

IN THIS ISSUE

President's Message
Message from The College
What You Need To Know: Today's Hearing Aids (Pt. 2)
Paediatric Symposium 2015
Motivational Interviewing Event
CampBCAPS for Children who Stutter
Blue Cross
Twitter for SLPs
AAC Supports People with Aphasia in BC
UBC School of Audiology & Speech Science: Update
Advocacy Update
Blogapalooza
Update from your Private Practice Rep
Farewell from the Editor



Vibrations

March 2015

► PRESIDENT'S MESSAGE

Spring is around the corner and I would like to provide you with an update on what Provincial Council has been doing.

In October 2014 the first Provincial Council meeting took place in Vancouver. Discussion centered on the plans for the year ahead, the development of a new strategic plan, and May Month campaign ideas.

The first key result area within the new strategic plan was **Member Professional Development**. BCASLPA recognizes the importance of supporting members' professional development. To this end, the **BCASLPA Conference will be held at the Penticton Lakeside Resort on October 23 and 24, 2015**. Please save the date. Look out for e-mail blasts with further updates and conference registration information.

The second key result area is **Member Engagement and Retention**. BCASLPA Provincial Council recognizes the important work that its members perform on a daily basis and has added awards to acknowledge this. These awards will be given based on client nomination. These awards will be presented to those individuals or groups that have contributed to the growth of the professions of Audiology and Speech-Language Pathology exemplifying the vision or mission of the professions for client outcomes and care. Information to support the application for the award may include a recent or on-going achievement and outstanding service or story. Provincial Council is also keen to involve students in BCASLPA events to share knowledge, experiences, and ideas for learning opportunities.

The third key result area is **Public Advocacy**. A plan and budget have been agreed for this year's campaign including a May Month "Communicating is Connecting" Postcard social media event and free resources for members. Look out for an email blast to get your package of resources. I have also contacted all thirty-seven Members of Parliament in British Columbia to ask if they would support our May Month campaign efforts this year and to this date I have received three positive responses.

The fourth key result area is **Organizational**. In order to give a more clinical focus to the Provincial Council, three positions will work on issues regarding client groups in speech-language pathology: Early Intervention for children, School Age Intervention, and Services to the Adult Population.

The fifth, and final, key result area is **Financial and Legal**. All BCASLPA policies have been reviewed and additional policies for Human Resources are being added.

I look forward to reading and hearing about members' news for May Month. If you have any questions or comments, please contact any member of Provincial Council.

Julia Hodder
President BCASLPA

MESSAGE FROM THE COLLEGE OF SPEECH AND HEARING HEALTH PROFESSIONALS OF BC



College of
Speech and Hearing
Health Professionals of BC

Regulator of Audiologists, Hearing Instrument Practitioners and Speech-Language Pathologists

By Diane O'Connor, Registrar/CEO, College of Speech and Hearing Health Professionals of BC

WHAT'S THE DIFFERENCE between a REGULATOR and a PROFESSIONAL association?

By far this is the most common question I am asked by registrants, particularly around renewal time. This and other questions about the role of a regulator prompted the College to provide a jurisprudence course to assist health professionals understand their legal responsibilities. If you haven't had a chance to take the course as yet, you may choose to complete the course by December of this year or December 31st next year. You will automatically be allocated three CCCs to your online [CCC account](#) and most complete the course in less than two hours.

Below I have attempted to provide a comparison between a regulator and a professional association, in everyday language vs the language of legislation and bylaws.

A professional association is a membership organization. It exists for the benefit of its members.
A regulator is established by government. It exists for the benefit of the public.

You may have noticed the College refers to its health professionals as registrants – not members. Such terminology reflects the fact that we are not a membership organization. We are not here for you. We are here to protect the public from incompetent and unethical practices of our registrants. This may sound harsh...but it is the reality of a regulator, and as a member of the public you benefit from other regulated professionals and services. It's all about your safety.

A professional association, on the other hand, is here for you. They provide a host of benefits to their members, such as: advocacy, professional development, networking, group benefits and information on a variety of relevant topics.

Regulated health professionals don't have a choice about belonging to their regulator, but they do have a choice to belong to their professional association.

Annual Fees is another common topic at renewal time. Professional associations often have a fee structure that is based on employment arrangements. As an example, BCASLPA's membership categories are: Full, Reduced Hours, Student, and Retired. Compare this to the College's categories of Active,



Front Row l-r: Dinusha Peiris RSLP, Amanda Lenk RSLP, Susan Batstone RSLP, Jane Baynam, Christine Harrison RAUD. **Back Row l-r:** Diane O'Connor (Registrar/CEO), Marian Gunn RHIP, Joe McLaughlin, Louise Parton RHIP, Suzanne Kornhass RAUD, RHIP, Alex Dutton, Sherri Zelazny RSLP, Bill Winnett, Mardi Lowe-Heistad RSLP (Director QA), Christina Chen (Office Administrator)



Conditional Active, Inactive and Retired. Only Active and Conditional Active allow registrants to practice – to be actively practicing regardless of the number of hours. Inactive and Retired cannot practice...not even for an hour... not even as a volunteer. Regulation is about entitlement to practice and that is what the fees are based upon. Please read the section on fees in [our FAQ](#). I think this will be very helpful to understand how fees apply in various life situations.

When is renewal time? [Prior to midnight March 31, 2015.](#)

Thank you to the BCASLPA board for the opportunity to present a regular article in your newsletter. My goal is to provide concise information on pertinent topics so please let me know what may interest you.

▶ **WHAT YOU NEED TO KNOW ABOUT TODAY'S HEARING SYSTEMS (CONTINUED FROM DEC 2014)**

By Daniel Allen, MA, RAUD and D'Arcy White, M.S., RAUD

Hearing with both ears provides the brain with necessary information about the sound landscape. Technology now allows for sharing of information between the 2 hearing aids by utilizing various forms of binaural sound processing. This definitely improves an individual's ability to maximize the important speech information, particularly in a complicated listening condition with competing sounds. Many hearing aids continually communicate from ear to ear, helping to preserve the timing and intensity differences of sound arriving at the ears. This provides better awareness of the sound environment so key information can be more easily recognized, and sorted from the excess unimportant sounds. These systems allow for better teamwork between the ear, the hearing aid and the brain.

Styles of hearing aids have also changed somewhat over time. We continue to use custom made products that are moulded for the individual ear canal, and these have become smaller, with Completely-In-The-Canal (CIC) and more recently, "Invisible-In-The-Canal (IIC). Probably the most dramatic change in hearing aids over the past 10 years has been the evolution of "open fit" instruments. These are commonly called "Receiver-In-The-Ear" (RITE), "Receiver-In-The-Canal" (RIC), or "Canal-Receiver-Technology" (CRT). These devices have taken over the hearing aid industry and now account for the largest percentage of hearing aids fitted today. They have a small behind the ear portion, with a wire running down to the ear, with a small cone shaped "dome" that fits into the ear. They're extremely prevalent due to their popularity with both clinicians and clients. Given their discrete appearance, exceptional comfort, and natural sound quality, clients are more likely to use these devices routinely, and adapt to amplification with very little effort. This is a huge factor in a world where those with hearing loss continue to resist the need for amplification, putting off the purchase of hearing aids an average of 10 years. Receiver-in-the-ear hearing aids can now be fitted to a wider variety of hearing losses than ever before, by incorporating a custom mould instead of dome, for use with more severe hearing losses. These are rapidly replacing the more traditional behind-the-ear devices in some cases. Receiver-in-the-ear hearing aids will likely continue to evolve and dominate the hearing aid scene, at least in the near future.

Those that have a unilateral hearing loss, hearing loss on one ear and not the other, often struggle to understand clearly, especially in noise. And even though they turn their good ear towards the sound source,



they will have increased difficulty when someone is talking to them on the “bad” ear side. These people are good candidates for a CROS hearing system.

A CROS hearing system can come in a number of configurations. In its simplest form it is a hearing aid with one microphone on the “bad” ear side and the speaker or receiver on the good ear side. Many CROS systems will have two microphones, one on each side and the speaker on the good ear side. The idea is to pick up sound from the “bad” ear side and transmit it to the “good” ear enabling the person to hear sounds from all directions.

Many years ago, in the 70’s, the first CROS hearing aids basically were two hearing aids, connected by a wire around the back of the head, with the speaker on the “bad” ear removed. Today’s technology is vastly improved using FM technology to transmit the signal from one side of the head to the other. As with all hearing aid technology, miniaturization of electronics has allowed more technology to be put into smaller and smaller packages, allowing most styles of hearing aids to be configured into a CROS package. All of us know of at least one person with tinnitus or ringing in the ears so we have seen first hand what a challenge it can be. After the history taking, audiological exams, counselling and therapy, many tinnitus sufferers will benefit with tinnitus maskers. Again, because of miniaturization of technology, maskers can come in all shapes and sizes of hearing aids.

While the early maskers had a preset white noise set to the users needs, today’s maskers are fully adjustable through programming software. Microphones on, microphones off, multiple setting, white noise, pink noise, red noise, random tones and different volume setting all available in one device, adjustable at the touch of a mouse. And then the client is able to change their listening experience, on the fly, using the controls of their handheld remote. With the increased number of maskers on the market with ever increasing options, our ability to help tinnitus sufferers has greatly increased.

Connectivity is today one of the fastest changing areas of hearing system technology and involves helping the hearing impaired to connect to the world around them. FM systems that are used in many schools are a good example of technology being used to increase communication and to connect to students in an educational situation. Today’s technology has moved out of the classroom and into homes, the workplace and into everyday life. Whether a person is trying to hear the TV better, hear in a boardroom or talk on the telephone, there are devices now available to help in all these situations and more.

It starts with a hearing system that can connect to the rest of the world, either directly or through some form of hearing aid remote. Most of the hearing aid manufacturers are using blue tooth to connect to the rest of the world, which works well because it is a commonly used technology. Blue tooth is available in cell phone, home phone, TV’s, radios and many other electronic devices. When hearing aids are “paired” to the electronic device, they will act as headphones, delivering the amplified sound directly into the user ears. For many with severe hearing loss this opens the door to using a home phone or a cell phone, greatly enhancing their quality of life.

Pairing your hearing system to the TV not only benefits the user, who can now understand what is being said, but allows others in the household to enjoy the same TV without it blasting them into the next room. In addition, remote microphone’s can be paired to the hearing system allowing a user to hear someone in another room, from the far side of a conference room, in the seat next to them in a noisy truck or RV or at a family gathering where a soft voice would otherwise be drowned out.

New to the market place are hearing app's that allow the hearing system user to control varies functions of the hearing aids and hearing system. With a few touches on the Android or I-phone they can increase the volume, change the tone, adjust signals coming in from the TV or phone or otherwise adjust to their changing and complex listening environments. As more people use connectivity with their hearing systems, more improvements will come.

The evolution of hearing aid technology continues at a very rapid pace. From hearing aids of years ago with a volume control and an MTO switch, to the automatic hearing aids of the 90's with no buttons at all, to today's hearing aids that communicate with your smart phone, we really have come full circle, as we put responsibility and control back into the hands of the end user. Hearing aid technology is very good and matched correctly with the user can provide amazing results. With our current, more technological savvy population, putting controls back into the hands of the users will only enhance their listening and communicating experience. What we as audiologists have to do is help in matching the user with the correct technology and then train so they will get the most out of the hearing system that they use.

▶ PAEDIATRIC UPDATE SYMPOSIUM 2015



April 17th & 18th
Vancouver Marriott Airport Hotel

Featuring:
Speakers - Poster Sessions - Profession Specific
Workshops - Innovative Practice in BC - Parent Panel

Confirmed Speakers

Dr. Michael S. Kobor is an Associate Professor in the Department of Medical Genetics at UBC, and holds the Canada Research Chair in Social Epigenetics. Dr. Kobor's laboratory combines fundamental discovery research in model organisms with translational research in human populations to better understand the developmental origins of disease. His research team focuses on epigenetics, the relationship between our genes and the environment.

Dr. Naznin Virji-Babul is an Assistant Professor in the Dept. of Physical Therapy, a Scientist at the Child and Family Research Institute and a physical therapist. Her research at the Perception-Action Lab uses a combination of behavioural and brain imaging tools (i.e. EEG, MEG and DTI) to probe the brain and investigate the patterns of brain activation as they relate to perceptual-motor and social-emotional development in children, youth and adults.

Michelle Phoenix is a PhD candidate in the School of Rehabilitation Science, McMaster University studying engagement in paediatric rehabilitation services for "hard-to-reach" families. She is a member of CanChild, Centre for Childhood Disability Research and practices clinically as a Speech-Language Pathologist at KidsAbility Centre for Child Development in Waterloo, Ontario. Michelle's research is supported by a Canadian Institutes of Health Research (CIHR) Doctoral Award and the Canadian Child Health Clinician Scientist Program Career Enhancement Program Award.

[Click here to find out more or to register.](#)

BCASLPA &
S.A.C.S.
present

Motivational Interviewing
With Lu-Anne McFarlane
(Associate Professor and Academic Coordinator of
Clinical Education at University of Alberta)



Motivational Interviewing (MI) is...

- at the forefront of communication and counseling techniques.
- an evidence-based clinical approach to supporting clients and their families through change.

This participatory workshop will provide information on the philosophy of MI. It will highlight the essential components of MI and focus on techniques that can be implemented immediately. Participants will have opportunities to analyze their current clinical communication strategies, discuss and practice specific MI skills, and create a plan for further development. Resources for continued learning will be provided. Participants will leave this workshop with strategies they can use to increase their communication skills with all clients and their families, but especially for those who are resisting change.

Date: Friday, April 24, 2014
Time: 8:30- 4:00
Location: The Old Church (3704 1st Avenue, Smithers)
Target Participants: S-LPs, Audiologists, Health Professionals
Cost: FREE for BCASLPA members; \$40 non- BCASLPA members

BCASLPA event Thurs.
23rd. Not to be missed!
Stay tuned...

Cheques payable
to: Audrey McKinnon.

Please Complete Form Below

Name:	
Place of Employment:	
Telephone:	
Email address:	
BCASLPA member	<input type="checkbox"/> yes (CASLPA/BCASLPA # _____) <input type="checkbox"/> no (\$40 registration fee)
Dietary concerns	<input type="checkbox"/> yes _____ <input type="checkbox"/> no

Please email or fax completed registration form to:
 Audrey McKinnon
 Box 758, Smithers, BC, V0J 2N0
amckinnon@sd54.bc.ca
 p. 250-847-5517, ext.226 f. 250-847-5413

**Limited spaces!
Please confirm
your registration
by April 2, 2014.**

CAMPBCAPS FOR CHILDREN WHO STUTTER AND THEIR FAMILIES, JULY 2-5, 2015



In late 1998, then BCAPS President Les Anderson said, “Wouldn’t it be a good idea if children who stutter and their families had an opportunity to meet one another, share experiences, feel better about themselves and have fun?”

The concept of CampBCAPS was born and the inaugural camp was held 2001.

The purpose of CampBCAPS is to be a summer outdoor experience for children who stutter and their families. It aims to provide a nurturing and supportive environment that is free from ridicule or judgment, fosters self-esteem and increases awareness about stuttering.

The objective of the camp is to have fun. Although no formal speech therapy is given, information seminars are provided to the children and their families. Also, speech language pathologists are available for informal consultations with parents in the beautiful camp setting.

A full program of events and activities are planned each year to stimulate conversation, maximize interaction and create friendships. Parents are encouraged to play an active role in the supervision and coordination of activities.

This is the only camp of its kind in North America and the interest about it has spread throughout the world. BCAPS is pleased that this camp was created in British Columbia, by British Columbians and for British Columbians

Our 2015 Camp will be held July 2-July 5, 2015.

For more information and camp registration forms, please go to www.bcaps.ca



DECEMBER 2014

**Medavie Blue Cross will begin processing all claims
for Veterans Affairs Canada, the Canadian Armed Forces and
the Royal Canadian Mounted Police**

We are entering into a new contract with our Federal Government customers – Veterans Affairs Canada (VAC), the Canadian Armed Forces (CAF) and the Royal Canadian Mounted Police (RCMP). In the past, claims and customer inquiries were subcontracted to Pacific Blue Cross, Alberta Blue Cross, Saskatchewan Blue Cross and Manitoba Blue Cross. In preparation for the new contract, we will be consolidating the work being done by the other regional Blue Cross offices and returning it to Medavie Blue Cross.

Effective January 19, 2015, we will be processing all Program of Choice extended health benefits claims for all regions in Canada. All paper claims for payment for VAC, CAF and RCMP must be mailed to:

Medavie Blue Cross Federal Administered Programs 644 Main Street PO Box 220 Moncton NB E1C 8L3	Contact us at: Telephone: 1-888-261-4033
--	---

If you have any questions concerning any changes in regards to VAC, CAF and RCMP, please contact Medavie Blue Cross at the number indicated above.

For information on Medavie Blue Cross Group customers, please continue to contact your regional Blue Cross office.

▶ TWITTER FOR SLPS

by Kate Wishart, M.Sc. RSLP

When used appropriately, Twitter can help SLPs maintain their professional competency, share their knowledge and advocate their services to their students. I am often asked who to follow on Twitter. I hope you are following @BCASLPA, @SAC, @ASHA. Obviously, it depends on your area of interest, but most recently it was a school SLP who asked me. So here goes.



BCASLPA tweets on a variety of topics. If you follow only 3 people, start with Caroline Bowen, Pamela Snow and Dorothy Bishop. Caroline Bowen is a name well known to most SLPs working with children, but perhaps not the other two names, although all three are well known international speakers. Once you have clicked “follow”, you will start to see who else is following them.

In case you missed it, there has been a lot of discussion in Australia and the UK about reading instruction and teacher training. If you are not using Twitter, the blogs of Pamela Snow and Dorothy Bishop are the ones that you might want to follow.

Pamela Snow is one of the Australian academics who has embraced social media and academic blogging. I love reading the Snow Report. After you read the current issue, search the archives for previous posts. Pamela Snow’s blog: <http://pamelasnow.blogspot.ca>

Dorothy Bishop from the UK also has an interesting blog. Some of her blog posts are related to education reform in the UK but I find her blog a mine of information in a variety of topics including SLI and dyslexia as a language impairment. Dorothy Bishop’s blog: <http://deevybee.blogspot.ca>
Again search her archives for past topics.

Both Snow and Bishop are passionate about Evidence Based Practice and are proponents of using Evidence Based Teaching to expose and eliminate pseudo science.

A few years ago, there was a great little video that will set the stage for the rest of this article. After I saw the video below, I started following two researchers. Check out “How phonics got framed” at <http://youtu.be/9e8SJFuGRFM>

There are also certain groups worth following on Twitter. You may choose to bookmark their websites. Check out ICAN Talking Point at <http://www.talkingpoint.org.uk/>

Again from the UK, but it contains very comprehensive resources for parents and teachers of children 0-19 years of age. I have not found anything equivalent in Canada. If you do, please tweet it.

There’s also the RALLI (Raising Awareness of Language Learning Impairments) YouTube channel: <https://m.youtube.com/user/RALLIcampaign...>

AFASIC supports parents and represents children and youth with speech, language and communication problems: <http://www.afasic.org.uk>

So why did I write this article? It is by no means an exhaustive or comprehensive list. It just contains resources I access frequently. At the 2014 BCASLPA conference, everyone who attended Speaker's Corner had very positive comments about how useful it was to hear from peers. Imagine if the BCASLPA blog had a new posting each week about a resource or an open access article someone found that was useful. In our busy lives we could share the wealth of knowledge and learn from our colleagues. If I can do so, so can you. If you post, add "@BCASLPA" to your post, and we can retweet. Feel free to share these links and resources with others to increase awareness and use them for advocacy about the importance of speech, language and communication skills on learning and academic performance.

▶ **AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) SUPPORTS FOR PEOPLE WITH APHASIA IN BC**

CAYA (Communication Assistance for Youth and Adults) is a provincial resource program that supports **adults aged 19 years and older who require an augmentative/alternative communication (AAC) system** due to a severe communication disability, i.e. speech that is not functional for daily communication. Eligible individuals include adults with aphasia who require AAC supports to achieve the best possible level of functional communication. AAC strategies and tools are part of a total communication solution for people with aphasia.

How do we choose AAC strategies for people with aphasia? On the CAYA website you will find a document created by CAYA SLPs that offers detailed directions for assessment, AAC strategies and treatment ideas, in a grid format. [This document](#) is based on the work of Kathryn Garrett and Joanne Lasker, who created levels of communication abilities for those who have a diagnosis of aphasia.

Also available to any SLP who has the [Touch Chat app](#) is a set of pages specifically for people with severe aphasia. Created by Anne MacCallum and Lois Turner, with input from staff at CAYA and GF Strong, these pages provide a starting point for people whose abilities are too limited for other aphasia software on the market. For current owners of TouchChat, the page set can be downloaded for free from the public site of iShare (go to iShare -> Public Folders -> Adult -> General Communication -> "Aphasia – GF Strong & CAYA"). The page set is being launched at the CSUN Assistive Technology Conference in March 2015. Later this spring, it will be included in the TouchChat HD-AAC app purchase.

If you have any further questions, please contact Lois at lturner@cayabc.org

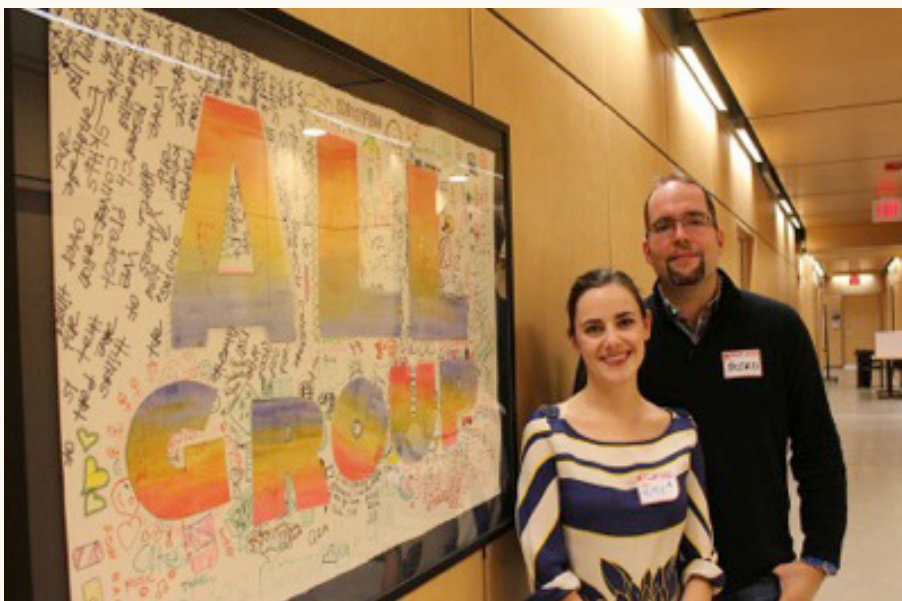
AAC-Aphasia Categories of Communicators Checklist, Garrett, K. & Lasker, J. (2005). Adults with severe aphasia. In D.R. Beukelman and P. Mirenda (Eds.) Augmentative and Alternative Communication: Supporting Children and Adults with Complex Communication Needs, 3rd edition. Baltimore: Brookes Publishing Co. Available at: <http://aac.unl.edu>.

▶ UPDATE FROM THE UBC SCHOOL OF AUDIOLOGY AND SPEECH SCIENCE: ALL GROUP'S 10TH ANNIVERSARY

In 1988, when May Bernhardt (professor and SLP) met a 4-year-old nonverbal boy, neither one of them knew what exciting things lay ahead. Over 15 years they worked together, overcoming many speech-language challenges. Eventually the school years came to an end, and with that, government-supported services. But people continue to develop language and literacy skills after high school ends. Recognizing that parents wanted continued speech-language-literacy support for their family members, May and SLP Robyn Church (UBC grad) launched the Advancing Language and Literacy (ALL) Group in 2004. Moving from a dentist's office and May's basement to a Developmental Disabilities Association center, the program continued to grow and develop. In 2007, May passed on the leadership of ALL Group to Bosko Radanov, another UBC SLP grad, while initiating a research program with ALL in the new School of Audiology and Speech Science (SASS) space on campus. The tradition of UBC graduates shaping the ALL Group continued with the addition of Riley Rosebush in 2012, ALL's second SLP.

For 10 months of the year, participants attend weekly 2-hour sessions focused on building oral and written communication skills in theme-based units. Participants play a big role in organizing and running the sessions, working as part of a team along with the SLP leaders and student volunteers. The program continues to meet its aims, with participants showing progress in all aspects of communication.

ALL serves an integral role in student learning and research at SASS. The group has provided a variety of clinical and research experience opportunities for SASS graduate students, as well as volunteer opportunities for undergraduate students looking to pursue a career in SLP. Participants also contribute to several undergraduate and graduate courses at UBC. Additional SASS faculty members, Dr. Paola Colozzo



Bosko Radanov (SLP and ALL group leader) and Riley Rosebush (SLP)

and Dr. Stefka Marinova-Todd, have participated in the research program. (Participation in research is voluntary and not a requirement of joining the program.) In the next few years, the research will document the successes we have observed.

Most importantly, and a reason the group survives and thrives, ALL Group members have a lot of fun with what they do:

At ALL group I learn about learning, snack, questions, teaching, same and different, films, and writing. (K.)

I like ALL group because it's fun and we get to meet new people all the time. Sometimes I can teach my friend some new stuff and sometimes they can teach me. I like ALL group because everybody get together so well. It makes [me] feel like I never want to leave! When I need help there [is] always someone to help me so everybody here never is sad! That is why ALL group is so cool! (G.)

At ALL Group I learn about bowling 5 pins, restaurants, Granville Island, White [Spot], snack, music. I like reading and writing. I went to U.B.C. Museum of [Anthropology]. (M.)

At ALL Group I learn to talk, I learn to dance, I learn about faces, I learn about people, I learn about writing. I like learning to draw. I like to talk to friends and to tell stories about our week. (J.)

At ALL Group I learn about movie making, asking questions, talking. (N.)

ALL just celebrated its 10-year anniversary and would like to thank SASS, all the volunteers, the parent advisory group, and private donors for their much-appreciated support. It was during this celebration event that the value of the program was realized, when the original participant – now a man – helped deliver the closing remarks. He and his family, along with May, have helped create what we hope is a lasting legacy, benefitting many other people.

ADVERTISE IN VIBRATIONS

Reach more than 1400 speech-language pathologists and audiologists with our quarterly magazine!

The following rates will apply to Advertisements in Vibrations. Members will receive a 50% discount. BCASLPA reserves the right to exercise control over any and all content submitted for advertisement including the right to refuse publication.

Size	Non-Member Rate	Member Rate*
Business card (1/8)	\$75	\$38
1/4 page	\$150	\$75
½ Page Ad	\$300	\$150
Full page (one side)	\$600	\$300
Insert (per doublesided sheet)	\$1100	\$550

*Member rate applies to Clinical Sessions, Therapy Programs, Conferences, and Workshops (50% discount)



▶ **ADVOCACY UPDATE**

by **Sherri Zelazny, M.Sc. RSLP**

Prepare to Engage – May Month and Beyond...

The goal of BCASLPA's Advocacy committee is to provide public education. We help consumers of our services understand how to get services, when to get services, and the importance of our services. We can do that in many ways including: website information for consumers, relationships with Associations that represent conditions requiring speech, language and hearing support, social media presence, and communication with law-makers. One of the most important and efficient ways to accomplish these goals is by providing the public with information about the impact of communication and hearing impairments as well as the importance of speech language pathologists and audiologists through you.

BCASLPA exists through and because of its members. It is the goal of the Advocacy committee to give you as many opportunities as we can to provide public education, advocate for the profession, and support individuals suffering with communication disorders in getting the help they need.

We also have a working group from Victoria. They came together to help the public advocate for access to services. This group identified an issue and is working towards a common goal. The group includes: Sue Scott, Tamara Lister, Sarah Frumento, and Melissa Armstrong. They are a perfect example of grassroots advocacy and BCASLPA is happy to support them.

Among the Advocacy projects for the coming two years:

- New focus on Did You Know posters
- Consumer letters for MP/MLA
- May Month campaigns
- What You Should Ask Your SLP/Audiologist brochure
- Ongoing social media presence
- Public education/information blog opportunities for members (See "Blogapalooza" article below)
- Grassroots Advocacy conference presentation

The 2015 May Month campaign has taken shape and left the gates. We are working hard to provide you several opportunities to engage the public during May. Watch your email for information on:

- 1) Free member May Month envelope
- 2) Postcard campaign
- 3) Social media hashtags for theme posts
- 4) Hosting a local event

Please feel free to contact the Advocacy Committee with public education ideas, opportunities for BCASLPA to be involved in other Government or Association campaigns, and your thoughts and concerns related to Speech Language Pathology and Audiology. If you are working on a public education project and would like BCASLPA support, be sure to let us know. Send your email to bcaslpa@telus.net with the subject line – ADVOCACY.

▶ ADVOCACY PRESENTS BLOGAPALOOZA

You are invited to BCASLPA Blogapalooza!

BCASLPA would like to create a library of blog posts. We invite you to submit a blog for the BCASLPA website. Your blogs will be posted monthly on the public website. You can write on one of the Health Awareness months, a topic of your own, an awesome therapy tip, a success story, public advocacy information related to communication, swallowing, hearing impairment etc. Health Canada has a searchable database for Health Awareness Months at <http://www.hc-sc.gc.ca/ahc-asc/calend/index-eng.php>.

Regularly updating an interesting blog is a great way to engage with members of the public and provide insight into BCASLPA, audiology services, SLP services, and communications disorders. The blog is also an opportunity to profile an area you excel in, provide long-term information to other members and connect with peers online.

Let the blogging begin. Send your contribution to bcaslpa@telus.net with subject line BLOG submission.

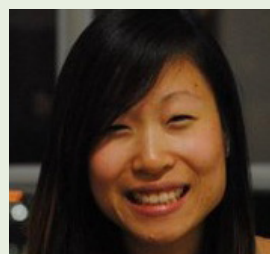
Tips for writing blog posts:

- Always use a picture wherever possible. Pictures help to frame the text of a page and make the content look appealing to read. Remember, if you are using a picture, ensure you have permission to do so. Taking a picture from Google Images can be classified as copyright infringement in some cases.
- Keep posts to around 400 words. Studies show that 400 words is the optimum length for a blog post or web page. If you have more than that, readers often do not read further.
- If your posts are longer, use subheadings in bold to break up the text.
- Similarly, keep paragraphs to a maximum of 4-5 lines. Short paragraphs are easier to read on screens.
- State your conclusion at the start of paragraphs. Unlike print writing, you have less time for exposition online. State your conclusion or summary thought at the beginning of each paragraph before explaining it. Similar to subheadings, this gives the reader 'touch points' to better understand your work.
- Find a balance between professional and informal. Blog posts work best when they are conversational in tone but still use correct grammar and an informative style.
- Remember you are writing as a member of BCASLPA. Opinions or ideas stated in the blog post should be appropriate as representing BCASLPA.

MEET THE ADVOCACY COMMITTEE



*The Advocacy committee:
Sherri Zelazny (Chair),
Margaret Anderson,
Alyssa Dixon, Sarah
Frumento, Zoe Grams,
Nathan Hoffart, Aoifa
Mcnamara, Dorothy Ng,
and Kate Wishart*



► UPDATE FROM YOUR PRIVATE PRACTICE REPRESENTATIVE

At the start of 2015, members of BCASLPA working in private practice were asked to participate in a survey to determine how funds remaining from the former Private Practice Interest Group (PPIG) should be spent.

I am happy to announce that the votes have been tabulated and we will be spending this money to develop a private practice tab on the BCASLPA website!

This is an exciting time for us in Private Practice as we continue to build networks of support for practitioners across the province.

Thank you all for voting – I look forward to the collaborative process that will yield a new space for private practitioners at www.bcaslpa.ca

A Call For Working Group Volunteers

We look forward to spending the upcoming year building a private practice tab for the BCASLPA website. This will be an important collaborative process and your involvement is imperative. Please consider participating in the working group that will decide on important issues of design and content for this tab. Your voice matters!

Involvement will consist of participation in 1 teleconference per month between March and December 2015 as well as some research and collaboration time (1-2 hours) per month.

Interested members please send your CV and a brief statement outlining why you are interested in participating in this project to: slpprivate@bcaslpa.ca

Camille Traverse MSc. SLP, R-SLP (C)

SAVE THE DATE! BCASLPA 2015 CONFERENCE

October 23 and 24, 2015
At the stunning Penticton Lakeside Hotel.

Stay tuned to the BCASLPA Website for upcoming news on speakers, topics and many more conference activities: <http://www.bcaslpa.ca/professional/continuing-education/conference/>





▶ FAREWELL FROM THE EDITOR

Around January 2009, I saw that BCASLPA was advertising for a vacancy of the Editor position for its newsletter. I had always enjoyed writing and had been a reporter and translator for a campus newspaper. It was this interest and the desire to contribute a little to my provincial professional organization that made me decide to apply to become the Editor of Vibrations.

25 issues, 5 Presidents, and 6 years later, I am now writing my very first Editor's message in my last issue as Editor. I would like to thank Janet Campbell, who has remained the "rock" throughout all the changes. She was always prompt with answering all my emails and helpful with coming up with topics and finding the right people to write them. Thanks also to Barbara Burnet for having been such a loyal contributor and to Kate Wishart for the encouraging words.

Thank you to BCASLPA for this honorable opportunity of letting me be your newsletter editor for the last 6 years. It has been an awesome experience and privilege. I would like to welcome Marianne Bullied as your new editor, and I look forward to reading Vibrations as its loyal supporter in the years to come! To end my service with a stronger tone, I found an article that I wrote one year after I arrived Canada from Hong Kong in 1995. I hope the frank account of the language and cultural challenges of a new immigrant could add some new perspectives to your work, especially for those of you who work with clients whose English is not their native language.

**Over and out,
Carrie Siu, M.Sc. RAUD/RHIP**


▶ HERMIT CRAB

Originally written and submitted to "The New Immigrant" in 1995

My heart palpitated as I watched, through the small window, the metropolis of short houses and criss-crossings of straight-angled roads enlarge as the plane landed at Vancouver International Airport. I felt as if I were shrunken and brought into what seemed to have been a colony under my eyes. It was then that I realized I had been transferred from the safe above to the heart of this foreign city, amidst foreign structures, under a foreign sky, and breathing foreign air. Our family would not trust luck anymore. That was superstition, like old Chinese beliefs. We were here to abandon our beliefs and to start a new life. Here, in Vancouver.

During my first couple of months in my new country, I often felt starved of noise and human contact. My old neighborhood in Hong Kong was always busy; from my old room I would hear our neighbors' loud chatter and the honks and sirens from the rushing cars 13 floors below. Yes we lived on the 13th floor – a lucky number or so we had thought, until we came to Canada. My new neighborhood seemed deserted and lifeless compared to the constant city noise that I had grown accustomed to. I could not stand that "same old scene" every time I looked out from my room, longing for some indication that I had immigrated to another human world, not a barren planet. For quite a few nights upon our arrival, while lying in bed, my ears rang at the silence, like a ship sounding its siren from beneath my pillow among the stillness. A ship lost amidst the fog.

The very first English words spoken to me upon our arrival in Vancouver were "how are you", questioned by the immigrant officer. To them, it was merely a casual friendly greeting. To me, it was a challenge posed in a foreign language to which I could respond only through a complex process of translating back and forth from English



to Cantonese in my head within the shortest time limit possible. Spontaneity of response to such a simple greeting was lost. By the time I was ready to present my answer, the officer was staring at me as if he doubted my intelligence.

From the first day of arrival onwards, I found myself allergic to the simple “how are you” greeting. I felt odd about it because it was not a customary greeting in Cantonese. Cantonese ask one another “have you eaten rice?” instead, which has a much more straightforward answer than having to reveal one’s personal feelings. Later on, I found that the most frequent response I heard was “good, you”. It took me a good while to figure out those words stand for “I feel good. How about you”.

My oral incompetency aroused many embarrassing situations at school. On one occasion, I needed to borrow an eraser from my new native Canadian lab partner. Back at home, a British colony then, I was taught that the substance that removed pencil marks was a “rubber”. So I asked her if I could borrow her rubber. Only a few months afterwards did I learn its definition in North America – rubber n. AmE CONDOM – and be able to understand my partner’s frown at my question. On another occasion, someone asked me for a “white-out”. At that time, I had no idea what a “wai-dowl” was. Seeing that she was looking at my pencil case, I started taking my stationery out one by one until she nodded at my correction fluid. Only later, when my English teacher wrote “you can use “white-out” on the board, did I learn the correct spelling of “wai-dowl”. Such a “slang incompetency” often causes feelings of social inferiority, a problem faced by almost all immigrants.

I hardly had any dreams during those first few months after we landed. Even in those rare dreams, only images existed – soundless images. An old Chinese proverb says that “one dreams at night what one experiences in the day”. My day was now carried out in a language which I had not yet mastered well enough to use subconsciously. I lost my moorings amidst the search for a new shell to inhabit while trying, in every way possible, to prevent destruction to my fragile skin. I was lost – like a hermit crab.

I stored all these memories and trivial little details in my diary. My diary was a classical Chinese type, in vertical lines that forced one to write only in Chinese. I brought it here from Hong Kong on purpose. I had heard of too many cases of immigrants forgetting their mother language after a period of foreign exposure. Up till then, I had always been proud of my ability to write the distinctive Chinese pictograms. I did not want to be as forgetful as the others. Still, since school started, which was merely two months after my encounter with that immigration officer, I found myself increasingly rotating the diary 90 degrees in order to incorporate English words, which, in order to preserve the accuracy of my point, had become non-translatable to Chinese. Sometimes, I would start off writing in Chinese, then slowly would incorporate English words and finally wrote entirely in English – a personal diary entry in a second language! I know my will is not strong enough but cannot help myself. I guess this is the unavoidable process of assimilation.

by **Carrie Siu, M.Sc. RAUD/RHIP**

VIBRATIONS SPRING 2015

Vibrations Team

Editor: Carrie Siu

Co-Editor: Marianne Bullied

Layout: Zoe Grams

Communications: Janet Campbell

Contributors: Julia Hodder

Diane O’Connor

Daniel Allen

Anthony Intas

D’Arcy White

Kate Wishart

Lois Turner

UBC SASS

Sherri Zelazny

For any questions regarding this newsletter, or to submit an article, please contact Marianne Bullied at marianne.bullied@gmail.com