Take the Floor

...and Give It Back

Our Speech & Hearing (S&H) Aphasia Support Group members continually regard this group in the sense of an extended family, to let us comfortably report and discuss our S&H problems. And to further improve our recovery.

Some people (such as this editor) may seem reluctant to take an active part of discussions. Others (such as this editor) can enthusiastically propound on any issue, to any length.

As it happens, involvement in active discussion and banter certainly seems to advance recovery of people with S&H problems - each of them. And it helps each other for all to be involved.

“Nothing will come of nothing.”

Shakespeare: Lear I, 1

This Quarter each of our group members chose to take some part or all of a meeting to make a presentation to the group on an issue of their choice.

Here are some of them:

Valerie: Safety

A policeman provided Valerie with a list of safety issues for these troubled times. We had a lot of discussion on this. Some suggestions are:

- If a robber asks for your wallet/purse, toss it away from you and run in the other direction.
- Don’t just sit in your car in a parking lot. People can be watching for this and take the opportunity to take control. Drive away.
- You want to be sympathetic to an apparent problem? Think it over. Then
think again. A distraction can lead to a robbery and/or injury. Serial killer Ted Bundy was a good-looking, educated man with a “limp” or cane and asked “for help” to his (or your) car.

Better to be safe than sorry.

Chris: Your Favorite Restaurant

Everybody provided their top three favorites. Some very expensive, with a great reputation. Some were for very good, but easier to justify going to, with a very friendly atmosphere. One response was for memorable eating places on a trip.

In all, we wound up with a prime list of places to eat locally.

Bev: Advance Directives

Passed out an article about advance life directives. This included suggestions, considerations and a recommendation to strongly consider preparing them if you have not already done so, or to review and update them periodically if you already have them. The article came from the magazine of Compassion And Choices.

Some references for directives:

www.compassionandchoices.org
www.nlm.nih.gov/medlineplus
www.caringinfo.org

Thoughts from National Cancer Institute:

What kind of medical care would you want if you were too ill or hurt to express your wishes? Advance directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. They give you a way to tell your wishes to family, friends, and health care professionals and to avoid confusion later on.

A living will tells which treatments you want if you are dying or permanently unconscious. You can accept or refuse medical care. You might want to include instructions on

- The use of dialysis and breathing machines
- If you want to be resuscitated if your breathing or heartbeat stops
- Tube feeding
- Organ or tissue donation

A durable power of attorney for health care is a document that names your health care proxy. Your proxy is someone you trust to make health decisions for you if you are unable to do so.

NIH: National Cancer Institute

“It is in the shelter of each other that people live.”

Irish proverb

Why This Program?

The U of Washington Department of Speech and Hearing Sciences (S&H) offers programs yielding four degrees:

- Bachelor of Science (undergraduate or postbaccalaureate) (B.S.)
- Master of Science (Speech-Language Pathology [SLP] for general application, or, Medical Speech-Language Pathology [MSLP] applied to medical situations: (hospital, clinic) (M.S.)
- Doctor of Audiology (Au.D.)
- Doctor of Philosophy (Ph.D.)

We have dealt with the students, clinicians, staff and faculty here. To better understand the relationships we have with these caring, supportive people, we look at students in one of the programs.

In the SLP program, the first year emphasizes lecture and book study. As preparation for the second year, which will increasingly emphasize dealing with patients with speech problems, they start to practice with real people with real problems. A group of first-year students agreed to be interviewed to explore their status and feelings as they begin their work, with us as volunteer patients.
In Search Of ...

**Maggie:** I can tell you why I am here. Originally, I studied language in college and thought this (SLP) is a parallel and similarly interesting field. With time, though, my reason has changed. I am learning more about life and about being happy. I've learned, from the people and situations I've dealt with here, things that I couldn’t be taught before.

**Laurel:** Language was a main direction for myself, also. As a teacher with a lot of students, it was really hard to see their progress. Without being able to tailor the material to each person to provide key help to them it was frustrating to me. Dealing with individuals with their specific problem is really great for my satisfaction.

I have completely fallen in love with this profession and everything it’s allowing us to do. A lot of my family and friends are in the health profession, so I’m a different piece of the puzzle and it’s cool for me to fit in.

**Vanessa:** I came for a very specific reason. My husband was in the Army, so I became a part of the military family. One of our friends was almost killed. The therapy that I saw, helped him. That instilled the desire for me to do that.

I made a lot of sacrifices to be here, but I know that this is the right thing for me.

**Erika:** I come from a family of teachers, so I think speech pathology is related to teaching. That’s what you do, you teach someone new things. My little sister is coming to this field now, to work with deaf and hard of hearing people.

I want a job where I can communicate with people and help them. It’s exactly what this field does for me, so it makes me feel uplifted.

**Jen:** In this field, the population is pretty diverse, from kids to the 90s. The ability to work with all those ages really interested me.

I think that they all have important values and need help, no matter how much time they have left.

**Ananda:** I think that the issue here is quality of life, each day, for the entire life. My experience with language is less academic and more about who I am. Everybody in my family is a great storyteller. The idea that the sparkle they have could be lost is devastating to me.

If I can be helpful with language, that just speaks to the person that I want to be. People with experiences, personal history, and a rich life have so much to share with other people. Using language to share their knowledge with other people is so great. We don’t have to start from scratch every generation because we have this rich oral history, able to pass it down.

It seems that some people (just older?) rest on their laurels and don’t get their butt in gear to continue to move forward. I wonder why that is?

**Kathryn:** I don’t know, but I feel that this field can and should help address that passive set. I think that my generation will see the world change dramatically in the next 20 or 30 years as the older generation’s needs increase, aren’t motivated to keep interested and moving and it’s going to be our job to take care of them.

I don’t want my parents to live in a place where they will be bored or unsatisfied. I want to be part of helping increase that motivation. Showing people success really helps, even if it is a small thing for a client.
**Ath:** We think sometimes that the hardest stuff to do may be in getting an unmotivated person to try something new.

**Audra:** I am surprised sitting here, this conversation was making my heart feel heavy. It’s good to hear everybody’s motivation. I always thought that in choosing a career there’s a graph with two axes: one to show if your passion and how good you are is high or low in that career. The other axis would show how much it helps other people. You should choose a career where you rate highest on both axes. I think that I have the capability to learn and work in this profession really well. If so, then I can help a lot of people.

**Laurel:** I think that we are all very creative people. One of the things that appeals to me is that you can be so creative in language and finding different ways to interact with people and different ways to connect with them...and that sounds like empathy or consideration??

**Ananda:** One of the universal conditions that I have seen in this profession is the profound ability to empathize and feel. I think it is a kind of love in other human beings that arises almost instantly. I know that a lot of my experiences with health care professionals are just like they don’t care about me at all. I am always sensing with people in our field that the minute they meet someone they are evaluating them; there is a real connection of our work and love.

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**Vanessa:** In being here, I feel I have used my day to improve the quality of life for one person. Then I am going to improve the quality of life for another, and another... That’s what makes me happy.