

- Good morning, Virgin Islands. Here we are again with Ability Radio. This is a show sponsored by the VI Lottery and Commission and from the program, Making a Difference. I'm Archie Jennings with the Disability Rights Center of the Virgin Islands. And this morning, we're gonna have Dr. Karen Brown on a continuing conversation.

- Good morning, VI community.

- This is a call-in show, so you can call in 779-1079 or 713-1079. And, but we requested there's no use of names, no personal attacks, no unfounded allegations, no product pitches, no profanity, and we don't give medical advice so won't respond to those questions. The issue today as we continue our conversation is this is Autism Awareness Month.

- Yes, it is.

- And as a, as a response to that, you at University of Virgin Islands have a program that's coming up?

- Yes, we have the ninth Annual Autism Conference scheduled for St. Croix this Thursday coming up, which is April the 14th, and then scheduled for St. Thomas on the following Monday, April 18th. Now, I have to say that we are filled to capacity so we're not accepting anymore registrations. But we're planning to record so that those who are unable to attend can participate [inaudible]

- Okay. And so to give it an overview what's gonna take place at the conference so parents and those who can attend would know, "Hey, I need to watch this program when it comes down."

- Absolutely. So what we're going to be talking about is the early identification of autism that Dr. Jennifer Zarcone, as I mentioned previously a couple of weeks ago, she will be our keynote speaker. And she is from the Kennedy Krieger Institute in Maryland. And she will be talking about her research, some of the work she's done there, but she's also going to be providing practical ways in which we can work with children with autism. Also, two associate directors, I am one of them, I will be presenting on autism and communication and how communication affects autism as well as the speech-language pathologist's role when it comes to working with children with autism. And then we also have Dr. Kimberly Mills who will be providing information as well.

- On the behavioral aspects...

- Absolutely.

- ...and then how to, for parents to work with their children on the behavioral aspects?

- Yes.

- Okay. And speaking of children and autism, what are some of the, just to give a preview, what are some of the things parents should look at regarding their children in order to maybe identify some of the symptoms of autism?

- Sure. And so what we're trying to do, because autism is a fast-growing developmental disability that, for, especially here in the Virgin Islands, but also nationwide. It tends to be not identified early enough, so we're trying to go back to infancy. So if you are a parent or you have a child who's a parent, an adult child who's a parent, or you are an aunt, an uncle, family member of a child, or a teacher who works with those young ones at the day care for example, then here are some things that I want you to think about. When you're looking at a child or an infant, a baby who is one to two months old, three, four months old, look and see if they are smiling because that comes in around the ages of two to four months. Is the baby smiling? Is the baby looking at you? You know, in the beginning, we say that when babies smile, it's just gas. And you know what? It's true. But as the baby continues to develop that smile, it becomes purposeful. They're looking at that caregiver and they're supposed to be smiling. Now, if it's two months and one day, don't be alarmed, but just continue to progress. Parents will identify concerns more quickly

than the rest of us because guess what, those babies, those children, they spend most time, most of their time with their parents.

- Great.

- Some other things, seldom makes eye contact. That is a hallmark for people with autism. And so you wanna look and make sure that that baby is trying to make an eye contact between the ages of two and four months.

- Okay.

- Or as babies continue to grow and they become toddlers, and their, you're calling them by name. They should be able to recognize their name and look at you.

- Okay.

- And now, we're making sure now that there is no hearing loss.

- Right.

- Okay. And we can talk about that before the end of the show so that we can differentiate, but that is something that you wanna rule out, that there is no hearing loss and no vision loss because we don't want to also over identify someone as having something that they may not.

- Right. Okay.

- Another one would be the baby doesn't turn and look when you point or say, "Look at this." So, "Look at mommy, look at daddy," or, "look at the rattle," whatever it is that you're trying to point them in the direction towards. And so, that would come in around 10 to 12 months. And then maybe not pointing at objects or people, that comes in between 12 to 14 months and then babbling. So right up my alley is a speech-language pathologist. Ba, ba, ba, ba, da, da, da, da, and, moms, I'm sorry, dada usually comes in before mama because it's easier.

- But don't get upset.

- Don't get upset. It's not a preference. It's just easier in terms of speech acquisition when the speech sounds emerge when they come in, okay?

- I see, I see.

- But babbling just start at about six months of age and it becomes much more complex with those syllables. So instead of just one syllable words like da, da, ga, ga, da, da, ma, ma, pa, pa, that comes in around eight to ten months and then eventually, we get real words. You are your child's model. Those who the child is around, we are the model, and so they will model our speech and that's why we have to provide that...

- Speech pattern.

- ...speech pattern to them.

- So talk to your children a lot.

- Talk to your children a lot.

- Read to them.

- Read to them even when they are in your stomach. Read to them when they're just born. They may not know right now, but it's a, it's a pattern that you're establishing.

- Okay.

- It's a tradition, a practice.

- Now, just reading this interesting article about parents who have children and those who have children too early or too late, the second child, and whether or not, that might be the, that second child maybe more prone to autism because they're born too close to the, to the first child. That, have, is that solely the discussion?

- I've heard different things. There are so many different reasons that people are trying to grapple with, with what causes autism and no one knows for sure, the rich, researchers don't know, but they're coming up with different ideas at this point.

- Correct.

- But we really don't know what the cause is. And then we also have a group of advocates who say, "Well, you know what, let's focus on intervention because if you're focusing primarily on prevention, then what about my child? What about this child who already has autism and what do we do with this particular child who is already here in the world?"

- Okay. All right. So, I mean, that has to be addressed, of course.

- Absolutely.

- And what you're really saying is early intervention. Early identification...

- Early intervention is key.

- And early intervention. And some of those things we'll be gone over at the conference or...

- Absolutely. We will be speaking about that during the keynote as well as particularly with the communication and autism section that I will be presenting.

- Well, one of the things earlier in dealing with persons under disability rights, do we now have a full contention of providers, service providers in the Virgin Islands to help parents with autistic children?

- We are getting there, but right now, we have limited resources. And so, what we need to do as a family, as a community, to pull our resources together. For example, we have a limited number of speech-language pathologists with their certification, national certification with the American Speech-Language-Hearing Association in the community. That would be for example, we have one person at Schneider, we have one person, I am a certified, a [inaudible] certified speech-language pathologist, so we have some with maternal and child health, actually, one person, and then we have some within the school district. On the Island of St. Croix, we have a few in the St. Croix school district about eight. And then we also have, I think, one person on St. Croix outside of the school system who tries to provide services. So, but we do need to pull our resources together. Now, beyond speech pathology, we have some occupational therapist at Schneider, for example here on St. Thomas. But the resources are limited, and what we need to do is everyone bring together what they have and so that we can better monitor for concerns, identify those concerns, and then provide those developmental screenings that only professionals will do, and then provide the interventions.

- Okay. Well, hold that thought and we'll get right back to you on Ability Radio, you and your health.

- All right. Back to Ability Radio with Dr. Brown, University of Virgin Islands. We were just talking about the resources in the community. Now, I was wondering, sort of a communal approach, what were some of the agencies or partners that could be involved in this?

- Absolutely. So we have partners for health. We also have Maternal and Child Health, which also underneath that would be the Infants and Toddlers Programs, and what we call part C, so that would be if you have a baby up to the age of two and when they turn three. Then we also have Head Start and Early Head Start who can make referrals to those, the necessary people who can identify, look at any kind of, or follow-up in any concerns that you may have. We also...

- That would be Department of Human Services or...

- Department of Human Services.

- Human Services, okay.

- Absolutely. Then we also have the school districts. So, we, again starting with the age of three, St. Thomas-St. John School District and St. Croix School District. We also have your pediatricians. If you see, identify any concerns, we have pediatricians who you can go to, you should go to, and ideally between what, 18 months, 24 months of age, your child should have some kind of a screening just to make sure that they are progressing on track. And then we also have the East End Clinic.

- Right.

- I believe here on St. Thomas only is the East End Clinic, I believe.

- Correct. In the St. Croix is the Frederiksted.

- Frederiksted Clinic. And then we also have VIUCEDD. If you have any specific concerns with regards to your child's development, feel free to contact VIUCEDD, viucedd.org.

- Okay. And part of that is what's called early periodic screening and diagnostic testing. Now, is that under the Department of Health or is that a combination of both?

- It's a combination. So, you have the Department of Health and then you would have that, if they are three years and, of age and older, then you would see that with the school districts.

- All right. So, it's very important parenting. Make those contacts, Department of Health, Department of Education, and get the screening done. It's very important for that early intervention to take place. And what else what we have after the initial screening and their identified?

- Right.

- What sort of path that the child [inaudible] take...

- So, let me clarify that with, when it comes to developmental monitoring, that's everyone's job, even parents. Anyone who is in contact with that baby or toddler...

- Correct.

- Young child, this week coming up is Young Child Week, the week of the young child.

- Okay.

- So, anyone who is in contact with that child, that's our job to look at those milestones. And the CDC's "Learn the Signs. Act Early", they have milestones. If you, you can even Google it or if you wanna contact

me, karen.brown@uvi.edu, I can get those milestones to you where you would look at what a baby is normally capable of doing at two months of age, four months of age, and these milestones go all the way up to five years.

- Okay.

- If there are concerns, we then have people who will conduct screenings, an occupational therapist, a physical therapist, developmental pediatrician or pediatrician, speech-language pathologist. And they will use screening tools.

- I see.

- Once those screening tools are used and there are some confirmed concerns, then at that point, there would be in-depth evaluation by those same professionals. And then we go from there in terms of intervention and what that would look like, and it's individualized for that particular child.

- Okay, okay. And all parents should make sure that they do this. If you don't have the funds doing it, basically Medicaid may, and especially after the expansion of the Medicaid program or the medical assistance program, the child would be covered as well as most, and that's what I was gonna bring up before, insurance coverage should now be in place in the Virgin Islands that cover these screenings and the testing.

- Yes. But when it comes to developmental monitoring, that's completely free.

- Okay.

- Completely free. And, yes, insurance will cover when you go to your pediatrician, okay. When you go to infants and toddlers, that's free.

- Oh, okay.

- Okay. Head Start and Early Head Start, if your child is a part of those services, receiving those kinds of services, when they make the referral, that's supposed to be free as well.

- Okay. All right, good. So, there's no excuse not to get your child screened.

- Right. And don't say, "Well, you know, they'll catch up," or, "It's okay, they're shy." They could be shy, but you wanna make sure that it's much, that's not much more than that.

- All right. All right. Again, speaking of your autism conference, that's on both on islands, and what, what's gonna take place at the conference for the parents?

- So, for our parents, we will have the general keynote, but then the breakout sessions will allow parents to ask questions, look at strategies that not just the professionals will use but what parents can do in their homes. So, it's something for everyone. There's something for everyone.

- Okay. Now, as I recall having done a little bit of the autism work, it's very important that the parents understand the program or the models that the professionals are using because you're supposed to repeat that same activity at home.

- Yes.

- And I don't, over the years, I noticed a lot of parents thought, "Well, the professionals handling it. I have no, you know, I'll just sit back." It's very participatory on the parents' side working with their child who has autism especially in the very, very early years.

- That's an excellent point you, that you just made. Absolutely, it just not, does not start and end at school or start and end at the center where the child is. That when we talk about, here's the term, continuity of care or of services, it follows. And so whatever is done with the professionals should be repeated at home and every other environment where the child is in, so that it would then become what we call generalizable. That means, you see it everywhere and it's not just in a treatment room.

- Okay. And that especially comes when you talk about behavioral modification.

- Absolutely. Absolutely. And oftentimes, when it comes to communication, sometimes, that may cause some behavioral issues as a result of not being able to communicate. If you recall a young baby before he or she is able to fully convey needs and wants using words, what does that baby do? Cries.

- [inaudible] oh, yes, yeah.

- And screams and eventually...

- That little ugly face, I call it.

- Yes, exactly. And then eventually, they are able to communicate...

- Communicate.

- ...and they'll use words.

- Right.

- Now, if your child is pointing to everything, remember, pointing is a developmental milestone, and it's great that they're doing it, but if that's what they're doing to get your attention for everything, to get a cookie, to get something to drink, or eat, or get an object that's too high for them to reach, that is not good if you just go and give it to them.

- Correct, okay.

- So, eventually, what you're needing to do is ask them, use your words, tell them, use your words and ask them, "What do you want?" And then you have to model it. "Do you want the cookie? Cookie. I want cookie," or just say, "Cookie." Eventually they will start with one word and then eventually expand to more than one word just as what we're doing. We're talking with synthesis right now. That's the goal.

- And to try to get the child to express themselves early as possible in their development.

- Do not do everything for them.

- For them.

- If that were me, I, if I just had to do was lay around and just point the things, I mean, that would be great, but that's not the way the world works.

- Right. Tell me about it. Well, we're going on to, after the autism conference, what are some other activities you, the university will be engaged in?

- We have, coming up in the month of May, we have Better Hearing and Speech Month. So, we're gonna be launching a whole bunch of activities, a lot of fun things to raise public awareness with regards to communication health and wellness. Hearing, speech, language, which would be understanding and expressing yourself, and assistive technology. We have an assistive technology expo that we are gearing up for towards the end of May, which was May, Tuesday, May 24th.

- Wow. Okay, there's a lot of activities gonna be going out.

- Absolutely.

- We were just talking about some of the resources and we were, one of those was an audiologist.

- Yes. So, an audiologist, and I am not an audiologist, I am a speech-language pathologist, but we consider ourselves to be, have two professions under one field and that is under the American Speech-Language-Hearing Association. The audiologist is the person who is concerned about your hearing wealth, the well-being of your hearing. And so, that person will conduct hearing evaluations and the follow-up of hearing after there is unidentified hearing loss. I have to say, hearing in the Virgin Islands, we have to be careful when it comes to noise and to hearing loss. You can lose your hearing because of just too much noise, loud noise, and it could be a baby who is in the area or a child driving around in your car and you're playing the music really, really loud and they can lose your hear, their hearing.

- Oh, really? Uh-hmm.

- The first person, now, a speech-language pathologist can do a screening of people's hearings. Hear, their hearing ability, and when I was working on my master's degree, we did a hearing evaluation of a young man who was 26 years of age in a band. And I could see his face when we told him that he had a hearing loss, how severe it was, and the fact that at the age of 26, he had to wear hearing aids.

- Wow, okay.

- So, people think of hearing aids when you're 80, but, no. Think about, if you are in a band, if you are out around a machinery that's really loud, if you play the drums for your church, you have to watch your hearing. If you drive around and you have these awesome speakers in your car that everyone around you can hear as well, if you're wearing earphones, and I can hear you, and the earphones are not on my ears, it's too loud.

- Oh, okay.

- Protect your hearing.

- So, that guy that has a car, there's really a speaker, what happens to him? He should get some headphones to try to cover up some of the noise?

- Yes. How about turning down that speaker, too?

- All right. Well, I noticed, I used to work at the airport and worked around jets and I don't know that a lot of people wear headsets or ear, or even earplugs because that was one of the big things that was taught to us when I, when I started that training. But that's very important because...

- It is very important. It is, if you, and that's another, thank you for that other example, if you work at the airport, then you need to make sure that your hearing is protected because the engine...

- Oh, yeah.

- ...on those planes, very, very loud. And for those of us coming in and off the planes, we're not there for long, but those of you who are there day in, day out, you need to protect your hearing.

- But the, what I was also taught, it's not only the loudness of it, it's the waves, the sound waves...

- Absolutely.

- ...that we should also try to protect...

- Absolutely.

- ...from your eardrums.

- Absolutely. And then for those of you who do have unidentified hearing loss, then as I mentioned before, there are hearing aids. But guess what? Hearing aids are very expensive. The other pieces of technology can be expensive. And Medicare, Medicaid, they don't cover hearing aids.

- Oh, really?

- No. So, that's why we have to make sure that we prevent hearing loss. Now, yes, some hearing loss is due to genetics, what's, or some kind of a disability.

- Correct.

- A syndrome and those kinds of things can't be helped if it's genetic, if it's in our genes, but there are many ways that we can protect our hearing.

- Oh, wow, okay. Well, I didn't know about the Medicare, Medicaid part. But that made sense in that regard. As we roll into to me, are there gonna be any other specific activities?

- We also have, well, so, let me just say we do have an audiologist in the territory, Dr. Gentius, and she is a part of the Starkey Foundation, and we're gearing up as a team.

- Okay.

- A territorial team to bring hearing aids to the VI community for people who would need it and not be able to afford it.

- Uh-hmm.

- And the Starkey Foundation, they have, they're coming to the Virgin Islands. They've already been in contact with Dr. Gentius and the, and other team members. They have been in neighboring islands, they're going to the BVI, they've been to St. Kitts, Nevis.

- Okay.

- The Dominican Republic and Africa.

- Okay.

- So, they are really trying to assist with getting hearing aids.

- Who are, who was the Starkey Foundation?

- The Starkey Foundation, so Starkey is an organization that's been around for many years and what the owners did, the owners of Starkey, they have been making so much money or doing so well that they decided to give back to charity. And so this particular nonprofit side of their business is focused on increasing hearing ability for people who can't, who otherwise will...

- Won't?

- ...are unable to afford it.

- I see. I see.

- So that's the, I'm more familiar with the nonprofit side of what they do.
- I see. Okay. Well, again, so they're gonna be in the islands where...
- They're coming to the islands. We're looking at November.
- Oh, okay.
- We're hoping, there's no guarantee that they would be able to come here in the month of May to participate as a vendor at the Assistive Technology Expo.
- Okay.
- But there is no guarantee at this point. Also, we have an audiologist who will be coming from the US mainland in the month of May to talk about noise induced hearing loss about making sure, and there's an ordinance that we have here in the islands that we need to provide assistance with regards to how and why it's important. Because if people don't know why it's important to prevent loud noises, then why would they do it?
- Okay, okay.
- You know, so, a lot of the times when we do things is because of a lack of awareness.
- Right. Right.
- And so it's gonna be promotion of hearing health when she comes.
- Great, great. So, yes. All right.
- And then just one more thing, in terms of infants, if you have a baby just born, this is what we call, we call this legislation the Early Hearing Infant Detection Act.
- Okay.
- And it occurs here in the Virgin Islands. And I believe Dr. Gentius, who's an audiologist for the territory, she is very much involved in screening your newborn baby. So, there are ways in which baby's hearing can be screened without them having to raise their arms when they hear a beep or a sound. There's a machinery that can detect those air waves you mentioned that talks about, that, well, when I say talk, communicates to the person conducting the test whether or not the baby has a hearing loss.
- Oh, okay. That early?
- That early.
- Wow.
- Yes.
- Okay.
- And right before the baby is, and mom are discharged from the hospital.
- So, it's done right there before they leave?
- Absolutely.

- That's excellent. That's excellent. Now, some of the parents who may not have gotten that, will they go through MCH in their early years?

- Yes.

- [inaudible]

- They, absolutely. And then even when you go to the school system, hearing and vision is usually done if there's unidentified concern, but if you go to your pediatrician as you should anyway, have your pediatrician make sure that you will rule out any kind of hearing or vision difficulty.

- Well, I think my mother did it to me because she thought I was ignoring her. So I was...

- And were you?

- I have perfect hearing.

- So, that sounds like selective attention to me.

- But it was an early screening. I remember in grade school, we had to sit there in that machine and they would turn it way down and it, and way up, so I said, "Oh, they did, they did it for my detection."

- Yeah.

- Blamed it on that.

- You couldn't use that as an excuse.

- It didn't work. No. No.

- So, we can move on if you want to.

- Yeah. So, I was just thinking about your practice area and we sort of had a conference together one time dealing with the elderly and how the issue of stroke and dementia comes into play as, within your practice area.

- Absolutely. So, when it comes to a stroke, which I think right here in the Virgin Islands, we have a high number of what we call cardiovascular disease or risk for cardiovascular disease, which means heart attacks and, as a result of high cholesterol, hypertension, which would be high blood pressure and even diabetes. All of that can cause what we call stroke.

- Okay.

- Cerebrovascular accident is the technical term, but if you say stroke or CVA, then people know what you're talking about.

- Right.

- We have mini strokes and then we have those grand strokes that occur as a result of the cardiovascular disease. Now, following a stroke, what can happen is loss of communication function. So, your ability to understand what's going on around you and your ability to convey or to express your wants, your thoughts, your needs as well as swallowing, which a lot of people don't know or think about, it can affect, because this is damage to your brain. Similarly, if you have had an accident, you fell down, you hit your head, or you were in a car accident, for example, and it involved you hitting your head, then that can cause similar stroke-like symptoms.

- From a, what we call traumatic brain injury, TBI.

- Right, a traumatic brain injury or TBI.

- Okay.

- And it will affect also, can affect your communication as well. And so from that standpoint as a speech-language pathologist, what we do is work on rehabilitation, increasing your ability to communicate again. When I work with a team of other professionals like an occupational therapist or a physical therapist, we may work together as a, as a group. For example, going in in the morning and doing what we consider ADLs, activities of daily living. So, while the physical therapist is look, is watching that or helping that person to stand up, something that we take for granted, that we do day by day without even thinking twice about it. The occupational therapist might be helping that person to put one leg at a time into a pair of pants and then as a, as the speech-language pathologist, I will be communicating on sequencing.

- Okay.

- So, again, things that we don't think about.

- Really...

- Because it just happens naturally.

- Right.

- So, what happens first? Take one leg first, take, or brushing your teeth.

- Uh-huh.

- What do we need? We need a toothbrush, we need toothpaste. How do we, what goes first? What steps do we take first when we are brushing our teeth? So, those are what we call activities of daily living. Getting ready in the morning, perhaps even working on word completions, things like that. So if I say "up" and then you say...

- Down?

- Down. Exactly. If I say "in"?

- Out?

- Exactly. I say, they are two peas in a?

- Pod.

- Right. So some of those things, of course, are culturally relevant. I would have to make sure that I have activities that are, that I know that you would know because I'm not trying to teach you something new, I'm trying to help you rehabilitate.

- Okay. So we got to call her? Yes, go ahead call her.

- Good morning.

- Good morning.

- Good morning.

- My name is Ana Iris Frodo. Good morning, everyone.
- Good morning, everyone. You go ahead, Ana, we hear you, you have a question for us?
- Yes. I am very happy that I didn't [inaudible] I don't know if you can hear me good because I am calling on my own cell phone.
- Yeah, we can hear you.
- We can you hear you well.
- Okay. I am very thankful that I heard this program because my husband of my mom, my mom have a problem in hearing. So she haven't been back [inaudible] yet because she don't have insurance.
- Okay.
- The hearing aid is over \$10,000.
- Yes. And that's a, that's a cheap one.
- That's a cheap, okay.
- Yeah, uh-hmm.
- So, and then my husband, he works for the government and he have severe hair loss. He had two [inaudible] already, but they messed up, so I am trying to get assistance to see if he could get another one.
- All right. Well, that problem you talked about.
- Absolutely. The Starkey Foundation, Hearing Foundation Program that I talked about sounds like it would be the perfect resource for you, Ana. Please contact me karen.brown@uvi.edu...
- [inaudible]
- ...and I can repeat that again.
- What's that? [inaudible] let me write that down.
- Yes. Let me know when you are ready.
- Okay, go ahead.
- Karen, K-A-R-E-N.
- K-A-R-E-N?
- Uh-hmm, .brown, like the color, B-R-O-W-N.
- No, excuse me, you said Karen, dot?
- Yes, karen.brown...
- Uh-huh.

- ...@uvi...
- uvi...
- ...dot, edu.
- ...edu.
- Yes. Please follow-up with me.
- Okay, go ahead.
- All right. And we may also give you a number as, that you may contact the Disability Rights Center for follow-up as well, it's 776...
- 776...
- ...43...
- Uh-hmm.
- ...03. And we'll make a referral for you on that program as well, so just in case you...
- I am so thankful [inaudible] this morning.
- Well, we're happy that you called in. We're happy that you called in, thank you.
- And we're glad this program can help. Again, Ability Radio is about you and your health, and letting people know and the community about the health resources that are available here, so that you don't sort of wander along the path figuring out where we can go for help.
- Absolutely.
- Thank you very much and have a wonderful day.
- You're very welcome, same to you.
- Bye.
- Thank you, take care. Well, you've answered one question for me. I didn't know what the cause of a hearing aid is, and now I understand why certain people have made certain request.
- Right. But now, also through the, through VIUCEDD, we have the Virgin Islands Assistive Technology Fund. And Banco Popular is our partner. And so whether it's a hearing aid or some other type of assistive technology device, so let me go ahead and talk about assistive technology. Anything with regards to, it could be...
- Well, basically the wheelchairs.
- A wheelchair.
- Ramps, ramps.
- Right, ramps, something low-tech or something high-tech like a communication aid.
- Right.

- And so through the VIATF, Virgin Islands Assistive Technology Fund, we provide along with the assistance of Banco Popular so that people will be able to purchase those types of assistive technology devices, but you have to qualify.

- Right. And that, and again being on the board, that's what I was thinking, now I understand why there's so many request for hearing aids to the fund because there is some assistance. If you don't qualify on one side of the program, there's a, the other side of program if you're not eligible under Banco Popular, we can assist you with a draw down on the interest. So there's some assistance in that way to make it a much easier loan to carry. But let's continue the conversation after this break. Again, this is Ability Radio with Dr. Karen Brown.

- All righty. Back with Ability Radio and Dr. Karen Brown this morning. And we were just talking about some of the issues regarding resources in the, in the Virgin Islands for hearing aids.

- Yes.

- And trying to expand upon that, and you did mention Virgin Islands Assistive Technology Foundation.

- Yes.

- Is there a number that they can call to contact the, for that program?

- Yes. So, it's 692-4266, again, that number is 692-4266. And the person that you would talk to would be Ms. Sharon Williams, she is also an employee of Virgin Islands University Center For Excellence in Developmental Disabilities, VIUCEDD.

- Good. So I think we covered everything on the Virgin Island UCEDD there in the last month.

- Absolutely.

- Make sure I would give that, get plugged.

- Yes.

- One of the things I was thinking about and I had heard about, they have a little saying for somebody to have a stroke, and I can't remember what it is. But one of the, if you're a family or relative, one of the things you look for is slurred speech because they could have mini strokes and people don't really understand that the person may be having difficulties.

- Yes. So with the mini stroke, it's transient, and that's why the technical term for that is transient ischemic attack, but people call it a nickname, it's a mini stroke because it's not as severe as the grand stroke. And it can be, it's very temporary. So on a Friday, you're noticing some signs of a slurred speech, or one side of your face is droopy, or one part of your body is numb or falls limp, and then it goes away.

- Okay.

- Perhaps two days later.

- Uh-hmm.

- Sometimes with a mini stroke, when you go to the hospital, they can't tell because it's so minimal. They do their test, which is called an MRI and it doesn't show on an MRI. But if it's a grand stroke, then, or cerebral vascular accident, CVA, then that's when you see those same symptoms. If you're feeling that slurred speech that just comes on all of a sudden and then you also have some droopiness on your face one side, it usually attacks one side, so if you have a stroke, it attacks one side of your body usually,

usually, not all the time. And then, so it's on your left side, and then on the right side, or your body will be weak. If it attacks the right side, your left side is weak or there's some kind of paralysis, and I believe we have a caller.

- Yes.

- Good morning Archie, Dr. Brown, this is Iris.

- Good morning, Ms. Bermudez.

- Good morning. Thank you so much for being on the show again. Everything that has been said is wonderful information.

- Happy to be here.

- I have question though because in my other life, I work with the elderly Medicare beneficiaries.

- Uh-huh.

- And they have individuals that had, that had head stroke that you were just talking about, and needed services, therapy services for swallowing.

- Yes.

- My question to you is can any speech-language pathologist provide these services or is this a specialty for some [inaudible] and the reason I'm asking that is because we had, where I work before, there was this one individual who insisted that she was the only person that was qualified to provide this type of therapy and we both understand that...

- So, that's an excellent question. So, a speech-language pathologist is known for providing swallowing therapy. They do the evaluation, but not every single speech-language pathologist can do that. So, you know, we have some who specialize more work with schools, school age children, and then we have those who work with adults. Even though, also, we have those who, working with adults may not focus specifically on swallowing, they might focus on just voice, for example. And so, you would have to make sure that that particular speech pathologist focuses on swallowing. Typically, when we're looking, when we're in a hospital, we have to. We have to focus on swallowing as well as the other areas that we work on with regards to communication.

- Uh-hmm.

- So also, though, we have occupational therapist who can assist, who also work in that area when it comes to swallowing.

- Uh-hmm.

- But the primary person on the team is the speech-language pathologist.

- Of course. Thank you so much for clearing that up and...

- You're very welcome.

- It was a great show, it's excellent, thank you.

- Thank you for calling, Iris, and you have a great day.

- You're welcome.

- Yes, have a wonderful day.

- Thank you.

- So I wanted to go back and talk a little bit again about the stroke.

- Okay.

- So if the stroke occurs on the left side of the brain, that's when communication is really involved.

- I see.

- But you can have what we call global. So you have a stroke that affects multiple areas of the brain, and so it's your communication, it's your swallowing, it's your ability to be oriented to who you are, where you are. All of that can be affected. If it's just on the right side, then that can be just really, again the orientation, the cognition, problem-solving, that can be affected.

- Okay. But I'm bringing this up because I'm at that age where I'm in denial. You know, I was, I got a little strain and I ignored it, ignored it until I couldn't walk anymore. Why, you know, I wanna say that relatives who are communicating and dealing with the person may notice it more quickly and see a pattern to help the person, the relative say, "Hey, maybe you need to go have this checked out."

- Right. So if you're noticing that those mini, like, symptoms are occurring for the mini strokes, then you can, as much as you can without having to drag the person physically to the doctor, have them be urgent. You know, have them, have them actually be not forceful, but strongly encouraged. That's the word I'm looking for. That they go and see a doctor, because when you have those mini strokes, that's just the sign that a big stroke is coming.

- Okay. Because I had a client in the other day who complained her arm went numb, or does it so often. And I said, "You need to go to the doctor."

- Right.

- And then, and tell him that and make sure you get some test or could do, because they were sort of ignoring, they were going through all their symptoms, well, that one's kind of serious.

- Right. Exact, it's very serious. And there are, this technology now that can look and see what's going on with you to see if perhaps you may need to change your eating habits. It's a big deal with us. You know, our community, the way we eat on our plate, we have multiple starches. You know, not enough greens, I mean, those kinds of things, which a nutritionist can tell us.

- Right. Right.

- But it's cultural, it's part of what we like. We love macaroni and cheese, and rice and peas, and, you know, potato.

- Right. You're making me hungry. So let's stop there. Okay.

- And we shouldn't deny ourselves to those things, that's what we love, but it's portion control.

- Uh-huh.

- And making sure that we do increase those, the healthy green vegetables, the healthy eating because we're trying to maintain life.

- Well, quality of life per se.

- The quality of life, absolutely.

- One other aspect was, we had talked about earlier was to dementia. Remember we had that little program with it. Some, show how your practice also helps with dementia.

- Sure. So with dementia, there, dementia is an umbrella term, and under dementia, you can have Alzheimer's dementia. So it's not just Alzheimer's, but Alzheimer's is a type of dementia, it's the most common dementia most people know about Alzheimer's. But you can get Alzheimer's from having a diagnosis of HIV or AIDS, full-blown AIDS. As a result, you can have dementia from drug abuse.

- Okay.

- You can have dementia from alcohol abuse.

- Okay.

- As well. You can also have dementia from having what we call multi-infarct dementia because you've had many strokes, and after a while, it affects your brain. You can also get dementia from having a specific disease like Huntington's disease that will affect the brain.

- Okay.

- When it comes to dementia, people think that, "Well, you know, I'm older and, you know, my memory is affected," and that's just normal, it's Alltimers. And the reality is, is that a little bit of memory might be something that we have to think about. But when you're constantly forgetting where you are, what's going on, how to problem solve, who you are, the year, what you did yesterday, then there's an issue. That's not normal aging and it should be checked out. Speech-language pathologist will focus work with individuals as well as occupational therapists, social workers, we work together on a team, your primary care physician, so that we can create cases, real-life, what we call activities for you, activities of daily living, those kinds of task as a part of the treatment process.

- Okay.

- To help you. Now, we cannot, if it's Alzheimer's, there's no cure, unfortunately.

- I see. Right.

- It's a progressive neurological disease. It affects the brain, it gets worse.

- Okay.

- There's no cure. And if you have something else, sometimes like Parkinson's disease, it can affect the brain as well. There's no cure. So what we can do is as you mentioned, quality of life is perfect, is try to maintain quality of life as we go along. So it might be, now with the gadgets that we have, a cell phone, reminders, you know, to go to work or reminder to take your medicine. We may have a large calendar if you're old school, you want to remember, you know, things that you're going to do, different things to help you remember. Pictures of family members as it progresses and gets worse with their names, checking of the days that they came to visit you if you're in a skilled nursing facility, or some other type of home environment. But we're trying to maintain your orientation to who you are, where you are.

- Right. To where we are right now, we're losing our own skilled nursing facility in the Virgin Islands.

- Yes, unfortunately, unfortunately.

- Well, also with TBI, what, if someone has a traumatic brain injury, would that also affect their speech as well?

- Yes, it can.

- Because that's one area where you see traumatic brain injuries from children on up to adults, children on playgrounds, or one of, one of my worst situations is riding on the back of a truck and falling off.

- Oh, yes.

- And, or there, you know, in the States, a lot of times, to even give a bicycle helmet in order to prevent it.

- Right.

- Does that somehow also you would get clients in that area?

- Yes. So with someone who has a traumatic brain injury, it could be a little kid who was swimming or anyone swimming, someone diving and hitting their head in the pool somewhere. Any kind of loss of oxygen to the brain can cause traumatic brain injury as a result. Banging your head and your brain is going back and forth from the front to the back as a result of a car accident. Skateboarding without a helmet, riding a bike without a helmet, those big wheelers without a helmet, sitting on the back of a truck as you mentioned without some kind of head gear to protect you, falling backwards, anything like that can affect your ability to think, to understand, to express yourself, and your speech. It might cause issues with your actual ability and going back to even a stroke to get the words out. It's similar to stuttering, but it's not. The term is called apraxia.

- Oh, okay, okay.

-And then the other one is dysarthria, which is slurred speech.

- Speech. Okay.

- Right. And it can happen with little ones all the way up to the elderly.

- Right. Now you also mentioned, I don't know if there's, we have more occupational therapists here in the Virgin Islands or not, there was a...

- We have at least two...

- Two? Okay.

- ...that I am familiar with, and they are at Schneider Regional Medical Center. In terms of St. Croix, I am not familiar, but I do know that when there's an issue, many people will come over and go to Schneider. And what's great about those two particular occupational therapists is that they are pediatric and adult occupational therapist.

- So they cover the full [inaudible]

- They cover the full across the lifespan, yes.

- I see. I see. And again, do you wanna give a pit for what's gonna happen in May on, with your programs?

- Sure. So, and thank you for that. May again is Better Hearing and Speech Month. I want you to stay tuned for activities that we are going to be engaging the VI community in with regards to public awareness for your health, for your communication, health and wellness as it relates to your speech,

which would be articulation, and stuttering, your voice. If you smoke, please stop. I know it's hard, but please do. Any kind of tumor or polyps, what we call nodules, those are just terms of growth that can occur on your vocal chords that can prevent you, if you are a singer, you speak a lot, teacher, real estate agent, anything that, like that, motivational speaker, preacher, your voice can be affected, so there, we will talk about vocal hygiene, that's a term to protect your voice, how to give yourself vocal rest, who you should contact. And if you are experiencing any issues with regards to your voice, when it comes to your, and that was speech, when it comes to your communication, your understanding, which we call receptive language, your expression, which we call expressive language, which is different from speech. Speech is just the words that you're producing. And we're not trying to fix how we sound. There's nothing wrong with our accent or the dialect that we use here in the Virgin Islands. The issue is if an, stuttering, if you're trying to, trying to, trying to, that's an example of a phrase, uh, uh, what we call or what I just did, the "uh, uh," at the beginning, blocking, those are stutter patterns. So we work with individuals who have those kinds of challenges. Going back to the speech part, if you do have an accent or a dialect that you're trying to change because you were going to radio, or you are on television, we do work in those types of areas as well, but it's an elective, it's an elective type of service. That means you choose to do that. But it is against our code of ethics if you, to come to you and tell you that you need to change your dialect or your speech. I believe we have a caller? No. Okay. So when it comes to communication and language, those are some of the things that we're going to provide tidbits about every single week. We're going to perhaps have maybe even some mystery questions and things like that, so that you can perhaps win a prize.

- Oh, right. Sounds great to me. Well, maybe we have to get you back for that as well. But, and again, this is Ability Radio, you and your health. It's Archie Jennings with Dr. Karen Brown. And we'd like to thank the radio station and VI Lottery for allowing this to talk about you and your health. Take care. Until the next time.

- Thank you, VI community. Have a wonderful Saturday.