



Patricia A. Prelock, Ph.D., CCC-SLP  
Dean, College of Nursing & Health Sciences  
University of Vermont  
Patricia.prelock@uvm.edu  
ASHA 2014 Immediate Past President

# Advocacy, Leadership and Volunteerism: Strategies for Member Success



# Disclosure Statement for Patricia A. Prelock

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## Relevant nonfinancial relationship(s)

- I have the following relevant nonfinancial relationship(s) in the products or services described, reviewed, evaluated or compared in this presentation.
- ASHA
  - Description of *nonfinancial relationship(s)*
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# As leaders . . .

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*We must become the change  
we want to see*

As discussed by Mahatma Gandhi





# Effective Leaders Build Trust

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- Get to know others' thought patterns, work habits, interests & pet peeves
- Acquire information needed to solve problems & address challenges efficiently & effectively
- Understand the values & beliefs that spark peoples' emotions & passions
- Act on your own values and beliefs!

MANAGERS ARE PEOPLE WHO DO THINGS RIGHT,  
WHILE LEADERS ARE PEOPLE WHO DO THE RIGHT  
THING . . . Warren Bennis

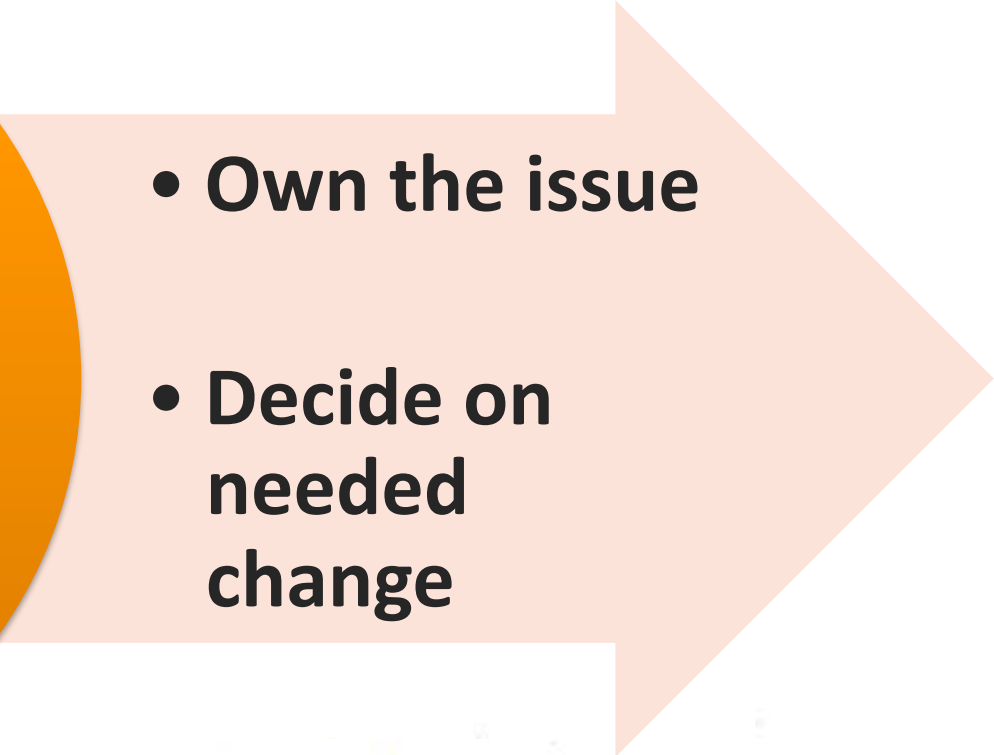


# WAYS to BUILD TRUST

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**Take  
Responsibility**

- 
- **Own the issue**
  - **Decide on needed change**




# WAYS to BUILD TRUST

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**Get  
Feedback**

- 
- **Strengths**
  - **Challenges**

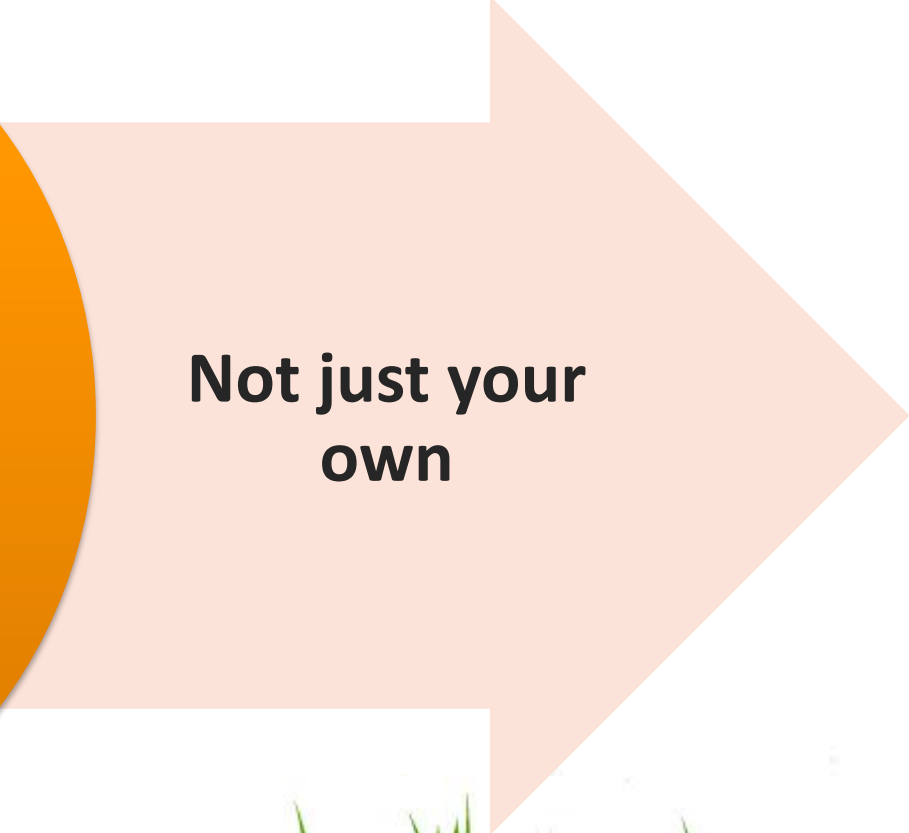


# WAYS to BUILD TRUST

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**Focus on  
others'  
needs**



**Not just your  
own**






# WAYS to BUILD TRUST

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**Get it done!**



**When you say  
you are going  
to do  
something=>  
you need to do  
it**




# WAYS to BUILD TRUST

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**Be  
consistent!**



**Operate from  
your values &  
principles**

**People will  
know what to  
expect**



# Effective leaders listen. . . And they

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- Communicate **WITH** others not **TO** them
- Listen without the intent of responding
- Know when not to say something
- People know you are listening when you:
  - Look at them
  - Use open body language
  - Paraphrase what they are saying to ensure understanding
  - Stop talking

*Give every man thine ear but few thy voice*

*William Shakespeare*



# And try to remember key leadership values in tough times . . .

**Keep your eye on the big px**

**Don't get caught up in the problem**

**Keep moving toward the vision**

**Don't get caught in the war or friendly fire**

**Don't be dragged into the fray**

**Act rationally & objectively**

**Be the 1<sup>st</sup> to sacrifice**

**Enjoy the well deserved rewards**

**Take responsibility for giving something up**

# And try to remember the key leadership values in tough times . . .

**Remain calm**

**Think issues through**

**Calm leaders make the best decisions**

**Motivate**

**Show how the end result will be good**

**Support optimism**

**Create small wins**

**Find smaller, achievable goals**

**Celebrate all the 'wins'**

# So how can Leaders be Advocates for the Profession?

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Excellence in leadership:

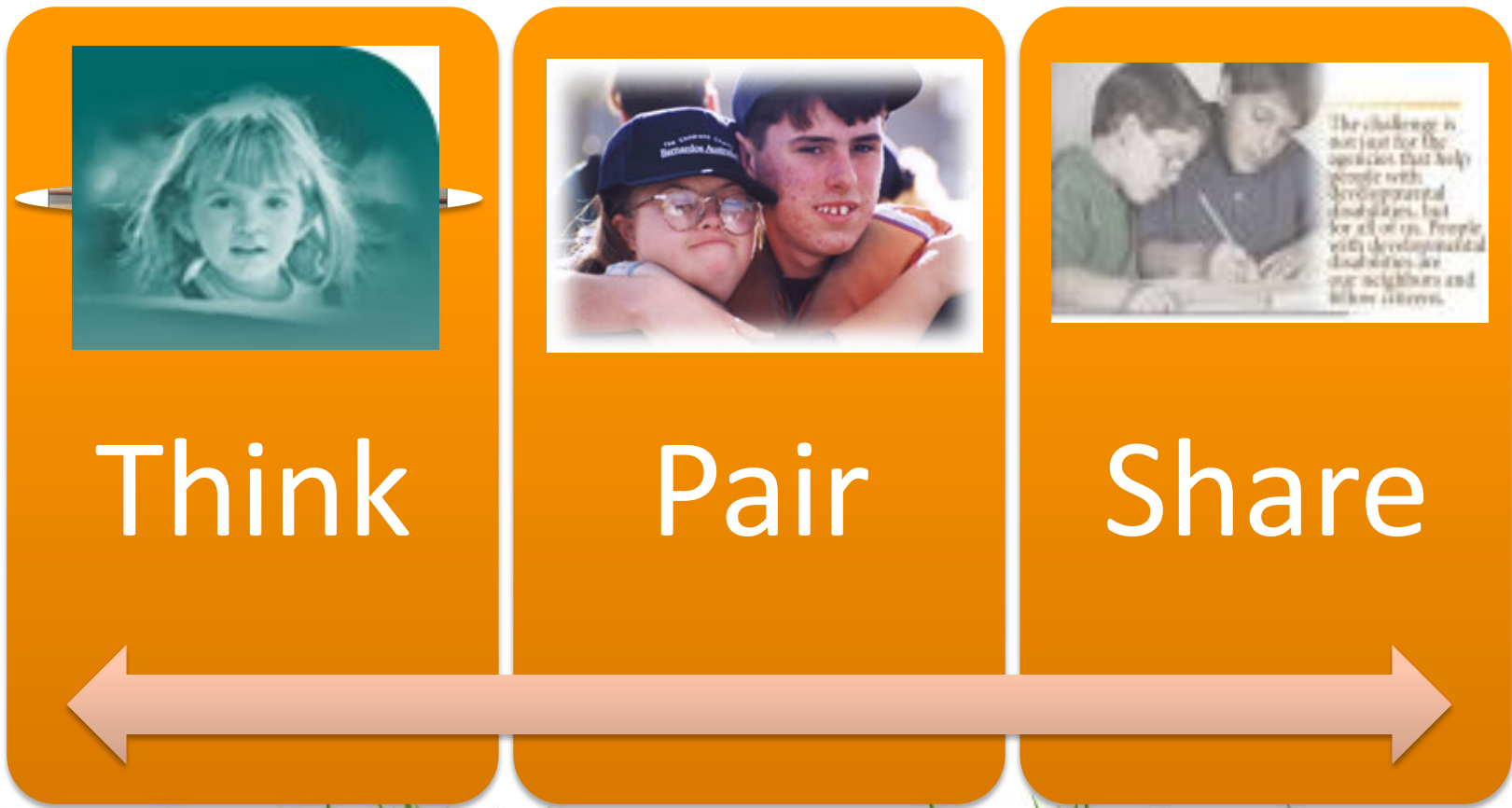
*... "is not an accomplishment, it is a spirit, it is a never ending process"*

Lawrence B. Miller

**Leaders advocate for what they believe**



# What does it mean to advocate?



# An advocate . . .

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# An example of advocating for a student . . .

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Recent research tells us that children with ASD have an interest in recreational activities similar to their peers

However, children with ASD typically participate in fewer & less diverse recreational activities than their peers

And most activities are closer to home & involve their parents . . . So how do we advocate for more opportunities with peers in the community?

# What is possible when we advocate?

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# ASHA has several strategies to help e.g., Evidence Map for ASD

*Click the content areas on the website to view the available resources*



**Current Best  
evidence**

**Client/Patient  
Perspective**

**Clinical Expertise**

# Advocacy . . .



It is a **desire** and a **willingness** to stand up for something that is really important to you. —





**Is a process . . .**

**Your advocacy is part of a learning process to tell your story** 





## **Aim** to influence decisions

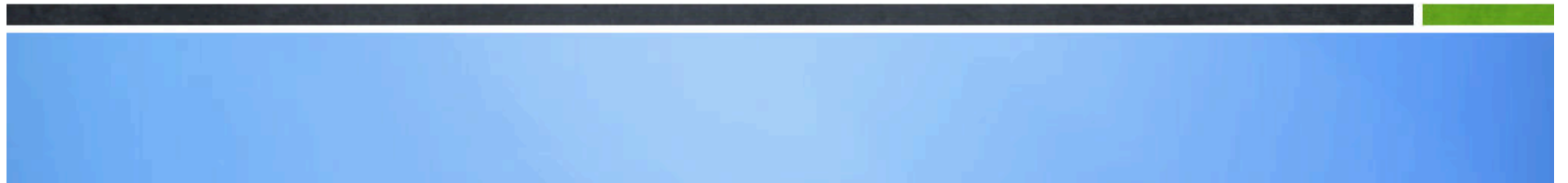
Tell real stories that can change or enhance the perspectives of  our leaders





It's not just about the words you say or the information you leave, it's about strengthening

**YOUR MESSAGE.**





**Is motivated** by principles

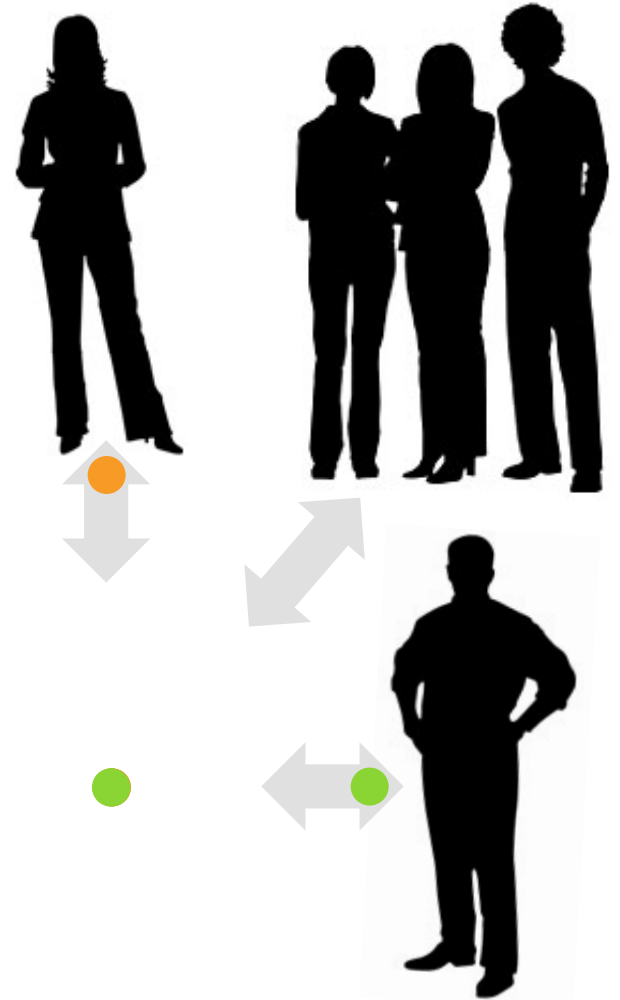
Doing the right thing for the right reasons 





**Stand up for what  
you believe**

COLLABORATE=>It's about team  
work!



# Why is Advocacy Important?

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- It empowers and accomplishes goals
- It provides the opportunity to participate in government and local decision making
- It is part of the ASHA Code of Ethics
- It is your right...

**You have the right to Advocate!**





# Game Plan



# Develop a Plan of Action

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## 1) Identify issues and set priorities

- Survey the group
- Set advocacy goals
- Develop timeframes for achieving the goals



# Develop a Plan of Action

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## 2) Identify the factors necessary for change

- Is your issue a priority for the leadership?
- Are there sufficient financial resources available to achieve the goal?
- Is there significant opposition to your plan?



# Develop a Plan of Action

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## 3) Identify the key decision makers

- Legislators on committees of jurisdiction
  - Regulators or insurers
  - School officials
- Determine their level of support or opposition
  - Evaluate the political climate for change
  - Determine actions needed to garner support



# NEW: Know the 2014 Public Policy Agenda

FEDERAL	FEDERAL & STATE	STATE
Medicare reimbursement & coverage policies	Funding & practice issues for school-based services	Loan forgiveness as a recruitment and retention tool
Reauthorization of federal education legislation	Hearing Health Care	Comprehensive (universal) licensure
	Medicaid reimbursement & coverage policies	Service continuum
	Patient protection & affordable care act	State consultants
	Private health plans reimbursement & coverage policies	
	Telepractice	



# Establish a Grassroots Advocacy Network





# Establish a Grassroots Advocacy Network

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- **Recruit advocates:** Like-minded members, key contacts
- Keep track of your contacts
- Develop a system to communicate with network members



# Work with one another to . . .

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- **Understand your audience**
  - Know their interests
- **Learn the best way to “influence” decision makers**
  - Face-to-face conversations are best

*“What works best is personal thoughtful communication.”*

• *Blackwell, 2001*



# Advocating for what you believe!

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- **Deliver the Message**

- Be accurate and concise
- Use facts and data to support your position
- Ask for support and wait for a reply
- Share a personal story
- Promise to follow-up with answers to questions you don't know



# Advocating for what you believe!

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- **After the Meeting**

- Remember to get back with answers to questions you didn't know
- Utilize ASHA resources



# New Resources Available to You

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- **Practice Portal**

[www.asha.org/practice-portal/](http://www.asha.org/practice-portal/)

- **Identify the Signs Campaign**

[www.IdentifytheSigns.org](http://www.IdentifytheSigns.org)



AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION

CAREERS CERTIFICATION PUBLICATIONS EVENTS ADVOCACY CONTINUING EDUCATION PRACTICE MANAGEMENT RESEARCH MEMBER CENTER

Practice Portal Home Clinical Topics Professional Issues Evidence Maps Client & Patient Handouts Templates & Tools About

## Practice PORTAL BETA

FOR SPEECH-LANGUAGE PATHOLOGISTS FOR AUDIOLOGISTS

- Your place for vetted practice guidance
- Clinical topics and professional issues
- For audiologists and speech-language pathologists

This site is currently in trial version. [E-mail us](#) what you think and how we can improve.

### Client & Patient Handouts

Get quick and easy access to [client and patient handouts](#) for use in your practice.

### Evidence Maps

[Evidence maps](#) give you tools and guidance for engaging in evidence-based decision making.

### Templates & Tools

Find practical [templates and tools](#) to increase the efficiency and effectiveness of your practice management.

### Topics & Issues

Find information on [clinical topics and professional issues](#) to help translate evidence and expert opinion into practice.

**Practice PORTAL BETA**

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# ASHA's Practice Portal

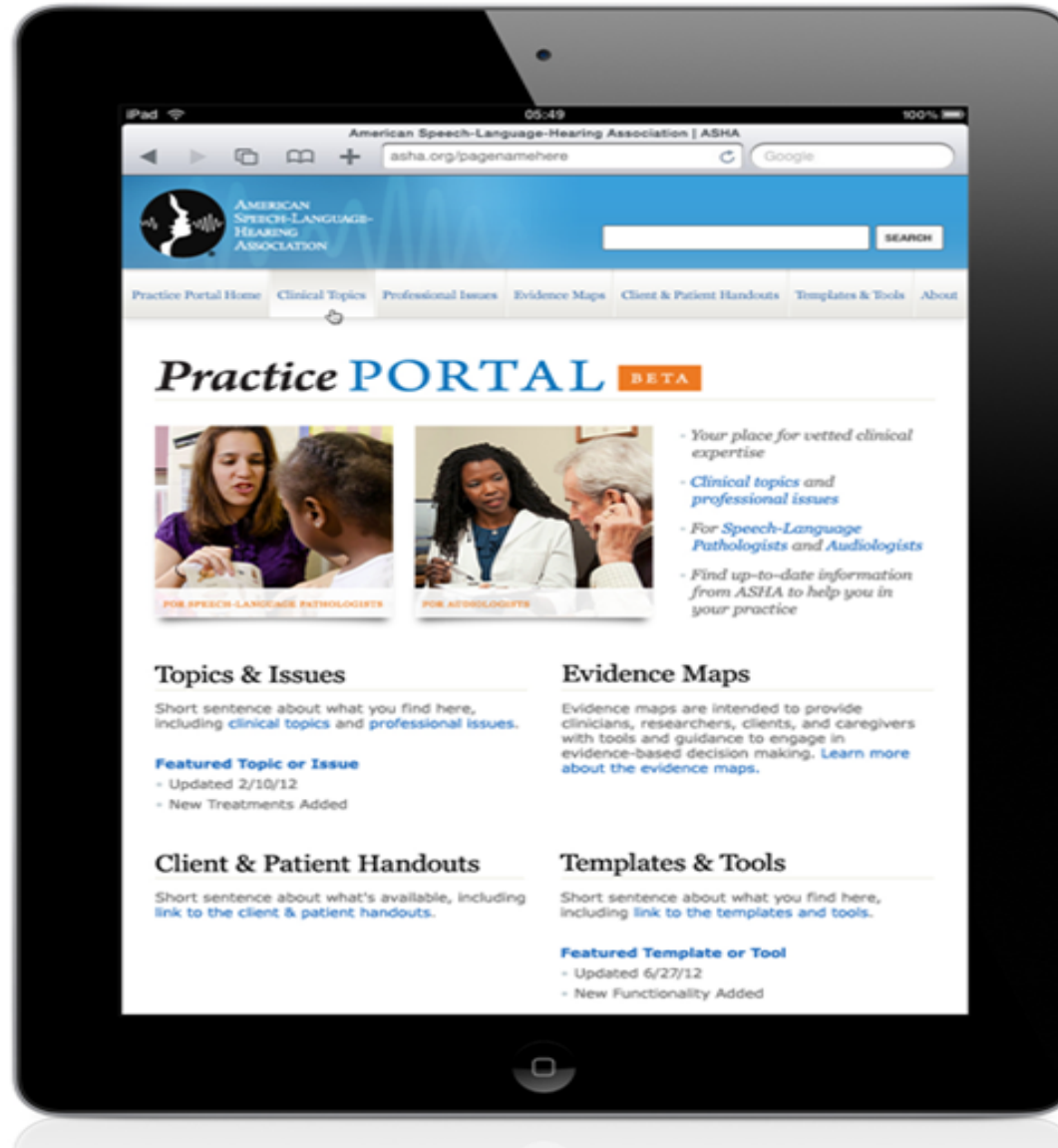
# The Portal

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- One-stop shop offering quick, accessible information to guide clinical decision-making delivered in an online format.
- Integration of scientific evidence, clinical expertise and client perspective.



# What can you find?





# from policy documents

**Guidelines**  
Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents  
Ad Hoc Committee on Reading and Written Language Disorders

**Position Statement**  
Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents  
Ad Hoc Committee on Reading and Written Language Disorders

**Knowledge and Skills**  
Knowledge and Skills Needed by Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents  
Ad Hoc Committee on Reading and Writing

**About this Document**  
These guidelines are an official statement of the American Speech-Language-Hearing Association (ASHA). They were approved for guidance for speech-language pathologists related to reading and writing in children and adolescents. They are not official standards of practice. The Ad Hoc Committee on Reading and Written Language Disorders was formed by the American Speech-Language-Hearing Association (ASHA). Members of the Ad Hoc Committee on Reading and Written Language Disorders were Nikola Wolf Nelson (chair), Hugh Catts, Barbara J. Ehren, Froma P. Roth, Cheryl M. Scott, and Maureen Staskowski. Vice Presidents for Professional Practices in Speech-Language Pathology Nancy Creaghead (1997-1999) and Alex Johnson (2000-2002) provided guidance and support. Roseanne P. Clausen provided ex officio assistance from the National Office; Diane Paul-Brown and Susan Karr served as consultants to the committee.

**Table of Contents**

- Executive Summary
- Guidelines for Roles and Responsibilities
- Strategies for Prevention
- Joint-Book Reading
  - Environmental Print
  - Conventions of Print
  - Concepts of Phonics
  - Alphabetical/Letter Knowledge
  - Sense of Story
  - Adult Modeling of Literacy
  - Experience with Literacy
- Roles and Responsibilities
  - Children at Risk for Reading Difficulties

**About this Document**  
This knowledge and skills document is an official statement of the American Speech-Language-Hearing Association (ASHA). The ASHA Scope of Practice states that the practice of speech-language pathology includes providing services for disorders of "language (i.e., phonology, morphology, syntax, semantics, and pragmatics) social aspects of communication including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness" (ASHA, 2001).

**Position Statement**  
It is the position of the American Speech-Language-Hearing Association (ASHA) that language pathologists (SLPs) play a critical and direct role in the development of children and adolescents with communication disorders, including reading disabilities. SLPs also make a contribution to the literacy efforts of a school system on behalf of other children and adolescents. These roles are implemented by SLPs who have expertise in the development of written language and various aspects of literacy of those involved. [1]

**Table of Contents**

- Technical Report
- Background
- The Nature of Literacy
- Defining Literacy
- Defining Reading
- Defining Writing
- Development of Reading and Writing
  - Reading
  - Writing
  - Spelling
  - Relationships Between Reading and Writing
- Language Base of Reading and Writing Problems
- Relevant Knowledge and Skills of Speech-Language Pathologists
- Notes

**Technical Report**  
Roles and Responsibilities of Speech-Language Pathologists With Respect to Reading and Writing in Children and Adolescents  
Ad Hoc Committee on Reading and Written Language Disorders

**About this Document**  
This technical report was drafted by an ad hoc committee formed by the American Speech-Language-Hearing Association (ASHA). Members of the Ad Hoc Committee on Reading and Written Language Disorders were Nikola Wolf Nelson (chair), Hugh Catts, Barbara J. Ehren, Froma P. Roth, Cheryl M. Scott, and Maureen Staskowski. Vice Presidents for Professional Practices in Speech-Language Pathology Nancy Creaghead (1997-1999) and Alex Johnson (2000-2002) provided guidance and support. Roseanne P. Clausen provided ex officio assistance from the National Office; Diane Paul-Brown and Susan Karr served as consultants to the committee.



# To portal page

## CLINICAL TOPICS

### Aphasia

#### Overview

#### Incidence and Prevalence

The "incidence" of aphasia refers to the number of new cases identified in a specified time period. It is estimated that there are 80,000 new cases of aphasia per year in the United States (National Stroke Association, 2008).

"Prevalence" of aphasia refers to the number of people who are living with aphasia in a given time period. The National Institute of Neurological Disorders and Stroke (NINDS) estimates that approximately 1 million people, or 1 in 250 in the United States today, suffer from aphasia (NINDS, n.d.).

Fifteen percent of individuals under the age of 65 experience aphasia; this percentage increases to 43% for individuals 85 years of age and older (Engelter et al., 2006).

No significant differences have been found in the incidence of aphasia in men and women. However, some data suggest differences may exist by type and severity of aphasia. For example, Wernicke's and global aphasia occur more commonly in women and Broca's aphasia occurs more commonly in men (Hier, Yoon, Mohr, & Price, 1994; National Aphasia Association, 2011).

#### Signs and Symptoms

#### Causes

#### Roles and Responsibilities

#### Assessment

#### Treatment

#### Resources

#### References

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## Practice PORTAL DATA

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#### Technical Assistance

- [Contact ASHA's Action Center for help](#)

#### Evidence Map

- [Aphasia Evidence Map](#)

#### Connect to Community

- [Community Forum on Health Care Issues](#)
- [Community Forum Neurophysiology and Neurogenic Speech-Language Disorders](#)

#### Events

- [ASHA 2013 Convention](#)

#### SIG

- [SIG 2, Neurophysiology and Neurogenic Speech-Language Disorders](#)

#### Products

- [Aphasia and Related Neurogenic Disorders](#)
- [Aphasia: Treatment for Lexical and Sentence Production Skills](#)

# Clinical & professional topics

**CLINICAL TOPICS**  
**Pediatric Dysphagia**

**Overview**

Feeding and swallowing disorders (also known as *dysphagia*) include difficulty with any step of the feeding process—from accepting foods and liquids into the mouth to the entry of food into the stomach and intestines. A feeding and drinking behavior includes developmentally atypical eating and drinking behaviors, such as not accepting age-appropriate liquids or foods, being unable to use age-appropriate feeding devices and utensils, or being unable to self-feed. A child with dysphagia may refuse food, accept only a restricted variety or quantity of foods and liquids, or display mealtime behaviors that are inappropriate for his or her age.

Dysphagia can occur in any phase of the swallow. Although there are differences in the relationships between anatomical structures and in the physiology of the swallowing mechanism across the age range (i.e., infants, young children, adults), typically, the phases of the swallow are defined as

**ORAL PREPARATION STAGE**—preparing the food or liquid in the oral cavity to form a bolus—including sucking liquids, manipulating soft boluses, and chewing solid food.

**ORAL TRANSIT PHASE**—moving or propelling the bolus posteriorly through the oral cavity.

**PHARYNGEAL PHASE**—initiating the swallow; moving the bolus through the pharynx.

**ESOPHAGEAL PHASE**—moving the bolus through the cervical and thoracic esophagus and into the stomach via esophageal peristalsis (Logemann, 1998).

Incidence and Prevalence
Signs and Symptoms
Causes
Roles and Responsibilities
Assessment
Treatment
Resources
References

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**Technical Assistance**

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**Evidence Map**

- Pediatric Dysphagia Evidence Map

**Connect to Community**

- Community Forum on Swallowing and Swallowing Disorders
- Community Forum on Early Intervention
- Community Forum on SLP Schools
- Community Forum on SLP Private Practice

**Events**

- ASHA Schools Conference
- ASHA Convention
- Swallowing and Feeding Services in Schools (On Demand Webinar)

**SIG**

- SIG 13, Swallowing and Swallowing Disorders
- SIG 16, School-Based Issues

**Products**

- Dysphagia Intervention in Schools: Team Development and Treatment Strategies
- Evaluation of Pediatric Feeding and Swallowing

**PROFESSIONAL ISSUES**

**Unbundling Hearing Aid Sales**

**Overview**

**Key Issues**

**Resources**

**ASHA Resources**

- ASHA's Public Policy Agenda
- ASHA's Comprehensive List of Billing Codes
- ASHA's State-by-State Page
- Healthcare Common Procedure Coding System Level II (HCPCS)
- Important Considerations for Audiologists When Reviewing Third-Party Payer Contracts
- Negotiating Health Care Contracts and Calculating Fees: A Guide for Speech-Language Pathologists and Audiologists
- Paradigm Shift: The New World of Hearing Health Care Delivery
- Private Practice
- Quality Improvement for Audiologists

**Additional Resources**

- Federal Regulations
- Reimbursement Commission Act
- Reimbursement You're Receiving Enough for Your Audiology
- Reimbursement? Part 3: Breakeven Analysis
- Reimbursement and Medicaid Service (CMS)

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**Technical Assistance**

- Contact ASHA's Action Center for help

**Connect to Community**

- Envision the Future
- Audiology

**Events**

- 2013 Audiology Update: Radical Changes in Reimbursement (On Demand Webinar)

**SIG**

- SIG 8: Public Health Issues Related to Hearing and Balance

**Products**

- Practice Management Tools for Audiologists
- Negotiating Healthcare Contracts and Calculating Fees: A Guide for Speech Language Pathologists and Audiologists

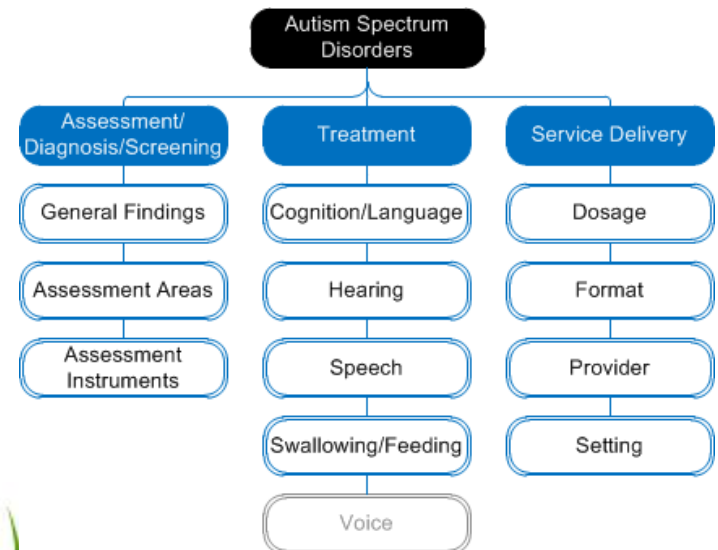
**Related Content**

- Practice Considerations for Dispensing Audiologists



# Driving Evidence-based practice

- The Practice Portal also helps drive evidence-based decision making by providing easy access to ASHA's evidence maps, and to high quality systematic reviews and guidelines.



# NEW: For Audiologists

<b>CURRENTLY AVAILABLE</b>	<b>ANTICIPATED (for 2014)</b>
<b>Audiology assistants</b>	<b>Auditory Processing Disorders</b>
<b>Permanent Childhood Hearing Loss</b>	<b>Amplification-Adults</b>
<b>Superior Canal Dehiscence</b>	<b>Hearing Loss-Adults</b>
<b>Telepractice</b>	<b>Balance</b>
<b>Unbundling hearing Aid Sales</b>	<b>Dementia</b>
<b>Cultural Competence</b>	<b>School-Age Hearing Screening</b>
<b>Newborn Infant hearing Screening</b>	<b>Tinnitus</b>
<b>Bilingual service delivery</b>	<b>TBI</b>



# NEW: For Speech-Language Pathologists

CURRENTLY AVAILABLE	ANTICIPATED (in 2014)
Aphasia	Auditory Processing Disorders
Caseload/Workload	Autism Spectrum Disorders
Pediatric Dysphagia	Spoken Language Disorders Late Language Emergence Written Language Disorders
Social Communication Disorders	Childhood Apraxia of Speech
Speech-Language Pathology Assistants	Apraxia of Speech (adults)
Telepractice	Dementia Intellectual Disabilities
Bilingual Service Delivery	Fluency Disorders in Children Dysphagia (adults) Functional Voice Disorders
Cultural Competence	Down Syndrome Speech Sound Disorders TBI-Adults TBI-Children

# Identify the Signs Campaign

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Did you know that?

- **>60% of parents are unaware of the early warning signs of speech disorders**
  - 5% of children entering K have speech disorders
- **57% of parents are unaware that treatment takes longer & is more expensive if problems not detected early**
  - For every dollar spent on EI & detection, \$7 are saved long term
- **We spend \$154-186 billion dollars on the 40 million people with communication disorders**



# Identify the Signs Campaign

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- [www.IdentifytheSigns.org](http://www.IdentifytheSigns.org)
- **WHAT IS IT?** A bilingual, multimedia effort
- **GOAL:** to educate the public about the warning signs of communication disorders & the importance of early detection
- **RESEARCH:** Based on survey results from ASHA members





# REFERENCES: Advocacy

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- Murray, M.M., Ackerman-Spain, K., Williams, E. U., & Ryley, A.T. (2011). Knowledge is power: Empowering the autism community through parent-professional training. *The School Community Journal*, 21 (1), 19-36.
- National Research Council (2001). *Educating children with autism*. Washington, DC: National Academy Press.
- National Standards Project (2009). *Addressing the need for evidence-based practice guidelines for ASD*. National Autism Center ([www.nationalautismcenter.org](http://www.nationalautismcenter.org))
- Prelock, P.A., & Nelson, N. (2012). Language and communication in autism: An integrated view. *The Pediatric Clinics of North America* 59, 129-145.
- Prelock, P.A. (2011). Understanding the National Standards Project: Evidence-based interventions to support the language and social communication of children with ASD. *Perspectives on School-Based Issues*, 12 (2), 68-76.
- Prelock, P. A. (Guest Editor) (2008). Foreword. Supporting social communication, perspective taking and recreation and leisure in children with autism spectrum disorders and their families. *Topics in Language Disorders*, 28 (4), 307-308.





[www.asha.org](http://www.asha.org)

