique goals (ask how EBS can help you)

My Tongue Thrust Therapy

By Virginia Tyree

I am a 35-year old adult who is currently in speech therapy for my tongue thrust disorder and the resultant lisp. I am also a student studying speech therapy at Portland State University.

I have created an animated video (<https://www.youtube.com/watch?v=YkvRzLPVZBU>) to give a personal perspective on what it's like being an adult who attends speech therapy three times per week. My orofacial myofunctional disorder (tongue thrust) causes me to swallow using a forward pushing motion instead of a normal swallowing pattern towards the back of the throat. This has resulted in an open bite, which has caused difficulty with my ability to eat.

I have lingual braces in order to correct the damage to my bite, and I have plans to install a fixed palatal crib (tongue crib) in order to help to retrain my tongue to a new swallowing pattern. I also have a significant lisp. I go to speech therapy in order to address all of the issues associated with my tongue thrust, swallowing disorder, and speech impairment.

In the video I walk viewers through exercises we do in speech therapy to correct my tongue thrust disorder. These include "cohesive bolus", "new swallows", and "sip-slurps". I also highlight my therapy process for my lisp. This includes the following progression: making sounds in isolation, word level sounds with CVC and CV configuration, word-initial and word-medial sounds, nonsense words, more complex word formations, and high-frequency words with carrier phrases.

More importantly, I explain the everyday implications of what it means to be an adult living with a tongue thrust disorder and a lisp. I speak to the everyday embarrassment that comes from both living with these disorders and from trying to change them. I highlight coping techniques I have used for years to hide my problem, and I speak on the themes of identity, shame, fatigue, and ultimately motivation via both my support network and my own inner strength. This video is a mix of my personal perspective, interwoven with technical information. The end result is a clear glimpse of daily life as an adult speech therapy patient.

[Read More](#)

The Oregon Speech-Language & Hearing Association (OSHA) is dedicated to providing the highest level of communication potential to people of all ages.

To learn more about OSHA, click on the links below:

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Save the Date!
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