Graduate Students

Skill Development

For many years, our Support Group has enjoyed and benefited from associating with student clinicians in our meetings.

Though there was always a certain, revered individual (Nancy) as our leader, guide, comforter, and inspiration, usually another person or two (faculty, staff, or student) sat in - observing or joining into the meeting’s action.

This was a gain for the Group; there is also curiosity about how these students feel about this and how they develop their professional capabilities.

So, this year, we are much more closely following what students are doing and learning. And how they are affected by the time and effort they go through. After all, we share and learn from each other.

This Spring we started following a group of students through their program, by having a discussion with first-year students.

Their program deals first with academic introduction (by lectures and textbooks).

The next step for the students is to start dealing with real people with real problems as described in their textbooks.

This Spring, we held a meeting with some of these first-year students. The idea was to get some feeling about why they had committed themselves to this program, and how they felt about dealing with a real person with communications disorders, during the summer (this was noted in our newsletter #42).

Some also saw and dealt with the problems and effects of the stroke survivors who attended the Aphasia Day Retreat in July, this summer. Some text and photos from the Retreat were part of our last newsletter (#43).

This month, the 1st-year student class invited our Group members to become “real” patients for student teams to test us and for them to learn from it.
The students were observed and met to evaluate, comment, and suggest improvements in their procedures.

Students from this class will be observed again this quarter. They have provided some input on why they have chosen their profession and the sacrifices they have made in doing so.

This new, difficult situation can provide a refreshing perspective in hearing how they respond to the situation. When they are willing to share, as we hope, their reports will soon appear as a newsletter article.

We hope that this next article covers some of the experiences and gains of the students’ progress toward their graduation from the Speech and Hearing program, earning a degree in speech-language pathology or in audiology.

Gerrit Barrere has received a 2012 Special Recognition Award

The Washington Speech-Language-Hearing Association Special Recognition Award is given to one who is outside of our professions, yet has made major contributions to the Association, the professions of audiology and/or speech-language pathology, or consumerism in one or more of the following areas:

- consumer advocacy;
- legislative or other governmental affairs activity;
- public awareness;
- research;
- and/or service to the Association.

In essence they are recognized for the contributions as a “friend of the professions!”

In August 2003, Gerrit suffered a series of strokes that were complicated, incorrectly diagnosed and hit both sides of his brain. He also had a near-death event.

Gerrit’s selfless contributions has touched people’s lives in many ways: by creating a place for stroke survivors and their families to gather and share solace and support each month; by creating a learning environment for our students, and most of all; by pushing to break down the walls of ignorance to individuals living after a stroke. At their 2012 convention, the Association took the opportunity to give their Special Recognition Award to Gerrit Barrere.

In his depths of despair, Gerrit realized that, “No matter how awful my life is, I could make a big difference to others.”

This was the real start of his recovery. He began volunteering in a local retirement home, reading to residents to help his diction and give them some pleasure.

“I discovered the paradoxical secret that the greatest happiness comes when you give freely of yourself with no expectations. I only regret that it took me 50 years and a near-death experience to figure this out!”

In January 2005, Gerrit reached out to the Young Adult Stroke Survivors (YASS) group and agreed to serve as its leader. Within a year, he helped to relocate the group to Northwest Hospital and began meeting in a classroom in the Rehab Center. This began a relationship with the hospital and therapists which has been mutually beneficial ever since.

In May 2006, he began publishing written minutes after each meeting, so members who couldn't attend could still learn about the group and of its resources. By
September of that year Gerrit and survivors started a lending library of books and DVDs which has been steadily growing. It is an amazing resource for survivors and families; a cornerstone of his commitment to support individuals with communication challenges.

By January 2010, he launched the YASS website, including member pictures, a minutes archive, meeting announcements, a map, and resources. He has been adding to it ever since. From a small band of survivors, to now an average of 50 – 60 people in their monthly meetings with over 180 individuals and families on their roster; they continue to provide support and advice to newcomers, speakers and presentations of interest and bonds of friendship for all.

Gerrit has touched the lives of so many in our community, not only survivors AND their families, but also the lives of undergraduates and graduate students who now regularly volunteer to work with group members.

A detailed, fascinating tale of Gerrit’s strokes and after-effects is located in the website at: seattleyass.weebly.com, under Members, then Gerrit.

The Healing Power of Music from a Music Therapist’s Perspective

by Mary Elizabeth Campbell
(Chicago Chapter - American Guild of Organists)

There are countless anecdotal examples of the healing power of music, the growing field of Music Therapy (MTX), along with the growing body of scientific research in the field.

Music Therapy burst back into the national spotlight with the speech rehabilitation of congresswoman Gabrielle Giffords. After her traumatic brain injury, she made great strides in regaining speech with the use of MTX, specifically a process combining words with musical phrases.

Music requires the collaboration of more areas of the brain than virtually any other task, and combines both hemispheres in the process.

Functional MRIs are able to show specifically what areas of the brain are involved in various tasks, and are now bearing out the fact that music, because of its neurologically global nature, can help to promote brain plasticity or compensatory functioning. With training, injured parts of the brain can in time be helped by neighboring areas.

Music Therapy is very broad and can encompass virtually all treatment groups. Here is a list of just some of the populations, techniques, and issues therapists might work with:

- **Improvisation** using various instruments (voice, drums, rhythm) to work with interaction skills, awareness of self and others, exploring self, taking risks within a safe setting, building communication;
- **Pain management** (clinical findings - significantly better than drugs alone, significantly shorter recovery times);
- **Work in tandem** with physical therapy to help better facilitate movement;
- **Guided relaxation**;
- **Learning simple tasks**.

One of the key issues that I always stress with clients is that everyone can use music to maximize health and minimize stress, but that **one size does not fit all**.

We must be aware of what music speaks to us. This is determined by our life histories, and so is unique for each person.

A trained music therapist uses music and all of its facets—physical, emotional, mental, social, aesthetic, and spiritual—to help clients to improve or maintain their health.

*Thanks to Jan Moen for providing this extract.*

Clinic Program

**Spring/Summer**

Last year, the Clinic offered a program in the summer to help people with aphasia. It was over-subscribed. It was so popular and appreciated that this year, the Clinic program will be available for Spring and Summer quarters.

The program’s purpose is to help persons with aphasia to develop and strengthen their communication skills in individual and small group situations. It is being conducted by
graduate students who have faced intensive academic training, without dealing with patients face-to-face.

More information will come out, but it is again suggested that you contact (by phone or e-mail in the box below) rather soon, to help in your scheduling.

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Aphasia Retreat Day 2013

The July Retreat was very successful! More Stroke survivors with Aphasia (and their caregivers) attended than before.

We plan to continue with success and improve upon it.

Our plans are to hold the next APHASIA DAY in the Fall quarter to coordinate more easily with the attendees and the people to support the large effort.

This is for:
- Survivor AND Caregiver
- No charge for you or your loved one
- Handouts, presentations, exhibits.

For details:
Call: 206-543-5440 or,
Email: shclinic.uw.edu

Welcome! to stay in the game of life!

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Group Ideas for discussion or use at our meetings

In a rough order of interest, we collected these ideas:
- Childhood memories
- Political debates
- Choose random ideas out of a hat
- News stories
- Sports
- Specific scenarios (communications, travel)
- Books, movies, or songs
- Travels
- Interests, hobbies, and activities
- Dealing with communication breakdowns
- Animals and pets
-- Family and children
- Stroke stories - challenges, moving forward
- Individual presentations
- Most proud accomplishments
- Games
- Friends

How to advocate for yourself

Things we “collect”

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University of Washington
Speech and Hearing Clinic
4131 - 15th Ave. NE
Seattle, WA  98105
Phone: (206) 543-5440
Fax: (206) 616-1185

http://depts.washington.edu/sphsc/clinic

Visit our web site in order to:
- learn more about our services; and,
- to access past issues of the Writer’s Guild quarterly newsletter:

“In Search Of ...”