

Letter From the Chair

by Dr. Glen Tellis

There are many reasons for us to celebrate. We have just completed our 6th year as a Department and recently received full accreditation by the Council of Academic Accreditation through the American Speech-Language and Hearing Association (ASHA). Our students continue to excel. The 2007 graduating class received a 100% pass rate on the PRAXIS-SLP national exam. The Misericordia University (MU) chapter of the National Student Speech-Language Hearing Association (NSSLHA) received the NSSLHA national Chapter of the Year Award at the ASHA annual convention in Boston in November 2007. At the state convention in Pittsburgh in spring 2008, the NSSLHA chapter also received the Pennsylvania Speech-Language Hearing Association (PSHA) Membership Award for 100% membership. At the convention, one of our MU students was the recipient of the Von Drach Memorial Scholarship that is awarded to an outstanding graduate student from the entire state of Pennsylvania. Our students co-published 3 papers with professors and presented numerous papers with faculty members at state and national conferences.

The faculty in the Department received numerous grants. Funding from various sources, including Proctor and Gamble, Prudential Financial, First National Bank, PNC Bank, the Earthly Angels Fund of the Luzerne Foundation, the Bureau of Disabilities, and Pennsylvania Department of Community and Economic Development's Keystone Innovation Starter Kit, has been the key to providing cutting-edge clinical services and maintaining state-of-the art clinic and research facilities. The faculty also have published papers and books, and presented at numerous conferences-raising the profile of the SLP Department locally and nationally. The Department was featured in several newspaper articles. The publicity also has increased the awareness of the Department in the community and has resulted in a significant increase in the number of clients who are receiving services in our Speech-Language and Hearing Center.

Apart from some of the accomplishments noted above, the Department has hired Dr. Hunter Manasco as a tenure-track assistant professor. Dr. Manasco recently completed his Ph.D. at the University of South Alabama in Mobile, Alabama. His areas of interest include aphasia, motor speech disorders, dysphagia, anatomy and physiology, and speech science.

The Department will soon be moving to a new location. This facility will house the entire Speech-Language Pathology Department as well as other departments and conference rooms. The new facility will include a Speech-Language Pathology classroom, a student resource room, several Speech-Language Pathology research laboratories including a Speech-Science Lab, a Fluency Lab, an AAC Lab (i.e., assistive technology), and a Cognitive Science Lab. The new facility will also include our in-house state-of-the-art Speech-Language and Hearing Center. We intend to train and educate our talented undergraduate and graduate students to enter the workforce and become avid consumers of research and exceptional clinical practitioners.

Take a moment to browse through our Department website (www.misericordia.edu/slp) and learn more about the SLP Department.* *

Make a gift to the SLP Student Fund

Please consider making a gift and helping students in the SLP program to defray costs for clinical materials and activities, travel to conferences, research, and other activities. You can support this effort by contributing to the SLP Student Fund. All contributions are tax deductible. Also, check with your place of employment for a Matching Gift Program.

You can give a gift in the following ways:
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It is also an exciting time to be involved in the field of Speech-Language Pathology, one of the top listed, fastest growing occupations, as stated by the Bureau of Labor Statistics' (BLS) Monthly Labor Review. Employment rates and salaries are up and our area of expertise is expanding into more realms, including health, education, science, and other fields. The BLS (2008) also states in its Occupational Outlook Handbook, 2008-09 Edition, that "the combination of growth in the occupation [of Speech-Language Pathology] and an expected increase in retirements over the coming years should create excellent job opportunities for speech-language pathologists."

I am proud to be part of Misericordia's Speech-Language Pathology Program, especially during this period of growth. I am also happy that I had the opportunity to be involved in the production of this newsletter and hope that more students become actively engaged in helping the Articulator become not only an informative newsletter but also a sounding board for the Speech-Language Pathology community and beyond.* *



Speech-Language Pathology Newsletter

Misericordia Articulator

Fall 2008

Meet Our New Faculty Member

by Samantha Stewart - '09 Graduate Student

In fall 2008, our Department welcomed its newest faculty member, Dr. Hunter Manasco. I asked Dr. Manasco several questions that he gladly answered. Read below to find out more about our newest faculty member.

Q: Tell us about your personal background.
HM: I grew up in rural Alabama and then moved to Birmingham for college.

Q: What is your academic and/or professional background?

HM: I have a BS, MS, and recently, a Ph.D. in Speech-Language Pathology. Upon completion of my master's degree I worked in the schools with children with autism who had severe problems. It was the most draining and stressful thing I have ever done. None of the standard behavior modification techniques were working for one of my students and she was absolutely wreaking havoc at school. I tried a technique that worked wonderfully so I parlayed that idea into a book that parents, caregivers, and other professionals can use with kids who have aggression and tantrum problems. I then pursued a doctoral degree and focused much of my research on neurology and also worked in pediatric and geriatric settings.

Q: Why did you decide to pursue speech and language pathology as a profession?
HM: It was something the world needed more of. Also, everyone in my family is in health care so we were all raised to think you were wasting your time if you weren't making a living while helping others.

Q: Why did you choose to join the faculty at Misericordia University?
HM: During my interview presentation at MU, I was amazed at how the speech pathology students all followed and understood my presentation better than at any other school that I interviewed. What impressed me the most were the incredible questions that the



"... a big reason this profession is so great is that you can work with so many different populations with so many different problems."
- Hunter Manasco, Ph.D.

students asked me during my presentation. Also, all the staff and faculty I met were super nice to me and to each other and that was important to me as well.

Q: What are some of your academic, research, and professional areas of interest?
HM: Clinically, I love to do everything. It is one of my soapboxes that a big reason this profession is so great is that you can work with so many different populations with so many different problems. You never have to be bored at work if you are a speech-language pathologist. Academically, what I specialize in and teach is motor speech disorders, dysphagia, traumatic brain injury, and aphasia-the more medically based disorders.

Q: What are your expectations for North Eastern Pennsylvania?
HM: I fully expect it to be colder than Alabama, with fewer fried pickles and no sweet tea, but with exponentially more pizza.

Q: What is something people would be surprised to know about you?
HM: People are usually surprised to learn that my wife, Katharine, and I played in rock bands for a long time. I quit music when my hearing began to be really negatively affected. As an SLP, I had to preserve my hearing.* *

- In This Issue:**
- Meet our new faculty member, p. 1
 - Letter from the editor, p. 1
 - AAC update from MU's Speech, Language and Hearing Center, p. 2
 - Interview with the parent of an AAC user, p. 2
 - Notes from the field, p. 3
 - Letter from our Department Chair, p. 4

Letter from the Editor

by Laura Bauman - '09 Graduate Student

When accepting the role as editor of the 2008 Articulator, I did not realize how challenging it would be. I wanted to create a newsletter that would be geared toward our students yet let other readers know the exciting things that are happening in our Speech-Language Pathology (SLP) Department. For example, our newsletter introduces our newest assistant professor, Dr. Hunter Manasco. I felt students would be interested in finding out a bit more about his background and that others, including prospective students reading our newsletter, could gain some insight into the experienced faculty we have in our Department.

It is an exciting time here in our SLP Department as we grow both in number and physical size: Our enrollment has increased from 68 to 130 students in the past two years and our Department will soon be moving to a new facility. The building will house state-of-the-art labs, classrooms, and a new Speech-Language and Hearing Center. Dr. Glen Tellis, talks about this new facility in greater detail in his article in this issue. The resources that we currently have available to us at MU and will have with the upcoming expansion allow us as SLP students to be more prepared as professionals—to the point of even having an advantage in the field.

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AAC at MU’s Speech, Language, and Hearing Center

by Jennifer Alberti, MS, CCC-SLP, Clinical Supervisor

Misericordia’s Speech, Language, and Hearing Center recently received a \$200,000 grant to develop a state-of-the-art Augmentative and Alternative Communication (AAC) laboratory. The lab contains a range of devices from low-tech items to fully integrated environmental access systems. In our clinic, we are now able to offer training to clients who require simple devices with switch activation to advanced systems that allow complex expressive communication.

We use numerous voice output machines for different levels of communication problems experienced by adults and children. We

also have advanced software that we use to program and personalize these items as well as high tech dynamic display devices. These voice output communication systems have a built-in computer screen that can change the number of buttons and pictures per page. These are appropriate for individuals who are going to use a voice output device for most or all communication. These machines are built to interface with home environmental access systems as well as with cell phones, computers, and even MP3 players. The ideal use of a dynamic display system is to allow a client full independence in every situation,

especially communicative interactions.

Our newest system includes a head pointing option that allows clients who have problems with direct access (e.g., unable to use hands) to use a high tech dynamic display system to communicate. This option is equipped with sensors that are placed on any area on the head or near the eyes of clients so that they can activate the machine via discreet movements, such as looking at the target button. With all these technological upgrades, we are now able to provide advanced services to clients and train student clinicians to use AAC systems. * *

Interview with the Parent of an AAC User

by Kara Michael - '10 Graduate Student

The field of Augmentative and Alternative Communication (AAC) is growing and changing dramatically and the demand for experienced Speech-Language Pathologists (SLP) in the field is always increasing. As SLPs it is important to understand the needs of our clients and their families and, in turn, to keep current on changing technology and how it can benefit our clients. I am currently a senior at Misericordia University who transferred from Penn State University with a Bachelor of Arts degree. I have previously worked with a number of children with disabilities prior to my experience here at Misericordia University. The following is an interview with the mother of an AAC user named Gareth who is one of the extraordinary children who sparked my interest in therapy and continues to be my inspiration for pursuing a career in the field of Speech-Language Pathology.

KM: Do you feel that being a teacher has helped you to recognize Gareth’s attempts at communication?

Mom: I had a copy of Boardmaker and made a ton of icons for Gareth when he was about a year and a half old to cover basic cognitive skills such as yes/no, colors, shapes, and animals. Up until that time, the early intervention folks only provided OT/PT. Some health care professionals tried to get us to accept that Gareth was severely MR but my husband and I were sure that he understood a lot of what we said to him. So, on my own I made numerous icons and showed the early intervention staff that Gareth was able to identify colors, shapes, express “more” and “all done,” and other age appropriate tasks. After this, early intervention started to provide developmental education and speech-language therapy. The SLP got us in contact with a specialist who helped Gareth to excel, as he moved on to learning letters, numbers, reading... you name it!

KM: What is the most convenient form of AAC that you use with Gareth?

The two-handed method is quick and convenient on the fly, but is

very limiting (This method involves questioners presenting their hands, one representing a choice and then the communication partners move their arms to the hand that reflects the answer). The use of icons on Gareth’s dynamic display device is actually the most effective method. The only downfall with the dynamic display device is that Gareth needs to be in his wheelchair and needs to have his muscles stretched to use the device.



Kara Michael in therapy with Gareth

KM: What flaws (if any) do you find in Gareth’s AAC devices?

Mom: The biggest flaw with all AAC is the price. Because of insurance reasons, when a better system is available, Gareth is stuck with his current system for 5 years! I also wish the lower tech devices such as the static display devices were cheaper so that we could buy more for home use.

KM: How is Gareth doing in school as he is currently placed in the regular classroom?

Mom: He is in the regular classroom and it seems there is no time to make adaptations for Gareth so that he can have the best learning environment for his needs. It seems that the school wants to put Gareth in a special needs classroom but I really feel that Gareth needs to be in the regular classroom to work on age-appropriate work. We agree that Gareth could benefit from extra help because of his slower pace but we don’t want him out of the class completely as he always does best with positive peer interactions.

KM: What makes Gareth a typical 6-year old kid?

Mom: Gareth is obsessed with anything related to baseball. Gareth loves camping, vacations, swimming, and going to the park. He has made a lot of friends at school this year. It has always been important to us to not treat Gareth as if he has a disability, but to get him out to experience the world and to push him as we would any other child. We just wish more people could see past his wheels and see that he has many of the same interests and needs as any other kid! * *

Notes from the Field

An Amazing Experience in a Fast-Paced Hospital

by Eric Raj - '09 Graduate Student

I just completed my hospital placement and the experience that I gained during my semester as a student clinician was absolutely incredible. I was lucky enough to be placed at Riverview Medical Center, a hospital that has maintained a proud health care tradition since 1928 in a setting that is comfortable, caring, and close to home. Riverview is a 476-bed acute care community hospital located in New Jersey’s central shore area.

While at Riverview, I had the opportunity to assess, diagnose, treat, and help adults of all ages with speech, language, cognitive-communication, voice, swallowing, fluency and other related disorders. My supervisor and I worked with our patients to develop individualized care plans tailored to each person’s needs. We assisted with recovery, reliable communication, and swallowing skills so the clients could fulfill their educational, vocational, and social roles.

One of the main things I was able to assist in regularly was the Modified Barium Swallow Study (MBSS). Any procedure that takes place within a hospital is always a bit frightening, so I made sure that I explained the MBSS to every patient. I showed patients all the food and liquid that they were expected to swallow. I always tried to joke around with them with a big smile on my face, saying, “It isn’t everyday that you get to eat an amazing gourmet dinner as part of a hospital procedure!” Adding this bit of humor to the situation really seemed to make each patient feel more at ease. Thus, the experience was made a little more pleasant.

If I could give advice to a graduate student who is about to begin a hospital placement, it would be to try to make the patient feel calm during any and all situations. Complement patients, crack a joke about hospital food, or simply give them a warm and

sincere smile. Actions like these really make a difference! The fieldwork hospital placement is a time in my graduate school career that I will never forget. My supervisor truly cares about the profession of Speech-Language Pathology. She wanted to provide me with a positive educational experience-and she succeeded. She was always there for me with every question that I had. Words cannot describe how amazing she was, and it is people like her that really makes me proud to be a part of this ever-growing profession. To all of my wonderful peers that are a part of the Speech-Language Pathology program at Misericordia University, you have made a fantastic decision to be a part of this field. You, those who are about to begin their fieldwork, a hospital placement will be an experience filled with fast-paced excitement. There will never be a dull moment-and you will surely be on a great ride. Always remember: you will be well prepared-you are a Misericordia student. * *



Eric Raj at his placement in New Jersey

Clinical Fellowship and Placement Update

by Jessica Sofranko, MS CCC-SLP - '07 Graduate Student

I graduated from Misericordia in May 2007 and completed my Clinical Fellowship Year (CFY) and currently work at the Janet Weis Children’s Hospital at Geisinger Medical Center in Danville, Pennsylvania. At this acute and outpatient facility patients are seen from birth to 21 years for physical therapy, occupational therapy, and speech-language therapy. The Janet Weis Children’s Hospital also has a Neonatal Intensive Care Unit, a Pediatric Intensive Care Unit, two standard hospital floors, and a Pediatric Rehabilitation department. I evaluate and treat patients who require services in: articulation, language, coma stimulation, dysphagia, stuttering, phonological awareness, processing deficits, Augmentative and Alternative Communication, and cognitive deficits. I am also part of a feeding team. We perform modified barium swallow studies, oral motor stimulation therapy, and dysphagia treatment.

I enjoy working at Janet Weis because it is a teaching/research hospital. I love working with challenging cases and assess and treat many complex patients including various syndromes and rare diseases. This setting is a wonderful placement for entry-level speech pathologists. I wanted to complete my CFY at a facility that would provide me with the best experience as well as excellent mentoring from my supervisor and other colleagues. In my opinion, this has been a really rewarding job that has made me an independent clinician. Your training at Misericordia is excellent. You have the tools to develop into an excellent clinician. So, if you are planning to select a site to work, pick a place that you know will be challenging. Best of luck! * *