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This unique program offers teens who stutter the opportunity to develop confidence in speaking as well as social skills. page 10

Seeing is Treating
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Driving Growth and Dollars page 15

Speech Language Pathologist, Lauren Masuga, explains vocal function during a FACEtime therapy group session with Sir Jordan Williams and K’Shanti Bryant.

The Impact of Language Deprivation On a Deaf Individual’s Ability to Function Independently page 7
Dear Friends,

With another Cleveland winter behind us, it is refreshing to see new life all around us. It is amazing how green things seem in the spring. It’s like seeing the familiar world through fresh eyes. As the days grow longer, I always feel a new sense of optimism and start to recognize that anything is possible.

In this edition of Communication Matters, we are highlighting two fresh new programs at CHSC: FACEtime Summer Camp and the Opti-Speech clinical trial. Whether helping an adolescent achieve fluent speech and social support or helping resolve a speech error, these services help our clients achieve that same springtime feeling— an optimism about the future and what is possible. It never ceases to amaze me how liberating it can be for our clients to overcome the challenges that a communication disorder can bring.

In 2016, CHSC adopted a bold new strategic plan that will bring transformative and sustainable change to our agency. Stay tuned for a lot of innovative new ideas that will help us expand our services across Cuyahoga County. In this, our 96th year, we approach our community with fresh eyes. We recognize an ever-increasing need for our expertise, whether it is addressing early hearing, speech, and language delays and disorders to prevent later academic and vocational challenges, connecting Deaf and hard of hearing community members to services and workforce training, or helping with communication needs in individuals with Parkinson’s disease, a stroke, or traumatic brain injury. We are here as a key service in the community and more relevant than ever.

This, and future editions of Communication Matters, will provide you with information about the state-of-the-art innovations in our fields of expertise. Our digital content will continue to inform you with agency updates in a timely manner. These changes are part of our new approach to serving the community. I hope you find value in what we share and that you join us with a sense of optimism about the future.

With very best wishes,

Jennell C. Vick, Ph.D.
Executive Director

CHSC Calendar

May is Better Hearing & Speech Month

Wednesday, May 10th at 10:00 am
Free Audiology Seminar - Independence
Over the Counter Hearing Aids: The Real Story
Presented by Dr. Karen Kantzes
Cuyahoga County Public Library-Independence

Sunday, May 21st at 12:30 pm
Kaleidoscope with Leon Bibb
WEWS Newsnet 5 interviews CHSC Executive Director, Dr. Jennell Vick

Tuesday, May 23rd at 10:00 am
Free Audiology Seminar - Beachwood
Over the Counter Hearing Aids: The Real Story
Presented by Dr. Laura Brady
Cuyahoga County Public Library-Beachwood

CHSC Annual Meeting

Friday, June 2nd at 8:00 am
Cost to attend $25.00
Hosted at Great Cleveland Partnership
1240 Huron Rd. E., Cleveland, OH 44115
RSVP to sthomas@chsc.org

BINGO for Big Wheel Fundraiser

Thursday, June 8th at 6:30 pm
Free to attend - Cards $10/set
Buffalo Wild Wings
8465 Pearl Road, Strongsville

4th Annual Cleveland Big Wheel Relay

Saturday, June 24th at 1:00-5:00 pm
Lincoln Park, West 11th St., Tremont
For more information go to www.chsc.org/bigwheel

Save the Date!
Communication is Key: A Benefit to Support CHSC

Saturday, September 9th
The TENK West Bank, Cleveland
Mark your calendars for this special event at Cleveland’s newest venue.

CHSC MISSION:
Cleveland Hearing & Speech Center is the premier provider of hearing, speech-language and deaf services, education, and advocacy, helping people connect through communication.

Help take care of our environment, please recycle this magazine.

You have the right to "opt-out" of receiving fundraising materials/communications and may do so by sending your name and address to the Privacy Officer together with a statement that you do not wish to receive fundraising materials or communications from CHSC.

Jennell C. Vick, Ph.D.
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Sara Thomas
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Sharon Dundee
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Have a question or comment? Contact us at: communicationmatters@chsc.org

This magazine is published by Cleveland Hearing & Speech Center. News and informational articles related to hearing, speech, deafness, and development topics are featured.

Phil Long Photography: Cover photo & Dr. Jennell Vick
In recent years, hearing loss has been recognized as an important public health concern due in large part to recent studies examining the link between hearing loss and dementia. Such studies have brought much-needed attention to the negative effects of untreated hearing loss on quality of life and overall health. However, emerging research on hearing loss and cognition has also been the subject of misinformation and overstatement. The following is an objective assessment of where the research on hearing loss and dementia currently stands.

In 2013, Frank Lin, an otolaryngologist and geriatrician at Johns Hopkins, published a groundbreaking study showing an apparent link between hearing loss and cognitive decline in older adults. The study enrolled 1,984 older adults with a mean age of 77. During 6 years follow-up, Lin administered a battery of cognitive tests including tests of concentration, memory, and planning skills. At the study conclusion, Lin found that older adults with any degree of baseline hearing loss had a 24% increased risk of cognitive impairment relative to their normal hearing peers. The researchers therefore concluded that hearing loss is “independently associated with accelerated cognitive decline and… cognitive impairment in older adults.” (Lin et al., 2013).

The study garnered substantial attention because it suggested that hearing loss—typically viewed as an innocuous side effect of aging—might say something about an individual’s current and future brain health. Shortly after the results were published, mainstream media reported on the findings. The information even found its way into marketing literature for hearing aids. But what does the research really mean for you? Should you purchase hearing aids to forestall dementia?

The answer lies in one of the most foundational tenets of scientific research—the distinction between association and causation. In research, association occurs when scientists find a relationship between two or more variables. It could mean that as one variable goes up, another variable also
Communication Matters at CHSC

Percentage of U.S. Population with Hearing Loss

- **8%** of people aged 40-49 years
- **23%** of people aged 50-59 years
- **39%** of people aged 60-69 years

Source: National Institute on Deafness and Other Communication Disorders (NIDCD)

Citations:

Audiology Matters continued

go up; or it could mean that as one variable goes down, another variable goes up. In the case of an association, we don’t know why the variables change together. Causation goes a step farther. When research identifies causation, it finds that a change in one variable directly caused a change in another variable.

Note that Lin and colleagues used the word “associated” in his conclusion— they found that “hearing loss is independently associated with... cognitive decline.” (Lin et al., 2013). In other words, the researchers found a relationship between hearing loss and cognitive decline, but they don’t know what caused the relationship. It could be that hearing loss causes cognitive decline, cognitive decline causes hearing loss, or some other unidentified factor causes both hearing loss and cognitive decline (Dawes, 2017). We simply don’t know yet. At this point, the research doesn’t permit us to say that hearing loss causes cognitive decline. Similarly, it doesn’t provide support that hearing aids will prevent cognitive decline, improve cognition, or otherwise affect cognitive performance.

So if you suspect hearing loss, should you seek audiologic evaluation? The answer is yes, but not because of dementia. The truth is, we have plenty of research showing the negative effects of untreated hearing loss without appealing to arguments about cognitive decline or dementia. Decades of research and clinical experience tells us that untreated hearing loss directly causes communication impairment, which can lead to social isolation, loneliness, dependence, frustration, fatigue, and reduced quality of life (Ciorba et al, 2012). The possibility that hearing loss is linked to dementia is a small piece of a much bigger picture about the dangers of untreated hearing loss.

If you or a relative suspects hearing loss, we encourage you to schedule an audiologic evaluation with one of our senior audiologists, who can discuss with you your hearing health and your rehabilitative options. To schedule, please call our office at 216-231-8787.

86% of hearing aid users say they are satisfied with the benefit they receive from their hearing aids.

More than 50% of hearing aid users say their hearing aids improved their relationships at home, their social life, and their ability to join groups.

Roughly 40% of hearing aid users report improvements in their sense of safety, sense of independence, self-confidence, feelings about self, and work relationships.

About 30% of hearing aid users report improvements in romantic relationships, sense of humor, cognitive skills, and mental, emotional, and physical health.

Source: Better Hearing Institute

MEN ARE ABOUT TWICE AS LIKELY AS WOMEN TO HAVE HEARING LOSS.
Lips, teeth, and cheeks are the key ingredients of every great smile. For a speech therapist, however, they get in the way of seeing how the tongue moves during speech. This creates a challenge for treating speech sound errors in the clinic. Carefully coordinated movements of the tongue shape sound into speech. If you have ever heard someone say what sounds like a “w” for the “r” sound or make the “s” sound with a lisp, you have heard what can happen when the tongue does not move toward the right shape to create the sounds. When these errors persist into adolescence and adulthood, there can be major social consequences.

Preschool children and toddlers often make speech errors with the tongue that can make it difficult for them to be understood. Sounds like “k,” “s,” and “r” commonly have errors because saying them accurately requires high-level coordination of the muscles in the tongue. In fact, 15% of children, aged 4-6, have some delay or error in speech sound production, without any known cause (Campbell et al., 2003). When a child this age is unable to be understood by others, it is important to bring them to a speech therapist for an evaluation and treatment. Traditional speech therapy for these errors can include games, drills, and some work to describe or show how the sound should be produced. Many times, these errors can be resolved with less than a year of treatment. Sometimes, even with strong work in speech therapy, the speech errors continue. As a speech therapist myself, I can tell you that it is in these cases where it would be so helpful to be able to see what is going on with the tongue movement and, even better, to be able to demonstrate the movements for the client! Despite our best effort in the clinic, sometimes these error continue into adolescence and adulthood.

In 2008 in Dallas, Texas, I started working with a talented team that included an electrical engineer, a computer scientist, an animator, and two other speech therapists to create the Opti-Speech therapy technology. We imagined software that could show an animated version of a tongue, driven in real-time by the motion of the client’s tongue, that could be used to “show” clients how to produce the sounds better. Similar technology is used to improve golf swings—by showing the aspiring golfers an image of their swing superimposed on an ideal swing, improvements come more rapidly. Why couldn’t this same concept be applied to speech, we wondered. With this in mind, the Opti-Speech project began. The engineers

Figure 1. The motion of 5 sensors glued to the tongue animate the movement of the avatar tongue in real-time.
and animators worked on the software, the speech therapists tested early versions, and in my lab at Case Western Reserve University, we set out to better understand what the targets for speech sounds might be.

Just eight years later, I am proud that Cleveland Hearing and Speech Center, with CWRU, was included in an NIH-funded phase II clinical trial of Opti-Speech, sponsored by Vulintus. The technology uses the captured motion of sensors on the tongue to animate a real-time 3-D avatar tongue (see Figure 1). The speech therapist can set spherical targets to “show” the client how to shape the tongue for particular speech sounds. For those who have not had success with traditional speech therapy, the Opti-Speech clinical trial may be a great alternative.

It has been almost 18 months since CHSC started the Opti-Speech trial. Rebecca Mental, a CHSC staff speech-language pathologist and doctoral student at CWRU, designed the treatment sessions and is running them. To date, she has completed the treatment with eleven participants who range in age from 8 to 22 years. Each and every one of these individuals has put in many hours across 13 sessions to help us understand if Opti-Speech will be a treatment that will be beneficial to our clients. With these cases behind us, I am pleased to report that I believe we have a powerful new approach for treating those speech sound errors the most resistant to improvement. All of the Opti-Speech participants were previously enrolled in speech therapy without resolving their speech errors. Many of these individuals came to us frustrated, expecting to encounter yet another unsuccessful run in therapy. With Opti-Speech most of these participants experienced a transformation in how they make speech sounds. The key to the success of Opti-Speech is giving the client an additional “sense” for producing speech. In addition to feeling the tongue move and hearing the sound, Opti-Speech clients can “see” the movements of the tongue and know, right away, if they have produced the sound correctly.

The Opti-Speech story is best told through the experience of one of our first participants. Nancy, as I will call her, was 22-year-old and had been in speech therapy throughout most of her early school years to work on the “r” sound. It was her junior year of high school when Nancy first became aware that her peers were making fun of her speech. As this continued, she started to notice that teachers had a difficult time understanding her. Before long, she started to question her own competence and abilities. Nancy is a server at a local restaurant. Her boyfriend said she frequently returned home from work in tears. Nancy says, “When I have to say an ‘r’ word, I try to mumble it so that people won’t hear the error, but then they ask me to repeat myself which makes me feel even more embarrassed.” Frustrated, Nancy again enrolled in speech therapy, trying a few different clinics, but she did not have any success changing her “r” sound. Her boyfriend began researching options on the internet and found out about the Opti-Speech clinical trial at CHSC. Nancy was soon enrolled in the trial. As her boyfriend said, “I feel like we wasted so much time trying other things and then we came here and, BAM, 10 sessions and she can say “r” like anyone else!” He says he could hear a difference in Nancy’s speech after 2 or 3 sessions. Nancy has remarked that the change has made her job so much easier. “I can actually tell people that I am a server now. I used to avoid it because of the “r” sound. And at work, I can say “rare” and ‘margarita’ and customers can understand me!”

It has been three months since Nancy “graduated” from Opti-Speech treatment and everything is going great for her. She is enrolled in classes at community college and working as a server at a high-end restaurant. While she is incredibly proud of her new speech, she is, understandably, self-conscious about how her speech used to sound. While listening to a recording of her speech before Opti-Speech, tears fell from her eyes. Looking back on the past gave her such an incredible sense of how far she’s come. I am exhilarated to have met and talked with Nancy. It made me realize the power of imagination and collaboration for solving some of the greatest challenges we encounter in the clinic.

Every year at Cleveland Hearing and Speech Center, we see countless clients who have speech production errors that Opti-Speech may improve. We have a strong affiliation with researchers at CWRU and we have a talented team of speech therapists who can help to run the trial. In other words, CHSC is unique in the world in its ability to test a new technologies for speech, hearing, and deafness. This is why CHSC is the only site in the world currently running the Opti-Speech clinical trial. Almost a century of collaboration, community support, and philanthropy has helped to create the perfect environment for bringing the most cutting-edge speech therapy to our region.

Reference:
The Impact of Language Deprivation on a Deaf Individual’s Ability to Function Independently

By Maria O’Neil Ruddock, Psy.D., Director, Community Center for the Deaf and Hard of Hearing

In our Community Center for the Deaf and Hard of Hearing (CCDHH) we have the privilege of serving highly intelligent and competent individuals from the Deaf and Hard of Hearing communities. They come in for a variety of programs and services but what is most notable, is that so many of them struggle with activities of daily living and lack the skills necessary to live independently despite their intellectual capabilities. For those who present with these difficulties, the common denominator among them is their lack of exposure to language during the early, formative years of life.

The period from birth to 2 is a critical time for all children to acquire language and cognition. During this period of a deaf child’s development many are often unable to access the oral/auditory language of their families. While this is not the intention of the family, it has frequently been the case and unknowingly language input for these children is severely limited. The views of many in the medical profession, educational community and in mainstream society maintain that auditory language exposure is the only approach that ensures a deaf child’s future success both in school and in life. Many are unfamiliar with the research highlighting the benefits of a bimodal (or bilingual) approach whereby children are given the opportunity to acquire American Sign Language (ASL), a fully accessible visual language, in addition to acquiring spoken language through the use of assistive technologies and other strategies. Furthermore, many have a profound misunderstanding about languages and language development and fail to recognize ASL as a completely evolved language. Thus, parents are counseled to view the auditory/oral approach as the only option for their child. This often leads to delayed language development and limited communication in the home. A large number of researchers and professionals now recognize the importance of language acquisition regardless of methodology. Those that support a bimodal approach acknowledge that sign language is accessible to all deaf children, even deaf-blind children since there is a tactile version of sign language. But more importantly, they are acutely aware of the harm that is caused when a child does not acquire a first language during the critical early years of life.

“Language deprivation is the harm that results when a child does not receive sufficient language input to acquire or learn language or to readily develop cognitive abilities.”

The newborn's brain is designed for early acquisition of language. Children naturally become fluent in the language or languages they are surrounded by or are routinely exposed to. From what we know of cognitive development, the brain's plasticity begins to decrease around 5 years of age and for
those who have not acquired fluency during this critical period, they run the risk of being linguistically deprived. Thus, what is essential during these early years is developing language regardless of whether it is oral or visual. Language is essential for other cognitive processes to develop. Depriving a child of rich linguistic input stunts the growth of the brain and leads to significant cognitive difficulties later in life. What is notable is that linguistic deprivation is rare among hearing children, only occurring in the most unusual circumstances, but for deaf children it is all too common.

For many deaf children an impoverished linguistic environment is an environment without sign language. With no effective language in the home, the child is often exposed to basic visual gestures and mouth movements that have limited meaning. This kind of exposure is concrete and ineffective for rich dialogue and complete communication. While gestures and simple commands (e.g. sit, drink, no, bed) may communicate basic needs they are woefully inadequate for communicating feelings and emotions or for explaining a given situation. Not having a solid foundation in any language, in other words, not being able to converse with native fluency and complete ease constitutes linguistic deprivation and has monumental consequences for cognitive development. Cognitive activities that rely on a firmly established first language foundation are reading and writing as well as mathematics. Without literacy, one's professional opportunities are circumscribed. Additionally, linguistic deprivation leads to psychosocial problems due to the frustration and isolation associated with diminished cognitive and linguistic deprivation. Poor language impedes the ability to learn socially appropriate behavior. When individuals do not have words (or signs) to express themselves, they do not have the means to discuss and develop appropriate ways of behaving. Consequently, a deaf child, deprived of language, enters adulthood lacking in the psychosocial skills needed to cope with distress, problem solve, or manage conflict because they never developed sufficient language to do so.

Furthermore, with diminished cognitive capacity and language deprivation comes social isolation; a reality for a large number of deaf individuals in Northeastern Ohio. Many lack the necessary information about the world to be fully participatory in their families and communities. Information about social norms, current events, history and government, rights and responsibilities of citizens, etc. are often absent in a deaf individual's fund of knowledge. Unlike their hearing peers who can pick up information incidentally (by overhearing conversations or listening to the radio), deaf children and adults learn about the world deliberately, by being taught, through reading, or from peers and others who sign. Lack of access to information can mean that a deaf person simply does not have the knowledge or skills necessary to deal with life's difficulties in an appropriate manner and they may not know the laws or rules which govern how people behave. Given this, it is therefore not surprising that deaf people have higher rates of illiteracy, unemployment, and imprisonment.

Being brought up in a linguistically impoverished environment, where complex or subtle communication is not possible, may lead to challenging behavior in adulthood for many Deaf individuals. Lack of access to information can result in a person not having the knowledge and skills needed to deal with life's difficulties in an appropriate manner. We see these difficulties on a daily basis in our Community Center for the Deaf and Hard of Hearing where consumers struggle to navigate government systems or access goods and services so readily available to those who hear or use English to communicate. Lack of exposure to a complex language system in the early years has resulted in their inability to develop competency in English (and often in ASL as well) and subsequently, adequate reading and writing skills, leaving then dependent on others for help and support. These problems in adulthood did not appear overnight but are developmental in nature and have been present throughout their lives because they lacked access to language during the critical years of language and cognitive development.

References:
Social Fundraising, CHSC, and You

By Sara Thomas, MA, Interim Director of Development, Cleveland Hearing & Speech Center

Social Giving
In June 2016, Giving USA reported that “2015 was America’s most generous year ever” with an estimated total of $373 billion in donations that year.\(^1\) This estimate includes the four main giving categories: individual, foundation, corporate, and charitable bequests. Of these, individual giving remains the largest giving source at approximately $264 billion, of all giving.\(^2\) These numbers reflect the high value Americans have for philanthropy and its significant impact in our world and local communities.

An interesting trend of individual giving that continues to evolve and rapidly increase is social giving, sometimes referred to as social fundraising, or peer-to-peer fundraising. This strategy encourages an organization’s most loyal supporters to raise funds on its behalf by capitalizing on the personal and professional connections within the supporter’s network. Most often, this type of fundraising utilizes social media with an “ask” from the fundraiser, thereby making the request more personal and effective.

Some key aspects of this type of fundraising may include: creating opportunities for individual donors to meaningfully engage with an organization, utilizing technology to raise funds efficiently and cost effectively, and allowing both the fundraisers raising the money, and donors they attract, the ability to see the immediate impact of those funds.

What makes social fundraising unique is the ability to be flexible in terms of timing. For example, Giving Tuesday was a 24 hour event where donations were accepted through a special online giving portal. Others events may last longer until a specific fundraising goal is achieved, such as Big Wheel Relay which starts peer-to-peer efforts months in advance of the actual relay race itself.

There are instances where individuals may host smaller, third-party events within the scope of a larger fundraising campaign, such as a golf tournament, a celebration party at a local bar/restaurant, or a wine and cheese party. The options are endless and can be suited to the preference of the hosting individual(s). Third-party events appeal to many loyal supporters because they can help raise funds for a cause they are deeply passionate about but don’t require huge investments of time and money unlike more traditional fundraisers. It is important to note that third-party events may not always have a financial goal. Some are held in order to raise awareness by introducing people to the mission of an organization.

Cleveland Hearing & Speech Center (CHSC) understands that all social giving efforts make the experience more meaningful and personal to the donor. Two examples of peer-to-peer fundraising at CHSC are Cleveland Big Wheel Relay and Giving Tuesday. Both events draw large numbers of people who are passionate about CHSC to raise funds and awareness on our behalf.

What You Can Do
Two things make social giving successful: first, social fundraising campaigns are held online and have a social media sharing component. The most efficient and effective way to solicit donations is by sending emails to your friends, family and coworkers, and by sharing messages on social media platforms such as Facebook or Twitter. Second, social giving is most effective when you make your messages and requests personal. People in your social networks choose to support your cause because you are important to them. They value your opinion and trust that your cause is important and worthy of their support.

Now that you know what social giving is, and the impact it can have on fundraising efforts for organizations like CHSC, you may be wondering how you can get involved. Here are some options.

Support a Team
This year, the 5th Annual Cleveland Big Wheel Relay teams will use peer-to-peer fundraising in the months leading up to our June 24th race day – aiming to raise a record-breaking $35,000! You may decide to form a four-person team, raise funds and participate in the crazy, fun excitement of the relay race itself. Or, you may choose a more behind-the-scenes strategy by contributing donations to the overall campaign, or hosting a third-party event.

Plan a DIY Fundraiser
Are you more of a do-it-yourselfer when it comes to fundraising ideas? Prefer to host your own event or social campaign? Known as ‘third party’ events, wine tastings, house parties, happy hour out with friends, or your own social media campaign - can become opportunities to raise funds for CHSC. Every effort helps to expand awareness of our mission to your network of friends and colleagues. As you plan your event, we are more than happy to provide you with the necessary information needed to successfully communicate our mission.

Here at CHSC, we encourage you to consider raising funds on our behalf this year. For more ideas on how you can get involved simply visit: www.chsc.org/fundraise

Sources:
1. https://givingusa.org/giving-usa-2016/
FACEtime
Building confidence, fluency, and social skills

By Sharon Dundee and Lauren Masuga

L-R, Sir Jordan Williams, K’Shanti Bryant, and Lauren Masuga, SLP play a word game in a FACEtime group session.
Imagine you really like chicken burritos. Imagine you have a craving for a chicken burrito and go to the local Chipotle to satisfy your craving. However, imagine once you are at the counter and asked for your order, you are unable to get your words out - you are stuck. You push as hard as you can but the word “chicken” will not escape your lips. Your face turns red, the line behind you grows longer, and the employee becomes impatient. Feeling embarrassed and frustrated, you blurt out “beef” instead of “chicken” because that is a word you are able to say. Disappointed, again, you have to settle for less than what you want because of your stutter.

This is just one small example of the kind of situations and emotions people who stutter must deal with daily. Kids - teenagers in particular - feel the burn of scrutiny and peer pressure as they try to navigate social situations while struggling with a stutter.

In an effort to focus particular attention on the issue of stuttering for kids and teens, Cleveland Hearing & Speech Center (CHSC) created a one-of-a-kind program called FACEtime. Fluency, Attitude, Communication, Effectiveness – are the aspects addressed in the program. FACEtime is an opportunity for kids and teens to meet peers who stutter. It provides a safe space for them to openly discuss their stuttering problems, related emotions, and offers strategies to cope with, and overcome, their stuttering. Kids who are in FACEtime receive individual treatment to work on specific, personal goals one time per week for three weeks, then once a month the kids meet as a group and practice. Unlike other therapy programs, FACEtime offers kids and teens the opportunity to put their strategies into practice in the real world – by taking field trips together to public places throughout the city and practicing their speech goals in real life situations – like ordering food.

FACEtime was started in the Fall of 2013 by CHSC Speech Language Pathologist, Lauren Masuga, with the aid and support of her mentor, Michelle Burnett, then Director of Hearing & Speech Services at CHSC. When Lauren started her career at CHSC in 2006, she had very little experience working with people who stutter, but Michelle saw the potential in Lauren and encouraged her to become proficient in stuttering programs and therapies. Through countless hours of research and practice, Lauren found she had a passion for working with people who stutter – and began to consider better methods and programs for that population. Lauren, aided by Michelle, developed the basis for FACEtime.

Kids and teens who join FACEtime are typically referred by a school speech language pathologist, or choose to participate following an evaluation at CHSC, and are between the ages of 9-16 years old. Weekly FACEtime sessions are billed to a client’s medical insurance. A one-hour, individual session is $120. An hour and a half group session is $90.
Individual Session
In a typical individual therapy session, a child who stutters practices certain fluency enhancing strategies and ways to release tension to get out of a stutter quickly. Some of these strategies include:
- Fluency shaping strategies
- Stuttering modification techniques
- Discussing different attitudes and emotions related to speaking
- Considering various speaking situations
- Role playing bullying situations and how to respond
- Playing a fun game, incorporating his/her speech strategies

Group Session
During a group therapy session, the kids come to CHSC at the University Circle location and have the opportunity to talk to one another and practice strategies for situations where their speech is essential – such as ordering food, or taking a survey, before heading out as a group into the community to practice the strategies in real-life situations. Following the outing, the group returns to CHSC and evaluates the outing, including related thoughts and feelings associated with it. Group sessions end with a fun game that builds a sense of trust and confidence between them.

Emotional Impact
What people don’t realize about stuttering is the impact this disorder can have on your quality of life or confidence in your self. Some people feel angry at themselves when they can’t talk, even though stuttering is not their fault. Some people are very embarrassed, or ashamed, by their stuttering and will avoid situations where they might have to talk to others — creating an isolated, lonely existence. Others, especially kids and teens, face challenges with bullying and being teased because they speak differently. These difficulties can have a significant impact on quality of life, confidence and speaking abilities. All of these issues are addressed in FACEtime therapy, and often, the kids are taught how to use positive self talk, positive thinking, and discussions about feelings and thoughts to overcome negative emotions.

Added Benefit
Another unique aspect of the FACEtime program is its association with Case Western Reserve University’s Communication Sciences program. CWRU Speech-Language Pathology graduate students are often placed with the FACEtime program as part of their clinical experience. FACEtime offers the grad students an opportunity to train and work with kids and teens who stutter — an opportunity rarely offered by Communication Sciences graduate programs. One of the grad students describes her experience, “The therapy and counseling techniques I learned while working with FACEtime group shaped my clinical education and prepared me for my future as a speech-language pathologist. This placement provided the unique training opportunity of having weekly, 1:1 sessions with a fluency client and monthly group sessions, allowing me to practice my skills with different clients in a
variety of contexts." This enthusiastic response is similar to that of another grad student, “Fluency group offers us (graduate students) a unique opportunity to learn and execute fluency shaping and stuttering modification techniques, but more importantly it grants us insight into the unique circumstances of young teens who stutter. Each group member has their own story, their own obstacles, and their own positive contribution to the group. What begins as graduate students addressing disfluencies with clients, ends as a reciprocal relationship in which the group teaches us about the importance of our clinical practice and what an impact speech has on one’s self image. It is truly a wonderful experience!

**FACEtime Summer Camp**

Seeing the success of the FACEtime program throughout the school year led Lauren to consider options for extending the therapy strategies into summer when the kids were out of school. FACEtime Summer Camp was created as an intensive four-day program for kids between the ages of 9-16 who stutter. It was designed to address similar skills as the FACEtime weekly therapy group as well as allowing the kids to have fun being with other kids who stutter and making new friends. However, Camp cannot be billed to medical insurance. It is private pay only, and the cost of the first FACEtime Summer Camp in August of 2016 was $380 per child. In an effort to defray the cost for those families who could not afford the out of pocket expense, scholarships were funded by the Orange Effect Foundation and through efforts of the CWRU Speech Language Pathology graduate students through peer-to-peer fundraising.

In addition, [continued on pg. 14]

DreShawn Myers is 13 years old. He appears confident on the outside. He is very personable, talks constantly (sometimes when he isn’t supposed to) and likes to joke with others. However, despite his outward confidence, he was very uncomfortable ordering food for himself when out in the community. For the first several months after joining FACEtime, Lauren Masuga, CHSC SLP, would order his food for him and stutter on purpose to hopefully give him the courage to order for himself. After a few months and many practice sessions, during a community outing at a local fast food restaurant, DreShawn looked at Lauren and said, “I got this Miss Lauren.” Stepping aside, Lauren let him order for himself. He did a wonderful job, was fluent, and got exactly what he wanted (which is the main goal for the kids. The main goal is not to be fluent, but to order what you want no matter how it sounds when it comes out. Being smooth is a bonus). The look on his face after he ordered was priceless. He was beaming, with a huge smile, and confidence was radiating out of him. Lauren says proudly, “This is what FACEtime is all about – getting to this moment!”

L-R, K’Shanti Bryant works with SLP, Rebecca Fitzgerald, while DreShawn Myers tries to guess the answer in a word game with Lauren Masuga.
To support this program visit www.chsc.org/facetime.

Successful Outcomes
It is hard to say who enjoys FACEtime and FACEtime Summer Camp more – Lauren or the kids! She says, “The kids love coming to therapy and loved the summer camp. They asked if we could make camp longer and have a sleep-away camp. Some of our kids were unable to order, or afraid to order, food for themselves before coming to therapy. I am proud to say these kids are now ordering for themselves and are very proud of their speaking abilities. I wish you could see the joy on their faces when they accomplish this difficult task for the first time. It brings tears to my eyes every time.”

A parent of one of the FACEtime Summer Camp participants says, “As a parent, I felt the concept of the FACEtime Camp was exactly what my son needed. The experience of being in real world settings and group therapies was invaluable.”

And, literally, the kids speak for themselves, “The reason that I love fluency group so much is because I get to have fun and I’m also learning a lot. And I’m also surrounded by good people.” “The reason I like camp is because they help me with my speech and we are having fun.” “What I love about the fluency therapy group is that we cooperate with each other.”

Lauren reports that the FACEtime kids show a marked improvement in school as well. They are more likely to volunteer, give presentations to the class, and read aloud more often.

Supporting FACEtime
FACEtime is a vital, successful, therapy program that has shown significant results. Lauren says, “The kids and their families are very thankful to CHSC for the unique program and the FACEtime Summer Camp, and greatly appreciate the scholarships and support – without which, many, if not most, of the kids would not be able to participate. Kids who stutter need to know how special they are, how capable they are, and that they can overcome their fears and gain confidence in themselves. It is imperative that we have funding to continue the FACEtime program and Summer Camp so that kids like DreShawn have the same opportunities to further their speech skills, make friends with others who speak like they do, and have the opportunities to learn to talk with people in the community. To support this program visit www.chsc.org/facetime.

What is Stuttering?
By Michelle Foye MA CCC-SLP
Director of Speech Language and Learning Services

Stuttering is a communication disorder that can affect children, adults, boys, girls, young, and old. More than 70 million people worldwide stutter which is 1% of the population. Stuttering is a disruption in the fluency of speech such as initial sound repetition (b-b-b-boy), blocking (no sound), and prolongation (ssssssssun). Every person has instances when they may be speaking and they repeat a sound, get nervous and have difficulty making any sound, or add noises such as “um.” When the flow of speech begins to persistently be disrupted, the speaker may start to avoid talking, and in some instances they may increases body movement to help push the words out, stuttering as a communication disorder may then be present. Young children have natural developmental periods when they are increasing their vocabulary and may repeat words or pause for a longer period of time before speaking. In most cases these are typical developmental stages but in some cases further evaluation may be needed for stuttering. Early treatment can be key in helping an individual who stutters.

According to the Stuttering Foundation there are four factors that may contribute to the development of stuttering. Those are:

- Genetics: Approximately 60 percent of those who stutter have a family member who does also.
- Child development: Children with other speech and language problems or developmental delays are more likely to stutter.
- Neurophysiology: Recent research has shown that people who stutter process speech and language in different areas of the brain than those who do not stutter.
- Family dynamics: High expectations and fast-paced lifestyles can contribute to stuttering.

Neuroimaging and genetic research are currently being done so that we will have a better understanding about stuttering, how to provide earlier detection, and different treatment options.

Who should be evaluated?

Anyone who is stuttering for 3-6 months should be evaluated or if the severity of their disfluencies has become more severe. A speech language pathologist can complete an evaluation and provide suggestions for therapy if needed.

Therapy typically involves the family so that carryover of strategies can be used in all environments. It is important to remember that when you are talking with anyone who stutters that you should be a good listener and communication partner. You should not finish their word or sentence for them or tell them to take a deep breath or hurry up. The best way to communicate with anyone, including a person who stutters, is to listen until they are done speaking and maintain eye contact because this demonstrates that you are listening and what they have to say is important.
The New Partners of Cleveland Hearing & Speech Center (CHSC) is an associate board comprised of dynamic young professionals in the Cleveland area working to help advance the mission and programs of CHSC, through both service activities and fundraising events. Members of New Partners come from a diverse background of experiences and professions, and are able to collaborate effectively and utilize these differences to help the Center achieve its goals.

New Partners promote awareness of CHSC throughout the Cleveland community and are committed to the success of the organization. Members are able to further their understanding of philanthropy, build upon professional and leadership skills through regular interaction with the Center’s Board of Directors, and interact with professionals in the greater Cleveland business community by hosting and participating in events held throughout the year. New Partners also increase their presence in the community through involvement in CHSC’s new volunteer outreach program.

Oftentimes, those serving on associate boards do not have many opportunities to interact with the Board of Directors of the organization. New Partners is unique in the sense that the group provides numerous opportunities to remain engaged with the Board on a regular basis. As a means of engaging and developing meaningful relationships with Board members, New Partners are able to attend regular Board meetings, annual retreats, and quarterly mixers. They also participate in annual thank-a-thons, where Board members and New Partners join forces to thank the Center’s donors for their continued support. New Partners have the opportunity to further gain Board experience by electing to serve on one of the committees of the Board of Directors.

This type of collaboration allows for New Partners to establish consideration for selection to the full Board of Directors. For example, in 2016, two New Partners went on to join the CHSC Board of Directors. These opportunities help to foster continued growth and development of New Partners as they navigate their careers and build upon their professional network.

In addition to volunteering their time to attend monthly Board meetings and the planning and execution of one of the Center’s main fundraisers - Cleveland Big Wheel Relay, New Partners also engage in other fundraising and awareness events throughout the year. In 2016, CHSC rolled out a new Community Outreach Program which included the development of a regular slate of volunteers to assist in staffing booths at various events on behalf of the Center. New Partners were among the first to be introduced to this opportunity. Of the New Partners that participated, attendees were pleased to be able to reinforce their knowledge of the Center’s programs and network with members of other organizations that were present at the events.

One of the top priorities of the New Partners is continuing to grow the membership base. To achieve this, New Partners engages in various networking opportunities available to associate boards in Cleveland. New Partners members are regular participants in Engage! Cleveland’s annual Young Professionals Fair. In an effort to collaborate with other young professional boards in the Cleveland community, they also host joint networking events with the Boys and Girls Club Bridge Board, where new ideas can be shared and networks can be built.

New Partners has earned the respect and gratitude of the Cleveland Hearing & Speech Center’s Board of Directors, staff, clients, donors and the community at large. The New Partners are forever grateful for the experiences they have gained as young professionals that have allowed them to build their professional skills and develop a more diverse network.
THE ANNUAL CLEVELAND BIG WHEEL RELAY IS THE NEW PARTNERS SIGNATURE FUNDRAISING EVENT.

Currently in its fifth year, this very popular event twice won the distinction of CBC Magazine’s Business Networking Organization of the Year/Young Professionals Award at the Connector’s Choice Awards. In addition to the planning and promotion of this hugely successful event, the New Partners are actively engaged in recruiting young professionals for the racing teams and are the primary drivers of the social fundraising component. The success of the event is evidenced by the yearly increase in both attendance and dollars raised. New Partners also hosted the most well-attended happy hour kick-off party in the event’s history in 2016!

Cleveland Big Wheel Relay is comical and unique fundraising event to support the Cleveland Hearing & Speech Center. Time to register a team and raise money for a great organization!

SAT., JUNE 24, 2017
2:00 - 5:00 PM
LINCOLN PARK, TREMONT

To register or donate visit www.chsc.org/bigwheel

QUESTIONS?
Sara Thomas, CHSC
sthomas@chsc.org
or 216-325-7578

Photo: Phil Long Photography
Your gift provides comfort to an expectant deaf mother at a prenatal doctor’s visit.

Your gift builds confidence in a stuttering teen who struggles to speak up in class.

Your gift helps grandparents communicate and bond with their grandson who has hearing loss.

The CDC estimates that the treatment cost for people born with hearing loss in 2000 will reach $2.1 billion.

Your gift improves the community of Northeast Ohio by reducing the economic burden associated with communication disorders and deafness. Through education, advocacy, and intervention, we can break the cycle of poverty and improve social, academic, and vocational outcomes. For the thousands of people we serve, your gift means the world.

Studies on early detection and intervention of speech disorders show that their benefits exceed future treatment costs 7 to 1.

You can also support CHSC by volunteering to participate in events. If you have questions about CHSC and how you can become actively involved, please call Sara Thomas, Interim Director of Development at 216-325-7578 or sthomas@chsc.org.

*While contributions may be tax deductible, please contact a tax advisor regarding individual circumstances.
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