

- Virgin Islands, this is Archie Jennings from the Disability Rights Center bringing you Ability Radio, you and your health. This is a radio show about health literacy, bringing to you various aspects of the mental health system here in the Virgin Islands and addressing the needs of persons with disabilities. This is a call in show, if you have the inclination of call in, the number is 779-1079 and 713-1079. We request that there's no use of names, no personal text, no unfounded allegation or product pitches, no profanity, and we don't give medical advice. So we don't respond to those type of questions if you're asking for it. This is a show being sponsored by the lottery, VI Lottery Commission. And we like to thank the lottery commission and the, our radio station for allowing us to bring you this kind of news, and we have a very exciting guest this morning, Dr. Karen Brown who works as an associate director at the University Center of, for Excellence with Developmental Disabilities. Good morning, Dr. Brown.

- Good morning.

- How are you this morning?

- I'm doing well. I'm happy to be here with everyone. Good morning VI community.

- Well, we have an exciting issue this morning, and I was just telling Dr. Brown about the, what we used to call related services and one of its, for its children with special needs and one of the speech, and speech therapist. Could you give us a little background? I know you're born in, you're homegrown, right?

- Absolutely. I'm homegrown. I was born on the island of Saint Thomas, I won't tell you the year.

- Okay.

- Um, but I spent some time away in New York with my family in my early childhood years and returned, we returned to the island in, well, in the 1970's...

- Okay. There you go.

- ...and after being in New York for about nine years. And then I stayed here until the age of 18. I am a proud Chicahauk.

- All right. [laughs]. Woo-woo.

- [laughs] Graduated CAHS, 1986 graduate, and I've returned after being away for almost 30 years.

- Okay.

- And I'm back home now and happy to be here.

- And giving back to the community big time. We're really glad to have someone to your expertise here that can lead to issues, relate to a very, basically a business aspect as well as a personal aspect from any individual's speech.

- Absolutely. This is personal for me because I am from Saint Thomas and not just Saint Thomas but representing the VI, and which is, near and dear to my heart. Back to what Attorney Jennings has stated, I am a speech and language pathologist in addition to being an associate director at VI UCEDD, which most people know that as the Virgin Islands University Center for Excellence and Developmental Disabilities. I have been a speech language pathologist for 22 years, this year will be 23 years and I have worked with individuals across the life span from birth to literally 100 years of age in a variety of settings, hospitals, nursing homes, outpatient centers, school districts, and even at the university level, supervising students who are learning to become speech language pathologist.

- Let's talk a little bit about UCEDD, um, led by the illustrious and always forward thinking Dr. Yegin Habtes and how did you come about being employed here in The Virgin Islands?

- Absolutely. So I actually spent some time during the 2014-2015 year with a program called LEND, Leadership and Education for Neurodevelopmental Disabilities and that opened a world for me with regards to developmental disabilities and maternal and child health. And after completing that traineeship, I looked at some opportunities and I saw the one here in the Virgin Islands and jumped on it. And Dr. Habtes, was, has been so gracious and kind as well as the search committee that Attorney Jennings served on and agreed that I was great for the position and so I'm here back home.

- Oh, great, great. One of the things we talked about a little bit before the show was about autism. And I actually saw the growth of autism from 1976 to today's day whereas as I explained to I was exposed in 1976 to a child with autism, and at that time, every one out of about fifteen hundred to two thousand children were diagnosed with autism. What's that number today?

- I believe it's one and sixty eight.

- And mainly, predominantly more boys than girls, is that correct?

- Absolutely. You'll see more boys than girls with that diagnosis of autism.

- And could you explain some of the aspects of autism, please?

- Sure. There are, when you think about autism, you know, every individual, child, and adult, you'll see differences but there are some commonalities when it comes to social pragmatics. So that means how we communicate with each other in terms of our socialization as well as communication. So it could be eye contact, avoiding eye contact as well as communicating with someone else, not communicating in the way in which we would communicate with each other, side by side, looking each other in the face, taking turns when we're speaking, along those lines. But in addition to the social pragmatic behavior and communication, we also have some, types of what we will consider odd behavior maybe not to the person with autism but lining things up in order, there may be some issues whether it comes to sensory, so they don't like to be touched or when it comes to feeding and eating they may have what we call as a speech language pathologist feeding aversions or sensitivity to textures. So they may not want to choose something that's crunchy or smooth, they may only want to have food from, chicken McNuggets from McDonalds only. And so those are some kinds of, of what you would say are characteristics when it comes to autism but not alone, those are just some examples.

- How early should a parent be looking for some of these signs because I'm, right now I'm a brand new, you know, grandfather of a child who's four months-old and I'm like hypersensitive to this. I'm probably, I'm probably overwhelming my daughter with questions every day but...

- And that's fine [laughs].

- [laughs]

- That's fine. I got questions all the time. I think when we're talking about developmental milestones. When you're looking at your child and you're not just focusing just on autism like symptoms but you're looking to see if your child is following that developmental progression of what we all have gone through when we, ourselves were infants. So the baby looking at you, visual tracking, following your finger from left to right, right to left. Is the baby smiling, cooing, babbling, any rolling over, sitting up when they're supposed to. These are what we call developmental milestones, and as they continue to progress, before we speak we were babbling as well...

- Correct.

- ...and making noises, verbal noises as well, and which we call raspberry so [makes sound] and babies, you know, those sounds that babies make that are cute, and cuddly, and fun. But as we continue to progress, then we start with our utterances on words, our speech, our language, are the, is your child

following simple basic commands and then progressing to more complex commands? Is your child understanding yes or no questions? Is your child able to participate in the communication exchange with you? And so while we don't say, well, your child is twelve months and one day and he or she is not doing X, Y, Z, we use that guideline to keep us on track with regards to developmental monitoring and the progress of each individual child. So it starts from birth...

- Uh-huh.

- ...but we have to know what those milestones are and then we track, we celebrate those milestones and then we also well in turn identify any concerns that are there.

- Okay. Well, this is very interesting, doctor. And we'll be taking a short break and get right back to you. Okay. Welcome back Virgin Islands, what we have with us this morning, Dr. Karen Brown and we're talking about speech...

- Speech and language pathology.

- Pathology. Okay. What is a speech pathology?

- So speech language pathologist, when people hear that term they think of speech. And I always have people walking up, strangers, saying my speak, you know, when they talk to me they say my speech is, I need help with my speech and sometimes the emphasis is on speech and that could include stuttering, it could include articulation so someone saying wabbit instead of rabbit, usually little ones, you know, they're not saying the correct articulation or correct, correct production of a sound and when you put them in words and they become unintelligible.

- Okay.

- But we also work on language and swallowing, believe it or not, so anything from the neck up, when it comes to language is reception or receptive language, understanding what you're being told, understanding yes or no questions, while you're listening on the radio right now you're understanding what we're communicating to you. It could be vocabulary, understanding vocabulary, it could also be following directions, raising your hand when you're told to raise, raise your hand which is a simple direction, opening your mouth to get your tongue, or it could be two step, before you pick up the paper I want you to get that pencil. But then in addition to receptive language, we're also focusing on expressive language and that could be expressing your needs and your wants which is different from speech. So while you may be able to articulate clearly in a manner that we can all understand, the words you put together and the order in which you put it may have, maybe so mixed up that we don't understand and you can't communicate, often times, little ones and not just little ones but people with stroke, following a stroke, might have issues with putting words together. They have that, oh, my goodness, it's on the tip of my tongue. We call it like a tip of the tongue syndrome and they can't get it out or it's so [inaudible] because of the brain damage that's caused by the stroke or an accident that affects your, maybe you hit your head in the accident that you are unable to communicate your needs and your wants. And then when it comes to swallowing, sometimes following a stroke or because of a, a feeding aversion, resistance to certain textures like, like a child or an adult with autism then we come on board. So the difference between feeding, having a, a resistance to textures or after a stroke, or after having been in an unfortunate accident and then maybe having a breathing tube, then you're unable to swallow foods and liquids and so we have to determine what kind of foods and liquids, what consistency, is it gonna be puree like a baby food where you would put in the blender? Do you--do you have to have your meat chopped up and grounded? What about liquids? When you drink your liquids, do we have to make it into a thick consistency so that it will go down into your stomach tube and not your windpipe? Those are the kinds of things that we take into consideration. And then we have voice. Sometimes, it could be because of someone like a realtor or a preacher, or a teacher who uses their voice all the time and so it, it's affected the vocal folds after a while, may grow weary and we have to work on certain strategies to prevent them from losing their voice which might include vocal rest. Or you are a smoker, or, the, because of the environment, you have developed growths on your vocal cords that prevent you from being able to, which would include, let me back up, which could include cancer or any kind of a tumor, malignant or

benign. And so following the instructions by an ENT, ear, nose, and throat physician or otolaryngologist, then they would come to us for a vocal rest and other strategies to protect their voice.

- Yeah. It goes very deep, I remember at one point in time, my youngest daughter couldn't swallow a pill. So we went through this exercise with her about, instead of crushing it up, because we have so many pills to swallow during our lifetime [laughs]

- Yes.

- That I would try to get her to make sure we have enough liquid. Not the fear...

- Uh-hmm.

- ...that it will go down.

- Right. And many of us have the fear of swallowing large pills.

- Yeah.

- Now, oh, you mentioned a strategy which we do use when we're working with nurses or even making a recommendation at the hospital for example. It's if a person can't swallow a pill, we might say to have it crushed up or put it in apple sauce or something that they like and then they swallow it down without any issue.

- Right. Right. One of the, also the other thing you talked about is the vocal cords, aren't there exercises that you go through to strengthen the vocal cords?

- Yes. There are different types of exercises. So if following a stroke for example, you've had a, on the outside, you know, some, a part of your arm is weak or paralyzed or your lips, your tongue, obviously, as I stated before, we work from the, from the neck up. So we might have some mouth and tongue exercises that you can see and do, and we can help you with. But the muscles on the inside like the vocal folds, the vocal cords, it's hard. And so there are exercises that we do, pushing and pulling and that which holding, pressing your hand against the wall or on a chair to help you strengthen those muscles. Additional strategies might be, you can't sing or talk, whatever you're doing for a period of time, and that's very, very hard for someone, especially if that's your livelihood.

- Right. Right. Right. And would you go back and mention some of the programs you've initiated or are continuing right now at UCEDD that involved you...

- Absolutely.

- ...and the program there.

- So I've been working with, right now, the first set of work was with Saint Croix, speech language pathologist. I've been doing a communication series with them and providing professional development to the speech language pathologist specifically related to what we do as speech language pathologist, that's one thing on the island of St. Croix. And then additional, we have been working with parents through partnerships with you, Archie.

- Yeah. Okay.

- The DRCVI. And recently we were awarded a grant.

- Okay.

- And so we will be receiving \$10,000 each year for two years with a total of \$20,000 by the Association of Maternal and Child Health Programs. And we're going to be working with parents, we have other partners that we will be collaborating with, the Schneider Regional Medical Center, Early Head Start, and the Infants and Toddlers Program to work on increasing the early identification of children with autism and other related developmental disabilities.

- Oh, okay. And with the Maternal and Child Health, do they run their early periodic screening and diagnostic testing center here in the Virgin Islands?

- Yes. Here in the Virgin Islands.

- Okay.

- And so what, the goal is that we're doing is that we have a lot of children, we have about 50% of kids. When they get to kindergarten and that's found in the kids report that they are behind. They are delayed when it comes to language skills and when it comes to cognitive skills, 34% of them are showing a deficit. So we're not collaborating, we're not joining our forces together, so that we can try to reach each and every child and their family member. And assist parents with, what does it look like to monitor...

- Oh, okay.

- ...the developmental milestones and to identify. And then there's another issue, once we identify the child, where are the personnel? We don't have a lot of people in the Virgin Islands right now. And so we're gonna have to pull our resources together and do things like I started a Speech Language Pathology Program at UVI. Right now, we're just waiting to put it in the right place, the right school.

- Okay.

- At this point. So that when we have much more personnel, we don't have to worry about that shortage of personnel for example, then we can provide more services and have more individuals who can actually, okay, now, this is identification, you need the services, who's gonna do it?

- Okay. Very interesting. And we'll get right back to you to continue that on resources. Okay. I think we got a caller online.

- Yes. Hi, good morning. It's Emilia.

- Oh, okay.

- Good morning.

- Good morning, guys.

- [inaudible] pretty here.

- [laughs] I am so glad we made it this morning. Dr. Brown, you have been fantastic to listen to.

- Thank you.

- Archie, you are terrific super. [laughs] speech is so important. I can't imagine where some of us would be, especially those of us who have to rely on it for a living. Where we would be without, you know, having that

capacity. And one of the questions I have is, do we have some sense as to, with the numbers here in the community? How many children and adult may be impacted by, you know, speech impairments?

- That's a very good question. In terms of numbers, unfortunately, what we have here in the VI, is lack of collective data collection. So what we will have is, you can find some of that in terms of the K-12 system.

- Uh-huh.

- Not necessarily outside of the K-12 system.

- Okay. Okay. Yeah. So then, you know, people whom have encountered a stroke, we wouldn't be able to capture that kind of information then, at least not at the present time?

- Not at the present time, but what we could do is through the Department of Health, is identify the number of people who were identified with a stroke and then who was actually, who actually received a speech and language services as a result of being admitted into the hospital.

- Uh-hmm. Okay. Okay. Sounds good, sounds good. Oh, I have a one little funny story. I know it's sometimes it's a, says things that are irrelevant to our own experience, and here's a situation where I did learn when to not talk and that's when I was in the first grade. I would have my conversation be sent to the corner and I would go back to my seat and resume the conversation. It wasn't until my mother told me [laughs] there are times that you need to stop talking.

- We never told that to a kid.

- Great. No. That's right.

- Oh, you had, you had to finish what you had to say.

- That's right [laughs].

- They should've identified earlier on that you were onto greatness [laughs].

- Right. I don't think my mother thought that at the time [laughs]. Well, thank you so much, both of you, really. This is a fascinating program and I look forward to continue collaboration with the UCEDD and you in particular, Dr. Brown. Thank you.

- Thank you. I'm happy to...

- All right. Uh-hmm.

- ...work with you.

- Enjoy your break.

- Thanks. [laughs] take care.

- All right.

- Take good care.

- Bye.

- So I wanted to add an additional partner, Dr. Reva Richardson, she is a pediatrician and she also is an internal medicine doctor and she will be working with us. And what we're trying to promote is the CDC's learn the signs, act early campaign, and there are materials already that we're gonna get into the hands of parents to help them identify, celebrate milestones with their child and identify any concerns as they come up.

- Great. Great. So we're really looking at capacity building and building our resources to address these concerns. So that we have a turnaround.

- Absolutely.

- Really, in our educational system and with the children being better prepared for school, and therefore exceeding as they go out throughout the years. I know there are a lot of what they used to call programs to help people, remedial programs under my high school. But it was one of those things that we have to start a lot earlier in the process of intervening, recognizing the signs where the children are having obstacles and delays and addressing those.

- Absolutely. And you hit the nail on the head. You have screening, you have early identification, and then we have to do something about it.

- One of the things coming up, I think you have a Autism Conference coming up. You wanna tell us a little bit about that?

- Yes. So we have an Autism Conference, it's our 9th annual and on the island of St. Croix, it will be on April 14th and then on the island of St. Thomas, April 18th.

- Okay.

- We have Dr. Jennifer Zarcone from the Kennedy Krieger Institute in Maryland...

- Oh, my. One of the top woman...

- ...who will be our key speaker.

- That's a top place in the United States.

- Absolutely.

- Wow. Okay. And with that coming up and just to mention, in April 2nd, wear blue. That's International World Autism Day. So everybody in the Virgin Islands, wear blue.

- We look forward to seeing you in your beautiful blue.

- Okay.

- Uh-hmm.

- So I like to thank everyone, we have to continue this conversation. We didn't get everything in this morning, but, and again, thanks to radio station, thank you Dr. Brown and it's so fascinating we got to do it again. Okay.

- Thank you for the invitation. I look forward to doing it again.

- All righty, then.

- This is WLDV 107.9 FM, transmitting from Blue Mountain, St. Croix, broadcasting from Downtown Christiansted, St. Croix and Downtown Charlotte Amalie, St. Thomas, 107.9 FM Da Vybe, the VI Station.