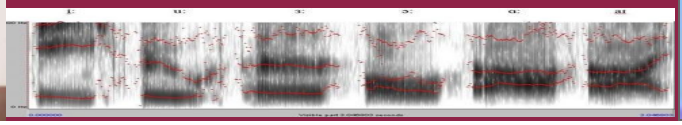
ASHA Kiran

A Publication of the Asian Indian Caucus



Issue: October 2011

AIC has a new website! Find us on www.asianindiancaucus.com

'Like' us on facebook and participate in the forums.

https://www.facebook.com/group.php?gid=138876659462785

Enroll in our email list to stay in touch with our updates —

aic_asha@googlegroups.com

Inside this issue:

About 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. It works with 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 in -crease 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.
- Visit our website for more information on the AIC by-laws www.asianindiancaucus.com

From the President's Desk

Deepa J. Aier

Dear AIC members,

Greeting and Namaste! I hope you all have had a wonderful and safe Spring and Summer 2011!

It is with great pleasure and a sense of accomplishment that I write this note for our 2011 newsletter. The goals we had set for ourselves at the beginning of October 2010 were achieved due to the immense creative energy and industriousness of our wonderful executive board members:

Monica Sampson (Vice president for professional development), Amee Shah (Vice president for public relations), Arun Biran (Secretary), Balaji Rangarathnam. & Sarah Panjwani. (Editors). Given the very voluntary nature of the posts held by us all, the goals achieved however small are significant steps in keeping up the rigor, relationships and relevance of AIC as a professional organization.

I am happy to announce that the AIC website which was shutdown due to server maintenance issues has been resolved. Monica Sampson and Balaji Rangarathnam took the lead on researching financially viable, sustainable and user friendly options. Monica personally recreated the eye catching AIC website and I am happy to announce that our website has now been up and running since the beginning of 2011 and has seen significant traffic with requests sent in by our AIC members to post the latest happenings ranging from superlative achievements (e.g., Amee Shah being featured in NPR) to job postings indicating that the AIC website is becoming more relevant to all our members. I would urge all our AIC members to take advantage of this forum and submit to us all your accomplishments, request or comments so we can feature it in our website and create collective pride! Visit us at www.asianindiancaucus.com

Given your feedback at the last AIC meeting at ASHA, we are very happy to announce that ***PayPal*** for AIC has been set up due to the single minded effort by our secretary Arun Biran. This is a convenient online payment method for all members to be able to pay their dues before getting to the ASHA conference and not worry about it at the meeting (though the in-person option is always available if convenient). We will email you about the PayPal information very soon. Please give us feedback on whether this was convenient or not when we see you at ASHA Convention in San Diego.

In late spring of 2011, Monica Sampson and Amee Shah researched and organized accessibility and availability of ***standardized and non-standardized tests*** in a variety of Indian languages and areas of speech, language, communication and hearing that have been generated in India and normed on the Indian population. The website now features a link to these test materials under *"Related Resources"*. You can find a list of individuals/institutions from where these tests can be obtained. If you require more information on any test or are aware of any other resources please do let us know.

This year our newsletter showcases cutting edge research articles on a wide range of topics from prominent researchers like ***Dr. Nandhakumar Radhakrishnan*** (physiological analysis of *taan*), ***Dr. Saravanan Elangovan*** (auditory processing and categorical speech perception) and ***Dr. Rajani Sebastian*** (language processing in aphasia). In our spotlight section, we feature the dedicated and innovative speech language pathologist, ***Rajashree Srirangarajan*** who has devoted her career to working with children and adults with autism. Please take a moment to browse through these wonderful articles and note down in your calendars all multi-cultural events at ASHA this year. Especially pay special attention and visit, support and participate in the proud ever growing list of presentations at ASHA by researchers and clinicians of Asian Indian origin!

I hope to see you all at the AIC meeting at ASHA in San Diego!

Thank you,

Deepa J. Aier, Ph.D., CCC-SLP

Language Literacy Consultant

Adjunct Faculty, George Mason University

From the editors

Balaji Rangarathnam

Sarah Panjwani

Welcome to the 2011 issue of ASHA KIRAN! Firstly, we are grateful to the Board members – President, Deepa J. Aier, Vice Presidents, Monica Sampson and Amee Shah and Secretary Arun Biran, for providing their input on the content and format of the newsletter. We hope you find this edition of the newsletter informative and the contents, interesting.

This year's *Spotlight* section focuses on Ms. Rajashree Srirangarajan. Ms. Srirangarajan has been a champion in therapy for Autism Spectrum disorders for over a decade now. She shares her experience with individuals with Autism spectrum disorders and her approach to therapy. We greatly appreciate Ms. Srirangarajan taking time from her busy schedule to share her valuable experiences and suggestions with us.

We are also highly privileged to obtain contributions from three outstanding Asian Indians in our field for this issue. In the first article, Dr. Nandhu Radhakrishnan addresses music with special reference to 'taan'. The article addresses pedagogical 'taan', what trainers use in teaching this feature to students of Hindustani music. This article gives critical insights about multi-cultural musical contrasts. Dr. Saravanan Elangovan, in the second article, delineates how language experiences influence auditory perception particularly bilingualism affecting auditory processing. Lastly, Dr. Rajani Sebastian has addressed the issue of recovery from aphasia using functional magnetic resonance imaging which is in the forefront of Aphasia research. Working with all the authors was a great experience and we thank them for their prompt and generous contributions to this issue.

If you have ideas for articles or suggestions for improvements to the newsletter, please feel free to contact either one of the co-editors (Balaji: balajirangarathnam@hotmail.com or Sarah: s_panjwani@sbcglobal.net). You could contribute to the news letter in several ways (See Page 17) We are definitely interested in hearing from you!

Sincerely,

Balaji Rangarathnam

Sarah Panjwani

Spotlight on Rajashree Srirangarajan

Please tell us about yourself, your background and your interest in children.

As a kid growing up in New Delhi, India I was always fascinated with babies and their behaviors. I would try to make them laugh through innovative games. I also loved to concoct games to play with my peers and kids younger to me. Biology was my favorite subject besides drawing/sketching/ painting and math. Never liked languages. Can you believe I had to learn Sanskrit, Hindi, Tamil besides English (also the medium of instruction)? Well, I have no qualms about it now. During my grad days at Mysore, I used to compose poems in Hindi. Go figure.

What is the clinical population you work with?

I work with individuals with Autism. Children and adults with autism present a unique set of behaviors. In spite of their idiosyncrasies they perform very predictably. Now, it is up to us to decipher their predictable behaviors from a given scenario. It is apt to describe my work as fieldwork. It is involved. It is hands on. It is an experience like none other. When I joined Achievekids, then PCC, what hit me were the amazing yet challenging behaviors. Now, I realize the true meaning of those behaviors. My clinical work is geared toward addressing the functional spontaneous communication, establishing joint attention skills, and pragmatics. Our need is to perceive our role on the continuum rather than as a separate entity. The work environment calls for agility, experience and presence of mind. We are Pro-act (physical assault response training) trained. This is a form of training that equips an individual to keep our work environment safe for themselves and the clients.

Ms. Srirangarajan is a Speech Language Pathologist working at AchieveKids, Palo Alto, CA. She holds the CCC from ASHA and a Professional, Clinical and Rehabilitative Credential. She can be contacted at rsrirangarajan@achievekids.org

How far do you think cultural differences play a role in therapy for Autism?

This plays a crucial role. It can impede our line of intervention at different levels. It is great to see supportive, hard working families, but they might at times cross the line to overprotecting their children with special needs. I have had few opportunities to work with parents or children from South Asian origin. Some families seem very supportive - accommodating their child's every interest, and yet under denial. Even now, their expectation is focused on verbal communication and academic skills rather than pragmatics (understanding the need for functional communication ability, and safety needs in the community). Clinicians need to be aware of the their clients' culture, starting with the primary needs. I remember client who would eat only hot meals to the extent that he

would end up heating his salad (which was not part of his meal at home). It was important that we communicated even this small detail to the family, to get their consent whether to introduce the food type at all and how to implement the change. Other important steps are to provide video footage of skills being taught and being established, and to rationalize the functionality at every step of intervention.

Can you briefly tell us about your approach to intervention?

The goal is to provide an opportunity for individuals on the autism spectrum to express their emotions, to participate in the community, and to initiate and act spontaneously using conventional means. This can be achieved via systematic instructions. CPR, in the reverse order- Reinforcer system/Predictability/Consistency, is an approach we use. The applications of stimulus preference assessment using visual support strategy help motivate an individual to complete complex tasks and transition from one activity to the next. Systematic instruction strategy consists of analysis, prompt hierarchy, error correction and data analysis, abbreviated as TEPD (pronounced like 'tepid').

We also learnt about your work on using drama in therapy for children with autism. Could you tell us something about that?

Individuals on the autism spectrum have a limited ability to display varied emotions, voice tones and poor at interpreting others emotions and body language, while those with emotional disturbances are unskilled at interpreting the signals communicated through body language, voice tone and facial expressions. This impairs their perspective taking ability and thus exhibit poor pragmatic skills. Effective communication is the key to avoiding difficulties which may arise from rapid amplification of emotions and misinterpreted emotions. Drama is a natural interactive approach. Learning to have self confidence, to listen carefully, to organize ideas, to prepare and practice, to be aware of non-verbal messages and to continue to develop intrapersonal skills can be achieved through studying drama. This program has worked effectively for our students with emotional disturbances, behavior disorders and those on the Autism spectrum. A drama program that focuses on social and interpersonal communication is an ideal setting to facilitate pragmatic skills.

Do you have suggestions for future clinicians?

First and foremost when it comes to intervention clinicians need to take into consideration the function of any behavior, be it an aggressive assault or a reach and grab gesture. The mantra is always the same: behavior is a form of communication, think out of the box; and develop organizational skills using task analysis.

What are some of your future goals?

I want to conduct workshops here and in India to educate parents and clinicians. I also aim to write a book soon!

Taan Gestures of Indian Classical Singing

Dr. Nandhakumar Radhakrishnan is an Assistant Professor at the University of Missouri where he directs the Laryngeal Physiology Lab. His research focuses on the interpretation of the dynamics of human voice production. He can be contacted at radhakrishnann@health.missouri.edu

Introduction

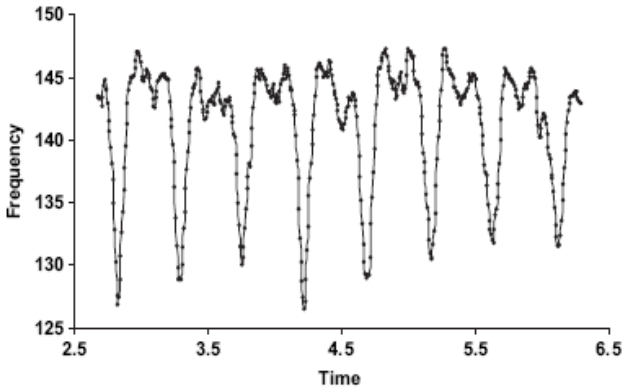
The objectives of this exploratory research were to discover and describe taan, a prominent style of frequency modulation, produced by a well-known Hindustani singer. This study can be considered to be the first of its kind. Review of literature does not show any descriptive analysis of the physiology of Indian classical singing. Taan is as significant as vibrato in Western classical music. The study deals with "pedagogical" taan productions used by the subject in his teaching. Pedagogical taan gestures are those used by the subject to train students in taan production. This term was coined by the researchers to distinguish taan gestures performed during singing and those employed during vocal training. For example, during performance, taan could vary in pitch, rate, extent, and loudness. However, during teaching, the subject trains his students on specific levels of pitch and rate. The results of this study may benefit teachers and students of Hindustani classical vocal music, expand ideas on voice science for multicultural musical contrasts, improve theories of voice production, and provide insight to pathological vocal modulations like tremor.

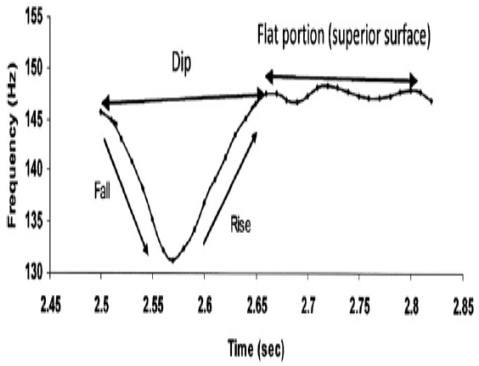
The instrumentation setup was a multi-signal acquisition approach for voice recording that includes microphone, aerodynamic systems, and electroglottograph. The subject, also the co-author for this project, is a well established singer and teacher of Hindustani vocal music. He descends from the Vishnupur Gharana of West Bengal that could be traced back to the historically popular singer "Tansen" of King Akbar's court. The subject was asked to describe and demonstrate step by step the approach that he would use in training a new student in taan production. He indicated that he begins training with slower taan rates and then proceeds to faster rates. The subject offered several rate of taan during recording. Among them, six rates of taan production that the subject confidently used during training were digitized and analyzed using Praat and Sigplot, a customized software designed by Dr. Alipour, University of Iowa. Praat was used to extract acoustic measures especially pitch trace. Sigplot was used to analyze the aerodynamic and electroglottographic signals. This report is a subsection of an article published in Journal of Voice.

Description of the basic taan structure.

1. Figure on the left shows the F0 contour of a typical taan utterance. The F0 contour is basically a graph of fundamental frequency across time. It gives an indication of how the subject changed pitch during taan production. Based on this visual depiction, the definition of one taan gesture is given as the falling and rising portion and subsequent relatively flat portion in the F0 contour.

Figure on the right shows one taan gesture with its drop in F0 followed by a rise and then followed by the relatively flat portion. The F0 fall and rise is named the "taan dip," and the subsequent portion past the dip is named the "taan superior surface.





2. Rate and extent of taan gestures.

Rate is defined as the number of taan gestures executed per second. The semitone difference between the frequency point at the beginning of the dip and lowest point of the dip is considered to be the extent.

Prominent results

1. Unlike vibrato in Western classical singing, the rate and extent of taan is voluntarily controlled. Vibrato is an essential feature in Western classical music. Singers consider vibrato to be an effect based on how they physiologically modify their vocal tract, than focusing directly on vibrato itself.
2. Rate and extent were not significantly related. Increase in rate did not change the extent of taan dip, thereby suggesting that during training, the extent is a feature to be controlled by the student.
3. Superior surface duration decreased significantly with increments in rate. Faster taan gestures had negligible superior surface. They were beginning to look like taan gestures intended for performance, where singers continuously change rate and extent based on what they are singing.
4. Aerodynamic analysis at higher and lower frequency (taan dip) locations of each taan gesture indicated an increase in mean airflow at taan dip and decreased open quotient at higher frequency. This was against the vocal image, the idea in the subject's mind, used during teaching. The singer's mental imagery involved an increase in vocal fold adduction during taan dips.

This study is the first in-depth physiological report on Indian classical singing. It also set the platform to analyze taan during vocal performance. The author intends to compare vocal tremors to these artistic vocal modulations.

Reference

Radhakrishnan, N., Scherer, R.C., and Bandyopadhyay, S. (2011) Laryngeal dynamics of pedagogical taan gestures in Indian classical singing, *Journal of Voice*, 25(3), e139 - e147.

Language Experiences Influence Auditory Processing

Dr. Saravanan Elangovan is an Assistant Professor at East Tennessee State University. His research interests include speech perception, temporal processing, cross linguistic differences in auditory perception and speech perception, influence of musical experiences in auditory perception and speech perception, diabetes and hearing loss. He can be contacted at elangova@etsu.edu

Languages differ in the phoneme repertoire and phonetic distinctions they use to make up words and there is ample evidence that these differences have consequences for perceptual processing. More generally, researchers have demonstrated that listeners are attuned to the properties of the speech signal which are more relevant for their language, and this tuning actually starts very early in life (Kuhl, 1992). Although once believed that the reduction in perceptual skills in adults, when compared to those of infants, was a result of a permanent loss of the ability to discriminate non-native phonetic contrasts, recent research suggests that adults still possess or can re-acquire this ability if they are given enough training, or given sufficiently extensive experiences with a language in which that contrast is used. Studies that have examined the perceptual skills of "late" bilingual speakers have revealed that they appear to be sensitive to language-specific phonetic properties of both languages (i.e., primary and secondary language), and in fact have a "merged" phonetic category for some phonetic contrasts that are common to both languages (Speech Learning Model; Flege, 1995). The exact nature of this reorganization, however, remains elusive. While some investigators propose that it is a result of a re-alignment of cognitive resources for "higher level" attentional mechanisms, others suggest that the reorganization occurs at the level of some basic underlying auditory processes.

We (Elangovan and Stuart, 2005) investigated the relationship between the auditory processes involved in categorical perception of voiced-voiceless speech sounds and the auditory temporal resolution task of detecting gaps placed within dissimilar non-speech noise bursts (i.e., a task known as gap detection) in groups of monolingual English speakers and "late" bilingual English-Spanish speakers.

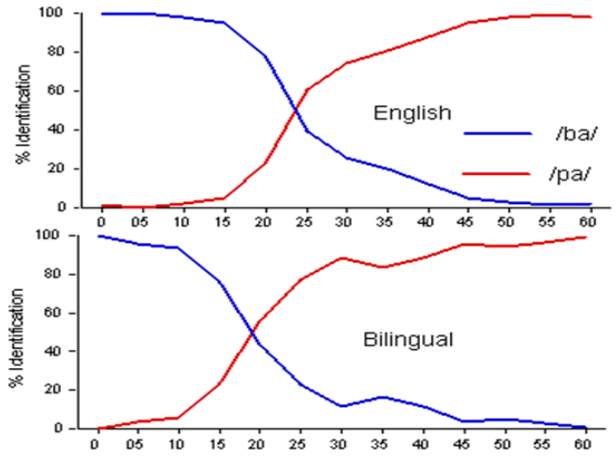


Figure 1. Behavioral Identification functions for monolingual English and Bilingual speakers for the /ba/-/pa/ VOT contrast.

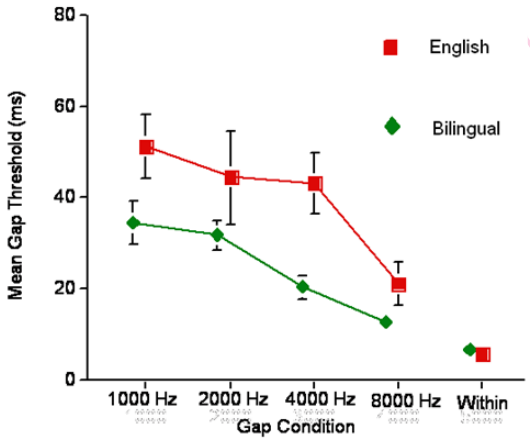


Figure 2. Mean Gap thresholds as a function of gap condition for the English and Bilingual speakers.

Our results supported the hypothesis that the detection of gaps placed within non-speech acoustic markers and categorical perception of voice onset time cues appear to share the same underlying perceptual timing mechanisms seen in native English speakers (Elangovan & Stuart, 2008). Further, our results also revealed that the English-Spanish bilingual speakers performed better than the native English speakers in both the phonetic task and temporal task by demonstrating both shorter voicing boundaries (Figure 1) and reduced gap detection thresholds (Figure 2). These findings are taken as support for our hypothesis that the heightened acuity for gap detection tasks and the different phonetic boundaries for voicing contrasts demonstrated by the bilingual speakers are both manifestations of some kind of perceptual reorganization of general auditory mechanisms due to their linguistic experiences with another language.

Our findings are in line with recent research that suggests that bilingual adults perform a variety of cognitive control tasks differently from monolinguals. This bilingual advantage is usually attributed to the experience of managing two languages that compete for attention (Green, 1998). Thus bilingualism, despite being a language experience, appears to extend its influence to cognitive and basic auditory processing that has minimal linguistic demands. Our future efforts include investigating the potential functional benefits of these altered temporal processing abilities in bilingual speakers such as improved speech perception abilities in noisy environments and benefits from amplification if hearing impaired.

References

Elangovan, S., & Stuart, A. (2008) Natural boundaries in gap detection are related to categorical perception of stop consonants, *Ear and Hearing, 29,* 761-774.

Flege, J.E. (1995). Second language speech learning: Theory, findings, and problems. In W.Strange (Ed.), Speech perception and linguistic experience: Issues in cross-language research (pp. 233-277). Baltimore, MD: York Press.

Kuhl, P. K., et al., (1992). Linguistic experience alters phonetic perception in infants by 6 months of age, *Science, 255,* 606–608.

Green, D. W. (1998) Mental Control of the Bilingual Lexico-sematic System. *Bilingualism: Language and Cognition, 1*, 67-68

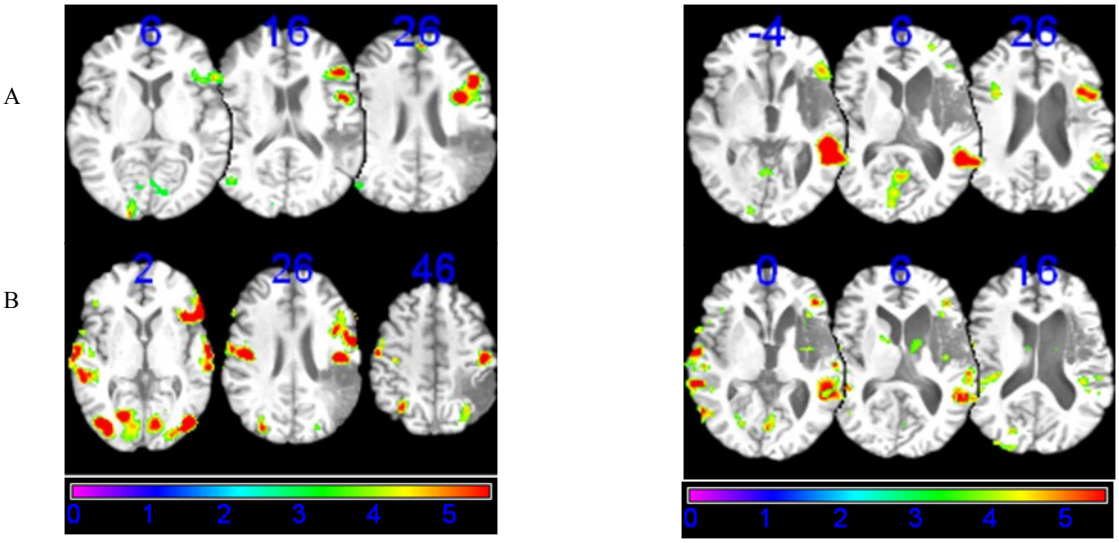
Neuroimaging and Language recovery in Aphasia

Dr. Rajani Sebastian *is a practicing Speech Pathologist at the Calvert Memorial Hospital, Prince Fredrick, MD. Her research interest is in recovery from chronic aphasia and the use of fMRI in understanding language recovery following stroke. She can be contacted at* rajanisebastian@gmail.com

The introduction of functional neuroimaging to aphasia research has contributed to a broader understanding of the neural mechanism underlying the recovery of language functions in aphasia. Using several different methodologies, imaging studies have shown that the damaged adult brain reorganizes to compensate for the compromised linguistic functions. Most neuroimaging research on aphasia recovery focuses on exploring the role of perilesional left hemisphere regions and right hemisphere regions contralateral to the lesion in supporting language functions. Although a number of research studies have investigated the mechanisms of recovery of the language function, the results still remain inconclusive. This lack of consistency in findings in the neuroimaging literature could be attributed to a number of factors, including time post onset, lesion size/site, and language tasks (e.g., Crosson et al., 2007). This paper briefly explores the three different factors that influences language processing in aphasia.

The time post onset stroke that patients are scanned is an important variable that influences the recruitment of left versus right hemisphere. In Saur et al. (2006) study, increased right hemisphere activation was observed within 2 weeks after stroke and returned to baseline levels after 1 year, whereas left hemispheric activity increased gradually from acute to chronic stage. The result of Saur et al.'s study suggests a temporary contribution of the right hemisphere in the early phase post-stroke, which is absent or more modest at chronic stages.

Another factor that determines the nature of left or right hemisphere activation is the size/site of lesion. Increased activity in the right hemisphere is more frequently observed in patients with large ischemic lesions and poor recovery, while patients with small lesions display better outcome in association with recruitment of primarily left language areas. In a recent study, Sebastian and Kiran (2011) show that patients with smaller lesions recruit perilesional and ipsilesional regions during language tasks; where as patient with larger left hemisphere lesions recruit not only left hemisphere regions but also right hemisphere regions.



Activation maps for two patients with different site and size of lesions for (a) semantic judgment task, and (b) picture naming task. P1 sustained a left temporo-parietal lesion and P2 sustained a left frontal lesion. Statistical maps are thresholded by using clusters determined by Z > 3.5 and a (corrected) cluster significance threshold of P = 0.05. Images are in radiological orientation with the right side the brain to the left and the left side to the right

Finally, the language paradigm that is selected for experiments also determines the degree of contribution of the left versus right hemisphere. Sebastian and Kiran (2011) show that a complex task such as picture naming task activates bilateral regions irrespective of the site/size of lesions, whereas when task demand is low, the spared tissue in the left hemisphere is adequate for task performance irrespective of the site or size of lesion (see Figure).

References

Crosson, B. (2007a). Functional neuroimaging of impaired language in aphasia. In F. G. Hillary & J. DeLuca (Eds.), *Functional neuroimaging in clinical population*, (pp. 219–246). New York. NJ: The Guilford Press.

Saur, D., Lange, R., Baumgaertner, A., Schraknepper, V., Willmes, K., Rijntjes, M., & Weiller, C. (2006). Dynamics of language reorganization after stroke. *Brain*, 129, 1371–1384.

Sebastian, R., & Kiran, S. (2011). Task modulated neural activation patterns in chronic stroke patients with aphasia. *Aphasiology*, 25, 927-951.

AIC at the ASHA Convention 2011, San Diego

The details of the Annual Asian Indian Caucus meeting are:

Date: November 18, 2011

Time: 6:30 — 8:00 pm

Venue: San Diego Marriott Hotel; Rancho Santa Fe 1

Multicultural Constituency Booth—Exciting Changes!

We are planning to showcase researchers and clinicians from all the caucuses who would like to volunteer about 30- 40 minutes of their time at the MCCG booth and share experience and expertise in research and clinical fields with students and colleagues visiting the booth. This is a great opportunity to talk about all the wonderful work you are doing in the field and expand your network at the same time. If you are interested please contact Deepa J. Aier at deepa.aier@gmail.com with the following information: Your Name; Date/Time when you could be at the booth; areas of research/clinical expertise that you will be sharing with visitors.

Tweeting at ASHA

Yes, there is a dedicated Twitter account for convention-related tweets: ASHAconv.
Also, the hashtag for convention is #asha11 for members who would like to tweet from their own accounts.

Multi-cultural concerns collective (MC2)

This is the annual reception of ASHA members from the National Black Association for Speech-Language Hearing (NBASLH), and the Hispanic, Asian Pacific Islander, Asian –Indian, Native American, and L'GASP-GLBT Caucuses, as well as members who serve clients from culturally and linguistically diverse populations. The reception will honor the recipients of the Diversity Champion award.

Date: November 17, 2011

Time: 8:00pm — 10:00 pm

Venue: San Diego Ballroom, Salon C

Like the AIC, the other caucuses of ASHA hold their annual meetings at the ASHA Convention. Interested members can attend the meetings of the other caucuses.

Hispanic Caucus Annual Meeting

Date: November 17, 2011

Time: 12:30 — 1:30 pm

Venue: San Diego Marriott Hotel; Rancho Santa Fe 2-3

Native American Caucus Annual Meeting

Date: November 17, 2011

Time: 4:30 — 6:00 pm

Venue: San Diego Marriott Hotel; Marriott Hall, Salon 1

L'GASP - GLBTQ Caucus Annual Meeting and Social

Date: November 17, 2011

Time: 6:30 — 8:00 pm

Venue: San Diego Marriott Hotel; Torrey Pines 3

Asian Pacific Islander (API) Caucus - Annual Meeting

Date: November 18, 2011

Time: 6:30 — 8:00 pm

Venue: San Diego Marriott Hotel; Marriott Hall, Rancho Santa Fe 2

Sessions at ASHA Convention by/for Asian Indians*

Effects of Syntactic Complexity in Discourse Comprehension

Date: Thursday, November 17, 2011 **Location:** SDCC **Time:** 10:30 AM - 11:00 AM

Collaborative methods for training research and EBP: The triad model

Date: Thursday, November 17, 2011 **Location:** SDCC **Time:** 10:30 AM - 11:30 AM

Effect of Duration of Cell Phone Usage on DPOAE Findings

Poster Board 005 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 11:00 AM - 12:30 PM

Speaker Identification With Amplitude and Frequency-Modulated Cues

Poster Board 014 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 11:00 AM - 12:30 PM

Video Modeling Intervention Using an SGD in Persons With ASD

Poster Board 081 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 11:00 AM - 12:30 PM

Basic Concept Comprehension in Monolingual English and Bilingual Spanish-English Kindergarteners

Poster Board 213; **Date:** Thursday, November 17, 2011; **Location:** SDCC; **Time:** 11:00 AM - 12:30 PM

Real-World Intelligibility Deficit in Speakers With Parkinson's Disease

Poster Board 349 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 11:00 AM - 12:30 PM

Measuring cognitive load hypertext reading comprehension using FNIRS

Date: Thursday, November 17, 2011 **Location:** SDCC **Time:** 12:00 PM - 12:30 PM

Narrative Skills in Children With Low to Normal Auditory Processing Skills

Poster Board 019 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 1:30 PM - 3:00 PM

Morphological Analysis in Isolation and Context: A Dynamic Assessment Perspective

Poster Board 219 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 1:30 PM - 3:00 PM

Diadochokinetic Performance in Children With and Without High-Functioning Autism

Poster Board 356 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 1:30 PM - 3:00 PM

Modified Vocal Function Exercises: A Case Study

Poster Board 431 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 1:30 PM - 3:00 PM

Treating Dysarthria With Visual Augmented Feedback: A Case Study

Poster Board 357 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 3:15 PM - 4:45 PM

Analysis of Abnormal Voice Using Inverse Filtering

Poster Board 437 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 3:15 PM - 4:45 PM

Infusing SGDs and iPads Into Exchange-Based Communication for Learners With Autism

Date: Thursday, November 17, 2011 **Location:** SDCC **Time:** 4:00 PM - 6:00 PM

Needs and values: Video narratives of clients with nonstandard accents

Date: Saturday, November 19, 2011 **Time:** 11:00AM - 12:00 PM

Age-Related Changes in 2f1-f2 and 2f2-f1 DPOAE Microstructure

Date: Thursday, November 17, 2011 **Location:** SDCC **Time:** 5:00 PM - 5:30 PM

Using care studies to show evidence-based accent modification in action

Date: Friday, November 18, 2011 **Time:** 1:30 PM - 2:30 PM

Dialect Perception and Stereotypes: Why Should You Care?

Date: Thursday, November 17, 2011 **Time:** 6:30 PM - 7:30 PM

Effect of Presentation Modalities on Lexical Retrieval Priming in Children

Poster Board 252 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 5:00 PM - 6:30 PM

Relationships Between Executive Function and Metamemory in TBI Survivors

Poster Board 292 **Date:** Thursday, November 17, 2011 **Location:** SDCC **Time:** 5:00 PM - 6:30 PM

Children's ERP Responses to Noun Phrases and Verb Phrases

Date: Friday, November 18, 2011 **Location:** SDCC **Time:** 1:30 PM - 2:00 PM **Room:** 21

Effect of Language Experience on Brain Stem Processing of Speech Sounds

Poster Board 003 **Date:** Friday, November 18, 2011 **Location:** SDCC **Time:** 1:30 PM - 3:00 PM **Room:** Sails Pavilion

Acquired Stuttering: Theoretical, Experimental, Clinical Issues

Date: Friday, November 18, 2011 **Location:** SDCC **Time:** 1:30 PM - 3:30 PM **Room:** 15A

Central Neural Correlates of Induced Unilateral Vocal Fold Paralysis

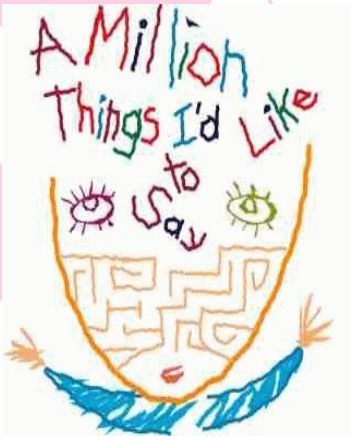
Date: Saturday, November 19, 2011 **Location:** SDCC **Time:** 3:30 PM - 4:00 PM **Room:** 21

Effect of Noise on the LAEP in Children With [C]APD

Date: Saturday, November 19, 2011 **Location:** SDCC **Time:** 11:00 AM - 11:30 AM **Room:** 26A

** This is not intended to be a comprehensive list of all presentations by Asian Indians or service delivery to Asian Indians. These are selected presentations that have been brought to the attention of the editors. Any exclusion from this list is not intentional.*

Your Voice in ASHA Kiran



Spotlight on an 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 articles 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 client of Asian-Indian background.

Please contact Balaji Rangarathnam (balajirangarathnam@hotmail.com) or Sarah Panjwani (s_panjwani@sbcglobal.net) for more information or to send contributions.

AIC this year - Achievements!

We now have a new website! Check out **www.asianindiancaucus.com**

The board has been working rigorously in procuring test materials from India to work with clients of Indian origin in the United States. Links to test materials in Indian languages and resources to obtain them are available on the website.

The board has set up a Pay pal account which will enable easier money transactions.

A Google group has been formed to enable better interaction among members. Let us know if you would like to get updates from us!

Be sure to participate on the AIC Logo Survey. You should have received an email with the instructions. We will email you the Paypal information soon!

Executive Board 2011-2013

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 intervention, teacher-child interactions, training early childhood professionals on integrating assessment, instruction & curriculum to promote intentional teaching. She has been a member of AIC for many years and served a variety of roles within the organization. (deepa.aier@gmail.com)

Vice- President, Professional Development

Monica Sampson is a practicing speech-pathologist and a doctoral candidate in the department of hearing and speech sciences at the University of Maryland. She specializes in clinical service delivery in sub-acute and long-term care facilities in the greater Washington DC metro area. Her primary research interests relate to language processing in adult acquired neurogenic language disorders, and bilingual language processing. (msampson@hesp.umd.edu)

Vice- President, Public Relations

Amee P Shah is an associate professor and the director of the research lab in speech acoustics and perception in the college of health sciences at Cleavland State University, Ohio. Her primary research interests include speech processing,psychosocial factors affecting perception of foreign-accented speech, and evidence-based practice in assessment and therapy of foreign-accented speech. (a.shah101@csuohio.edu)

Secretary

Arun K Biran is a practicing speech-pathologist and the Vice-President of MiRehab, a Rehab company based in Michigan. He has been practicing in Michigan for the past 15 years. He has worked in various settings including hospitals, nursing homes, outpatient clinics and Schools. He is specialized in LSVT and more recently focuses on clinical service delivery for individuals with Parkinson's disease. (arunbiran@gmail.com)

Editor

Balaji Rangarathnam is a Clinical Fellow/Graduate Research Assistant at UAMS Medical Center, Little Rock. His research interests are in neurogenic communication disorders. (balajirangarathnam@hotmail.com)

Editor

Sarah Panjwani is a Graduate Student at the University of Texas at Austin. Her professional interests include bilingualism, specifically assessment of culturally and linguistically diverse populations. (s_panjwani@sbcglobal.net)

Membership

The AIC is entirely supported by its paid members. The membership dues help defray the costs associated with maintaining the organization. Annual membership dues are $20.00 for professionals and $10.00 for students. Membership dues may be securely paid online via paypal or dues may be mailed to Arun Biran (Secretary - AIC). Please complete the membership form and submit is along with your dues.

Date: Place:

Name: _____ _____

(Last) (First)

Type of Membership: ☐ Professional ☐ Student

(Membership Cost: Professional $ 20 Student $ 10)

Mailing Address

_____ (first line)

_____ (second line)

_____ (City/State/Zip)

Phone: _____(Work) _____(Home)

Email: _____

Professional Title: _____

Employment Setting: ☐ School ☐ University ☐ Hospital ☐ Rehab Agency ☐ Private Practice

Area of Specialty: _____

ASHA Member: ☐ Yes ☐ No NSSHLA Member: ☐ Yes ☐ No

(Professional) (Student)

ASHA Certification: ☐ CCC-SLP ☐ CCC- A ☐ None

If certified, do you consent to be listed as a service provider for individuals with Asian Indian origin in your geographical area in ASHA's database ? ☐ Yes ☐ No

If yes, list your area(s) of clinical expertise and sign below

_____

(Signature)

Please include your dues (Professional: $ 20 Student: $ 10) along with this form and mail it to:

Arun K. Biran, 13407, Farmington Road Ste 101, Livonia, MI - 48150