SPRING UPDATE 2012

Have You Heard?
GWU Speech & Hearing Center

Exciting Upcoming Events

This summer we will be offering two summer camps, one for childhood apraxia of speech and the other for literacy.

We are also excited to announce our Summer Symposium where childhood apraxia of speech and augmentative and alternative communication will be discussed.

Turn the page for more information.

Save the Date!

Literacy Camps
June 4-7, 2012
&
July 16-20, 2012

Apraxia Camp
July 9-13, 2012

Spring is Here!
The Speech & Hearing Center is excited to welcome in the warm weather and beautiful flowers that accompany it.

To take advantage of daylight savings time and to accommodate increasingly busy schedules, the Center is now offering extended Audiology hours on Wednesday evenings until 6:30 pm.
Call (202) 994-7360 to schedule an appointment.
Literacy Camps

Parents’ Workshop (June 4-7, 2012) &
Children’s Session (July 16-20, 2012)

About the Camps

The first literacy camp is targeted for parents of children with literacy difficulties. The Parent Workshop will teach parents how to create a literacy rich environment while developing engaging materials.

The Children’s Session (ages 7-11) will address sound awareness, vocabulary, reading fluency and comprehension using a multi-sensory approach. Prior to the start of the Children’s Session, we will offer a screening for the children who will be attending to determine the specific needs of each child.

For more information about Literacy Camp, contact Geoffrey Greenman at (202) 994-3027 or gsgreenman@gwu.edu or Kari Comer at (202) 994-7363 or comerk@gwu.edu.

Apraxia Camp

July 9-13, 2012

About the Camp

Apraxia Camp (ages 3-10) will provide daily individual, small group and large group treatment. A multi-modality approach will emphasize use of tactile, muscle sense and visual cueing in the context of functional play based and real-world activities.

For more information about Apraxia Camp, contact Jodi Kumar at (202) 994-7363 or jkumar@gwu.edu.
Neurogenic Disorders

Traumatic Brain Injury (TBI)

TBI has been associated with impairments in multiple aspects of communication. Successful and meaningful daily functioning in addition to quality of life measures are often significantly reduced in individuals following a TBI. Interpreting and correctly responding to social interactions is one area of challenge.

The Neurocognitive Disorders (NCD) clinic not only serves individuals who have been affected by stroke, and head injury, but also continues to research methods to improve social communication.

Social communication skills include correctly identifying emotion, detecting sarcasm vs. sincerity and differentiating sarcasm from lying. Michael Bamdad, Clinic Director, and Hillary O’Sullivan, a recent graduate student, have been researching these subtleties of interaction. If interested in participating in this research, contact Michael Bamdad at mbamdad@gwu.edu.

Voice

Vocal Health

With allergy season upon us, it is important to practice good vocal health as recommended by the National Center for Voice and Speech.

- When in loud environments, the tendency is to speak louder to be heard over the noise. This can over-tax the vocal system. Always try to converse in quiet environments, facing the speaker.
- Shoulder tension can lead to throat muscle tension. Try gently stretching shoulder and neck muscles periodically to keep them loose.
- Drink more water and less tea, coffee, soda and anything with caffeine.
- Seek professional help if you experience more than two weeks of hoarseness or voice changes. Any chronic pain with speaking should always be investigated.

For more information on vocal health, contact Linda Siegfriedt at lindas@gwu.edu.
Humidity, Heat and Hearing Aids

After earwax (cerumen), the number two enemy of electronic devices is moisture. The typical level of humidity of an ear canal is between 40%-70%. This level becomes even higher when a hearing aid is inserted into the ear canal, regardless of season.

Moisture molecules are not always visible to the naked eye. Water vapor inside the hearing instrument can condense onto the sensitive electronics when one enters an air-conditioned environment from a warm environment. This may result in distorted sound quality, hearing aid intermittency, fuzziness, button malfunctions or total instrument failure.

The best defense against moisture build-up from humidity, perspiration and heat is to use a desiccant every night, all year long. There are several types of desiccants available: passive, electronic and disinfecting. Regardless of which device is used, it is recommended that the battery be removed from the hearing aid prior to using the dryer. Leaving the battery in the dryer will result in decreased battery life.

- The passive type uses silica moisture-absorbing beads that remove moisture from the hearing aids. The beads are housed in a container that is stored within a larger container. Over time, the silica beads change color (ex. orange to green) indicating they are saturated. Reactivate the beads by placing the desiccant in the microwave for several minutes, which returns the beads to an orange color. The desiccant can be used repeatedly for many years. The color of the desiccant will need to be checked weekly in the summer and every 2 weeks in the winter.

- An electric dryer creates a dry heat with an ambient temperature of 112 to 114 degrees Fahrenheit without the use of an internal fan. The result is the evaporation of moisture, melting of oils and drying of earwax without damaging the hearing aid. The dryer is manually turned on at night and turned off in the morning.

- A disinfecting dryer combines removal of moisture with disinfection of the hearing aid. During the first 90 seconds, a germicidal lamp sanitizes the hearing instruments (kills up to 99% of common bacteria that can be found on the hearing aid). Then, it heats up and moves air around the container to release moisture from the hearing aids. This moisture is then collected in the desiccant brick. This type of unit automatically shuts off after 8 hours. The desiccant is called a “Dry-Brik II” and must be replaced every 2 months.
We would LOVE to hear from you…

If there are any questions you would like addressed in future issues of Have You Heard? please contact the Clinic Executive Aide, Andrew Cheng at 202-994-7360 or via email at shcenter@gwu.edu. He will pass the message along to the Have You Heard? Team and we will respond personally or in the next issue. Happy Spring and we look forward to serving all your communication needs.

Directory

Michael Bamdad, MA, CCC-SLP – Neuro-communication Supervisor & Clinic Director
Melanie Moriarty Birck, MS, CCC-A – Audiologist
Andrew Cheng – Executive Aide
Kari Comer, MS, CCC-SLP – Pediatric Supervisor
Geoffrey Greenman, MA, CCC-SLP – Accent Modification and Augmentative & Alternative Communication Supervisor
Jodi Kumar, MS, CCC-SLP – Pediatric Supervisor
Linda Jacobs-Condit, AuD, CCC-A – Audiology Coordinator, Audiologist
Jeanne McHugh, MS, CCC-SLP – Fluency Supervisor
Linda Siegfriedt, MEd, CCC-SLP – Voice Supervisor

GWU Speech & Hearing Center
2115 G St. NW, Suite B01
Washington, DC 20052
Phone: (202) 994-7360
http://departments.columbian.gwu.edu/speechhearing/center