New Hampshire

RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Summer Issue 2007

THE RIGHT TO COMMUNICATE

AAC Is the Means: Meaningful Participation Is the Outcome

Michael McSheehan, Clinical Assistant Professor,Communication Sciences & Disorders,
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Communication is the means through which we engage in life. The expected outcome of Alternative and Augmentative Communication (AAC) services and supports is increased participation in life. If AAC services and supports are not having this result, something needs to change.

Charlie is a fifth grade student who communicates using AAC. He and his team just won an end of the year reading competition based on their recall of books that the class had read during the year. In preparing for the competition, the team not only talked about characters, settings, and plots, they also joked with each other, shared personal insights, and encouraged one another. For Charlie, just being a part of this team is cause for a major celebration.

Two years ago, things were quite different. As a third grader, Charlie was described as "low functioning" by his teachers and family members. He received most of his instruction from paraprofessionals who used materials that were created to address his IEP goals, materials that were *not* connected with the classroom instruction. Seated in the back of the room, Charlie only had occasional opportunities (during snack and at recess) to interact socially with his classmates and he never interacted with them or with the classroom teacher during academic lessons. He had a small, portable AAC device that when a button was pushed played one of nine programmed messages (Hello, Goodbye, More, Hungry, Bathroom, Break, Mad, Yes, and No). The team reported that Charlie only pushed the buttons if he was "highly prompted."

(Continued on next page)

Welcome to the Summer Issue of the Rap Sheet focusing on the power of communication. The desire to make personal connections and to be known and understood by others is universal. However, for some the simple act of communicating can be an enormous challenge. We hope the stories in this issue will inspire you to truly pay attention, to reach out, and to listen with your heart.

Susan Covert, Editor

A collaborative effort by the
Disabilities Rights Center, Institute on Disability, and NH Council on Developmental Disabilities

Charlie's team, which includes his family, wanted things to be different. They wanted Charlie to engage more with other students, to use his AAC more, and to be an included member of his class. To bring this about, Charlie's team explored the following three strategies.

First, the team reflected on their own perceptions about Charlie's ability to learn and participate in class. The team realized that their perception of Charlie as "low functioning" was influenced in great part by how little he communicated. The team's perception determined the messages that they programmed into his communication device. With an extremely limited communication system, Charlie could only demonstrate limited abilities. Charlie's team wanted to break this cycle. They provided Charlie with a much more sophisticated communication system that included hundreds of pre-programmed messages. They did not require Charlie to demonstrate mastery or understanding of new vocabulary before programming it into his ACC. His new device, which he uses throughout the day across all settings, has computer-generated speech designed to sound like a child's voice.

Second, the team took stock of the methods they had been using to teach Charlie. Receiving pull-aside instruction from special education staff was preventing him from having opportunities interact or communicate with his classmates and with the classroom teacher. To change this, the team planned for Charlie's increased participation in classroom instruction and activities by asking and answering four basic questions (based on Jorgensen, 2005):

1. What are all students doing? (e.g., Are they reading in pairs, working in groups?)
2. How are students communicating? (e.g., During reading students look at and turn pages in a book. Students talk about the process – "What page are you on?" "This is hard/easy." Students speak about the content – "I like the main character." "Why did the main character do that?")
3. What communication materials need to be in place for Charlie to do and communicate the same things as classmates? (e.g., Can we develop a communication display to ask questions or comment about the

Quality Indicators for Augmentative

Be an informed consumer of AAC services. It is okay to have high expectations about the outlook, philosophy, and knowledge base of AAC providers. The following quality indicators will help you decide if the provider of an AAC evaluation or services is promoting inclusive education.

- The student has a means to communicate all day long, in all activities.
- The student has a means to communicate for a variety of purposes.
- The student's communication system is programmed with messages to demonstrate learning of age-appropriate core academics that are commensurate with his/her classmates. The student has a way to communicate the same things as non-disabled classmates - academically (sharing information and facts), socially (commenting on age-appropriate events and topics), and personally (sharing wants, needs, dreams, and desires).
- The student demonstrates increased use of communication with classmates and teachers.
- The student is spending more time in the general education classrooms, engaged in the same activities as other classmates.
- The student is spending more time engaged in social and extracurricular activities.

reading process? Can there be a communication display to share information, ask questions, or make comments about the reading content?)

4. What planning and preparation is needed? (e.g., Classmates and the general education teacher need to be coached about how to use the communication displays to interact with Charlie.)

Third, the team considered how most students learn to communicate and explored teaching Charlie in a similar way. Beginning communicators gain communication skills, in part, through interactions with other communicators. Charlie's team wanted him to have the benefit of communicating with lots of people in school. For students using AAC, there is another important challenge to consider: How to create a culture that values and models different ways of communicating. When a child is deaf or hard-of-hearing, an interpreter may be brought into the classroom to sign all spoken language. This not only shows the signing student "We value how you communicate," it also provides the student with a model for what signed fluent communication looks like. For students using AAC we can create such cultures by immersing students in activities where all students use AAC and where instruction shows values for AAC communication. Charlie's team distributed copies of his communication displays to all of his classmates and put extra copies in the various learning centers around the room. During paired or group activities, classmates were coached to use the displays to communicate with Charlie, each other, and even to share information with the classroom teacher. The teacher hung a copy of Charlie's main communication display in the front of the room and pointed to words on the display when she spoke to the class.

The team's willingness to change their perceptions about Charlie and to develop strategies to expand his opportunities and means for communication not only opened up a whole new world for Charlie, it enhanced the learning environment for all the students in the class. Charlie is no longer the boy in the back of the room with nine programmed messages; he is a valued and included classmate, and a member of the fifth grade's Championship reading team.

and Alternative Communication

- The student is demonstrating increased learning of academics in all subjects.
- The student's AAC supports take into consideration the communicative functions of challenging behavior.
- Family members, teachers, and classmates demonstrate a positive attitude about the student's use of AAC.
- People speak directly to the student instead of through a paraprofessional, teacher, or family member.
- When people speak to the student they use an age-appropriate manner, vocabulary and inflection.
- Training and support to use the AAC system is provided to the student in the contexts and routines in which the student will be communicating.
- Training and support to use the AAC system is provided to the student's team and his or her classmates, in the contexts and routines in which the student will be communicating.

** These AAC indicators are adapted from Calculator & Jorgensen, 1994; Jorgensen, McSheehan, & Sonnenmeier, 2002.*

Funding for Assistive Technology

James Fox, Staff Attorney Disabilities Rights Center

With recent advancements in technology, there has been an explosion in the number of technology-based solutions that can be used by individuals with disabilities to improve their quality of life. Being aware of the sources that are available to fund technology will help ensure that that people have access to this support. The following are the major funding sources for assistive technology (AT).

IDEA

To qualify for IDEA services, a child must need special education and related services because of a disability. The IDEA defines the term education broadly as specially designed instruction that is needed to meet the unique needs of a child with a disability. Technology is provided for in the IDEA and is defined broadly as any item, product, or service that increases the child's functional capabilities. The IDEA can be utilized to obtain technology to assist in educational goals, including the goal of transition from school to work. To the extent that a student is not covered by special education, Section 504 of the Rehabilitation Act of 1973 is available to ensure full access to a school and its services.

MEDICAID

Medicaid has been a valuable source of funding of technology. Medicaid is a joint state-federal program, which provides low-income recipients with health care benefits. Medicaid is a vendor payment program that reimburses providers for covered supplies and services on behalf of participants. Technology typically falls into the category of durable medical equipment and/or medical supplies under Medicaid's home health care provisions. AT requests must be medically necessary and need to be approved by the New Hampshire Department of Health and Human Services. In addition, children under the age of twenty-one can obtain technology under the Early and Periodic Screening, Diagnosis, and Treatment provisions of Medicaid which provide services that are required to correct or ameliorate defects and physical and mental illnesses and conditions.

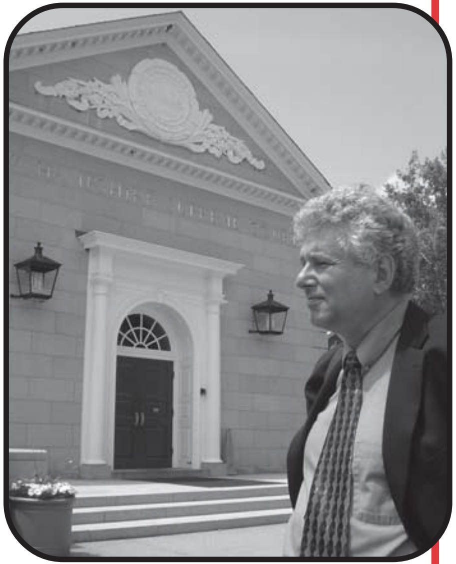
MEDICARE

Medicare covers persons receiving Social Security Disability Insurance. Assistive technology that is medically necessary generally may be obtained through Medicare as durable medical equipment (DME). Medicare defines

This issue of the Rap Sheet is dedicated to Ronald Lospennato, Legal Director for the Disabilities Rights Center. After 28 years, Lospenato is leaving DRC to join the Southern Poverty Law Center in New Orleans where he will direct a national project to reduce the number of children with behavioral disorders who end up in the juvenile justice system.

While at DRC, Lospennato has been instrumental in advancing the rights of individuals with disabilities. His legal victories have included: *Timothy W v. Rochester School District*, a landmark US Supreme Court decision affirming that education is the right of *all* children with disabilities; *James O v. Department of Education*, a federal class action suit ensuring that court ordered placements meet the educational needs of children with disabilities, and *Eric L. v. Department of Health and Human Services*, a lawsuit resulted in sweeping reforms to promote in the state's Division of Children Youth and Families.

We thank Ron Lospennato for his years of leadership and his work on behalf of people with disabilities both in New Hampshire and across the country. We wish him the best of luck as he takes on this new challenge. Louisiana is indeed fortunate to have him.



Julia Freeman-Woolpert

Attorney Ronald Lospennato, Legal Director for the DRC, in front of the NH Supreme Court.

DME as equipment which:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of an illness or injury; and
- Is appropriate for use in the home.

Medicare covers 80% of the cost of DME, at its own approved rate. If an individual is eligible, Medicaid can cover the 20% co-payment. Medicare's rates are sometimes less than what vendors charge; the consumer is responsible for any resulting funding shortfall. Medicare may also decline coverage if: (1) cost is disproportionate to the therapeutic benefit; (2) a less expensive appropriate alternative exists; or (3) an alternative is already available.

VOCATIONAL REHABILITATION

The New Hampshire Division of Vocational Rehabilitation (NHVR) plays a central role in assisting individuals with disabilities in obtaining employment. NHVR services are intended to maximize employability, economic self-sufficiency, independence, inclusion, and integration into the workplace and the community. Individuals seeking NHVR services must have mental, physical, and/or learning disabilities that are a substantial impediment to employment and require VR services to prepare for, secure, retain, or regain employment. NHVR funding is available for assistive technology including vehicular modification, telecommunications, sensory, and other technological aids and devices. Though NHVR will not pay for a service if a comparable benefit is available through another provider such as Medicaid, NHVR remains a major potential source of AT funding.

PASS PROGRAM

Social Security's PASS program is an employment-based program designed to increase the self-sufficiency of individuals with disabilities. To be eligible, an individual must: (1) have a disability; (2) meet SSI's eligibility requirements with the exception of the income/resources test; and (3) have either earnings, unearned income, or resources to set aside. The PASS program must contain a feasible occupational objective and the individual must be capable of pursuing the objective. Attaining an occupational objective often involves the acquisition of technology. PASS has been referred to as a "sleeping giant" as a means for obtaining AT funding.

PRIVATE HEALTH INSURANCE

Some health insurance policies cover durable medical equipment and other assistive technology based upon medical necessity. Policies providing such coverage usually limit its scope through monetary coverage limits, co-payment requirements, and list of excluded items. Ambiguities about coverage will be decided against an insurer as long as there is a reasonable interpretation that the policy provides coverage. It is important to examine closely policy language to determine the scope of coverage.

UNH RECEIVES FEDERAL GRANT TO PREPARE SPEECH LANGUAGE PATHOLOGISTS IN AAC

The University of New Hampshire's Department of Communication Sciences and Disorders and Institute on Disability/UCED received an $800,000 grant from the Office of Special Education Programs, U.S. Department of Education to prepare speech and language personnel to provide high quality augmentative and alternative communication (AAC) services to students with disabilities in general education classrooms. Beginning in July 2007, the funds will support 40+ masters' level UNH graduate students and professionals in speech language pathology. For more information, contact Rae Sonnenmeier, Ph.D., CCC-SLP via email at raes@unh.edu or by phone at 603-862-1860.

Stranger in a Strange Land

Julia Freeman-Woolpert, Disabilities Rights Center

In November 2006 Abdusalam Sadiqi and his wife, Indisar Hussein, arrived in America with just the clothes on their backs and flip-flops on their feet. Four years earlier, Sadiqi had fled his native Burundi where sectarian violence was responsible for the death of all his family and the destruction of his home. During his escape Sadiqi broke his leg, an injury that went untreated. By the time Sadiqi arrived in Ethiopia two years later he was gravely ill with a massive infection that affected his spine and nearly all of his organs. After collapsing, Sadiqi was hospitalized and not expected to live. He spent eight months in a coma. Miraculously, Sadiqi began to recover; when he was well enough to leave the hospital, he and Indisar were flown to the United States as refugees. Their long journey ended in Concord.

While Sadiqi is very, very glad to be in this country, things here have not been easy. His health, though better, is still fragile and his injuries have left him with permanent disabilities. Sadiqi explained, "I cannot walk long time. When I go long, I pain in spine, in back. Tonight I cannot sleep." Since arriving in Concord, Sadiqi has made frequent trips to the emergency room and been hospitalized several times.

For the first few months after their arrival, refugees are eligible for Medicaid assistance and are helped by a resettlement agency; Lutheran Social Services was the agency that worked with Sadiqi and his wife. Funding for resettlement only lasts a few months, and then refugees are typically left to manage on their own. Fortunately, Sadiqi met Kim Harris, a local business owner who has become a friend and mentor for his family.

"Initially Lutheran brought Sadiqi to the medical appointments, and then they asked him to start taking the bus to come here to Concord Hospital to rehab," Kim said. "The problem is he didn't have any sort of walker; he didn't have anything. He had one wooden crutch." (Kim helped Sadiqi get a walker and later crutches.) In the winter making the bus trip to the hospital was difficult. With his compromised health, being out for long periods in the cold weather was especially hard on him. Though Sadiqi was in desperate need of rehabilitation services, his doctors advised him to stay home until the weather improved. Somehow Sadiqi missed the information that Medicaid could have paid for his transportation to and from his doctors' appointments.

Sadiqi's first language is Swahili; he speaks four other languages, including English. Indisar speaks Amharic and is just beginning to learn English. They are both enrolled in an English language course offered at a local church. Even though English is a relatively new language for Sadiqi, he says he goes to his doctors' appointments without an interpreter. Sadiqi's understanding of English, especially written English, is limited. During our interview he handed me what he thought were his hospital records, in fact they were Concord Hospital job listings. Concord Hospital provides Sadiqi with written instructions in Swahili, which helps. Although, given his complex medical conditions, –

Julia Freeman-Woolpert

Abdusalam Sadiqi in his Concord apartment. On the table are a few of his prescribed medications.

MEDICAL INTERPRETATION

Over 75 languages are now spoken in New Hampshire. As we become more diverse, there is a growing need for communication access in medical settings for those whose first language is not English. Accurate communication between a patient and medical providers is critical for quality health care, but too often providers are not prepared to provide communication access. At the Foundation for Healthy Communities, the Medical Interpretation Advisory Board has a strategic plan to identify needs, develop the workforce, access funding sources, and raise awareness about the need for medical interpretation for both people with limited English proficiency and for Deaf and hard of hearing individuals. For more information visit their website at: **www.healthynh.com/fhc/initiatives/access/miab.php**

subacute meningoencephalitis, thrombophlebitis, pyelonephritis are but a few of his many diagnoses – it is unlikely that Sadiqi understands everything that he needs to know.

When I visited with Sadiqi he took me to the refrigerator and opened the door, inside was a virtual pharmacy with dozens of bottles and boxes of medications. Taking a bottle at random, I asked Sadiqi if he coud tell me what the medicine was, how often he takes it, and what it does for him. He struggled to find even the name of the medication on the label. Kim says that she is trying to help him keep his medications straight.

Kim is also helping Sadiqi and Indisar with the paperwork for Social Security and Section 8 housing assistance; forms that would be far too complex for them to manage on their own. “It's been hard because they don't know what is out there. They don't have an advocate once Lutheran's done with them. If they didn't have volunteers, they would have no one to help them,” said Kim. “It's a big issue, especially being disabled.”

Taking Ownership of One's Hearing Loss

Joan Marcoux, MA, CRC, Hearing and Vision Program Specialist, NH Bureau Of Elderly and Adult Services

It's not always easy for a person to acknowledge that they have hearing loss. However, denial of hearing loss can have a serious impact on a person's physical and emotional health.

Why is it so hard for people to admit that they have trouble hearing? Generally people are willing to acknowledge vision loss as soon as the problem is diagnosed. However, people with hearing loss may take several years to acknowledge it or to seek help, and some never do. Many associate hearing loss with being old, fear the stigma of being labeled as deaf, or worry that they will lose their jobs or be rejected by family and friends. Many people feel that if they keep their hearing problems under wraps they will have better control over their lives.

People who refuse to acknowledge hearing loss and who do not seek help are making their lives worse, not better. They exhaust themselves straining to hear every word in a conversation. They miss out on important discussions with family and friends or misconstrue what people are saying. As time goes on, they feel isolated, lonely, and depressed.

Miscommunications – including those with significant and lasting consequences – occur when hearing loss is not acknowledged. I know a man who had a serious medical condition that went untreated because he was unable to clearly hear his doctor's questions. This man was guilty of “yes-ing” his doctor and failed to provide the crucial information that his doctor needed for a diagnosis.

There can be enormous consequences when hearing problems are not correctly identified. Years ago, it was not uncommon for a child

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Being Understood

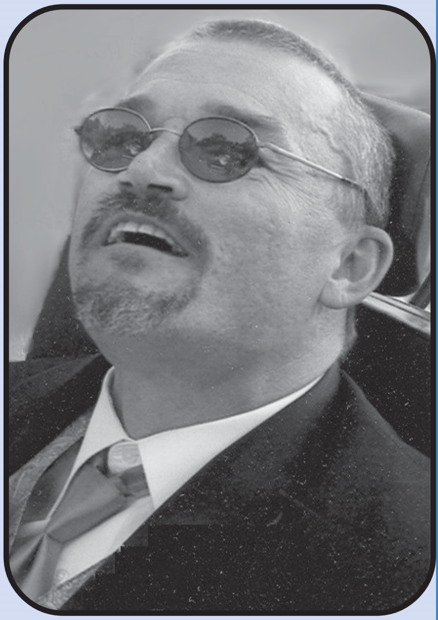
James C. Piet, MS, Public Relations Specialist, NH Department of Education, Vocational Rehabilitation

As a person with a speech impediment I realize that people may have trouble understanding me, this is true even for people I have known for awhile. If you have a speech impediment, it is important to believe in yourself and work to find the best ways to communicate with others.

For people with disabilities, facing prejudice is part of our daily lives. Although I have a professional job and have earned a Masters Degree, when I start to speak and my body begins to move involuntarily, people assume that I have cognitive, as well as physical disabilities. This stereotyping also happens to my wife Pat who has a college degree, an impressive resume, and happens to have a physical disability. In spite or our educational degrees and professional accomplishments, our daughter still has to explain to her friends why her father speaks funny and why her mother walks funny. Part of our family's daily routine is educating people about the realities of living with a disability.

I have found that different strategies and technologies have helped me to communicate. At home, my family, friends, and support staff generally are able to understand me, however, I do have to repeat myself from time to time. For telephone conversations I use a speakerphone; if the person on the other end is someone whom I have never spoken with I ask my wife, my daughter, or one of my support staff to keep an ear open. In initial conversations with someone who is not familiar with my speech patterns, I may need to ask someone in my house to repeat what I said.

In my job at Vocational Rehabilitation I use different tools and strategies to communicate. My computer has a voice activated software call "Dragon Dictate" that allows me to use my computer independently to do paperwork and to compose and answer email. As I do at home, I use a speakerphone at work; when I know that I will be talking to someone new I ask one of the office support staff to listen in on the conversation. I always tell the person I am talking with to ask me to repeat anything they don't understand. I also let them know that there is a staff person who is listening to the conversation and can interpret if that is needed. If I suspect that someone is having trouble understanding my speech I will ask them to repeat what I said to make sure that we don't need an interpreter. While I am on the speakerphone, I often ask my support staff to take notes for me. This is especially important if there are tasks that I will need to follow up on after the telephone call.



James Piet, Public Relations Specialist for the NH Department of Vocational Rehabilitation

When I attend a meeting I make a point to speak to the person in charge before the meeting begins to explain how I communicate and to please watch for when I want to say something. This is important because there are times when people at a meeting will be deep in conversation and aren't aware that I have something I want to say to the group. During meeting introductions I let people know that if anyone has trouble understanding me to please asked me to repeat myself or, if my support staff is with me, I will have that person repeat for me. There are times I can tell from people's body language or facial expression that they are not understanding me, when this happens I will either repeat what I said or I will have my support person do it for me

As Public Relations Specialist for Vocational Rehabilitation, I represent the Department in a number of settings; I also do a good deal of public speaking. Being able to communicate is essential; I have found these techniques and tools have helped ensure that people are able to understand me.

By Any Other Name

Julia Freeman-Woolpert, Disabilities Rights Center

What's in a name? That which we call a rose
By any other name would smell as sweet.
~ William Shakespeare

Disability advocates care passionately about the words that are used to describe people with disabilities. Contrary to Shakespeare, we know our choice of words does affect how we think and feel about others and ourselves, about our relationships, and our place in the world. But at issue is more than the actual words themselves; it's about the meanings, associations and emotions they invoke.

This year the New Hampshire Legislature passed a bill to establish a Legislative committee to study changing the state's statutory references to "mental retardation" and proposing alternative language. Members of People First were the driving force behind the legislation. "The words (mental retardation) are very offensive to people with disabilities," explained People First advocate Roberta Gallant. Senator Maggie Hassan, a board member for the Disabilities Rights Center, was a prime sponsor of the legislation, which received wide support in the House and the Senate.

While this legislation is a positive move, changing our terminology can only make so much of a difference. Over time the words associated with stigmatized groups tend to take on derogatory meanings. When there is an underlying prejudice against a group, a new word or phrase that was introduced to convey a more positive image, begins to assume a negative connotation. "Pejoration" is the linguistics term for this phenomenon.

Recently the American Association for Mental Retardation changed its name to the American Association for Individuals with Developmental Disabilities (AAIDD); this is the fourth name change since the Association was founded in 1876. Steven J. Taylor, editor of the AAIDD's national journal addressed this issue in a February press release, "Anyone who believes that we have finally arrived at the perfect terminology will be proven wrong by history. I am sure that at some future point we will find the phrase intellectual and developmental disabilities to be inadequate and demeaning." This is not about the words, he notes, but about the deeper issues of inclusion and acceptance.

This is our real task to create a world where *all* individuals are valued and respected and where no group is stigmatized. Until we do, we will keep chasing a moving target of words and meaning.

"And what about words, can I speak without care?"
"Well, words can be tricky, so say what you dare
It's Spirit that calls us more clearly than words
So hear them, use them, but don't you abuse them
Just wear them as long as you can".
~ 1981 Barbara Mays

From a song based on a famous interchange between Quakers William Penn and George Fox

"Supreme Court Waters Down ADA"

"Accessability requirements Deleted from the International Building Code"

"Drastically Disabled 8-year old Undergoes Surgery to Stunt Growth"

Are you as sick of what's going on as we are? Join the Revolution!

Help us Re-ignite the Disabilities Rights Movement! Read *Able Writer Says* at **http://ablewriter.com/disabilities_rights_news**

We want to hear from you – send us your comments, suggestions, complaints, ideas. Together we can change the tide.

Thanks,
Patricia Vincent-Piet
Able Writer
www.ablewriter.com

The Right to Communicate

Sheila Coombs – *As told to Julia Freeman-Woolpert through an interpreter*

There is frustration in the Deaf community about getting access to communication. There are a number of situations where complete and accurate communication is essential.

IN MEDICAL SITUATIONS

During April vacation I had to take my stepdaughter Jessica to the emergency room. When I asked for an interpreter, the nursing staff told me, "She can hear fine; she doesn't need an interpreter." My response was, "I'm the parent. I'm her guardian and I'm responsible." I told the nursing staff that they couldn't provide services to Jessica unless I had an interpreter and could understand and consent to what was happening.

While the nurse called the number I gave her for an interpreter, in her phone conversation with the intrepreter she continued to argue that an interpreter wasn't needed because Jessica can hear. The interpreter explained the importance of adequate communication and said that a child should not be expected to be responsible for the communication between a parent and hospital staff. Fortunately, everything turned out OK once the interpreter finally arrived; however, it was quite a battle to convince the hospital that an interpreter was even needed. The situation was hard on everyone, but especially for Jessica who was upset and embarrassed.

My 7 year-old daughter Katherine's hearing is not reliable; there are times she seems to hear fine and other times when she has difficulty. Our doctor advised us that Katherine should have tubes to improve her hearing. Before the surgery we asked to have an interpreter. There was a tug of war between the audiologist's office and the hospital, neither of them wanted to be responsible for paying for the interpreter services.

There was no interpreter at Katherine's first appointment with the audiologist; the office was under the impression that I needed to bring my own interpreter. I was told, "We have somebody in the office who knows a little sign language, so we don't need to hire an interpreter." I insisted that for this type of an appointment a certified interpreter was needed. When they asked me for proof that that was a requirement, I told them to call the Disabilities Rights Center (DRC). Once DRC confirmed that an interpreter was, indeed, necessary the staff asked me how to arrange for an interpreter. I thought how ironic that an office that works with Deaf people does not know how to find an interpreter. In this situation I also contacted Northeast Deaf and Hard of Hearing Services (NDHHS); they advocated for our family and there was an interpreter present during Katherine's surgery.

Sheila Coombs and her son Anthony.

The medical community needs to be educated about the importance of providing interpreters and needs to understand who is appropriate to use as an interpreter and who isn't. I'm diligent about this; every time that an interpreter is not going to be provided, I contact NDHHS and make sure that they inform people about their responsibilities.

IN SCHOOL

Katherine, especially when she's under stress or not feeling well, will sign rather than speak. This is natural for her because sign is her first language. In the past, the teachers complained she was just being difficult and put Katherine in time out when she signed. They told me, "She needs to learn to speak; she can't rely on sign language." My daughter was crying every day and didn't want to go to school. When I spoke with the principal, the response was, "I'm not telling you how to raise your children, so don't tell me how we should teach the children in this school." That was the last straw for me. Our family left the school district and moved to Milford.

Our family's experience with the Milford schools has been much better. When we first moved here I discovered that the mother of Katherine's teacher had been my teacher when I was in school! Katherine's teacher offered to tutor her in reading and math and asked her mother for advice about working with Deaf students. Katherine is now doing well in school.

IN DEALINGS WITH LAW ENFORCEMENT

There have been two different instances when a Deaf friend and I have needed help from the police. In both situations, when I gave the police officers the phone number for an interpreter, they wouldn't make the call. They were not prepared to communicate with Deaf people. We ended up writing notes back and forth, but without an interpreter, we didn't have a clear understanding of what the officers were talking about. In dealings with law enforcement, there is the potential for miscommunication to result in awful consequences.

In one of these situations, our children were present when the police told us, "No, we're not providing interpreting services." It was very stressful for them to see the frustration that we were going through. People have the attitude that Deaf people are stupid. We are treated as second-class citizens and the police emphasized that in how they dealt with us.

I am surprised that police departments, which are supposed to know the laws and how to handle different situations, don't have the knowledge they need to work with the Deaf community. Police departments throughout the state really need to be educated about this issue. It is essential that when interpreters are requested that they are provided.

The earth was made for all people – people with disabilities, people who can hear, people who can't hear. We are all supposed to be here together. I don't think there should be any exceptions.

Rights of a Deaf or Hard of Hearing Person to an Interpreter or CART Reporter

Julia Freeman-Woolpert, Disabilities Rights Center

The Americans with Disabilities Act and Section 504 of the Rehabilitation Act, as well as NH State law, RSA 521-A, generally require an interpreter/ CART Reporter or "auxiliary aids" to be provided when it is necessary to ensure effective communication for a person who is Deaf or Hard of Hearing (Deaf/HH). "Effective communication" means that the communication would be comparable to communication between people who hear. The exact requirements can vary depending upon the situation. Examples of auxiliary aids include: note takers, written materials, assistive listening devices, or videotext displays. However, these devices cannot be substituted when an interpreter or a CART Reporter is needed for effective communication. In New Hampshire an interpreter generally must be licensed, and is used when the Deaf/HH person's primary method of communication is through sign. A CART (Communication Access Real-time Translation) Reporter is used when the person does not primarily use sign, but communicates using English or another written language.

Who must provide and reimburse the interpreter/ CART Reporter?

- **Employers:** All private employers with over 15 employees and any state and local government and federally funded private employers must provide an interpreter/CART Reporter when it is necessary for effective communication, unless this would cause undue burden. For example, an interpreter should be provided for a Deaf/HH person at a job interview or staff training, but generally does not have to be available full-time for the Deaf/HH person for carrying out daily employment activities.

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NORTHEAST DEAF & HARD OF HEARING SERVICES

NDHHS provides a variety of services, including interpreter and CART (Communication Access Real-time Translation) referral services, relay services, community education, equipment loans and rentals, peer support, parenting groups, job coaching, and advocacy. For additional information, contact NDHHS by phone 603.224.1850, TTY 603.224.0691, email info@ndhhs.org , or visit their website at www.ndhhs.org.

Paying Attention

Julia Freeman-Woolpert, Disabilities Rights Center

> *The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention.*
>
> ~ Rachel Naomi Remen, MD

Denis Couture has the dubious distinction of being the last person ever admitted to Laconia State School. That was in 1978, when he was 6 years old. Denis has autism, a seizure disorder, and for many years, very difficult behavior. Denis's mother, Jeannette Couture, remembers how painful the decision was for their family. "There was nothing else but Laconia State School at the time. There were hardly any group homes, so that was our only choice."

Today Denis lives in Manchester in an apartment that he shares with Nicole and Dimitri Bosov, who for the past two years have provided the care and supervision that he needs. Denis spends his days with another care provider. He goes swimming at the YMCA, meets his father for coffee at the Mall of New Hampshire, and occasionally visits his mother at work. Denis loves dances, especially if there's Irish Rap music, and can dance the night away.

While Denis is able to understand what others are saying, he does not speak. Denis communicates through his body language, facial expressions, and behavior. In order to be understood, people must be willing to pay very close attention to what Denis is trying to communicate. Nicole said she notices quickly when Denis wants something, "If he comes up to me, either he's bored, he wants my attention, he's hungry, or he's thirsty. I'll just ask him a couple of questions and he has one sign that says 'yes, please' or he smiles or makes a certain noise."

Richard Boulanger, Denis's friend and with his parents, his co-guardian, remembers that Denis's life used to be very different. They first met when Denis was 21 and had moved into a group home in Manchester. At the time Denis's behavior was explosive, he would hit and kick and bang his head against the wall; most of the time he had to wear a helmet. "We had to put up ¾ inch plexiglass behind his bed and replace all the windows in his room with plexiglass because he was kicking them all out," Richard explained. "He was telling us something was wrong. When someone is nonverbal, they're telling you all the time. They're telling you with their eyes and with their face. You can tell when he's having a tough time. If you're not paying attention, then all the really big behaviors come out."

Psychotropic medications were prescribed to address Denis's behaviors. Between his psychotropic and seizure medications, Denis was taking 10 different drugs and his behavior and his seizures kept getting worse. "He was getting angrier and angrier. We just treated everything he was telling us with medication," said

When Someone Deeply Listens To You

Dan Soiz

When someone deeply listens to you
It is like holding out a dented cup
You've had since childhood
And watching it fill with cold fresh water.

When it balances on top of the brim,
You are understood.
When it overflows and touches your skin, you are loved.

When someone deeply listens to you,
The room where you stay starts a whole new life,
And the place where you wrote your first poem begins to glow.
It is as if gold has been discovered.

When someone deeply listens to you,
Your bare feet are on the earth and a beloved
Land that seemed distant is now at home within you.

Julia Freeman-Woolpert

Denis Couture and his mother Jeanette share a light hearted moment.

Richard. "We weren't paying attention. He couldn't even get off the floor. He bloated right up." Finally, after a series of emergency room visits Denis was admitted to New Hampshire Hospital's Neuropsychiatry unit where the doctors took him off all psychotropic medications. Denis improved dramatically; his seizures became less frequent and he was more alert.

While at the hospital the doctors discovered that sensory processing is a significant problem for Denis; he can become overwhelmed by sights, sound, touch, and smell. Following his hospitalization Richard said, "We started paying attention to his feelings and what was going on. He started getting better and better as we paid attention to some of the stressors." Working with a specialist, Denis's team began providing him with positive sensory input and desensitization training. Now he gets hugs and foot massages and instead of trying to stop him from putting things in his mouth Denis now has a straw to chew on. When they realized that Denis's bouncing, rocking, and flapping was calming and actually made him feel better, his team stopped trying to control this activity. When his rocking chair wears out it's replaced. Now his team makes sure Denis's day revolves around activities that he enjoys. Richard explained, "We're gearing to him instead of gearing to a program that's convenient to us."

Denis hardly ever puts holes in walls anymore. He smiles a lot, hugs a lot, and enjoys his life. When he wants something he lets people know. They're listening.

Bill of Rights

All people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence. All people have the following specific communication rights in their daily interactions. These rights are summarized from the Communication Bill of Rights put forth in 1992 by the National Joint Committee (NJC) for the Communication Needs of Persons with Severe Disabilities.

Each person has the right to

- Request desired objects, actions, events, and people
- Refuse undesired objects, actions, or events
- Express personal preferences and feelings
- Be offered choices and alternatives
- Reject offered choices
- Request and receive another person's attention and interaction
- Ask for and receive information about changes in routine and environment
- Receive intervention to improve communication skills
- Receive a response to any communication, whether or not the responder can fulfill the request
- Have access to AAC (augmentative and alternative communication) and other AT (assistive technology) services and devices at all times
- Have AAC and other AT devices that function properly at all times
- Be in environments that promote one's communication as a full partner with other people, including peers
- Be spoken to with respect and courtesy
- Be spoken to directly and not be spoken for or talked about in the third person while present
- Have clear, meaningful and culturally and linguistically appropriate communications

More information about the Right to Communicate can be found at the NJC website: http://www.asha.org/NJC/ and at the International Society for AAC website: http://www.isaac-online.org/select_language.html

Finding the Right Words

David Halloran, Founder *Aphasia Advocacy Foundation*

Can you imagine if the last word you uttered tonight was the last word you would ever say with ease? My name is David Halloran and I am the founder of the *Aphasia Advocacy Foundation*. My life and the lives of my family were changed forever on July 6, 1999 when I suffered a massive stroke.

My doctor did not hold out hope for my recovery. My family was told that if I did live I would be a vegetable and that they should place me in a nursing home. Instead, my wife, Rosemarie, insisted I be transferred to Catholic Medical Center, Rehab Medical Unit (CMC RMU) in Manchester, New Hampshire. It was there in the Acute Rehab Unit that I began to come back to life.

At the time of my stroke my wife and family were not told that I had aphasia. With all of the problems associated with the stroke, my speech loss was never given a name. Finally, several weeks after my stroke we were told that I had aphasia. Aphasia is the partial or total loss of the ability to articulate ideas or comprehend spoken or written language. It is an acquired communication disorder that results from damage to the brain. Typically, aphasia does *not* affect a person's intelligence. Aphasia is most commonly caused by a stroke, but it can also result from traumatic head injury, cancer, or neurological disease.

While I was at CMC RMU my speech therapist gave me picture identification cards so that I could point to what I needed. When I left the hospital I continued to receive speech services through Dartmouth Commons where my speech therapist taught me to put words together and gave me strategies to use when I couldn't get the words out. Over the next two years my family and I worked hard to prove that my doctor was wrong. We learned that rehabilitation after a stroke – even after a massive stroke – is possible. My desire to get back what I had lost and my wife's dedication helped me to reclaim my life.

Following the stroke, I concentrated my energies on outpatient rehab and Rosemarie and I sought out as many support meetings as we could find. It was not an easy road. At that time there wasn't a place in the Seacoast area of New Hampshire for stroke survivors and their families to get needed help and resources for living with aphasia. We also found that once insurance or disability services were exhausted that there was no way to pay for the rehab that I still needed.

(Continued from page 7)

to be labeled mentally retarded, only to find out later on that the child had a significant hearing loss. Today the use of universal hearing screenings for newborn infants means that early detection of hearing loss is now possible. However, at the other end of the age spectrum, there have been seniors with hearing loss who have been misdiagnosed as having Alzheimer's disease or other cognitive impairments. The fact that seniors often try to conceal their hearing problems contributes to the misdiagnoses, and can lead to inappropriate treatment and unnecessary institutionalization.

So the message is this – hearing loss is not the worst of all evils. Acknowledging you have a hearing loss and getting help can only make your life better. For an audiological evaluation contact an Audiologist or an Ear, Nose, and Throat Doctor. There are a wide variety of assistive devices that can help you. The Hearing Loss Association of America New Hampshire Chapter can provide needed support and information; you can call them toll free at 1-800-351-1888, ext 8352. If you have trouble hearing, take control of your life and get help **now.**

Fortunately, fate intervened. Several young waitresses in our community who were speech students at the University of New Hampshire recommended that I contact their professor, Chris Guarino, and volunteer with the UNH's Speech and Communications Department. When I contacted Chris she asked that I come into meet with her. She offered her speech services for my help in getting her students to see first hand how aphasia affects a person. Chris helped me refine my speech and taught me to speak in a more natural style and she also helped me to put the words that I did have together into full sentences. Chris is still working with me today. For a person who has aphasia, speech therapy is a lifelong necessity.


Julia Freeman-Woolpert

David and Rosemarie Halloran

I received the National Aphasia Association's Advocacy Award in June of 2004 at the Association's *Speaking Out Conference* in Tampa, Florida. I was honored for the work that I had done in the development of an aphasia window sticker to be used on auto windows and on front doors to help police and emergency personnel to identify a person with aphasia. I was proud to have made a difference for people with aphasia. Driving home from Florida, my wife and I realized that there was still more that we could do to help people with aphasia and their families.

By the time we reached New Hampshire we had put together a plan for the *Aphasia Advocacy Foundation.* The majority of people with aphasia are discharged from hospitals without even knowing that their condition has a name or that with speech therapy, community support groups, and time that their condition can improve. We are committed to providing education, training, and coping skills for individuals with aphasia and helping their families get the support and information that they need. We want people to know that they are not alone and that there is help out there not only for the person with aphasia, but for the whole family. For more information please contact us at:

APHASIA ADVOCACY FOUNDATION
P.O.Box 648, Stratham, NH 03885
AAFNH@comcast.Net • WWW.AAFNH.ORG

The Under One Roof Project, a collaborative project with the UNH Institute on Disability, has launched an exciting initiative in the Monadnock Region. High school students have the opportunity to become part of the Recreation ALLIES Network. The Recreation ALLIES Network connects ALLIES with peers who experience a disability; so that everyone has the support they need to participate in local recreation and leisure activities. We have recently created an accessible website www.recreationallies.org that includes information about the Network, and is the vehicle for members to make connections.

For more information contact:

Molly Hajjar, CTRS,
Under One Roof Project
The River Center
46 Concord Street
Peterborough, NH 03458

(603-562-7196) • www.underoneroofproject.org

Everyday We Type More is a Day to Be Better Understood

On the second Wednesday of every month, individuals who express themselves through Facilitated Communication (FC) get together to learn new skills, make new friends, see old friends, and stay in touch with the latest FC technology to support their expression.

Facilitated Communication, a communication access technique, was first promoted in New Hampshire in the early 1990's. Many individuals who previously had no means of communication now had a way to express themselves in words and to share their thoughts and ideas. Was FC a communication break through? For some, yes, but others questioned the authenticity of the typed communication. The use of FC became very controversial; as a result, in 1999, the NH Department of Health and Human Services formed a statewide task force to develop *Guidelines for the Use of Facilitated Communication*. Task Force representation included: ATECH Services, NHAAC, ASSETT, UNH Institute on Disability, UNH Department of Communication Disorders, Nashua School District, NH Autism Society, NH Family Support, consumers, and legal advocates. The guidelines enabled state organizations to offer high quality professional development, support, and ongoing training for individuals who use FC and their teams.

Andrew Dixon Typing.

During a recent FC Skill Builders Group Jeff Williamson, Kenny Affonse, and Andrew Dixon had a conversation about the importance of the group and the method they use to express themselves. These three men have been using FC to express themselves for more than ten years.

The group is a bunch of different things to me . . . a bit of treating people like very smart people, staying in touch with other wordless people, there's beneficial learning time, time to crack my jokes, time for facilitators to learn new skills because books are not as good as practice. We practice our bright intelligence here.

Jeff Williamson

I like going to NH and seeing people here who talk through FC. People should read my article in Sharing Our Wisdom*. People are impressed when they find out I can use e-mail. I like to type in class with my friends and to learn.*

Kenny Affonse

People who come to the group need to connect with each other because we operate the same inside and can speak about our issues of not speaking like most people. The point of group is to get good at typing and passing messages so more people believe that FC can work for people who don't speak. Everyday we type more is a day to be better understood. The oscillating factors confounding people are people's perceptions of how we act on the outside and what we say from our minds.

Andrew Dixon

WHAT IS FACILITATED COMMUNICATION?

Facilitated communication training, FCT, (hereafter called facilitated communication or FC), is one form of augmentative and alternative communication (AAC) that has been an effective means of expression for some individuals with labels of autism and other developmental disabilities. It entails learning to communicate by typing on a keyboard or pointing at letters, images, or other symbols to represent messages. Facilitated communication involves a combination of physical and emotional support to an individual who has difficulties with speech and with intentional pointing (i.e., unassisted typing).

The person who provides support is called a facilitator. A facilitator can be a teacher or other professional, a family member or a friend. This support is highly individualized, based on specific needs. Thus it does not look the same from person to person: Luke receives support at the hand with strong backward pressure after each key stroke; Megan types with a light touch on the

A Family Team

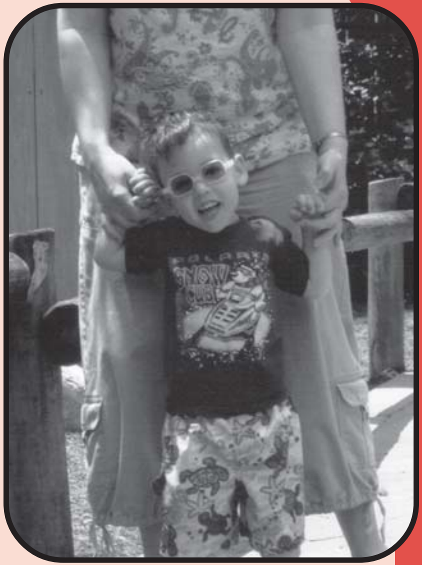
Julia Freeman-Woolpert, Disabilities Rights Center

"Family is everything.
It is even more important than baseball."
~ Luis Tiant

The Obrey family of Rochester are huge Red Sox fans. For Elizabeth and Tom and their sons, three-year old twins Dylan and Mason and one-year old Jackson, watching the Sox is a favorite family activity. These boys also love basketball, horseback riding, and playing together. Elizabeth, who stays home with her "team" of three, makes sure that there is plenty of time for reading books, telling stories, singing songs, and just talking together. Though their sons can hear, all three are learning sign language.

Sign language is Mason's primary means of communication. Mason was born with cerebral palsy and developed complications including tracheomalacia, a weakness in the cartilage in his throat. When he was13 months old, Mason had a tracheostomy and a breathing tube was inserted to keep his airway open. The operation left him unable to vocalize.

Once he was medically stable, Elizabeth enrolled Mason in Early Intervention Services through Community Partners in Dover. Dottie Lavoie, his Occupational Therapist, said his team investigated several alternative methods for communication. Mason enjoyed playing with Tech/Talk, a portable recorded speech device, but found it too confusing to use for communication. A picture communication system was only partially successful.


Three year old Mason Obrey

The Obreys have a family member who is Deaf and were already familiar with American Sign Language. Learning and using sign language quickly became a family affair. With all three boys, Elizabeth uses sign flash cards, signs books, and sings and signs songs. Mason's favorite is the Bumblebee song; he especially loves the verse where he squishes the bee and signs "nasty." Mason's vocabulary has developed quickly and he uses over 200 signs.

Now that his breathing tube has been removed Mason is regaining use of his vocal cords and beginning to use his voice. He has speech therapy to develop oral dexterity and language. He and his mother practice making sounds in the mirror (Ooh! Aah! Bop!) It remains to be seen how much Mason will be able to use his voice. While encouraging Mason's speech, his family also continues signing. His oral vocabulary is slowly growing he has a handful of words, including his current favorite saying, "No Way!" However, for the really important things, he still signs: "Go Red Sox!"

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shoulder; Rebecca types with one hand; Shaffer works on developing a rhythm with two-handed typing; Trey types slowly for a long period of time; Laura types but tires quickly.

This diversity of supports and styles of typing complicates any understanding of facilitated communication as a prescribed method. Instead it is a dynamic and long-term process of identifying, implementing, and evaluating communication supports according to AAC guidelines.

The goal of facilitated communication is for individuals to achieve independent expression, often with a combination of typing and speech.

NH Facilitated Communication Guidelines can be found on the web at: **http://suedweb.syr.edu/thefci/8-3new.htm**

For more information about the Communication Skill Builders Group, contact Janet Williamson, UNH Institute on Disability at 603-228-2084

(Continued from page 11)

- **Governmental Agencies:** All State, local, and federal government agencies, including town boards and departments, courts, police, jails, government licensed facilities, community mental health centers, and area agencies are responsible for providing an interpreter/CART Reporter when it is necessary for effective communication. These services may not be necessary for simple or brief communications such as making an appointment where passing notes with a receptionist may be sufficient. However, for the actual appointment or in other instances, an interpreter/CART Reporter may be necessary; for example, when a hospital social worker conducts a discharge interview with a Deaf/HH patient or when police question a Deaf/HH witness. Similarly, a local zoning board would need to provide an interpreter/ CART Reporter to enable a Deaf/HH applicant to "speak" in favor or against a zoning variance.
- **Places of public accommodation:** Places which accommodate the public such as hospitals, doctors' and lawyers' offices, restaurants, banks, day care centers, car dealers, or other retail establishments are responsible for an interpreter/CART Reporter when these are necessary for effective communication, unless the entity can legitimately claim an undue burden. A business generally would not have to provide an interpreter for Deaf/HH customers, as these communications are typically simple and brief. However, an interpreter/CART Reporter should be provided for a Deaf/HH person where relatively complex, lengthy, and/or serious matters will be discussed, such as vehicle purchases, loan closings, and medical or legal appointments.

What is considered an undue burden depends on the situation. Undue burden may be claimed if paying for an interpreter would be too costly or would fundamentally alter an organization's business or operation. For example, a small business generally would not need an interpreter on a full, or even part time basis, in order to enable a Deaf/HH person to work. However, the business would have to pay for an interpreter for a job interview or during orientation and training.

There are special New Hampshire requirements regarding use of interpreters/CART Reporters for formal legal proceedings and police interrogation of suspects:

- An interpreter/CART Reporter **must** be provided, when requested in advance, for every stage of a proceeding before a State or local court, department, board, commission, or licensing authority in which the Deaf/HH person is a party.
- An interpreter/CART Reporter **must** be provided by police when interrogating (questioning) a Deaf/HH person arrested for a criminal violation that may result in a fine of over $100 or imprisonment. The police also may have to provide an interpreter in other situations when it is necessary for effective communication.

While anyone may obtain an interpreter directly, in New Hampshire the following two interpreter referral agencies perform this function. These organizations can also answer specific questions about interpreter services.

Northeast Deaf and Hard of Hearing Services
125 Airport Road
Concord, NH 03301
1-800-492-0407 or 603-224-1850 (v) or
or 603-224-0691 TTY
www.ndhhs.org

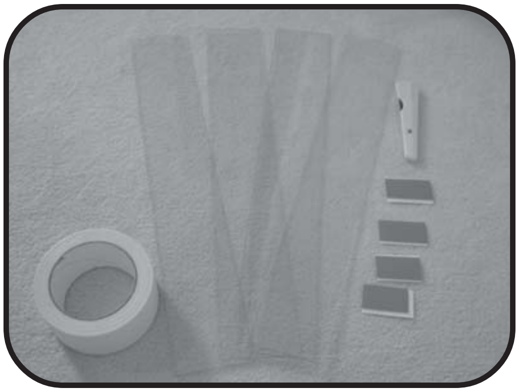
Granite State Independent Living
21 Chenell Drive
Concord NH 03301
(603) 228-9680 or
1-800-826-3700 V/TTY
www.gsil.org

The RAP Sheet is a free quarterly publication; to subscribe please contact the Disabilities Rights Center at 603-228-0432

Making an Eye Gaze Communication Board in Five Minutes or Less

Therese Willkomm, Ph.D., ATP Director of AT in NH, Institute on Disability and Clinical Assistant Professor,
UNH Occupational Therapy Department

An Eye Gaze Communication Board is designed for individuals who are unable to type on a keyboard, touch a screen, or use communication systems that require manual manipulation. Lightweight, usually made of acrylic, the Eye Gaze Board is held upright at the eye level of the person who is communicating. To communicate a message or to indicate choices the individual directs his or her gaze to letters, words, symbols, or objects that have been placed on the board. These boards are easily made using four pieces of acrylic and four pieces of clear double-sided mounting foam VHB tape.



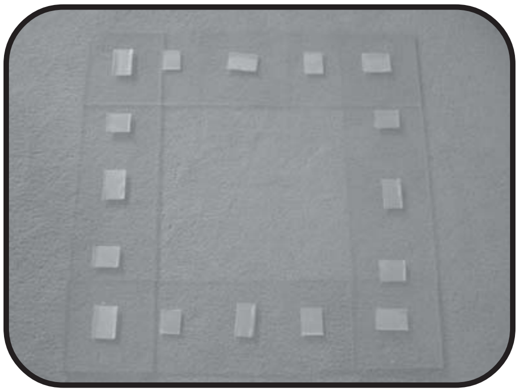
#1 - Materials Needed: carpet tape, four pieces of acrylic, acrylic cutter, and VHB Tape

Step One: Using an acrylic cutter, score, snap and debur (beveling the edges to remove roughness) four pieces of acrylic, approximately 4 inches wide by 15 inches long.

Step Two: Apply a 1inch piece of the VHB Tape on both ends of two pieces of acrylic.

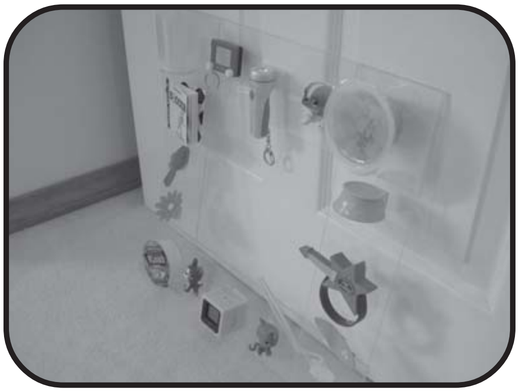
Step three: Remove the red backing

Step four: Create a square frame by attaching the ends of the remaining two pieces to the ends of the acrylic pieces with the exposed VHB tape.



#2 – Eye Gaze Board with attached carpet tape

Step five: While Velcro typically is used to attach items to the board, the process of cutting and attaching Velcro is time consuming. An alternative is to use indoor-outdoor fiberglass reinforced carpet tape, a product that maintains its stickiness overtime. My technique is to cut off a 3 inch section of tape and fold one third over against itself then remove the backing from this section and fold the opposite end over the exposed tape. The tape is now ready to be used to attach laminated words, letters, numbers, or symbols to the board; it is even strong enough to hold utensils, cups, or other heavy objects. Items are easily attached and removed from the tape. Using tape instead of Velcro is much faster and helps to facilitate spontaneity in communication.



#3 – Eye Gaze Communication Board with objects

This idea and others are included in Dr. Willkomm's book, *Make a Difference Today – Assistive Technology Solutions in Minutes*. You can order the book by visiting the Institute on Disability's Bookstore on the Web at:

http://iodserver.unh.edu/iodbookstore/index.php?act=viewCat&catId=9

Internet Resources

AAC Institute

The AAC Institute is a not-for-profit charitable organization dedicated to the most effective communication for people who rely on augmentative and alternative communication.

www.aacinstitute.org/

ACES – Augmentative Communication and Empowerment Supports

Temple University offers a year long AAC and Empowerment Program designed to increase the communication effectiveness of adults with significant speech disabilities who want to learn to voice output communication systems to enhance their communication. The program is open to friends, families, students, and professionals who are supporting people with significant speech disabilities. ACES participants learn how to become effective communicators as well as develop a vision and plan for their future. The program includes two weeks at Temple University's main campus, one year of follow-up instructional sessions, and ongoing technical support. For information, contact: Diane Bryen dianeb@temple.edu

www.disabilities.temple.edu/programs/assistive/aces

Alternatively Speaking Newsletter:

The only consumer written and consumer edited publication in the field of AAC. This newsletter is excellent!

http://www.augcominc.com/as.html

Funding Solutions *from Assistive Technology Funding Center*

Information about programs that cover and provide funding for augmentative and alternative communication

www.aacfundinghelp.com/

ISAAC

The International Society for Augmentative and Alternative Communication is a charitable organization dedicated to improving the quality of life of every child or adult with little or no functional speech. ISAAC is committed to increasing awareness of the potential that alternative methods of communicating have for achieving this goal.

www.isaac-online.org/selectlanguage

Journal for Augmentative and Alternative Communication

Theo Journal of the International Society for Augmentative and Alternative Communication. Join USSAAC/ISAAC, and as a family member, you can purchase an annual subscription to the AAC Journal for a reduced rate.

www.isaac-online.org

National Association of the Deaf

8630 Fenton Street, Suite 820,
Silver Spring, MD 20910-3819
TTY: 301-587-1789, Voice: 301-587-1788,
Fax: 301-587-1791
www.nad.org

Opening Doors: Technology and Communication Options for Children With Hearing Loss

From the Office of Special Education and Rehabilitative Services. English and Spanish versions can be found on the OSERS website,

www.ed.gov/about/offices/list/osers/products/opening_doors/index.html

USSAAC

The United States Society for Augmentative and Alternative Communication is dedicated to providing information on the technology, tools, and therapies within the world of AAC. They serve everyone from therapists to families to educators.
www.ussaac.org. Also website of **SPEAK UP!**, the Society's official magazine.

New Hampshire Resources

ATECH Services

ATECH Services is a highly specialized clinical program that provides evaluation and consultation services in the area of assistive technology. Augmentative and Alternative Communication (AAC) services focus on communication methods, strategies, and devices for those who are unable to effectively use speech to express themselves. Program components include evaluation, trial, training, and follow-up services.

ATECH Services

Laconia Office
67 Communications Drive
Laconia, NH 03246-1400
800.932.5837
603.528.3060

Concord Office
117 Pleasant Street
2nd Floor, Dolloff Building
Concord, NH 03301
800.529.0976
603.226.2900

Aphasia Advocacy Foundation of New Hampshire

P.O. Box 648
Stratham, NH 03888
e-mail: AAFNH@comcast.net
www.aafnh.org/

Crotched Mountain

Crotched Mountain offers traditional therapies and specialized clinics including assistive technology, audiology, sensory integration, speech language pathology and augmentative and alternative communication on an outpatient basis to children and adults. They accept most major insurances including: Medicaid, Medicare, Anthem BC/BS, and Cigna. Financial assistance is available to those who meet eligibility requirements.

Crotched Mountain

1Verney Drive
Greenfield, NH 03047
603.547.3311, ext.360
Outpatient Services 800.258.1466 (NH)
outpatient@crotchedmountain.org

Deaf Services

Granite State Independent Living
21 Chenell Drive
Concord, New Hampshire 03301
TTY: 1-888-396-3459
Phone 603.228.9680 or 800.826.3700
Fax: 603.225.3304
Email: jeff.dickinson@gsil.org
www.gsil.org/deaf_services.htm

IOD's Communication Skill Builders Group

The Resource Center on Autism Spectrum Disorders at the University of New Hampshire's Institute on Disability sponsors a monthly Communication Skill Builders Group for individuals who express themselves through facilitated communication. Technical assistance and training is provided to individuals and their teams who are working on independent typing, message passing, typing with multiple facilitators, and overall enhanced communication.Contact: Janet Williamson at 603.228.2084 or email **janet.williamson@unh.edu**

Northeast Deaf and Hard of Hearing Services

125 Airport Road
Concord, NH 03301
603.224.1850
TTY 603.224.0691
info@ndhhs.org
www.ndhhs.org/

INSTITUTE ON DISABILITY / UCED
A University Center for Excellence in Disability

Upcoming IOD Training

First Annual Assistive Technology (AT) Summer Institute & Beach Party

A fun summer workshop series with hands-on assistive technology (AT) learning culminating with adaptive recreation at Hampton Beach

Presenters:

Therese Willkomm, Ph.D., ATP – Director, ATinNH
Dan Herlihy – AT/Technology Integration Specialist
Matt Frye, B.S., CTRS – Northeast Passage
Crystal Chalich, B.S., CTRS – Northeast Passage

Dates & Locations:

August 6-9, 2007
Canterbury Woods Country Club
August 6th: Become an ATinNH certified trainer*
**Application required – call (800) 238-2048 for details*
August 7th: IntelliTools for home, school, work and play
August 8th: Making AT solutions in minutes
Ashworth Hotel & Hampton Beach
August 9th: Adaptive fishing, kayaking, kite flying, and much more!

Time: 9:00am – 3:00pm

Registration Fee: 1 day - $75, 2 days - $140, 3 days - $185

The 9th Annual Autism Summer Institute Raising Expectations: Presuming Competence! The Importance of High Expectations for Learning, Communication and Friendship

This four-day conference will provide the opportunity to hear and learn from persons with Autism Spectrum Disorders (ASD) and other experts about the importance of presuming competence for those with ASD. Participants will discuss the implications of presuming competence on children's inclusion in general education classrooms.

Keynote Presenters:

Ros Blackburn, Jamie Burke, CarolAnn Edscorn, and Donna Williams

Dates & Location:

August 13-16, 2007
Holloway Commons, University of NH, Durham, NH

Time:

August 13-15: 8:00am – 3:30pm
August 16: 8:00am – 12:00pm

Registration Fee: $399
Self Advocate/Student/Parent rate: $299
Keynote only rate: $60 each

Hoarding Workshop

This interactive workshop will describe clinical disorders and cognitive features associated with hoarding, recent research findings, and will provide tools and methods of interventions to deal with hoarding issues. Topics to be covered include:

- *How to have a productive dialogue with someone about hoarding*
- *Identifying psychological triggers relating to hoarding*
- *Understanding the psychology behind hoarding*
- *Practical strategies for working individuals to address the situation*

Presenter:

Elizabeth Burden, *LICSW, MPH, Senior Clinical Social Worker, Lemuel Shattuck Hospital in Massachusetts*

Date & Location:

Wednesday, September 19, 2007
Fireside Inn, West Lebanon, NH

Time: 9:00am – 12:00pm

Registration Fee: TBD

Response to Intervention & Beyond with Dr. Wayne Sailor

This workshop will address the concerns of teachers in the general education classroom around improving academics and classroom engagement of students with and without disabilities. Participants will learn the evolution of instructional approaches from Positive Behavioral Interventions and Supports (PBIS) to Response to Intervention (RTI) to the School-wide Applications Model (SAM).

Presenter:

Dr. Wayne Sailor

Date & Location:

Thursday, September 20, 2007
Highlander Inn, Manchester, NH

Time: 9:00am – 2:30pm

Registration Fee: $99

Introductory Training for Facilitated Communication

This workshop will provide participants with a general overview of Facilitated Communication (FC), a method of augmentative and alternative communication used by people with limited speaking abilities. Topics will include a history of FC, basic elements of the FC technique, determining candidacy for FC, and a review of current research and best practices.

Presenter:
Pascal Cheng, M.Ed., C.A.S.

Dates & Location:
Tuesday, October 9, 2007 & Tuesday, March 11, 2008
Institute on Disability, Concord, NH

Time: 9:00am – 3:30pm

Registration Fee: $95

Real Choice: Systems Transformation
Making Choice Real: How Do We Get There From Here?

A one day conference to share new developments in NH's efforts to expand and enhance a person-centered system for older adults and adults with disabilities.

Presenters:
Nancy Rollins – *Director, Division of Community Based Care Services, NH Department of Health and Human Services*
Nicholas Toumpas – *Deputy Commissioner, NH Department of Health and Human Services*
Lisa Alecxih – *Vice President, The Lewin Group*

Date & Location:
Wednesday, October 24, 2007
Center of NH, Radisson Hotel, Manchester, NH

Time: 8:30am – 3:30pm

Registration Fee:
$50 for professionals / $25 for consumers and family members

Save the Dates:

Life as a Paraprofessional – 2007-2008 dates

Join Cathy Apfel and other paraprofessional colleagues for an in-depth examination of Positive Behavioral Interventions and Supports (PBIS) with an emphasis on classroom-based approaches designed to enhance the learning and emotional well-being of students. This workshop will be offered for paraprofessionals working in elementary, middle, and high school settings. More information to come!

Presenter:
Cathy Apfel, M.Ed.

Dates & Locations:
October 9, 2007 – E.F. Lane Hotel, Keene, NH (Elementary)
October 11, 2007 – Highlander Inn, Manchester, NH (Elementary)
November 6, 2007 – Holiday Inn, Concord, NH (Middle/HS)
November 8, 2007 – E.F. Lane Hotel, Keene, NH (Middle/HS)
December 6, 2007 – Highlander Inn, Manchester, NH (Elementary)
January 10, 2008 – Holiday Inn, Concord, NH (Elementary)
February 5, 2008 – Highlander Inn, Manchester, NH (Elementary)
February 7, 2008 – Highlander Inn, Manchester, NH (Middle/HS)
March 6, 2008 – Holiday Inn, Concord, NH (Elementary)
April 3, 2008 – The Common Man, Plymouth, NH (Elementary)
April 8, 2008 – The Common Man, Plymouth, NH (Middle/HS)
May 1, 2008 – Granite State College, Conway, NH (Elementary)

3 EASY WAYS TO REGISTER!

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MAIL completed form
with payment to

INSTITUTE ON DISABILITY
56 Old Suncook Rd., Suite 2
Concord, NH 03301

CALL 603-228-2084 to receive a registration form and FAX completed form to 603-228-3270

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E-mail: advocacy@drcnh.org ✦ Website: www.drcnh.org
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The Disabilities Rights Center is dedicated to eliminating barriers to the full and equal enjoyment of civil and other legal rights for people with disabilities.

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10 West Edge Drive, Suite 101, Durham, NH 03824-3522
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Institute on Disability/UNH – Concord
56 Old Suncook Road, Suite 2
Concord, NH 03301
Phone (Tel/TTY): (603) 228-2084

Institute on Disability/UNH – Manchester
340 Commercial Street, 2nd floor
Manchester, NH 03101
Phone: (603) 628-7681

The Institute on Disability advances policies and systems changes, promising practices, education and research that strengthen communities and ensure full access, equal opportunities, and participation for all persons.

NH COUNCIL ON DEVELOPMENTAL DISABILITIES
21 South Fruit Street, Suite 22, Room 290
Concord, NH 03301-2451
Phone: (603) 271-3236 ✦ TTY/TDD: 1-800-735-2964 ✦ Website: www.nhddc.com

Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.

This publication was supported solely by federal funding from grants from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; Centers for Medicare and Medicaid-Real Choice System Change; U.S. Department of Health and Human Services, Administration on Developmental Disabilities and the Health Resources Services Administration; Maternal and Child Health Bureau; Office of Disability Employment Policy; U.S. Department of Education Department of Rehabilitation Services and National Institute on Disability Rehabilitation and Research (NIDRR); US Department of Labor; and the Social Security Administration.

New Hampshire
RAP Sheet
The Latest in Disability Research, Advocacy, Policy, and Practice
Summer Issue 2007

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