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Students in speech pathology build a lasting rapport with the patients they treat for various speech disorders. As one student clinician said, "When I see a client finally get a concept... when you can see the look on their face, that's worth all the hassle."

Story by Michael Collins
Photos by Mary Ann Lyons

When Charles Pearson brought a new pet to his Clay Street apartment last August, his roommates were somewhat skeptical. Now they have occasional nightmares about the five-foot boa constrictor.

Story by Sharon Wright
Photos by Mike Douglas

Our cover photo by Mary Ann Lyons pictures Jenny Edlin, a Brandenburg graduate student, leading a speech therapy session.

KA Southern Belles:
We love you!

The Brothers of Kappa Alpha.

Vote
Student Government Elections
Generals April 12
DUC Theatre
9 a.m.-6 p.m.
A gentle breeze chills the Thursday morning air as students hurry to their 9:10 classes. A bird's cheerful singing near the College of Education Building is the only sign that spring has finally arrived.

A young man and woman sit on a wooden bench before the building. They're in a world of their own, oblivious to the students, the bird, the breeze. There's a camaraderie between them, like old friends getting together to relive the past, to talk about things they did as children. Their laughter echoes in the wind.

Jenny Edlin's right shoe is on the ground beside the bench, her foot tucked carefully beneath her left leg. A black book, half open, rests on her lap.

Jim Daniel studies her face and hand movements as she speaks to him in sign language.

"Shhhhh," she says, pursing her lips to make sure the sound is perfect.

"Shhhhh," he repeats. Although the sound is precisely on target, his speech is slow and laborious.

"Good," Edlin says, moving her hands to spell the words. "You worked on that."

Edlin has been working on sign language since early childhood, but her efforts have never been easy. She was diagnosed with cerebral palsy at birth, and has struggled with the disorder her entire life. Despite the challenges, she has never given up on her dream of becoming a speech therapist.

Edlin, a Brandenburg graduate student, is one of 27 student therapists at Western's Speech and Communications Department. The students' patients range from foreign students who have difficulty communicating in English, to stroke victims who must relearn the language.

Daniel, an 18-year-old deaf student from Bowling Green, has been attending therapy at the clinic since January. "Hush," Edlin says, cupping fingers around her mouth to emphasize the final "ah." Daniel watches curiously, confused.

Edlin pulls a sheet of paper from the book and sketches a diagram to show Daniel the position of his tongue. He studies the diagram closely, but the confusion on his face turns to panic. At last, Edlin puts the paper aside and spells the word in sign language; an understanding smile comes across Daniel's face.

"Shhshhhhh," he says slowly, raising his hands in victory.

Helping Hands

Student therapists work under highly emotional conditions

Edlin has a lot since she began working at the clinic eight semesters ago. "I have learned so much here, because I've worked with so many types of disorders," she said. "I've worked with a 5-year-old with no language. Breakthroughs with her were a milestone. I've also had cerebral palsy victims and stroke victims. With each one, it's so different."

"I think the experience that I've gained here is just amazing. Truly. I know that I can work with any type of patient."

Diversity is a fact of life for the student therapists, according to Jodie Oliver, a graduate student from Orlando, Fla. "We see people from all walks of life - from upper-middle class to 'mountain people,'" she said. "Sometimes there's a large barrier. You have to alter your vocabulary - not necessarily talk down, but use different wording."

Students studying speech pathology must give therapy without pay at the clinic and have a minimum of 80 hours in specified areas before they can student teach, said Dr. Frank Kersting, clinical coordinator. Each student usually has four patients.

Nine of the clinicians are graduate students who must have 300 clinical hours to get their master's degrees. Many are working toward careers as therapists in schools, clinics and nursing homes.

Students begin work at the clinic during the second semester of their sophomore year, because Kersting said, "The more experience you have in a situation, the better off you're going to be."

Some clients are referred to the clinic by local doctors, but others voluntarily come in because friends work there.

About 60 percent of the clinic's 70 patients are preschoolers. Kersting said Fees, based on patients' income, usually range from a dollar to $3.50 a session; the clinic nets about $2,000 yearly in fees.

Patients are given a pretest to determine the required therapy; a clinician is assigned to the case. He's responsible for preparing a lesson plan - short and long-term goals, and plans detailing how they'll reach those goals.

The clinicians also work off campus with the Special Early Childhood Training Services for children and at the Fair...
Belinda Morris talks with Paul Phelps during a therapy session in his room at Fairview Healthcare Center. Phelps, 75, has had two strokes which damaged the left side of his brain and caused his memory and speech to fail.

Helping Hands

view Healthcare Center, where most patients are stroke victims.

In addition to maintaining a 3.0 grade-point average in their major, clinicians must have “personal maturity,” Kersting said. He often watches sessions and evaluates the students’ progress.

“The clinician has to deal with some powerful emotions,” he said. “You leave your own problems at the door, and you have to deal with another person’s needs. It is a very intense type of therapy, and it requires someone who is adept at interpersonal relationships.”

When patients come to the clinic, they know it’s a training center, Kersting said, but they realize they’ll receive “a clinician who is very concerned because he has a lot at stake.”

“They won’t get the most efficiency possible, but the child or family member will be helped,” he said. Most never finish their therapy there — they continue in programs elsewhere, such as those administered by public schools. “With a lot of these kids, the likelihood of them receiving other treatment (is good). But what you’ve done is make the likelihood of them having educational success more probable.”

Kersting’s job includes being confidant to clinicians who have been through a difficult session. “Empathy is really important. They’ve just experienced one of the most significant professional events of their life,” and they realize, “What I’m doing is making a difference and I have to control my emotions.”

The emotional trauma that comes when it’s time to part with a client makes the job extremely difficult for some clinicians. “The worst part (about the clinic) is I get emotionally involved with my clients, and that’s not always good,” Edlin said. “A semester after I’m gone, they’ll have another clinician.

“Sometimes it’s hard for me to part with my clients. I had a little girl I worked with for two years, and it was hard for me to give her up.”

“You have to be patient,” Edlin said. “You can’t let your client know you’re frustrated, because he’s frustrated, too.”

“With Jim (Daniel), we laugh to get rid of the tension,” she said. “Sometimes that works with other clients. Sometimes you have to stop your session, or go on to another task they can handle.

“Once I had a teacher (a stroke victim) who had taught for 30 years. And here I was, just 32 years old, trying to teach her who had taught for more years than I had lived. That was frustrating for both of us. Sometimes she would put down her pencil with the attitude, ‘It’s not worth it. You don’t understand me.’”

The little boy stands by his knees in a chair in the small room and shily studies a board and deck of cards on a table before him.

The pale yellow walls provide a somber tranquility, contrasted only by a huge, dark-stained window where clinic coordinators can watch the session.

Jason Simmens, 5, slowly removes a card from the top of the deck, turns it over and studies it.

Sitting in a chair beside him, glasses resting on the tip of her nose, Olliver watches every move.

“Socks,” he says, his small eyes staring curiously at Olliver, who answers him with a reassuring smile.

“Where do you wear socks?” Olliver asks softly, looking into his eyes.

“On my feet,” he says, his information unclear. He puts the card on top of the same picture on the board and slowly draws another card from the top of the pile.

The therapy turns to play as Jason reaches for a box of crayons. His face lights up as Olliver hands him a sheet of paper on which the outline of a huge Easter egg has been drawn. He pulls a copper-colored crayon from the box, and with slow, careful movements, begins to decorate the egg. His drawing becomes more rapid, more vigorous, and less precise — the colors go beyond the lines and run onto the edge of the paper.

“Are you ready to cut it out?” Olliver asks, her voice filled with the concern of a mother watching over a sick child. “OK, I’m going to help you because I’m your big sis.” She puts scissors into his small hand and watches as he tries to cut the sketch from the paper.

But his fingers are too small, and he has difficulty keeping the scissors steady. Olliver gently takes the edge of the paper and holds it as he trims the sides.

Making therapy fun is the key to arou­ sing a child’s interest and reaching goals, Olliver said. “You need to be creative because you have to keep children interested and come up with effective materials.”

After a child has a good session, he is often rewarded by having his next session outside. But, Olliver said, “Most kids work better in a confined area because it’s one-to-one and it’s real concentrated. A lot of times you do activities where you don’t need distractions, and outside there’s a lot of distractions.”

Although patients are interested in different things, motivating them to work is easy, according to Debbie Watson, a graduate student from Nashville, Tenn. “Most of them want to be here, so you don’t have a problem motivating them. It’s not something they’re forced to do, like come to school.”

Yet it’s sometimes difficult to control the frustration they often feel during therapy when they’re not progressing, she said. “If he’s overly frustrated, we’ll move on to something else then come back to this 10 or 15 minutes later, after he’s had some satisfaction about something he’s been able to do.”

“When something’s not going as I expected, that’s when I get frustrated,” she said. “But I think that’s good challenge. You go back and try different approaches: if one doesn’t work, you go back and try something else. It gives you a chance to expand on what you’ve learned in class.

“What I do, I just sit back and think, ‘What would someone else do right now? What am I doing that I could possibly do better?’”

For Edlin, the “intangible rewards” make the frustrations during therapy seem trivial. “When I see a client finally get a concept — when they really understand it, when they know they understand, when you can see the look on their face, — that’s worth all the hassle.”

Watson recalls the fear, the anxiety, the uncertainty of not knowing what to say or do during her first session, “it wasn’t chaos, but I felt like it was. It was structured and there wasn’t anything out of the ordinary, but I felt like everything was going wrong.

“I kind of felt incompetent. But that was right after you first get into the program, when you start taking clients. You’re improving yourself as well as them.”

A musty smell permeates the halls of the Fairview Healthcare Center on 550 High St. Gray-haired men and women wander about in wheelchairs, staring blankly as belinda Morris walks down the corridor.

Morris stops at a huge door and knocks gently. A soft voice comes from inside, and she enters as Paul Phelps, 75, finishes straightening the edge of his bright orange bedspread.

Phelps’ room seems out of place. The game show “Family Feud” is playing on a black-and-white television at the front, but the sound has been turned off. Birth­ day, Thanksgiving and Easter cards decorate the walls, a poster covered by hearts drawn with Magic Markers hangs on the door, bearing the message: “I Love You Daddy!” — a valentine from Phelps’ 9-year-old daughter.

An identification bracelet on his wrist below a gold watchband is the only indication that this is a nursing home.

Morris walks slowly to the edge of the bed and sits as Phelps relaxes in a green recliner nearby. For the first few minutes, they talk about his health, family and friends. Phelps is the victim of two strokes that damaged the left side of his brain, altering his speech and causing memory lapses.

When it’s time to begin therapy, Morris wheels a table next to the Phelps chair and places a pad and pencil before him.

Phelps begins to scribble his name on...
the paper. He looks up at Morris when he finishes, smiling, eyes wide.

"Good!" she says, patting his hand. His smile widens, and his head nods with satisfaction.

Morris, a Russellville graduate student, began work at the nursing home in January. Most of her patients are stroke victims with difficulty understanding simple concepts; many are learning to speak again.

Her job is to teach them "everyday life functions. Just functional phrases like 'I'm hungry,' 'I'm sick,' 'I'm hurt,' so they can communicate to the nurses and their family their feelings," she said.

Perhaps the hardest thing for Morris to overcome was the stereotype of elderly people - feeble-minded, deaf and half-blind. Morris often found herself speaking too loudly to them.

Karen Maddox, a speech pathologist there who monitors the student clinicians, said it's a problem most students must conquer. "About the only thing I ask my students to do is don't snap at them, speak softly, slow down.

But when Morris began work at Fairview, she had other things to learn. "You learn to give a lot of non-verbal reinforcement - a smile, a nod, a pat on the hand. Just small things to them are rewards."

Clinicians can't be intimidated by their patients' physical handicaps, she said. "You prepare emotionally when you decide that's what you want to do as a career."

Patients at the nursing home enjoy working with students, Morris said: "The nurses often comment on how happy they are when they see me, and they really like to have the feedback on what they're doing. They're pleased when she tells them she's still in school. "Working at the nursing home is a rewarding and learning experience, because you learn a lot about something from the geriatric population. Not the same thing, but there's a lot they can teach you."

Motivating patients at Fairview is hard, more so than others, Morris said. "Your expectations can't be as high because their attention span is not as long. A lot of times they just can't accomplish as much.

"That's a frustrating part, when you feel you're not breaking through and they hate you."

Because their motivation levels are lower, therapy must be conducted differently. "It's more tactful and less enjoyable," Morris said. "With children it's more of a game, but with adults, games are silly to them.

They have their ups and downs. Physically, some weeks their bodies are more apt, and maybe the next week something has happened and it tears their body chemistry down. Then they don't feel well."

After her first day at Fairview, Morris realized she would have to be prepared to face emotional trauma.

"After the first day, I had to discipline myself to know that I was just going to have to deal with a lot of the situations that I came up with - death or sickness," she said. "It's hard to deal with death and the disease you're faced with it every time you go."

Above, Terri McClure, a Cadiz junior, teaches Timmy Brown, 5, how to make the "I" sound (as in "iron") during a session with children from Headstart. Left, the hand of Belinda Morris, a graduate student from Russellville, points out the day of the week and month to a patient at Fairview Healthcare Center in a "reality awareness" therapy technique, where Morris refreshes the patient's memory concerning everyday concepts.
Friends gather at Charles Pearson's apartment on Clay Street to watch the feeding of his pet boa constrictor. Pearson, who usually buys hamsters and mice at a discount from local pet stores, feeds the snake about once a week.
Something like best friends

She is in the floodlight now, gleaming gorgeous and writhing on her slender back, the light catching snags in her skin. Some will be less than impressed with her nobility -- will sense a revolting beauty in the threatening way she shows frustration, in the ruthless way she commands attention.

Charles Pearson will say she is merely spoiled.

In the center of Pearson's Clay Street apartment, inside a plate glass cage, Bocephus, a 5-foot, 7-pound boa constrictor, entwines herself around a section of driftwood and threads her way through the handle of a half-gallon Seagrams bottle.

A color television blares animation from a corner, music from a stereo in its inappropriate soundtrack.

And the snake spits easily, over itself,-like sand through the thin openings between holes of an hourglass.

"I don't think she could kill me," Pearson says. "The only way she could kill me is if I didn't know what was going on."

Pearson, a sophomore from Evansville, Ind., became attracted to reptiles, especially snakes, five years ago through a friend who owned four boa constrictors and a python. He bought Bocephus three months ago for $120 through the Nashville affiliate of Petland pet store in Greenwood Mall.

It is Jane Fonda on television, one of the early movies where the smooth red curls are piled on top of her head, and the flawless skin is accentuated by thick black lines around the eyes.

There is something indiscernable, something obscene in the way Pearson describes the playfulness with which his pet will work her way into sofa cushions or the instinctive way she will strike the

Story by Sharon Wright

week's dinner, usually a mouse or hamster, to paralyze it before crushing it in the contractions of her coils.

"When we feed her," he says, "we'll usually call up about 50 people. We've got about half the crowd cheering for the snake. I can usually get the pet store to give me a discount on hamsters and mice. You don't really miss two dollars at a time, you know.

* The music is Fleetwood Mac -- a song called "Second Hand News." "Roll me down in the tall grass," it says, "and let me do my stuff."

And the snake is thick and tough like a tigertoothed and will look straight through you as if it cared.

"It's an unusual pet, I guess," Pearson says, "a conversation piece. Everybody can own a dog or cat or a bird."

Jane Fonda is waving her arms and mooting in frantic expression. She is as beautiful as in later years except the skin is flashier here, more tightly woven to its frame, more elastic and smooth -- not yet shining with the oil that seeps into hairline wrinkles to lubricate the last of youth.

Pearson's three roommates are fond of pets -- a potpourri of tropical fish drift noiselessly in a tank above Bocephus' cage, and a blue dog bites the legs of chairs - but Pearson admits they were skeptical about his adopting a snake.

"They didn't believe me at first," he says, "but when I started checking into how to get one, they said, 'Wow, he's really going to do it.'"

Recently, he says, the roommates had dreams -- on the same night -- that the snake had bitten them. But, Pearson says, "She hasn't struck any of us yet."

Photos by Mike Douglas

Fleetwood Mac is pounding incoherently now, lyrics begging, "Go your own way."

And the snake is dry and elaborately designed, and lazy in the light inside the cage.

Pearson lifts his pet gingerly from its cage, and the snake clings affectionately to him like seaweed to a wandering diver.

Skin is picked into a screened pattern on her body, the flattened head raised like a striped skull on top and blackened eyes motionless on the sides of the head, the tongue a delicate wisp piercing nothingness.

"That's the scariest part about this whole thing," Pearson says. "Reaching in to touch them at the first point. Because if they're going to strike you, that's when they're going to do it. And if they strike, they usually don't miss."

Pearson was once struck by his friend's python. So, he says, "I guess that's why I'm not really afraid she'll turn on me."

Clay Street is wet from the day's rain, tires swishing the glittering pavement.

The clapboard house on the corner is dull against its background, like those haunted houses in movies that are always more frightening in black and white. And the snake inside is hungry.

Someone comes in from the rain and pushes aside a blanket that flaps over the door. In one hand is a cardboard box, its sides held together with string.

"It's a gerbil, man. An ugly black gerbil. They don't have any hamsters," Pearson unites the box and pulls the feast out by its tail. "That's a nice one," he says.

The gerbil squirms and twitches as though quick jolts of electricity are being pumped into its extremities.

It is some movie channel today, where the film is shuddering and half-naked actors jerk, dancing in the shadows. The television must scream for attention amid stereo equipment and crates of records, scraps of paper and boots on the floor, overturned beer cans on the table.

Once the gerbil is dropped into the cage, the chase is not prolonged. In one motion, instant and fluid, the snake twists a segment of its body in a knot around the prey.

The rodent no longer twitches and jerks as it disappears into the snake's expanding jaws.

A roommate sits on the floor near the cage, devouring the last kernels of popcorn from a greasy paper sack. "Hey man, you didn't pay the phone bill," someone is saying. "If they come and take our phone out."

"We fed her this guy's pet hamster once," Pearson says. "He'd had it all semester and everything."

One roommate, Steve Chambliess, a junior from Sturgis, is watching the feeding from the sofa. "Yeah," he says. "The girls hated to see that hamster go."

Jeff Stevens, another of Pearson's roommates, is a sophomore, also from Sturgis. He dreamed recently that the snake was coiled at his neck and choking him. He woke up, tangled in the cord of his electric blanket.

When Pearson bought the snake, he says, "We didn't really like it that much." Pearson says, "There's a law that says when a snake gets 10 or 12 feet long you have to turn it over to a zoo or something. But I doubt if I'll ever give her up. I've never seen a snake inspector come around and measure snakes." He watches the pet, moving full of hideous grace inside its pen.

"It does scare the hell out of you," he says. "I don't know. Maybe I'm looking at life through a broken windshield."

"We feed her this guy's pet hamster once," Pearson says. "He'd had it all semester and everything."
SPRINGFEST is TODAY

Noon-4 p.m.
North lawn DUC
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Recreation by WKU Rec. Club

Enter your homemade kite in the kite-design contest at 2:00 p.m.

Prizes awarded!

Volleyball, Frisbee and much more!

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