



Within Earshot

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Goodbye 2010!



Here we are, closing 2010 with our fourth issue. We're growing by pages and content, and also team members! WE takes this opportunity to welcome

Ms. Jennifer Peters, Ms. Shireen Abdullah and Mr. Alexander Stephen to the editorial board! Huge appreciation for their volunteerism. Here's hoping for a bigger and better WE in 2011. Till next year!



The President's Address

The end of the year is nigh! December is here again. Already. It seems every year this mantra is repeated at this time of the year. "So fast!" "The year has gone by so fast!" Indeed it has; for those of us consumed by the work that needs to be done it would not hurt to look back at what has been done.

In doing so I am grateful to the past committee headed by Sharimila Ambrose and her team in doing their professional best when beset by numerous challenges in passing on the work that has been done as fully as possible. Their professionalism and their dedication are much appreciated. We stand on the work that has been done.

The past 6 months have been interesting; I have been educated and re-educated in the do's and don'ts of the administration cog. I have learnt much more than I thought my grey matter could absorb (wonders never cease ...) and am very aware of the vast unknown that needs to be learnt. My EXCO have been indispensable; supporting and working through the tough and easy bits with equal diligence. I have been thrilled to find a very resourceful bee in

Cheryl, our Information Management Portfolio head. She has been a quiet wonder. Then there is enthusiastic and bubbly Nadirah; who has brought Within Earshot within view consistently over the past 3 months. My right hand woman, Siew Yean has been assailed with a barrage of requests and letters; she remarkably takes it all in professional stride. Saravanan, Shahrinah and Tye have been gentle with a loud and sometimes over-enthusiastic President, critiquing and offering decisions, motions and suggestions. And so we are one cohesive variable and united whole.

Having concluded our recent General Meeting on the 20th November 2010, we take baby steps forward, planning for BHS 2011. We hope for your continued support; nothing can move without it. We look forward to the coming year with anticipation as we continue to grow professionally in all respects.

A Merry Christmas and a Happy New Year!

Warm Regards

In Focus: Auditory Training by Chong Foong Yen, Audiologist

“Auditory training has regained its dignity at present and it will attain its sustainability in the field of audiology”

The concept of auditory training has been used prior to the 20th century, although there was no sophisticated amplification technology. The devices used to amplify sounds are merely trumpet, horn, funnel, speaking tube. That era is known as the “Acoustic Era” of hearing aids. Back in the 1st century A.D., hearing tubes and intense sounds had been used to stimulate hearing in hearing impaired individual. The auditory training concepts proposed by Urbanstitch are incorporated in the Aural Rehabilitation (AR) activities nowadays. A few concepts includes speaking at various distance from ear, which is used in Ling Sound test; activities that range from the lowest to highest hierarchy of auditory skills (from sound awareness to speech discrimination & identification); and manipulation of the rate of speech, which is known as clear speech techniques in conjunction with the use of technology. The passion to invent hearing aids has lead to the invention of telephone in 1876 by Alexander Graham Bell.

In the early 20th century, the first wearable carbon hearing aid was invented in 1902. This was followed by the “Vacuum tube era” of hearing aids in which more powerful hearing aids were possible. Veterans from WWII received vacuum tube hearing aids and participated in the in-house eight-week AR program catered for them. This AR program encompassed a few components: individual or group therapy, hearing aid orientation, counseling, auditory training, and speech reading. In addition, a systematic auditory training program was promoted - which began with the training of awareness of sound, gross sound discrimination (non speech stimuli), discrimination of dissimilar speech sound, and discrimination of highly similar speech sounds. These concepts were incorporated in auditory skills assessment and/or training tool such as the Evaluating Auditory Responses to Speech (EARS) test batteries by MED-EL. The use of amplification devices in auditory training is of utmost importance for a successful auditory training and had been emphasized by Max Goldstein in the early 20th century. His concept lays a strong foundation in the Auditory-Verbal Therapy (AVT) that is widely used in auditory training for Cochlear Implant (CI) users nowadays.

One important fact is that technology advancement happened rigorously during the 20th century. This affects the invention of transistor and integrated circuit which resulted in invention of computers, smaller units of hearing aids. Advancement of technology mark the transitions of hearing aids (HA) trend from analog HA to programmable HA, and to digital hearing aids towards the end of 20th century. The higher confidence in hearing aid technologies is believed to result in a drop in auditory training practice among audiologist albeit other contributing factors were possible. However, with the invention of otoacoustic emissions (OAE) tests around 1990s and the use of electrophysiological testing, early detection of hearing impairment is feasible. Parallel to this is the advancement of CI device from single channel to multi channel and better speech processing strategies in CI. In addition, Joint Committee of Infant Hearing year 2000 position statement (JCIH 2000) had emphasized on early detection and identification of hearing loss in infant.

Auditory Training (cont.)

The combination of these factors resulted in more CI users which in turn draw the attention towards the importance of auditory training. Towards the end of 20th century, a few computer applications for speech perception training were invented: Dynamic audio video interactive device (DAVID); Computer assisted speech perception evaluation and training (CASPER); Computer assisted tracking simulation (CATS). The invention of these computerized auditory training programs has provided conveniences for audiologists or clinicians to conduct auditory training for their clients.

At present, there are more evidences that showed the efficacy of AR program, particularly for CI users. Nowadays hearing aids technologies have incorporated fully digital signal processing with advances features. Research on aging & neural plasticity of auditory pathway is of interest. The interdisciplinary approach in research has lead to invention of auditory training program which take into account the effect of cognitive processing on speech perception. One example is the Listening and Communication Enhancement (LACE) program. Interest in studying auditory processing disorders (APD) resulted in auditory training program such as Earobics and computerized Fast For Word program which is a bottom-up auditory training program. Thus, the presence of evidence from research and the accessibility of computerized training programs have changed the focus of auditory training from not only reducing the effect of peripheral impairment, but the effect of central disorders as well. Lastly, with the availability and accessibility of personal computer and internet, a home-based auditory training program is adopted by clinician. Audiologists or clinician can help patient to choose appropriate program (e.g. i-CAST) and patient could use the program at home via internet.

The concept of auditory training has present since hundreds of decade ago. However, from the historical review of aural rehabilitation, we could see that auditory training has been carried out in different ways or approaches. The presence of relatively early hearing aid technology and WWII had drawn the attention towards auditory training, which was then subsided in the period between mid and late 20th century partly due to advancement of hearing aid technology. Nevertheless, auditory training has regained its dignity at present and it will attain its sustainability in the field of audiology.

In the News: Toys-Induced Hearing Loss? contributed by Nadirah Hanim, Audiologist

(Reuters, 23 Nov 2010) With the holiday gift-buying season here, consumer groups are warning parents to shop carefully to avoid bringing home one of the hazardous - and potentially deadly - toys that continue to show up on the shelves of major U.S. retailers.

Among the dangerous products to avoid this year: A Dora the Explorer backpack on sale at Claire's that the U.S. Public Interest Research Group (PIRG) says contains the toxic chemical bis(2-ethylhexyl)phthalate and a Big Bang Rocket on sale at Amazon.com that the group World Against Toys Causing Harm says may cause **hearing loss**.

On Tuesday, U.S. PIRG released its annual "Trouble in Toyland" report, flagging about a dozen dangerous toys the group says it

found on sale at national retailers in September and October.

It comes on the heels of the "10 Worst Toys" report from WATCH, released last week, which warned the number of defective toys reaching the marketplace each year was "clearly suggestive of a broken system that needs fixing before more children are harmed."

Consumer watchdogs say the big risk to kids these days is as much chemical as mechanical and comes from the cadmium, lead-based paint and plastic-softening compounds like bis(2-ethylhexyl)phthalate commonly used in toys.

But choking, cutting, blinding and strangulation hazards continue to pose a problem -- though some of the problems can be avoided

if parents show common sense when they shop and keep an eye on their children when they play.

Among the old-fashioned culprits this year: A Supasplat Splatblaster toy gun available at KMart that could -- like the Red Ryder BB Gun in the 1983 movie "A Christmas Story" -- take an eye out.

"A lot of it is accidents," said Jacinda Adams, a vice president with Prevent Blindness America, a Chicago-based group. "Kids get a new toy. They run through the house. They fall on the toy and poke themselves in the eye.

"But at the end of the day, it's up to parents and consumers to be aware and how to be careful to avoid winding up in the emergency room for Christmas."

My Taralye Experience

by Low Hui Min, Speech-Language Pathologist

Between September and November 2007, I had the opportunity to be a volunteer in Taralye, an oral language centre for children with hearing impairment in Victoria, Australia. Taralye is a non-profit organisation that supports young children from birth to 6 months old. It also supports their families to face the conditions of hearing impairment. Taralye offers an inclusive range of early intervention and early childhood programs to these children and their families, including audiology and otology clinics, speech and language therapy services, parent support groups, a resource library and preschool programs. During my weekly visits to Taralye, I had opportunities to be involved in some of their programs, including their fund-raising programs, preschool activities and the Mother Goose program for infants and their families.

Being a volunteer in Taralye provided me with the opportunity to observe the operation of different programs in the centre. I realised that there are at least three kinds of support that are fundamental for the operation: 'financial support', 'professional support' and 'peer support'. I will begin by discussing the 'financial support'. As stated in Taralye's official webpage (<http://taralye.avalde.com>), the total cost to help each child learning to speak is around AUD\$10,000 per year. In Taralye, government funding only contributed to 45% of total service costs. To my knowledge, the other funding sources are fee contributions from the families, donations from the public and different fund-raising programs organised by the administrative team. During my visits to Taralye, I became aware that fund-raising was an on-going agenda in the organisation. I participated in some of the fund-raising activities, like the T-shirt Day in which the organisation sold specially printed T-shirts to students in primary and secondary schools, a Sunday market in which the families brought in things to sell to the public, a fund-raising concert, and an art exhibition. All these happened within the time of three months while I was there! A PR officer, with the help of the administrative team, managed these activities.

What I learnt from this is that financial support is a crucial element that enables an operation of an early intervention program. Any individual or organisation that wishes to begin an early intervention program needs to be prepared to face this on-going challenge. I guess this is particularly relevant in early intervention for hearing-impaired children due to its dependency on advanced, and therefore high-cost, hearing amplification technology. In recent years, there are a few Malaysian audiology graduates who have qualifications in Masters of Business Administration (MBA), and many others are now pursuing knowledge in business and administration. I believe this group of audiologists will soon become important resource persons to consult in this aspect.

The second form of operational support is the 'professional support'. The professional team in Taralye comprised of three professional groups, i.e. administrative, clinical and educational personnel. Taralye provides aural rehabilitation services to young children with early impairment from birth. The children are referred to Taralye from different healthcare settings in the neighbouring suburbs of Melbourne. The children are monitored in regular schedules by clinical professionals; including otologists, audiologists and speech-language pathologists. However, many of these clinical professionals are not full-time staff in the centre. They only come to the centre one or two days per week for the individual consultations. In contrast, the children and their parents had closer contacts with the early educators in the centre. Infants and toddlers come for weekly or fortnightly group activities with their caregivers. One of the group activities is the Mother Goose program (<http://www.nald.ca/mothergooseprogram/>) in which the children and their caregivers perform different movements and bodily actions while singing their favourite nursery rhymes and songs.

My Taralye Experience (cont.)

When the children turn three years old, they come weekly for an afternoon nursery program (about 3 hours), run by pre-school teachers and a teacher aid. The nursery program is an inclusive program with a teacher/child ratio of 4:1 normal-hearing and hearing-impaired children. The teacher aid is a staff member who monitors the hearing-impaired children's participation in the program and helps these children to manage their hearing devices. Other than that, all children (with or without hearing impairment) experience the same kind of speaking style and behavioural management from the teachers. After a year, the children go to the pre-school program that follows the same teaching principles. The children come either every day

or on alternative days depending on individual and staffing conditions. In this intervention model, there is lesser emphasis on the children's hearing issues. Rather, more attention and resources are placed on expanding the children's hearing, speech and language potential in parallel to the normal route of speech and language development. This could be a model for us to implement in Malaysia.

The third feature of operational support that I will discuss is 'peer support'. Concerning this, I realised that the children with hearing impairment in Taralye are usually surrounded by normal hearing adults and children. As mentioned earlier, the children with hearing impairment are given the same kind of opportunity and experience as any other children in the centre. (To a certain extent, wearing a hearing device was almost like pinning on a badge by another child). It was apparent that many children have been fully integrated within their normal-hearing peers in terms of their social-communicative behaviours and speech and language performances. Even so, it was equally important to acknowledge that not all of them did. Individual differences in speech, language, social and communicative outcomes did exist amongst the children. This seems to be something that we need to deal with, regardless of the nature of an intervention program.

As a whole, the three-month volunteering experience in Taralye was both rewarding and revealing for me. It has broadened my perceptions of aural rehabilitation for young children with hearing impairment. This experience made me realise that this process is an on-going challenge for all stakeholders. In many aspects, I view that in Malaysia, we do have the potential to advance in the development of aural rehabilitation programs. With the increased number of local and overseas graduates in this area of expertise, professional support is no more a critical issue. Perhaps what we need to ponder now is how to incorporate other forms of inter-disciplinary support to strengthen the planning and the implementation of the programs. At the same time, it is also important to set realistic measures for the expected outcomes of such programs. I would like to take this opportunity to acknowledge those audiologists and speech-language pathologists in Malaysia who have never given up their faith and for their constant efforts in this area. Their work has made huge differences to many people now and in the years to come.



“Crabbit Old Woman”

contributed by Nadirah Hanim, Audiologist

What do you see, what do you see?
 Are you thinking, when you look at me –
 A crabbit old woman, not very wise,
 Uncertain of habit, with far-away eyes,
 Who dribbles her food and makes no reply,
 When you say in a loud voice,
 I do wish you'd try.
 Who seems not to notice the things that you do
 And forever is losing a stocking or shoe.
 Who, unresisting or not; lets you do as you will
 With bathing and feeding the long day is filled.
 Is that what you're thinking,
 Is that what you see?
 Then open your eyes,
 Nurse, you're looking at me.
 I'll tell you who I am as I sit here so still!
 As I rise to your bidding, as I eat at your will.
 I'm a small child of 10 with a father and mother,
 Brothers and sisters, who loved one another –
 A young girl of 16 with wings on her feet,
 Dreaming that soon now a lover she'll meet,
 A bride soon at 20 – my heart gives a leap,
 Remembering the vows that I promised to keep.
 At 25 now I have young of my own
 Who needs me to build a secure happy home;
 A woman of 30, my young now grows fast,
 Bound to each other with ties that should last;
 At 40, my young sons have grown and are gone,
 But my man's beside me to see I don't mourn;
 At 50 once more babies play around my knee,
 Again we know children, my loved one and me.
 Dark days are upon me, my husband is dead,
 I look at the future, I shudder with dread,
 For my young are all rearing young of their own,
 And I think of the years and the love that I've
 known;
 I'm an old woman now and nature is cruel –
 Tis her jest to make old age look like a fool.
 The body is crumbled, grace and vigor depart,
 But inside this old carcass, a young girl still dwells,
 And now and again my battered heart swells,
 I remember the joy, I remember the pain,
 And I'm loving and living life over again.
 I think of the years all too few – gone too fast.
 And accept the stark fact that nothing can last –
 So open your eyes, nurse, open and see,
 Not a crabbit old woman, look closer –
 See Me. -author unknown-

WE Buzz

For the upcoming issue, our theme would be:

“Language, the Cradle of Thought”

We're looking for articles from both SLP and
 Audiologist for this theme.

We will also be starting a column

“Letters to the Editor”

- got a feedback on WE? Write in!

Kindly send your submissions to

editorialwe@mash.org.my.

We are also still looking for team members
 for the Information Management Portfolio.

We look forward to hearing from you!

