

# Arkansas Speech-Language-Hearing Association



## SOUND EXPRESSIONS

### PRESIDENT'S PERSPECTIVE



*DeAndra Gibson,  
2004 ArkSHA President*

Welcome, the Dog Days of Summer!!!!

We have had a lot of activity at the ArkSHA office over the last several months. I have attended CSAP with Carol Fleming; ArkSHA has transitioned to a new association management firm with the help of Beckie Weaver and Dan Tullos; Jeff, Grover and Sara have been busy tackling many important issues; Julie and Margie have been working very hard on the upcoming convention; Rick has been working diligently on ArkSHA's finances and taxes; Beckie and Donna, our faithful Legislative Councilors, have traveled the world working very hard on behalf of ArkSHA. I am sure that I am forgetting someone or something!

I want to also bring to everyone's attention that it has

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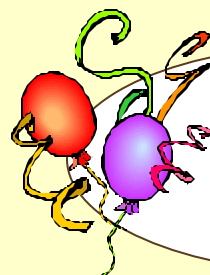
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been one year since our first online newsletter, and we have Suzanne Miltich to thank her for great efforts to make it great! She works very hard to ensure that *Sound Expressions* is beneficial to all members. It seems that we have made the transition from "snail mail" to cyberspace. Thank you Suzanne for your efforts! With that transition behind us I am hoping that over the next several months we are able to make the ArkSHA website more user friendly. Several things will hopefully be made available through the website that will be very beneficial to all members. Just another benefit of being an ArkSHA member! Please be patient as we work with Randy on the website. Is there anything that you would like to see added to the website? Please let us know.

As I mentioned before, we have made the transition to our new association management firm, Martinsen Management, Inc. and I want to thank Randy and Nancy for their patience during this time. I ask that the membership be patient with all of us as we continue to familiarize ourselves with each other. There is no way to explain the amount of work that goes into such a transition while also getting ready for a convention. So please be patient!

I would like to thank Shelly Wier and Gretchen Hicks for attending the last ArkSHA Board meeting. You are both greatly appreciated for your work with ArkSHA.

I hope that everyone has had a great summer. Stay cool and remember to keep the ArkSHA Board informed of your concerns. See you at convention!



ArkSHA  
Is 50!

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**ArkSHA MISSION STATEMENT**

*ArkSHA supports the professional interests of the  
members of the Association, thereby promoting  
comprehensive services for persons with communicative  
disorders*

**INFORMATION CENTER**

**AR Licensure Board**

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(501) 682-9180 Office  
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**AR Medicaid Website**

www.medicaid.state.ar.us

**AR Dept. of Education**

(501) 682-4475  
www.arkedu.state.ar.us

**AR Department of  
Health**

(501) 661-2328

**ASHA Action Center**

(800) 498-2071  
www.asha.org

Email: ABESPA@ipa.net

www.abespa.com

Check Out The New  
ABESPA Website



**Help Celebrate  
ArkSHA's  
50<sup>th</sup> Birthday**

At the 50<sup>th</sup> anniversary convention this year, we'll be displaying photographs and other archival materials from ArkSHA's history. If you have information or photographs you would like to share, please let the Archives & History Committee know by contacting a member of this committee: Jane LeBlanc, Diana Pearson, Cynthia Johnson, Dan Tullos, Martha Alman, Suzanne Miltich.

We would also like to invite former members to attend the Convention. If you know audiologists or speech-language pathologists who are now retired and have previously been ArkSHA members, offer them a special invitation to attend this year's 50<sup>th</sup> anniversary convention.

**2004 ArkSHA Convention**

OCTOBER 21 & 22

HOT SPRINGS CONVENTION CENTER

DOWNLOAD THE PRE-CONVENTION FLYER AT [WWW.ARKSHA.ORG/ARKSHAISFIFTYPARTY.PDF](http://WWW.ARKSHA.ORG/ARKSHAISFIFTYPARTY.PDF)

# Summary of ArkSHA Board Meeting Minutes

## Suzanne Miltich, Secretary

**April 22, 2004**

Mullenix & Associates, Little Rock.

Board Members and Guests Present: Beckie Weaver, DeAndra Gibson, Carol Fleming, Richard Neely, Jeffrey Adams, Grover Hutson, Suzanne Miltich, Julie Beard, Margie Gilbertson, and Sara Israel.

President, DeAndra Gibson, called the meeting to order. The minutes were presented and approved as revised, changing "Foshee" to "Faucheaux" in the report of the Vice-President for Continuing Education as requested by Julie Beard.

**Nominations and Elections Committee:** Rebecca Weaver, Past President and Chair, has developed a committee and is soliciting potential candidates for the next election when the following officers will be elected: President Elect, Secretary, Vice President for Audio logy, and Vice President Elect for Continuing Education.

**Honors and Awards Committee:** Rebecca Weaver, who also chairs this committee, presented the name of Heidi Courtway, and the Board accepted her as ArkSHA's Poster Ambassador. Beckie has sent information to the Governor's office regarding proclamation of May as Better Hearing & Speech Month.

**Marketing Committee:** Committee Chair, Rebecca Weaver, is taking an inventory of materials ArkSHA has that can be used for marketing.

**Membership Committee:** Carol Fleming, President-Elect and Chair, presented information from ASHA regarding membership in state associations. She has requested a membership mailing list from ASHA. The Board accepted new members presented by Carol for approval.

A list of new members is attached to the official copy of the minutes.

**Treasurer's Report:** Rick Neeley, Treasurer, presented the treasurer's report and asked the Board to decide what to do with money redeemed on a federal home loan note. The Board agreed to re-invest this amount of \$8,024.54.

**Archives and History Committee:** Suzanne Miltich, Secretary and Chair, Continuing Education, reported that the committee will meet next month to

archival material for display at the 50th anniversary convention.

**Publications Committee:** Suzanne has formed an ad hoc committee to develop criteria for reviewing unsolicited articles for publication in the newsletter. The Publications Committee will serve as an ad hoc committee and report to the Board at the next meeting.

**Vice-President for Audiology and Hearing Services:** Grover Hutson informed the Board that his review of reimbursement for audiologists in Arkansas indicates that they are not eligible to receive reimbursement for therapy services. Grover has been researching the possibility of changing the Audiology Law to include changes in the scope of practice concerning auditory rehabilitation, vestibular rehabilitation, and cerumen management. Grover also reported that he has contacted Barry Freeman in Florida to find out how they have regulated internet hearing aid sales.

**Professional Practices Committee:** Jeffrey Adams, Vice-President for Speech Pathology Services, reported that he has added Shelly Wier and Kim Jones to the ad hoc committee for AFMC therapy provider issues. He met with this committee to finalize the list of recommended tests for presentation to the provider workgroup. Jeff reported that he also attended an AFMC open meeting with therapy provider workgroup representatives and providers to discuss developments from the workgroup meetings. The role of ArkSHA with AFMC was discussed, and Jeff presented the procedures and list of tests reviewed for acceptance.

**Convention Committee:** Julie Beard, Vice-President for Continuing Education, reported that four featured speakers have now accepted for the convention. She has recruited additional convention committee members who will be responsible for registration, exhibits, AV equipment, and the awards banquet. Julie said the convention theme is ArkSHA is 50!

**Vice President for Continuing Education:** Margie Gilbertson reported that she had attended the ABESPA meeting, and they will continue to require a minimum of practicum hours per diagnostic category even though ASHA requirements are changing to eliminate the requirement that hours must be specific to diagnostic

regarding changes in ASHA certification requirements.

The possibility of sponsoring a conference for public school speech-language pathologists was discussed, and a board decision was made to not have such a conference this year. Jeff suggested that ArkSHA coordinate its annual convention with AEA in early November.

**Association Lobbyist:** Sara Israel reported that the curriculum for feeding assistants has been sent to Carol Fleming and to Betty Bas at the APESBP office.

**Legislative Councilors:** Beckie Weaver & Donna Fisher Smiley

Beckie, who is a member of ASHA's Committee for Clinical Certification, reported that academic requirements for certification now include assessment of students that is both formative, e.g. portfolio, role playing, etc., and summative, e.g. coursework, tests.

Beckie reported on her trip to Washington D.C. and meeting with assistants for Senators Blanche Lincoln and Mark Pryor. She reported on LC issues regarding speech-language pathologists billing Medicare separately from physical therapists and regarding audiologists billing Medicare for rehabilitation and being allowed autonomy in billing.

Beckie reported that ASHA dues will increase to \$200/year.

### New Business

DeAndra advised the Board that Mullenix & Associates has resigned as ArkSHA's management company effective May 31, 2004. DeAndra, Beckie, and Carol will interview potential management companies and work with Mullenix & Associates to oversee the transition.

DeAndra reported that state grants from ASHA for school-based issues were not awarded this year; therefore, ArkSHA will not be able to apply for monies to support salary initiatives for public school speech-language pathologists. Other ways of supporting salary initiatives were discussed, and a decision was made for ArkSHA to develop a session for the convention that will provide speech-language pathologists in schools with strategies for obtaining a salary increase.

## Treasurer's Report

Richard A. Neeley

ArkSHA Treasurer

Typically, by the third newsletter of a Treasurer's term of office, the Treasurer has a difficult time selecting a topic that is worthy of a column of space in the newsletter. By this time the Treasurer has become modestly competent with balancing the ArkSHA checkbook and tracking the progress of the investment accounts. So, if this year were a typical year, I would have little to share with you that could truly be called newsworthy. However, this has not been a typical year. At the end of May, ArkSHA transitioned to a new association management company - Martinsen Management, Inc. Randy and Nancy Martinsen officially assumed the duties of association managers on June 1<sup>st</sup> but had actually been intimately involved even prior to that time in helping the ArkSHA Board make this transition as seamless as possible. As a result of a change in management companies, I now have information to share with you that should be interesting and informative.

The change in management ushered in a new way of thinking about the procedures ArkSHA has used for many years to build and track its annual budget. Randy Martinsen brought a host of new ideas related to increasing ArkSHA's budgetary efficiency and accountability. Randy and I spent an entire Saturday afternoon together in an effort to work out the detailed procedures necessary to make sure that the association's bills get paid in a timely manner, to make sure that deposits are logged and credited to the appropriate account as efficiently as possible, and to make sure that all these transactions can be tracked on a monthly basis within the context of the annual budget. This will allow me to compare monthly income and expenditures to the existing budget in such a manner as to make projections about ArkSHA's financial outlook at any given point in the year. At no time during our meeting did Randy ever reprimand me for saying something like, "Well we've never done it that way before."

As a professional association, we are constantly poised on the threshold of change. The needs of the discipline change. The needs of the membership change. The economic climate constantly changes. ArkSHA must continue to evolve in response to these changing forces or face the possibility of becoming obsolete. Having Martinsen Management, Inc. on retainer is good evidence that ArkSHA is evolving in a positive way. I look for good things to continue to happen in this relationship.

## Audiology and Hearing Services

Grover Hutson

Vice President for Audiology and Hearing Services

On May 28, 2004, the Centers for Medicare and Medicaid Services issued its final rule regarding requirements for audiologists providing services under the Medicaid program.

The requirement for ASHA certification was removed. Presently, state licensure is recognized as the qualification for providing services. As a member of both AAA and ASHA, I find the spin put on this ruling by the two organizations somewhat amusing.

ASHA claims a great victory for consumers, claiming that the requirement for state licensure must follow the minimum required for the CCC. As most audiologists know this has always been the case for states with licensure. AAA on the other hand takes the position that audiologists will no longer have to rent an entry level certification. I suppose that both organizations have a point, but it seems we are always butting heads with ourselves.

That said, there are three items of legislation before the Congress that should be of our concern. The Hearing Healthcare Accessibility Act of 2003 (S. 1647) or (H.R. 2821) would allow direct access for Medicare recipients to audiology services. H.R. 3464 would allow Medicare coverage for audiologic rehabilitation by qualified audiologists. Thirdly, please ask the Appropriations Committee to continue support for early detection and intervention for hearing deficits.

## Session for School-based SLP's to be Held at Convention

**A special session will be held Wednesday evening, October 21, for Public School SLP's. This session will feature the SEAL initiatives, including salary issues.**

Make plans today to attend the Convention !

**ArkSHA is 50!**

LEARN

NETWORK

SHARE

ENJOY

CELEBRATE

## The Advocacy Dispatch

Sara Israel

General Council and Legislative Advocate

### Update on Medicaid Therapy Review Process

Effective June 28, 2004, DHS began the process of recouping Medicaid funds from providers for overpayments due, primarily, to conclusions reached by reviewers with the Arkansas Foundation for Medical Care ("AFMC"), and adopted by Medicaid, that documentation did not support medical necessity. This is the first recoupment since retrospective reviews were initiated by Medicaid in June, 2003, and the recoupment covers a five-quarter period from October 2003 through December 2004. Payouts are available in the event of financial hardship by contacting Arkansas Department of Human Services, Accounts Receivable-Slot WG2, P.O. Box 8181, Little Rock, AR 72203-8181, telephone (501) 682-6502, fax (501) 682-1855.

For the first time ever, peer review is available for therapists as part of the Medicaid recoupment process. A request for peer review must be submitted within thirty (30) days of the recoupment notice from DHS. (Many requests for peer review were submitted prematurely as noted in my April 7, 2004 email member alert.) If you are concerned about the basis for recoupment, ArkSHA encourages you to request peer review. As I noted in another recent email member alert, many of the issues that we thought had been corrected administratively by DHS, such as problems with signatures and the like, have slipped through the cracks and many of the cases turning on these issues are now the subject of recoupment.

Peer review will be conducted confidentially by a five-member committee formed by former ArkSHA Vice-President for Speech Language Services, Mary Lynn Steelman, and confirmed by the ArkSHA Board. All of the committee members are familiar with Medicaid as well as the issues that have developed during the implementation of retrospective reviews. At the peer review level of the recoupment process, there is no opportunity for an evidentiary hearing before the peer review committee. If you are unsatisfied with the results of peer review, Sections 150 and 160 of the Medicaid Therapy Manual describe the process to request an evidentiary hearing for sanctions imposed by Medicaid. Such sanctions include recoupment or recovery of overpayments.

As many of you know from daily experience, the retrospective review process is still undergoing growing pains and, obviously, is not perfect. ArkSHA has been working with Medicaid in effort to reduce and eliminate the most problematic issues and to fine tune the process so that it functions in a fairer and more efficient manner. To that end, ArkSHA representatives (including current Vice President for Speech Language Services, Jeff Adams, Cheri Stevenson, Kim Jones, Shelly Wier, and me) have been

actively involved with the Medicaid therapy workgroup. The workgroup was organized by DHS in late 2003 as in informal method of soliciting input from the various professional therapy associations and other related entities in an attempt to resolve problems with Medicaid therapy retrospective review. I wish I could say we have solved all of the problems with this process, but we haven't. While we are making progress, it is very slow.

The Medicaid therapy workgroup first met on December 10, 2003 and has met subsequent to that first meeting on February 18, March 25, May 19, June 24 and July 22, 2004. In addition to the main workgroup meetings, there have been multiple subcommittee meetings on various issues, such as testing instruments, developing an alternative to IQ testing, and coordinating disparate requirements for Medicaid and Developmental Disability Services. There have also been two well-attended open meetings to discuss Medicaid therapy issues - one in October, 2003 and another in April, 2004. Another open meeting is planned for October, 2004.

Issues initially considered by the workgroup include the following:

- Development of a non-exclusive list of recommended testing instruments
- Recommended formats for progress notes
- Revision of the DMS-640 form
- Discussion regarding an acceptable definition of patients who are "severely disabled"
- Determining how to handle maintenance therapy  
Total number of prescriptions required over the course of a year for evaluation and subsequent treatment

The recommended list of testing instruments is posted on the AMFC website. Examples of progress notes, good and bad, are also posted on the AFMC website. You should keep in mind that this test list is not exclusive. Other tests may be used with supporting documentation that satisfies AFMC reviewers as to the validity and reliability of the test.

To access therapy review information on AFMC website, go to [www.afmc.org](http://www.afmc.org). On left side of page, click "Program" from the menu. Then select and click "Review" from the program menu. On the upper right side of the "Review" page, there is a box for Medicaid Review and a box for Medicare Review. Click on the Medicaid Review box and a drop down menu will appear. Therapy Review is the seventh item on the menu. Click this item and you will be on the Retrospective Therapy Review Page.

With regard to the group's attempts to define "severely disabled," the purpose was geared toward

developing a means to reduce the audit burden on providers whose client base is primarily comprised of patients with severe disabilities who receive in excess of 120 minutes of therapy per week and for whom 100% of the charts were retrospectively reviewed. This problem was resolved by changing from a two-tiered review process based on amount of therapy received (5% random audits for recipients receiving 120 minutes or less of therapy per week and audits of 100% of patients receiving in excess of 120 minutes of therapy per week) to a random audit of 30% of recipients across the board without regard to the amount of therapy received. While this change reduced the burden on providers with patients receiving in excess of 120 minutes of therapy per week, it increased the likelihood of audit among all other therapy providers. ArkSHA is working to have the percentage of random audits lowered.

It is my understanding that a new DMS 640 will be forthcoming in the near future. Proposed revisions include:

- the addition of a block for a physician to check if therapy not medically necessary. This revision will open door for therapists to fill out form. In addition, it has the potential to eliminate paperwork regarding DDS for Part C
- revising the "last physician examination" blank to read "date patient last seen by physician" or "date patient last seen in your office"
- revised primary diagnosis line, which formerly read medical diagnosis, to allow for use of an ICD9 code
- deleting developmental diagnosis and clinical indication for treatment, but adding a line for diagnosis as it relates to the prescribed treatment
- updated Medicaid expenditures on therapy services

We are still discussing the efficiencies of allowing the therapist to fill-out the form for the physician to complete with his or her signature.

With regard to maintenance therapy, Jeff Adams recently wrote an article on the subject for Sound Expressions. We hope to have recommendations for handling and billing maintenance therapy posted on the ArkSHA website in the near future.

No progress has been made on reducing the number of prescriptions required over the course of a year. The six month length of a referral is standard across all Medicaid services, and DHS is not yet willing to create an exception in this instance.

The Medicaid Therapy work group has recently taken up additional issues, such as:

- the recoupment process
- the un-workability of IQ testing for younger children

- developing continuity between DDS testing requirements and Medicaid's testing requirements
- ongoing problem with repeat audits
- reading therapy
- appropriate supervision of assistants when billing Medicaid

ArkSHA has developed the following list of additional items for consideration by the work group:

- clarifying the regulatory guidelines with regard to the required statement of functional hearing ability, especially when hearing does not appear to be normal
- providing appropriate evaluations and therapy services to Spanish speaking children insufficiency of language tests required under the regulatory guidelines to deal with dysphagia and oral/motor therapies.

Although I know it may be difficult not to get discouraged, please keep in mind when you receive a denial or recoupment notice that this process is not supposed to be personal. Decisions made by or on behalf of Medicaid with regard to medical necessity are primarily focused on the payment source's perception of appropriateness. This determination of medical necessity under a legal definition created by one payor source - Medicaid - should not be taken to mean that a child should not receive or will not benefit from therapy services. The question is who is the most appropriate payor source. In many instances, it may not be Medicaid. I realize this may sound harsh, but you simply cannot *assume* that a therapy approach will be acceptable to and covered by Medicaid, even if outcomes are great. You *must read and become familiar with* the regulatory guidelines and provide therapy services to your Medicaid patients within that framework. If you don't, you run the very high risk of not being paid for your time and expertise. It may be that you are willing to provide what in the legal professional is referred to as pro bono services, but I believe your decision to do so should an informed one, not a mandatory one after the fact.

If you have specific concerns about the content of the regulatory guidelines or other Medicaid requirements, please forward them to the ArkSHA office for our review and consideration. We greatly appreciate those members who have taken the time to communicate with us about their frustrations and concerns. While we are not able to respond directly to every email we receive, we do read each and every one and attempt to respond to the issues identified through discussions with the work group and related activities. You should know that the ArkSHA board discusses the matter of Medicaid therapy review at every meeting and is reviewing options for the quicker resolution of problems. It is our hope that we can continue to count on the membership for support in this endeavor.

## Considering Offering Accent Modification Training? There's a need in Arkansas!

By: Shelly M. Wallace, M.S.

According to the 2000 United States Census, forty-seven million people in the United States speak a language other than English in their home. In Arkansas, over 120,000 individuals, or 5% of the state's population, speak a language other than English at home. That's an increase of over 100% from the 1990 Census! As potential contributors to the American economy, many of these individuals speak English, but lack the proficiency to communicate clearly with others. Yet, their ability to effectively communicate with government and private service providers, businesses, emergency personnel, and many other people ultimately depends on their ability to speak English clearly.

Speech pathologists are uniquely qualified to assist this population. Speech pathologists can use their understanding of speech structures and musculature to train foreign-born individuals in the correct production of speech sounds. Indeed, when working in the area of accent modification, a speech pathologist uses many of the same skills as in articulation therapy. The difference, of course, is that the speech for a foreign-born individual generally is not disordered.

For speech pathologists, accent modification and reduction is a challenging and rewarding area in which to work. The area

**In Arkansas, over 120,000 individuals, or 5% of the state's population, speak a language other than English at home.**

does not present the difficulties speech pathologists often face dealing with insurance, and a client's employer will frequently pay for the training. Paperwork is minimal. While some reports are necessary, they usually occur only at the beginning, at the halfway point, and at the end of the training. These reports are short and written in plain English, as they are prepared for your client and perhaps his or her supervisor. Further, these clients tend to be highly motivated. Because a non-standard accent may negatively affect nearly every area of a person's life, clients work diligently to improve their speech.

As the foreign-born population in this country continues to grow, the need for speech pathologists trained in the area of accent modification and reduction will increase. Accent modification provides speech pathologists with the opportunity to expand their professional horizons, as well as providing exposure to a variety of experiences and backgrounds presented by their diverse client base.

**Shelly M. Wallace** is the Director of the Institute of Language & Phonology, an organization dedicated to training speech pathologists in accent modification techniques. For more information, visit [www.800language.com](http://www.800language.com) or call 1-800-LANGUAGE (800-526-4824).

## Guidelines for Classroom Teachers: Reaching the Hard to Teach

By: Dixie C. Branscum, M.C.D., CCC-SLP, Searcy Public Schools

One of our roles as speech-language pathologists serving public schools is to assist educators in reaching the hard to teach. We join forces by observation, collaboration, and implementation of various teaching/communication techniques. Twenty-eight years of experience in public schools have led me to this conclusion: classroom teachers who are aware of their student's diagnosis are more understanding and more likely to make accommodations. They are also more tolerant of students' inappropriate behaviors and many times more creative in their teaching approaches. This point is reinforced in a recent article published in the November/December 2004 issue of "Word of Mouth."

Behavior labeling flies in the face of many leading experts who believe students with disabilities are "challenging types of human variation rather than deviation" (Levine, p.56). The philosophy to resist applying labels is that "there's more that's right than wrong with most of these kids" (Levine, p. 57). I couldn't agree more. But the reality is that because classroom teachers lack training in neurologically disorders, they are less likely to understand the various disabilities. And it is our job (with the help of many other professionals) to provide helpful, effective, practical information that can help the student access the general curriculum, regardless of the labeling issue.

So, the number one thing is to help the teacher understand the disability. There are many other components to providing assistance. The following list could be used as a guideline to facilitate basic understanding of reaching the hard to teach.

### DO

Know where the child is functioning in the general

curriculum. Be specific.

- Provide and document various intervention strategies.
- Consult/collaborate prior to making a formal referral.
- Document! Be a detective. Build a case!
- Prepare for meetings; have data readily available.
- Remember that fair is not equal. The goal is ensuring that every child is on a level playing field.

### DON'T

- Don't tell parents that their child has "fallen between the cracks".
- Don't tell parents that their child needs a full time aide.
- Don't suggest programming changes, additional testing, or placement to parents without going through the committee.
- Don't refer a child or suggest educational programming changes without documentation.
- Don't relinquish teaching responsibilities for the child once he/she is identified and begins receiving services.
- Don't believe that the curriculum changes once a child begins receiving services.
- Don't allow the child to fail.

### References:

Levine, Mel. *A Mind At A Time*. Simon & Schuster, 2002.

Watson, S.R., & Westby, C.E. (2003). "What Do You Know About Students Who Were Prenatally Exposed to Drugs or Alcohol?" *Word of Mouth*, Volume 15, Issue 2 November/December 2003.

## What's All The Noise About Classroom Acoustics?

Suzanne Miltich, Ph.D., and Anthony J. Miltich II, Ph.D

With the evaluation of Arkansas' school buildings eminent, the growing school-age population in parts of the state, and ASHA and ANSI (American National Standards Institute) standards for classroom noise and reverberation, audiologists and speech-language pathologists need to be actively involved in facilitating classroom acoustics for optimal learning. With our knowledge of acoustics and auditory processing and our understanding of children with special needs, we have a responsibility to act as advocates in our respective communities - as new schools are built and existing school buildings are remodeled.

Remember the noisy cafeterias where most of us had school lunches? Well, they are still out there, and most of the classrooms across this nation do not meet ANSI standards for classroom acoustics. ASHA's standards are even slightly higher, as shown in the chart below:

	<b>ASHI</b>	<b>ANSI</b>
1. Unoccupied background noise	30 dBA	35 dBA
2. Reverberation	0.4 sec	0.6-0.7 sec
3. Noise Criteria Curve	NC 20	NC 30
4. Preferred signal-to-noise ratio	+15	+15

Classrooms may be noisy because of noises from outside the building, such as street traffic, or because of heating, ventilation, and air conditioning systems (HVAC). Noise may also come from hallways and other rooms. One study showed that the background level in unoccupied elementary school classrooms ranged from 32 to 67 dBA (Knecht et al. (2002). The noisiest classrooms were those with noisy HVAC systems; however, even when these were turned off, most were noisy because of other internal equipment or noise from outdoors or hallways. Noise may also be generated from sources inside the classroom such audio-visual equipment, computers, people, etc., and this source may have increased with more interactive methods of teaching and as the technology of the classroom has increased. Reverberation may also be a source of classroom noise resulting from low sound absorption. These factors can result in a signal-to-noise ratio that does not meet ANSI and ASHA standards and leads to abusive vocal habits for

teachers and missed information for students.

We have considerable evidence that children in classrooms need better acoustic conditions than are found in most of our schools because of the following factors:

Children are not effective listeners for speech in noise until they reach adolescence. Young children do not effectively listen and understand speech in reverberant conditions.

Children are susceptible to ear infections, and middle-ear fluid may cause hearing loss for weeks or months following an infection.

Many children in school have a permanent hearing loss and are adversely affected by background noise and reverberation. A recent study by an Australian psychologist has suggested that high noise levels in the classroom affect children with conductive losses socially, as well as academically.

Large numbers of children are not proficient in English and are learning in a language that is different from that spoken in their homes; these children are more susceptible to interference from background noise.

Many children in our schools have auditory attention or learning problems that result in difficulty focusing their attention on speech in background noise, even though they have normal hearing sensitivity.

Not only do all of these children require better classroom acoustics if they are to be more successful in school, but teachers also need better classroom acoustics so they can use good vocal habits and a natural voice that is free from stress. According to the National Center for Education Statistics, teachers miss an average of two days per year because of vocal fatigue (Frangos, 2003). In extreme conditions a noise-induced hearing loss may result.

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In a recent case study a physical education teacher is reported to have a high-frequency hearing loss that is linked to teaching in a gymnasium with poor acoustic conditions (Jiang, 1997).

Ok, so you've taken your sound level meter and reverberation analyzer to school (or maybe just your professional ear) and found some rooms that need help. What do you do about them? Two basic approaches are available. The first is to install an amplification system; the second is acoustical treatment. While it is probably easier to buy and install amplification than find a qualified acoustical consultant (NOT the local contractor who does ceilings), you are only masking the problem, not solving it. Besides the eventual maintenance of the electronics and the problems the substitute teachers may have knowing how to use it, you have improved the signal-to-noise ratio at the expense of increasing the overall sound level which was probably too high to begin with. Fix the problem, don't just cover it up. Find a consultant and go listen to some of their previous projects.

This issue takes grassroots involvement. School administrators have many things vying for their attention but they can't help but pay attention to something that improves the school environment, and most likely raises test scores, along with reducing absenteeism and behavior problems...hard to prove but pretty intuitive. If you do some homework and don't just present them with a problem but also with some possible solutions, they will be much more likely to take action. If the administration doesn't seem interested, go the school board members you know and/or parent-teacher organizations.

You CAN make it happen. A couple of years ago one of the authors (AJM) and one of the state's educational audiology consultants met with the Rogers School District administration. They listened politely, asked some questions, and gave a noncommittal response. About a year later I was at a meeting with the superintendent. She told me that they had received a grant and upgraded some classrooms. Recently I spoke with the principal of the elementary school involved and was told that they had installed amplification systems in their classrooms. They were mostly pleased but some of the rooms still weren't set up right (more than a year later). I think it's time to put on the "white hat" again and see if the rest of the school system can be helped. See what you can do...

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