

In this issue

Title	Page No.
About AIC	1
President's message	2
From the Editors	3
Spotlight—Dr. Brooke Hallowell	4
Working memory in children	8
Resources for cognitive rehabilitation	9
Clinician—patient interaction: Cultural differences	12
Bilingual therapy	14
Your voice in ASHAKIRAN!	15
Executive Board	16
Announcements	18

ASHA KIRAN

A publication of the Asian Indian Caucus (AIC)



Issue 2013

ABOUT THE ASIAN INDIAN CAUCUS

The Asian-Indian Caucus (AIC) is one of the six multicultural constituency groups of the American Speech Language and Hearing Association (ASHA). The AIC was established in 1994 to address the professional, clinical and educational needs of persons of Asian Indian origin residing in the United States in the area of communication sciences and disorders. Asian Indians, otherwise known as South Asians, refer to persons who trace their origin to the Indian subcontinent, including, but not limited to the following countries (in alphabetical order): Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka.

AIC has the following objectives:

- ◆ To serve as a resource to meet the needs of clients of Asian Indian origin.
- ◆ To provide a forum for interaction and collaboration among clinicians, researchers, and students of Asian-Indian origin in the field of communication sciences and disorders.
- ◆ To promote initiatives to increase the body of knowledge pertaining to Asian- Indian individuals as it relates to the field of communication sciences and disorders, and to compile and disseminate this body of knowledge.
- ◆ To enhance cultural competence among ASHA-certified professionals and increase cultural sensitivity regarding Asian Indians.
- ◆ To serve as a networking and mentoring resource for the general ASHA membership serving individuals of Asian-Indian origin with communication disorders.
- ◆ To work closely with ASHA, it's Office of Multicultural Affairs (OMA), and it's Multicultural Issues Board (MIB) in initiatives pertaining to the above objectives.

facebook

Want to know more about the Asian Indian Caucus?

Like us on our Facebook page

<http://goo.gl/kgCqK>



From the President Arun K. Biran

Dear AIC members,

I am excited to present to you the Annual Newsletter ASHA KIRAN for 2013. This has been a very eventful year personally for me and for AIC. Moving into a new job and new place has taken the bulk of my time this year. However I have to extend a huge Thanks to Monica, Balaji, Prabhu, Nandhu, Aparna and Ranjini to help keep this Caucus going with their energy and motivation. I would also like to extend my gratitude to Deepa Aier, the previous President for her guidance during these times.

As we move into 2014, we are planning to make some positive changes. I hope to be able to send a Monthly update via email to all our members as we move forward into 2014. Our website continues to function well and we are hoping to make some new additions moving into 2014. My goal is to make the AIC membership free for registered members. I am working on a program to be able to do that. However I would like to see more members participate in our meetings at the Annual Conventions and share ideas to better AIC as an organization.

I would like to extend my gratitude to Monica Sampson and Balaji Rangarathnam for doing a great job in their roles for this organization and wish them all the best. With them both leaving, their positions are open at this time. As is the process, I would like to solicit nominations for the positions of Vice-President, Secretary and two co-editors. If anyone would like to nominate someone or yourself for these positions, please email Balaji Rangarathnam (rangarathnamb@ecu.edu). I would also strongly encourage you to attend the Annual meeting at the Convention this year (venue and date posted at the end of the newsletter). I look forward to seeing some of you in Chicago!

Thank You!!

Arun K. Biran



ASHA KIRAN Issue 2013

From the Editors Desk
Aparna Vijayan, PhD, CCC–SLP
Ranjini Mohan, MSc

Welcome to the 2013 issue of ASHA KIRAN!

First and foremost, we are grateful to the Board Members - President Arun Biran, Vice President (Public Relations), Nandhu Radhakrishnan, Secretary, Balaji Rangarathnam, and Web Coordinator, Prabhu Eswaran for providing their input on the content and format of the newsletter. We hope that you find this edition of the newsletter informative and the contents interesting.

This year's "Spotlight" section focuses on Dr. Brooke Hallowell. Dr. Hallowell has been involved in international collaborative work in speech pathology, and has provided us with valuable insights from her professional and personal experiences. We greatly appreciate Dr. Hallowell taking the time from her busy schedule to share her valuable experiences and provide advice for professional improvement and advancement in our careers.

We are also fortunate to have obtained several clinically-relevant contributions from several outstanding Asian Indians in our field for this issue. In the Research Section, Dr. Beula Magimairaj presents information on working memory in children. In the Clinical Innovations Section, Dr. Aparna Vijayan provides a variety of commercially-available resources that can be used in individual and group therapy contexts. In the Voice Section, Dr. Lata Krishnan compares cultural differences in patient-clinician interaction between the United States, India and Zambia. In addition, Natasha Hemani shares her experiences as a bilingual therapist. We thank them for their prompt contributions to this issue of ASHA KIRAN.

If you have any ideas for articles or suggestions for improvement to the newsletter, please feel free to contact either one of the co-editors (Aparna: vijayan_aparna@yahoo.com OR Ranjini: ranjini25@gmail.com). We welcome contributions to the newsletter (see page 20), and look forward to hearing from you.

Sincerely,
 Ranjini Mohan and Aparna Vijayan

ASHA KIRAN Issue 2013

SPOTLIGHT



Dr. Hallowell is the Director of the Neuro-linguistics Laboratory and Professor in

Southeast Asia Studies at Ohio University, Ohio. Her primary expertise is in neurogenic communication disorders in adults, including aphasia, dementia, and age-related communication disorders. She continues to emphasize scholarship in research and service, integration of research with faculty and student mentorship, and internationalization of research and educational opportunities.

Dr. Brooke Hallowell

Professor

Communication Sciences and Disorders

Ohio University

Tell us about your life so far – where you are from, your educational background and what drew you to speech language pathology.

I've lived in many US regions, starting in eastern Pennsylvania. I also spent a lot of time in France. My mother was an ebullient and gifted nursing home activities director. I often volunteered to help her. I am sure that had a strong early influence on my attraction to spending time with older people.

Another influence was that when I was a child I had selective mutism. At the time no one knew what that condition was so I had no diagnosis or treatment. Until I was about ten I had the daily experience of having something to say and wanting to say it but not being able to. And after that I remained extremely shy. When I first met a person with aphasia I felt an immediate connection. The causes of our inexpression were so different but I related deeply to the feeling of being locked

within. Later, when I studied about aphasia as a student, I felt compelled to get more involved in that area.

I considered numerous career options. I had many jobs as a kid, including bicycle mechanic, interpreter for Haitian refugees in the US, windsurfing instructor, tour leader for American teenagers in France, writer for a local newspaper, nursing assistant, and freelance musician. I had planned to pursue my path as a professional musician but was compelled to take a detour from that after wonderful exposure to neurolinguistics research as an undergraduate at Brown University. I went on to study music performance at the French National Conservatory and I taught French at two American universities. Over time I discerned that my greater passion was in seeing how further research on language and the brain might improve the lives of people with aphasia and related disorders. I completed my MS in SLP at Lamar University and my PhD at the University of Iowa. I worked clinically in medical and geriatric service settings and loved that.

You have had an extremely successful professional career, holding various prestigious academic, research and administrative positions. What's your secret to balancing it all?

Actually, I don't balance it all! My passion often gets the better of me as I consider opportunities for getting involved in research, teaching, and service ventures. Also, I find others' enthusiasm extremely contagious, so I have a naturally low threshold for agreeing to join other eager people in projects for which my collaboration is enlisted. I am often overcommitted, sleep deprived, and caught in too much multitasking. However, I am a *seeker* of balance, through daily exercise, contact with people I love, sharing humor, spending time outdoors, volunteer work, good nutrition, and spiritual practices. I am particularly fond of long-distance trail running and (would you believe this?) arm wrestling.

Continued..

ASHA KIRAN Issue 2013

SPOTLIGHT



Dr. Hallowell is the Director of the Neuro-linguistics Laboratory and Professor in

Southeast Asia Studies at Ohio University, Ohio. Her primary expertise is in neurogenic communication disorders in adults, including aphasia, dementia, and age-related communication disorders. She continues to emphasize scholarship in research and service, integration of research with faculty and student mentorship, and internationalization of research and educational opportunities.

Dr. Brooke Hallowell

Professor

Communication Sciences and Disorders

Ohio University

Having children has been absolutely the most important means by which I have learned to practice balance-seeking through a clear sense of priorities. Taking care of my parents as they got older also shaped this. When your family and friends really need you then there are no questions of seeking balance; you just have to be there.

When we're out of balance it's important that we take responsibility for that, not blaming others. Also, whenever we feel ourselves slipping into regret, stress, or frustration, it's vital that we remember to choose how we respond. My friends and students know that my everyday motto is, "Choose the joy."

Congratulations on the award "Certificate of Recognition for Outstanding Contributions in International Achievement" you are receiving this year! You have done extensive work in multicultural issues, including having active collaborations with CSD institutes in India, China and Russia, to name a few. Please tell us about the award and your international ventures.

Thank you so much for celebrating this with me. It is a tremendous honor. My parents were encouraged my exposure to diverse people and languages. I spent a lot of time in France during my younger years and am blessed with being bilingual in French and English. It's true that I work in many countries, collaborating in research and helping to develop academic programs in our field, expand interdisciplinary programs in gerontology, and support faculty members in their research career development.

My collaborations in India are especially vital to me. Many of my Indian friends have commented that I must have been Indian in a former life. I think it's true! I can't tell you how touched I am to be "spotlighted" here as an Indian professional! I may be White with blonde hair but I am happiest when dressed in a sari or salwar kameez and I relish hotter curries than most of my Indian buddies. In the West we have much to learn from India about community-based care and alternative approaches to healing, such as Ayurvedic and yogic practices. In addition to their great clinical and research missions, many of the CSD programs in our field have student service projects focused in underserved areas that would serve as fantastic models for North American programs. There is so much greatness in our field in India, yet much of the world does not know about it. I hope that we are helping to change that.

Continued..

ASHA KIRAN Issue 2013

SPOTLIGHT



Dr. Hallowell is the Director of the Neuro-linguistics Laboratory and Professor in

Southeast Asia Studies at Ohio University, Ohio. Her primary expertise is in neurogenic communication disorders in adults, including aphasia, dementia, and age-related communication disorders. She continues to emphasize scholarship in research and service, integration of research with faculty and student mentorship, and internationalization of research and educational opportunities.

Dr. Brooke Hallowell

Professor

Communication Sciences and Disorders

Ohio University

As the Supervisor and Founder of the Respite Volunteer Program, what do you think has been the greatest benefit to the families of persons with disabilities?

The Respite Volunteer Program provides free in-home and community-based relief for caregivers of adults with disabilities. Volunteers, trained undergraduate majors in communication sciences and disorders, engage in individualized interaction-focused activities developed in collaboration with each family served. Graduate student coordinators play a vital leadership role, which is typically enriching to them in terms of career development as well the a sense of connection they develop with people of all walks of life.

Families and student volunteers benefit mutually. The greatest benefits to families are that caregivers get time away from their caregiving roles and that the people we care for get new perspectives and fresh experiences with students who are eager to engage with them in meaningful ways. We also provide training to others seeking assistance in building similar university-community partnerships. The program has been running successfully for 17 years. I could speak to you for hours about some of the wonderful, heart-warming, and inspiring experiences we have had. As a caregiver once said, "Everybody wins!"

What has been the most rewarding experience of your career so far?

There is not just one! I love the synergies I have developed with so many wonderful people-people with communication disorders and the people who care about them, plus students and colleagues. I love seeing students find their passion in the field. I love to celebrate their successes. I love that, as an academic, I get to be a lifelong student, always learning, always studying. In terms of specific experiences, the honor of chairing the first-ever Global Summit on Higher Education in Communication Sciences and Disorders last year through the CAPCSD was a major highlight.

You work closely with students every day and have received many teaching awards. What is your advice to ambitious students who wish to have a successful career like you?

Find your passion in your studies and your work. Find your own way to be a vehicle for something greater than yourself through your engagement in our field. Develop your sense of mission. Of course you performance and grades matter. But when we focus too much on ourselves and our own performance we limit our ability to serve as true vehicles. Work life is much richer, joyful, and productive-and leads to much greater opportunities-when our work ethic, drive, and commitments are tied to a purpose much greater than we are.

Continued

ASHA KIRAN Issue 2013

SPOTLIGHT



Dr. Hallowell is the Director of the Neuro-linguistics Laboratory and Professor in

Southeast Asia Studies at Ohio University, Ohio. Her primary expertise is in neurogenic communication disorders in adults, including aphasia, dementia, and age-related communication disorders. She continues to emphasize scholarship in research and service, integration of research with faculty and student mentorship, and internationalization of research and educational opportunities.

Dr. Brooke Hallowell

Professor

Communication Sciences and Disorders

Ohio University

You have long been an active supporter of AIC and its activities. What do you think is the scope of AIC in the future and in what direction do you think AIC should progress?

Constantly getting new people engaged is essential. It's important to ensure that new and potential members are warmly welcomed and that all members are given some clear options for how they may contribute to ongoing projects.

I'd love to see us collaborating more as a group. It would be wonderful if we could manage more face-to-face time. Just meeting once a year makes this tough, especially as we meet briefly and in the midst of chaos of crazy meeting schedules and challenges with navigating across the vast expanses around hotels and convention centers. Let's talk about how we could do more to get to know one another better, perhaps through Facebook and a directory on the web site that includes

brief biosketches of each member. I would be particularly interested to know the languages that members speak and their level of proficiency in each as we are often seeking collaborators in our research across Indian languages.

The flow of gifted students from India to other countries has led to an ongoing brain drain as only a small proportion of CSD graduates studying abroad return to India to work. Let's talk about how we might coordinate our efforts to return some of the benefits that Indian US-educated clinicians and scholars have gained from their Indian roots.

There is a dire need for more interdisciplinary collaborative research to address major clinical problems in our field in India. Indian academic staff members are overwhelmed with tremendous teaching demands and clinical supervisory loads. Most do not have the privilege of getting to focus in a specialized area of teaching and research even if they have one; their scholarship is often tied primarily to student projects on diverse topics. Yet many are among the most brilliant people in our field. Let's talk about how some of our programmatic research programs in the US might be more inclusive of collaboration with Indian colleagues.



Beula obtained her Ph.D. in Language Science in 2010 followed by clinical cer-

tification in Speech-Language Pathology. She is currently doing post-doctoral research at Ohio University. Her research on working memory and attention in typically developing school-age children is foundational to her future work in children with language impairments.

Working Memory in Children

Beula Magimairaj Ph.D.

Working Memory (WM) is the ability to maintain information during cognitive processing and is frequently indexed by how many items an individual can store during concurrent processing. It is conventionally measured using *complex span* tasks that include processing interleaved with items for recall. For example, children are presented sets of sentences for which they process the meaning of each sentence and remember the last word of each sentence or a separate digit (Magimairaj & Montgomery, 2012a, b). Immediately following the last sentence in a set, children recall as many sentence-final words/digits as they can (which indexes their WM capacity). Such span tasks invite children to switch their attention between processing (sentence comprehension) and storage (remembering words/digits). WM is involved in many activities such as comprehending complex sentences (“The car that the bike had hit on the side crashed into the building”) or

solving math operations (“ $12+7+20-5$ ”), where intermediate products of processing need to be retained in memory while integrating new input. WM is known to be a robust predictor of high-order skills such as language comprehension and reading, and research is still evolving on what makes it such a robust predictor (Lepine, Barrouillet, & Camos, 2005).

In a series of studies we examined the relative contribution of multiple mechanisms of WM in typically developing (TD) children, incorporating specific attention mechanisms, general speed, and domain-specific (verbal, visuo-spatial) storage capacity. Verbal short-term memory (STM) and domain-general attention (attention switching accuracy and speed of updating) emerged as independent predictors of verbal WM (Magimairaj & Montgomery, 2012b; 2013). From a speech-language-pathology perspective such studies in TD children are important because (a) they provide familiarity with critical theoretical and methodological issues that define recent models of memory/attention, (b) they provide comparative data against which to compare children with language impairment, (c) many children with specific language impairment also have cognitive limitations such as reduced STM and WM, poor controlled attention, and slower processing speed (see Montgomery, Magimairaj, & Finney, 2010 for a review), (d) they provide a foundation to explore the association of cognitive limitations to specific language deficits, and (e) better understanding cognitive limitations may yield important insights into potential cognitive-based therapies to improve language deficits.

References

- Lepine, R., Barrouillet, S., & Camos, V. (2005). What makes working memory spans so predictive of high-level cognition? *Psychonomic Bulletin & Review*, 12, 165–170.
- Magimairaj, B., & Montgomery, J. (2012a). Children’s working memory: Role of processing complexity in predicting spoken sentence comprehension. *Journal of Speech, Language, and Hearing Research*, 55, 669-682.
- Magimairaj, B., & Montgomery, J. (2012b). Children’s working memory span: Relative importance of storage, speed, and attentional focus switching. *Acta Psychologica*, 140, 196-207.
- Magimairaj, B., & Montgomery, J. (2013). Examining the relative contribution of memory updating, attention focus switching, and sustained attention to children’s verbal working memory span. *Child Development Research*. doi.org/10.1155/2013/763808
- Montgomery, J., Magimairaj, B., & Finney, M. (2010). Working memory and specific language impairment: An update on the relation and perspectives on assessment and treatment. *American Journal of Speech Language Pathology*, 19, 78-84.



Aparna Vijayan is a speech-language pathologist

at the Neuroscience and Rehabilitation Center in the Department of Behavioral Health at Dwight Eisenhower Army Medical Center, Fort Gordon in Augusta, GA. Her present area of focus is attention and memory retraining in service members who have cognitive difficulties resulting from mild traumatic brain injury.

ASHA KIRAN Issue 2013 CLINICAL INNOVATIONS

Resources for Cognitive Rehabilitation Aparna Vijayan Ph.D., CCC-SLP

There are a variety of games, puzzles, computer software, and pencil-and-paper activities that can be used in therapy and given as homework assignments. One of the most important things to keep in mind is that one activity/game/software program is not likely to meet the needs, goals and/or preferences of one patient or even a group of patients. Some products target individual cognitive domains such as attention/concentration or memory. Other products can be creatively adapted to maintain and/or improve overall cognitive/information processing abilities. It is important to encourage the patient to have some variety and a good balance in use of media vs. reading vs. pencil-paper tasks so that he/she does not get bored or frustrated easily.

Games, Puzzles and Pencil/Paper Resources

The following table lists different resources that can be used in a group or individual therapy setting and the primary cognitive processes/skills that they target and hence, likely to improve. Please note that this list is not meant to be all inclusive of all commercially-available resources available. The reader is encouraged to continue to explore the ever-changing and evolving products that

keep coming up and adapting/using them in their treatment program, if appropriate. A list of different resources is presented in the following page.

Competitive vs. Co-operative Games

Most of the games listed in table presented above fall under the category of competitive play. Competitive play refers to games that require individual participants to perform their individual best in order to place at the end of the game, and may involve elimination of some of the players as the game progresses. Some games in this category also involve having a winner in the game or elimination of some of the participants as the game progresses. Some examples of games in this category include Scrabble, Link 26, Monopoly, Q-bitz, Sequence, Mastermind, and Murder Mystery Mansion.

Cooperative play, on the other hand, refers to games that require individual participants to combine their resources to complete the game successfully as a group. This sort of approach helps to engage all the participants to work together to complete the game successfully. These games do not feature elimination of any of the participants, and demand engagement of executive function, planning and working memory skills as well as group communication and cooperation. Some examples in this category include Forbidden Island, Settlers of Catan, Pandemic, Space Alert, etc..

Continued..

ASHA KIRAN Issue 2013

CLINICAL INNOVATIONS



Aparna Vijayan is a speech-language pathologist

at the Neuroscience and Rehabilitation Center in the Department of Behavioral Health at Dwight Eisenhower Army Medical Center, Fort Gordon in Augusta, GA. Her present area of focus is attention and memory retraining in service members who have cognitive difficulties resulting from mild traumatic brain injury.

Resources for Cognitive Rehabilitation

Dr. Aparna Vijayan

List of different resources and the targeted cognitive processes and skills

<u>Cognitive Processes Involved/Engaged</u>	<u>Name of the Game</u>
word-finding, visual perception	Quiddler
word-finding, thought formulation	You've been sentenced
Word-finding; eye-hand co-ordination; visual perception	Telestrations (combination of Pictionary and Telephone)
auditory attention/listening, word-finding, thought formulation, speed of processing	Taboo
abstract word-finding, speed of processing	Scattergories
word-finding, thought formulation, speed of processing	Catch Phrase
visual attention to detail, word-finding/building, speed of processing, selective attention in a group setting, problem solving, spelling	Bananagrams
visual attention to detail, spelling, word-finding/building, planning, speed of processing	Scrabble
word-finding, spelling, speed of processing	Link 26
visual perception, memory, planning and problem solving	Sequence
visual attention to detail, problem solving, deductive reasoning	Mastermind/Murder Mystery Mansion
visual attention to details, concentration, speed of processing, logical problem solving	Sudoku (numbers) Colorku (colors)
auditory attention to verbal information, speech analysis and synthesis, speed of processing	Mad Gab
visual attention to details, visual perception, visual memory, speed of processing	Q-bitz
visual attention to details, visual integration of information, speed of processing	Jigsaw puzzles
attention to verbal details, problem solving, deductive reasoning	Logic Links http://www.mindware.com
Visual attention to verbal details, problem solving, deductive reasoning	Perplexors http://www.mindware.com
Visual attention to non-verbal details, problem solving, speed of processing	SET card game
Visual attention to details, problem-solving	Phase-10 Card game

Continued..

ASHA KIRAN Issue 2013

CLINICAL INNOVATIONS



Aparna Vijayan is a speech-language pathologist

at the Neuroscience and Rehabilitation Center in the Department of Behavioral Health at Dwight Eisenhower Army Medical Center, Fort Gordon in Augusta, GA. Her present area of focus is attention and memory retraining in service members who have cognitive difficulties resulting from mild traumatic brain injury.

Resources for Cognitive Rehabilitation

Dr. Aparna Vijayan

Computer Games

The past decade has seen an explosion of computer software resources that can be used for cognitive retraining. There is limited empirical evidence to support the sole use of computer software programs to improve recall and other cognitive functions. The following are a list of some of the more well-known ones along with the websites for additional information:

Posit Science <http://www.positscience.com>

Lumosity <http://www.lumosity.com>

CogMed <http://www.cogmed.com>

Dakim Brain <http://www.dakim.com>

Smart Phone Applications – There are many applications, most of which have no download charges. Some Smart Phone applications include Sudoku2, Guess the Code (Mastermind), Speed Tiles (Bananagrams), Ruzzle, 4 pics 1 word, Cross Me, Brain Trainer, Mahjong, etc. Depending on the patient's interest, these can also be suggested for use by the patient.

For additional information on any of these resources, the reader may also contact Aparna Vijayan at aparna.vijayan.civ@mail.mil.

ASHA KIRAN Issue 2013

VOICE

Lata Krishnan, PhD, CCC-A, is a Clinical Professor in the Dept. of Speech, Lan-

guage and Hearing Sciences at Purdue University. She received her BsC in Speech and Hearing from the University of Mysore, India, her MS in Audiology from Rush University and her PhD in Hearing Science from Purdue University. She provides undergraduate and graduate clinical and didactic student education as well as clinical services to patients of all ages at the MD Steer Audiology Clinic at Purdue University.

Patient–Clinician Interaction: Cultural Differences

Lata Krishnan Ph.D., CCC–A

“Hello, my name is Lata Krishnan and I am one of the audiologists here”. So goes my standard greeting to patients, along with a hand shake and a smile. However, clinician-patient interactions differ significantly across cultures. Students in a clinical program such as Audiology, who are from another culture (as I was), experience these differences first hand. I have had the benefit of observing and experiencing clinician-patient interactions in three countries and I have also had the privilege of providing Audiology clinical education in the US to students from international backgrounds.

Cultural competence in clinical practice is recognized as an important skill by the American Speech-Language-Hearing Association. Culture is the way of life: the attitudes, behaviors, beliefs, values, and traditions that a group of people share. Cultures can be differentiated by several parameters. Some cultures place greater value on the group rather than on individuals, different cultures may have different views of time, the roles of men and women may vary across cultures, and traditions and rituals vary across cultures. However, cultural differences in clinician-patient interactions appear to be related at least in part to differences in how important class, status and hierarchy are in different cultures.

Clinician-patient interactions begin the moment the clinician and patient first meet and start a conversation. This sounds simple enough, but there are clear cultural differences in how this conversation may begin and continue. Here are some simple examples of two different styles of clinician-patient interactions that may be seen in different cultures:

Culture 1: Clinicians introduce themselves to patients with their first and last name.

Culture 2: Clinicians do not typically introduce themselves to their patients.

Culture 1: Clinicians shake hands with their patients, make eye contact and smile at their patients.

Culture 2: Clinicians do not shake hands or smile but are focused on diagnostic and treatment procedures.

Culture 1: Clinicians engage in social talk with their patients to get to know them better.

Culture 2: Clinicians typically do not engage in social talk and rapport building with patients.

Culture 1: Clinicians explain assessment outcomes and treatment options to patients, and help guide patients in selecting their treatment plan (e.g. hearing aids, FM systems, aural rehabilitation etc.).

Culture 2: Clinicians give instructions and tell patients what to do. Patients in turn expect instructions from clinicians.

Continued..

Patient–Clinician Interaction: Cultural Differences

Dr. Lata Krishnan



Lata Krishnan, PhD, CCC–A, is a Clinical Professor in the Dept. of Speech, Lan-

guage and Hearing Sciences at Purdue University. She received her BsC in Speech and Hearing from the University of Mysore, India, her MS in Audiology from Rush University and her PhD in Hearing Science from Purdue University. She provides undergraduate and graduate clinical and didactic student education as well as clinical services to patients of all ages at the MD Steer Audiology Clinic at Purdue University.

From reading these examples, the following thoughts may be surmised: In Culture 1 introducing oneself to patient, smiling and making eye contact are considered good manners, and put patients at ease. Building rapport with patients, and gaining their trust and confidence is also an important aspect of clinician-patient interaction in this culture. Finally, actively involving patients in the session seems to be important.

In Culture 2 the “social” aspects of the clinician-patient interaction are less important. Putting patients at ease by introducing oneself and building rapport with patients by smiling and engaging in social talk does not appear critical. Patients view clinicians as authority figures and experts and therefore expect to get expert advice regarding their diagnosis and instructions for treatment. Patients do not expect to be included or actively involved in the session because they view the clinician in an authoritative role and as the expert.

Culture 1 is similar to my experiences in the US, while Culture 2 is typical of my experiences in India and Zambia. As students from different cultural backgrounds start clinical practice in the US, it is important for them to understand the importance of adjusting their clinician-patient interactions to gain the trust and confidence of their patients. Violations of a patient’s cultural beliefs can lead to poor communication and lack of trust making intervention less effective. However, stereotypes based on nationality or ethnicities are also not appropriate. Rather than providing “standardized” forms of care to all patients, culturally competent clinicians must understand their own cultural biases, learn about their patients’ cultures, be flexible and open-minded, and above all reserve judgment.

Bilingual Therapy

Natasha Hemani



Natasha Hemani is a first year graduate student at Lamar

University, TX. She completed her undergraduate degree at University of Houston, TX. She is currently working on a thesis which focuses on researching how SLPS in schools rank the factors that they consider when selecting a treatment approach for students with autism.

“She’s just confused because you speak two languages at home; I think you should stick to English only.” This was the response that my sister received from her pediatrician when expressing her concern about her daughter’s language development. Developmentally, my 16-month-old niece, Allie, is exactly where she should be. So far, her speech consists of mainly jargon, strings of sounds that sound like speech with inflection and her vocabulary consists of the two words “mama” and “hi”. As months have passed, my sister’s fear that Allie would not talk or be a late talker began to increase. She found herself comparing Allie to other children of same age that were constantly rambling.

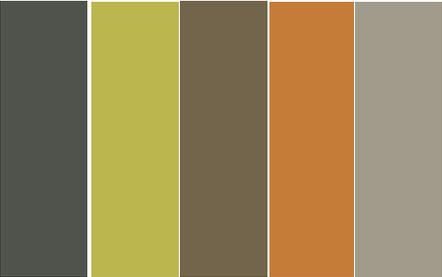
Pursuing speech pathology as a graduate student was not enough to convince my sister that my niece was not language delayed. I mean what are the chances that you would take a first year speech student’s advice and suggestions over a

practicing doctor’s recommendation? You’re right, very slim. However, I do believe that my sister’s fear and concern was absolutely justified. After all, parents always want the best for their child. This experience, and a similar one in which my grandma did not receive the speech therapy she needed following her stroke due to language barriers really got me thinking about the Indian bilingual population.

Research has indicated that having knowledge of more than one language assists with brain development and also expands the opportunities to grow socially and learn more. America is known for its diversity, but if clinicians and other medical professionals continue to discourage parents from using their native language at home then this diversity will not last. Born in the states, and having parents of Indian heritage, I identify with both cultures. My parents taught me both English and Hindi, and missing any one language would leave me handicapped. Currently over half of the world is bilingual and ESL students who are learning English as a second language are on the rise. With Spanish being the native language of many Texans’ parents, it is not unusual for their children to receive therapy from bilingual clinicians. This definitely is a better alternative to cutting out the native language from the child’s life.

After acquiring my masters in Speech Language Pathology, I too hope to give Indian students and baby boomers that speak Hindi or Urdu as their native language equivalent opportunities to flourish in both languages without having to sacrifice their culture. As a bilingual therapist I will strive to strategically plan intervention that targets the client’s deficits in both languages. It is important for the child to have full access to their culture. Rather than diagnosing the use of two languages as a weakness, I plan on using it as strength. Often times the parents of an ESL student are learning English themselves. I will educate the parents as to how they can provide their kids with a rich vocabulary and language communication models in their own native language instead of limiting them. I want to spread more awareness about our field and the services we offer within the Indian community, because I feel that many are not thoroughly informed and these services would be extremely beneficial to the Indian community.

As a first year grad student at Lamar University, I am extremely eager and excited to start implementing therapy in the near future. I hope that experiences and education here will mold me into a wise and successful speech pathologist.



ASHA KIRAN Issue 2013
YOUR VOICE IN ASHAKIRAN

We welcome contributions in the following areas:

SPOTLIGHT on the Asian-Indian will profile an Asian Indian professional in a field affiliated to speech, language, and/or hearing. We welcome suggestions for potential individuals to be interviewed along with their contact information and accomplishments.

PEOPLE will feature updates on AIC members, including publications, awards, appointments, and other personal achievements. Please send updates about yourself. If you are sending updates about other AIC members, please include a statement that you have the consent of the person you are sending updates about. The write-up should not exceed 100 words.

VOICES is your opportunity to express opinions, narrate experiences (at a new job, as an Asian-Indian professional, a trip back to the Asian-Indian sub-continent, etc.), respond to article published in ASHA KIRAN, or raise issues that you would like AIC to address. VOICES is an open forum for your comments. Contributions to VOICES should not exceed 200 words.

ARTICLES provide readers with a broad overview of current developments in research and clinical practice in speech, language, and hearing. The articles should be original work, written with an eye on the diverse readership of ASHA KIRAN, and should not exceed 500 words, including tables, figures and references.

CLINICAL INNOVATIONS highlights new trends in clinical service delivery that are of particular interest to professionals and clients of Asian-Indian background.

Please contact Aparna Vijayan (vijayan_aparna@yahoo.com) or Ranjini Mohan (ranjini25@gmail.com) for more information or to send contributions.

ASHA KIRAN Issue 2013
EXECUTIVE BOARD MEMBERS
2013–2014



PRESIDENT

Arun Biran is the Regional Director of Rehab with Life Care Centers of America, Cleveland, Tennessee. He has been an SLP for more than 20 years. He has been in multiple management positions including owning a very successful business. His expertise is in geriatric care, with specific focus on Parkinson's and Dysphagia--constantly looking for new and innovative ways of helping them have a better quality of life.



PAST PRESIDENT

Deepa J. Aier is a language and literacy consultant for the Manassas City Public Schools. She also serves as adjunct faculty in the College of Education and Human Development at George Mason University, Fairfax, VA. Her interests and expertise include early language intervention, teacher-child interactions, training early childhood professionals on integrating assessment, instruction and curriculum to promote intentional teaching. She has been a member of the AIC for many years and served a variety of roles within the organization. She can be contacted at deepa.aier@gmail.com.



VICE-PRESIDENT (PUBLIC RELATIONS)

Nandhu Radhakrishnan is an assistant professor in the Department of Speech and Hearing Sciences, Lamar University, Beaumont, Texas. His areas of expertise include clinical, occupational, and performance voice. He can be contacted at nandhu@lamar.edu.

ASHA KIRAN Issue 2013

EXECUTIVE BOARD MEMBERS

2013–2014



SECRETARY

Balaji Rangarathnam is an Assistant professor in the Department of Communication Sciences and Disorders at the East Carolina University, Greenville, NC. He directs the Voice and Swallowing Research Lab and his research interests relate to neurophysiology of swallowing and voice. He can be reached at rangarathnamb@ecu.edu



WEB COORDINATOR

Prabhu Eswaran is currently working as a school-based speech-language pathologist in Los Angeles, California. His areas of interest include child language, communication disorders in culturally and linguistically diverse populations and technology in special education.



CO-EDITOR

Aparna Vijayan is a speech-language pathologist at the Neuroscience and Rehabilitation Center in the Department of Behavioral Health at Dwight Eisenhower Army Medical Center, Fort Gordon in Augusta, GA. Her present area of focus is attention and memory retraining in service members who have cognitive difficulties resulting from mild traumatic brain injury. She has also provided graduate-level instruction in the areas of adult communication and swallowing disorders in the Department of Communication Disorders and Special Education at the University of Georgia. She can be contacted at vijayan_aparna@yahoo.com.



CO-EDITOR

Ranjini Mohan is a second year doctoral student at Purdue University, West Lafayette, Indiana. Her professional interests include Gerontology and adult communication disorders. She can be contacted at ranjini25@gmail.com.

ANNOUNCEMENTS!

2013 ASIAN INDIAN CAUCUS MEETING

Chicago, IL

Join us for the annual AIC
meeting at the ASHA Conven-
tion, Chicago.

Date: 15th Nov, Friday 12:00–
1:00pm

Venue: Convention Center,
Room W476

ANNOUNCEMENTS!

AIC Executive Board Open Positions 2014–2015

Tenure: Two years (January 2014 – December 2015)

Time Commitment: Monthly hour-long conference calls with the executive board; Attendance at annual meeting at the ASHA convention (if attending)

Vice-President for Professional Practices: The Vice-President for professional practices shall be involved in planning and coordinating activities to meet the professional needs of AIC members and increase the body of knowledge related to Asian Indians. These activities shall include, but are not limited to, facilitating networking and mentoring among professionals, identifying and compiling scholarly information related to Asian Indians, promoting research on Asian Indian issues, and working closely with the editors to disseminate relevant information.

Secretary/Treasurer: The secretary shall record and keep on file the minutes of all meetings of the executive board and the annual meeting, and shall send a brief summary of the minutes to the newsletter editor(s) for publication. In the event that the secretary is unable to be present at any meeting, he/she shall inform the executive board prior to the meeting and designate minutes taking to another officer. The secretary shall be responsible for all correspondence necessary for the conduct of the AIC activities. Membership dues will be handled by the secretary, who will submit a report to the President.

Vice-President for Publicity & Recruitment: The Vice-President for Publicity and Recruitment shall be involved in planning and coordinating activities related to public outreach, organizational growth and fund-raising. These activities shall include, but are not limited to, maintaining the website, recruiting new members, identifying and working with potential donors, fundraising, and working closely with the editors to disseminate relevant information.

Editor/Co-Editor: Editors shall compile and publish the annual newsletter and be involved in publishing all other materials and resources published by the AIC, as deemed necessary.