MEET THE GAME
CHANGER
AGATA RUNOWICZ

ETHICS NOTE
PERSONAL DEVELOPMENT
BY ALIDA NAUDE

SASLHA BOARD PROFILES
Have you ever heard the saying “It’s a small world so be careful what you say”? My mom used to say it to me all the time when I was a kid because I always had an awful lot to say (not all that much has changed!). This saying has popped up in my life time and time again as exclamations of “Oh really?! What a small world!” have poured out my mouth time and time again. This month, the world truly felt small. This saying is more than one of those stuffy sayings that moms pour out, it strikes at the heart of ethical behaviour as speech-language pathologists and audiologists.

In a world that is becoming increasingly smaller and smaller, therapists need to be consciously aware of how they present themselves in at all times. Therapist’s are responsible for their own brand promotion and for promotion of the profession and so have a responsibility to themselves and to others. Just last week I witnessed a doctor categorically declare that he had lost all faith in a specified allied health profession after having a negative encounter with one individual from that profession. How harsh to all be tarred with the same brush!

Be aware of what you say and be continuously striving to present the yourself and the profession in a good light. Please don’t be that person that gives speech therapists ad audiologists a bad name. As my gem of a mother told me the other day- check yourself before you wreck yourself :)

Speaking of moms- the SASLHA e-zine wishes all of the lovely mom’s out there a very happy Mother’s Day on May 11th!

We love hearing from SLT-A’s! Contact the editors, Cara and Tracey, via email: e-zine@saslha.co.za
Upcoming awareness days from the Department of Health

- May: Anti-Tobacco Campaign Month
- May: International Multiple Sclerosis Month
- 1 May: Workers Day (South Africa)
- 3 May: World Press Freedom Day
- 5-11 May: UN Global Road Safety Week
- 8 May: World Red Cross and Red Crescent Day
- 10 May: World Move for Health Day
- 12 May: World Chronic Fatigue and Immune Dysfunction Syndrome Day
- 12 May: International Nurses’ Day
- 15 May: International Day of Families
- 17 May: World Telecommunication and Information Society Day
- 17 May: World Hypertension Day
- 18 May: The International AIDS Candlelight Memorial Day
- 18 May: International Museum Day
- 21 May: World Day for Cultural Diversity for Dialogue and Development
- 22 May: International Day for Biological Diversity
- 25 May: Africa Day
- 28 May: International Day of Action for Women’s Health
- 31 May: World No Tobacco Day

SASLHA radio awareness campaign

SASLHA representatives will be creating awareness about Auditory Processing Disorders on Sunday 11 of May just after the 11:00 news on SAfm.

SASLHA & Social media

Have you seen SASLHA’s pinterest and facebook pages? Join the conversation today!

Job Opportunity:

Locum wanted

Speech Therapist needed for locum position. 1st August - 30 November. Full day (mornings only also an option) in the Benoni area.
Contact Deirdre 0734679007
deirdre_loots@hotmail.com

Please be on the lookout for an email about the upcoming SASLHA AGM
Victor de Andrade is an audiologist who is born and bred in South Africa and lives in Johannesburg. He has practiced in various settings here and abroad and currently teaches in the Department of Speech Pathology and Audiology at the University of the Witwatersrand and works at the University Speech and Hearing Clinic in his capacity as clinical supervisor to students in training. He has varied research interests which include socio-cultural aspects of deafness, amongst others. He likes to explore new places and is always on the hunt for good eating places (especially with regard to desserts).

Enough is not enough.

In the last column, I wrote about the need to connect on a personal and human level with clients. This time, let us consider an extension of that connection; how we connect with them professionally. We may land up in a position or reach a place in our professional careers where we are comfortable with the practice of our profession. We may reach a place and a space where we are confident in our techniques and in our application of them and we may find ourselves practicing our profession naturally and smoothly. And that’s a good thing. It suggests a melding of the profession and the person and engenders naturalness to what we do. Our clients benefit from this confidence and from our professional, yet personal, demeanour.

However, we also run the risk of becoming over confident and too self-reliant. We run the risk of doing things because that is the way they have been done and because it is the way we were trained. There is the danger of becoming complacent where we do not engage in further learning, for example through CPD. Also, there is the risk of becoming so self-confident that we may not consider asking colleagues for advice because we may assume that we know best. The other risks are complacency and satisfaction with the status quo. Also, a complacency and a satisfaction that we are doing enough. But enough is not necessarily what our clients need. All these risks are to the client’s detriment because the client may not get the most up-to-date and informed practice. Also, we don’t challenge ourselves and grow from challenging ourselves. Yes, the argument can be made that we experience time and resource constraints. Yes, we can say that we know what we are doing because we were well trained in our undergraduate and postgraduate studies. Yes, we can say that we don’t all work at universities and that the real world requires practical solutions and not lofty theory. However, these arguments don’t hold water.

There’s no denying that there are time and resource constraints. However, we have an ethical and professional duty to
build time and resource allocation into our schedules for the benefit of our practice, our profession, our clients and ourselves. Yes, time is money and there is rent to pay but there is an obligation to setting some time aside for further learning. Similarly, although we may have received good undergraduate and postgraduate training, things have changed since we trained. I recently received a phone call from someone who said that she hadn’t practiced in audiology since she’d graduated 25 years ago and asked me if we could have a catch up session as she wanted to get back into audiology! A catch up session. Of course I declined and suggested that it would not be advisable for her to pursue this avenue.

Because we are experienced clinicians, we are in a position to question our practice and explore WHY we do what we do and not just take practice at face value. But, our answers to our questions need to be based on research and theory. We are not just technicians or machines. Instead, we are thinking beings who ought to implement practice that has been developed and challenged theoretically through a review and testing process. There needs to be a respect for theory as it is the driving force behind our thinking. Similarly, we ought not take theory at face-value either. It too ought to be challenged in light of the differences in context and so our practice can inform theory by developing it. So, the two work hand in hand.

We can’t say that theory is ephemeral and that practice is tangible. They are both interlinked and reciprocal.

Therefore, we have a responsibility to ourselves, our clients, and our profession to challenge ourselves in continuing our training, even when we are comfortable doing what we do. Yes, we are dedicated to our clients and our profession. And, yes, we do what we do well and we do it to high standards, but there is also an aspiration to do what we do better and grow ourselves and our profession.
Agata Runowicz qualified as a teacher with a B.Ed in 1981 from Warsaw University in Poland. Subsequently, she qualified as a speech-language therapist from Warsaw University in 1984 with a postgraduate degree. Agata moved to South Africa in 1991 with an aim to work within the community and offer her skills. While working in community based rehabilitation in the West Rand Region in Gauteng, she continued her education to become a Psychometrist as well as studied to become a remedial teacher at the University of the Witwatersrand in 2000.

Agata has more than 20 years of experience in early childhood development. This includes her work at a centre for early intervention in Poland and at Cotlands Baby Sanctuary in Johannesburg. She continued her work in district health in the West Rand Region in Gauteng and since 2003 she has worked in the Eastern Cape, in Makana (Grahamstown and Port Alfred area).

Agata has continuously been promoting speech therapy and audiology in the Eastern Cape and has helped with the establishment of the Speech Therapy and Audiology Forum which then developed into a Regional forum as well in 2006. This has since developed into 3 regional forums (PE, East London and Mthatha as central service points). She represented the Eastern Cape at National level for several years. Through this work, Agata became aware of the need to address community development as well as professional expansion of therapists. In an attempt to address this problem, she served on the Children Commission at the National Council of the Association for Persons with Disability (APD), while leading a local branch.

Agata started the project called ‘adopt the child with disability’ in 2000. While working at the Department of Health (DoH) she collaborated with Rhodes University’s (RU) Psychology Department as well as with the Early Childhood Development (ECD) centre. Agata identified the need for a change in the management plan of children with disabilities and developmental delays. She felt that children were seen at the developmental clinics in isolation once a month while a home program was rarely implemented. Also therapists visited the crèche to conduct music and movement sessions but no other therapy was provided. The community service psychologists were not familiar and were feeling out of their depths dealing with disability, particularly with children with disabilities. This resulted in a poor follow through of therapy, and thus poor results and carryover.

From here the seed of a meaningful community engagement project was planted. Agata started this project with the aim of assisting with the continuation of care at different levels by getting estranged parents involved, assisting with school placement for the children and promoting improvements of parental skills. The idea was of holistic care while using all
modalities: improvement of mobility and interactions with the environment, changing parent’s attitudes towards the child’s physical and mental abilities while at the same time, creating a conducive, safe set up and improving rapport.

The project utilised various disciplines and role players, including the Rhodes University psychology clinic coordinator and interns, the Department of Health’s rehabilitation program manager, 3rd year Psychology students on their outreach program, district hospital therapists, APD volunteering physiotherapists and social workers, mothers, carers and children with cerebral palsy and other disabilities and the crèche coordinator and mothers working at the crèche in collaboration with various sponsors.

The crèche Khanya and subsequently SInakho were run by volunteering mothers trained by therapists who were additionally trained in Hambisela program. The project conducted programmes for mothers and carers and formed mothers support groups at various developmental clinics, which still operate monthly. Meanwhile, a toy library has been established mainly from donations which have been a great help in the implementation of the home programmes. Most of the time APD can secure small stipends for crèche workers, or mothers would take shifts without remuneration.

The project started off as an APD/Rehabilitation project in Grahamstown at Joza clinic. It then grew as a clinic to 2 venues with a Multidisciplinary team (MDT). A mother’s support group was added from 2004. The team then started a play group for CP children at the old Municipality buildings in Joza and the Toy Library was started in 2004. Hambisela was run by the Cerebral Palsy Association (CPA) for rural settings. It was a basic home program for children with CP, similar to the STARTprogram in JHB. Training for therapists and carers was started 2009 thanks to the CPA PE branch. The RU Psychology student community engagement project started in 2010.

The Developmental Clinic as a community-based rehabilitation project, which forms a foundation of Masibambane, was recognised by the HPCSA for team work in 2009. It was a special recognition which encouraged therapists to work further on making a difference for children with disabilities in our area. Last year 2013, APD was awarded as community partners to RU students outreach program Masibambane.

Today this project is in the fourth year of Masibambane – the name given by students to Adopt the child with disability projects. Families with children with developmental delays are allocated to pairs of students,
usually 12-15 cases per year. This year, money for toys and transport from RU was provided. Also, the project won the ABSA award! This is a National ECD award in the category of training and intervention. Social Development, UNICEF, ABSA bank and National development Plan form a task team that visits and adjudicates different projects, training, centres, publishers, practitioners and training and intervention – and this wonderful project scooped up the award!

Agata plans to use their experience and data for honours student research on mother and child attachment, comparison of approaches by carers who were or were not on the programme, measure children’s progress and so on. They feel it is a model that can be replicated by other universities and as meaningful community outreach.

It is a very successful project which brought Agata’s attention to her abilities in teaching and sharing experience with students and young academics. She also has a keen interest in promoting our profession and finding means whereby the SLT/Audiologists can make a contribution into primary health care facilities and clinics services through DHIS (district health information system), core standards, research and MDT work.

For more information on how you can assist, please contact Agata at dagata@imaginet.co.za

First training of Moms after opening of Khanya play group -2006
Denise Kemsley

I graduated with a B. Log degree (dual qualification) from the University of Pretoria in 1982 (the same year I was married!) and began my career as a Speech and Language Therapist /Audiologist the following year at the School of Achievement in Germiston. After eighteen months, my husband and I relocated to Durban and I took up a position at the Kenmont School (also a long-term Remedial school) in Montclair, which later re-located to the Bluff. It was quite challenging as I was the only Speech Therapist at the time. As new therapists arrived, I was put in charge of them as well as the running of our department. Supervising students from the former UDW (University of Durban Westville – now UKZN), training new staff members in my Speech Department and doing In-Service Training for teachers were some of the highlights. I was also actively involved in all aspects of school life and passionately fought for the improvement of therapists’ salaries and service conditions within Specialised Education. In 1999 I made the difficult decision to leave the security of a set monthly income, lovely long school holidays, a 13th cheque and the camaraderie of a great inter-disciplinary team and established my own Private Practice in New Germany, where I am still today! (Last year I de-registered as an Audiologist, as I had not practiced in this field for a very long time). On some mornings I also do school visits and my special interests include Specific Learning Disability and CAPD.

With over thirty years’ experience in Education and Private Practice, I have insight into the difficulties and frustrations which may be experienced by many of my colleagues. I hope to promote the aims and purposes of SASLHA to the best of my ability, to urge all Speech Therapists as part of their professional responsibility, to become SASLHA members, as well as to gain a better understanding of SASHLA and how it functions, in order to help us all grow to be the best professionals we can be and make meaningful contributions to the community. As the Zone 4 representative it is my responsibility to relay information from Head office to members in my Zone and help coordinate events for CPD points. (More info can be found on the website about this).

I have two grown daughters, still ‘living’ at home (although they are always out and about) and I cherish every moment of the times they are around. Family is very important to me.
I love going to the beach over the weekends and find that swimming in the sea rejuvenates the soul, while hiking in the Berg is also a firm favourite. When I can find the time I also like to sew, bake and update my iPad with the latest Apps!

I try to apply the principal of doing ‘everything in moderation’, not to ‘judge’ people and ‘doing unto others as I would like them to do unto me’!

Nicole da Rocha-Field

Has worked at:
DOH: Greys and BSH
Has worked in private practice Audiology
for: Janet Smith KZN and Mariekie Cilliers Gauteng.

Currently working in Nelspruit at the Ear institute.

Interests: loves cooking and eating...
mostly eating.

Something you didn’t know: Fluent in Portuguese.

Chairperson of the PR and Marketing committee that needs members as there is only me at the moment. If anyone has any ideas or would like to do something to promote the profession they are welcome to join me!
Alison Dent

I am a speech-language therapist in private practice. I graduated in 1987 from Wits University with a BA (Sp and H Th).

I practised as both a speech-language therapist and audiologist for 10 years, before concentrating purely on speech-language therapy in the paediatric population.

I have had my own private practice in the Weltevreden Park area for 22 years. This was moved to Curro Aurora Private School in January 2012.

I have worked privately in several schools in the area over the years.

I have worked at Curro Aurora Private School for 18 years, from where I currently run my private practice.

I have been working privately at Newton House, a remedial school, since January 2013.

I have worked with Hearing Screening Services for Children for 20 years; screening over 15000 children’s hearing a year. I have been the co-ordinator of this service for the past 8 years.

I serve on the National Council of the South African Speech-Language Hearing Association (SASLHA), the professional body representing speech-language therapists and audiologists in South Africa. I have been the Chairperson of the Coding Committee on this council for 3 years and have been appointed to chair this portfolio for another term of 3 years.

I have recently been appointed to serve on the Standards and Ethics Committee of SASLHA as the Private Practice representative.

I have been blessed with 3 beautiful daughters; 25, 22 and 21 years old – a Chartered Accountant, a pilot and 4th year Occupational Therapy student respectively.
When professional misbehaviour occurs it would be reasonable to ask “Is it bad apples or bad containers”? Do professionals engage in immoral behaviour because unethical individuals spoil those around them or do unethical environments corrupt individuals? I believe that both individual and contextual factors contribute to ethical misconduct. This means that both the individual professional as well as the situation in which they find themselves need to be addressed. I do, however, believe that by starting the focus on the individual (each of us personally) we can prepare ourselves to be agents of change by examining and then developing our motivations, personal mission, values, character, and moral reasoning. There are five components that form part of personal ethical development, namely facing the shadow side of the personality, discovering vocation, identifying personal values, developing character and drawing upon spiritual resources (Johnson, 2007). Today I’m just going to focus on the first component namely facing the shadow side of the personality. Why is this component so important? Personal change can only happen when it is based on a realistic self-assessment. We need to be honest with ourselves and acknowledge that we have the potential to do harm as well as good. If this was not the case a principle such as non-maleficence would not be described in the professional code of conduct. Our shadow side refers to those parts of ourselves that fall short of what we want to be and that we don’t usually what to share with others (Mattoon, 1981).

It could be things like bias, dishonesty, bad temper, prejudice etc. In most cases these things are considered as a negative force, but it can increase creativity and spontaneity. Ignoring this side of ourselves put can put us at risk, as repressing these impulses e.g. anger, jealousy, rage, insecurity, pride does not make them go away (Storr, 1983). According to psychotherapist Carl Jung, “mere suppression of the shadow is as little of a remedy as beheading would be for headache” (Storr, 1983). The shadow is more likely to surface under stressful conditions as we often experience in our work environment as therapists. You might consider yourself a caring person, only to be surprised when you lash out at someone when the workload is more than you can handle. Professionals with fear of failure might set unreasonable demands for others or respond to their own insecurities by demeaning other members of the team. Ignoring the shadow side also leaves us vulnerable to projection where we unconsciously transfer undesirable characteristics onto others e.g. reacting negatively when others reflect the very characteristics (selfishness, critical attitude, bias) we dislike in ourselves. So let us look at the benefits of confronting the shadow side of our personality. First, admitting that we have undesirable characteristics begins to break their hold over us giving us the opportunity to control them. Second, it provides us with a clearer sense of who we really are, allowing for personal growth.
Third, acknowledging that we have a shadow side humbles us, making us more understanding and forgiving of others and increasing skills such as empathy in us. Fourth, we are less likely to project on others in the workplace, reducing possible conflict and improving the ethical climate in our environment. Fifth, admitting our weaknesses can encourage others to do the same, strengthening work relationships.

Here are some tips to help you manage undesirable characteristics to begin the process of personal ethical development.

1. Take personal responsibility for your actions. You have a choice in how you respond to situations.
2. Reflect on your negative images of others and evaluate if you are projecting your undesirable qualities on them.
3. Learn from your mistakes. When your behaviour is in conflict of who you believe you are, identify underlying reasons and decide how you will react in the future.
4. Find a supportive partner that you trust to help you identify and manage weaknesses.
5. Accept criticism and use it as a tool to grow personally.
6. Adjust your behaviour or environment to manage your shadow side.

For example: if you find working with a certain population increases your stress levels or irritability levels don’t book them for a Friday afternoon at 16:00 or if you have a patient that tends to miss appointments book them at a time that you can use to do other work such as reports so that you can still use the time productively.

Take some time to discover your “other” side and come up with creative ideas to manage it. Enjoy the beginning of this journey of becoming an agent of change and creating a positive ethical climate around you.
HPCS National accreditors forum.
GUIDELINES FOR ACCREDITON
OF CEU’S IN ETHICS, HUMAN
RIGHTS AND MEDICAL LAW

South Africa is defined in the first
chapter of our constitution as being a
democratic, independent republic based
upon the principles of protecting dignity,
human rights and the rule of law. Chapter
two is a bill of rights which further defines
these human rights including the rights to
health care, food, water and social security.
These are all issues intimately linked to the
health care profession.

As health care professionals working
in South Africa it is appropriate that
practitioners should be familiar with the
acts, regulations and guidelines that govern
our practice. Furthermore professionals
should have an understanding of the
bioethical principles that determine
how we perform research and interact
with patients and society. Medicine is a
constantly advancing field and with these
advances conflicts often arise within the
arenas of politics, law, religion, philosophy
and economics. An understanding of
bioethics helps us to recognise, admit and
sometimes resolve these conflicts.

The allocation of specific CEU’s to
ethics, human rights and medical law is
an acknowledgement of how important
these issues are to our practice. Practition-
ers are further encouraged to obtain these
units with the allocation of double units as
compared to CPD in other fields.

It is important however that CPD
activities on these topics focus on issues
of patient care. Ethics talks for instance
can cover a wide range of topics but
accreditation is generally awarded
to talks concerning the principles of
autonomy, beneficence, non-maleficence,
justice and human dignity. Medical law
activities should focus on the
responsibilities of professionals and the
rights of patients. For further guidance the
HPCSA offers a range of guidelines on
these topics and they are available on the
website -www.hpcsa.co.za.
New diagnosis guidelines for autism spectrum disorder (ASD) issued by the American Psychiatric Association (APA) may reduce by almost one third the total number of people being diagnosed, according to new research from Columbia University School of Nursing published in the Journal of Autism and Developmental Disorders. The guidelines, released in May 2013 and the first major update to psychiatric diagnosis criteria in almost two decades, may leave thousands of developmentally delayed children each year without the ASD diagnosis they need to qualify for social services, medical benefits and educational support.

A meta-analysis was conducted to determine the effect of changes to the DSM. The study found a statistically significant decrease in ASD diagnosis of 31 percent using the new manual, DSM-5, compared with the number of cases of ASD that would have been identified under the previous version of the manual, DSM-IV-TR.

The old manual, DSM-IV-TR, included three distinct subgroups under the broad definition of ASD: autistic disorder (AD), Asperger’s disorder, and pervasive development disorder—not otherwise specified (PDD-NOS). The revised manual, DSM-5, eliminates these subgroups, instead establishing a more limited range of criteria for a diagnosis of ASD that is designed to encompass individuals who previously would have fallen into one of the subgroups. The DSM-5 also added a new category called social communication disorder (SCD) to diagnose individuals who have verbal and nonverbal communication impairments but lack other attributes associated with autism. Some individuals diagnosed with PDD-NOS under the old manual would be identified as individuals with SCD under DSM-5, according to the APA.

Click here for Article
A mother’s invention that gave her wheelchair-bound son the chance to walk has been launched onto the worldwide market.

A Northern Ireland company has turned Debby Elnatan’s idea for a walking harness into a product that could transform the lives of countless disabled children. Mrs Elnatan, a music therapist, came up with the concept to help her young son Rotem, who has cerebral palsy.

She designed a support harness that would enable Rotem to stand upright and, by attaching it to herself, let parent and child take steps together.

After a global search for a company to mass-produce her “Upsee”, the Israeli mother chose Northern Ireland-based manufacturer Leckey, which has a long track record in making equipment for children with special needs.

After successful trials with families in the UK, US and Canada, the Firefly Upsee was today launched globally. ‘It is wonderful to see this product available to families across the world,’ said Ms Elnatan, who was at the official unveiling at the Leckey factory in Lisburn.

‘When my son was two years old, I was told by medical professionals that “he didn’t know what his legs are and has no consciousness of them”.

‘That was an incredibly difficult thing for a mother to hear. I started to walk him day after day, which was a very strenuous
task for both of us. Out of my pain and desperation came the idea for the Upsee and I’m delighted to see it come to fruition.’ The Upsee allows infants and small children to stand and achieve repetitive walking training with the support of an adult.

It includes a harness for the child, which attaches to a belt worn by an adult, and specially-engineered sandals that allow the parent and child to step simultaneously, leaving their hands free for play and other tasks.

Designers, engineers, textile experts and therapists from Leckey’s Firefly team have been working on the project since 2012.

Maura McCrystal, mother of five-year-old Jack, from Draperstown in Northern Ireland, has been one of the first UK parents to use the product.

‘Last Sunday was a significant one for us as a family as it was the first time our son Jack was able to play football in the back garden with his dad, his brothers and our little dog Milly,’ she said.

‘To see Jack playing like any other five-year-old boy made me very emotional. Jack and his brothers so enjoyed it.’

Firefly’s clinical research manager and occupational therapist, Clare Canale, said the product could help families across the world.

‘Short-term, the Upsee improves special needs family participation and quality of life, while research suggests it has the potential to help with physical and emotional development in the longer term,’ she said.

‘It has been humbling to see the progress and happiness the Upsee is creating; watching children to do simple things for the first time such as kicking a ball or playing with a sibling is wonderful for everyone involved, but especially the families.’

Click here for Article
Using DNA as a drug -- commonly called gene therapy -- in laboratory mice may protect the inner ear nerve cells of humans suffering from certain types of progressive hearing loss, researchers have discovered. While the research is in its early stages, it has the potential to lead to a cure for some varieties of deafness.

Now a team of researchers led by Karen B. Avraham in Tel Aviv University with Yehoshuah Rafael at the University of Michigan’s Kresge Hearing Research Institute have discovered that using DNA as a drug -- commonly called gene therapy -- in laboratory mice may protect the inner ear nerve cells of humans suffering from certain types of progressive hearing loss. In the study, doctoral student Shaked Shivatzki created a mouse population possessing the gene that produces the most prevalent form of hearing loss in humans: the mutated connexin 26 gene. Some 30 percent of American children born deaf have this form of the gene. Because of its prevalence and the inexpensive tests available to identify it, there is a great desire to find a cure or therapy to treat it.

“Regenerating” neurons

Mice with the mutated connexin 26 gene exhibit deterioration of the nerve cells that send a sound signal to the brain. The researchers found that a protein growth factor used to protect and maintain neurons, otherwise known as brain-derived neurotrophic factor (BDNF), could be used to block this degeneration. They then engineered a virus that could be tolerated by the body without causing disease, and inserted the growth factor into the virus. Finally, they surgically injected the virus into the ears of the mice. This factor was able to “rescue” the neurons in the inner ear by blocking their degeneration.

“A wide spectrum of people are affected by hearing loss, and the way each person deals with it is highly variable,” said Prof. Avraham. “That said, there is an almost unanimous interest in finding the genes responsible for hearing loss. We tried to figure out why the mouse was losing cells that enable it to hear. Why did it lose its hearing? The collaborative work allowed us to provide gene therapy to reverse the loss of nerve cells in the ears of these deaf mice.”

Although this approach is short of improving hearing in these mice, it has important implications for the enhancement of sound perception with a cochlear implant, used by many people whose connexin 26 mutation has led to impaired hearing.

Embryonic hearing?

Inner ear nerve cells facilitate the optimal functioning of cochlear implants. Prof. Avraham’s research suggests a possible new strategy for improving implant function, particularly in people whose hearing loss gets progressively worse with...
time, such as those with profound hearing loss as well as those with the connexin gene mutation. Combining gene therapy with the implant could help to protect vital nerve cells, thus preserving and improving the performance of the implant.

More research remains. “Safety is the main question. And what about timing? Although over 80 percent of human and mouse genes are similar, which makes mice the perfect lab model for human hearing, there’s still a big difference. Humans start hearing as embryos, but mice don’t start to hear until two weeks after birth. So we wondered, do we need to start the corrective process in utero, in infants, or later in life?” said Prof. Avraham.

“Practically speaking, we are a long way off from treating hearing loss during embryogenesis. But we proved what we set out to do: that we can help preserve nerve cells in the inner ears of the mouse,” Prof. Avraham continued. “This already looks very promising.”

The research team is currently working on finding better “vehicles” for the corrected gene, such as finding more suitable viruses to transport the injected gene to the appropriate place in the inner ear. The study was supported by grants from the NIDCD of the National Institutes of Health and I-CORE Gene Regulation in Complex Human Disease.

Click here for Article
Scientists may have discovered how the most common genetic cause of Parkinson’s disease destroys brain cells and devastates many patients worldwide.

The investigators found that mutations in a gene called leucine-rich repeat kinase 2 (LRRK2; pronounced “lark two” or “lurk two”) may increase the rate at which LRRK2 tags ribosomal proteins, which are key components of protein-making machinery inside cells. This could cause the machinery to manufacture too many proteins, leading to cell death.

“For nearly a decade, scientists have been trying to figure out how mutations in LRRK2 cause Parkinson’s disease,” said Margaret Sutherland, Ph.D., a program director at NINDS. “This study represents a clear link between LRRK2 and a pathogenic mechanism linked to Parkinson’s disease.”

Affecting more than half a million people in the United States, Parkinson’s disease is a degenerative disorder that attacks nerve cells in many parts of the nervous system, most notably in a brain region called the substantia nigra, which releases dopamine, a chemical messenger important for movement. Initially, Parkinson’s disease causes uncontrolled movements; including trembling of the hands, arms, or legs. As the disease gradually worsens, patients lose ability to walk, talk or complete simple tasks.

“These results suggest that s15 ribosome protein may play a critical role in the development of Parkinson’s disease. Our results support the idea that changes in the way cells make proteins might be a common cause of Parkinson’s disease and possibly other neurodegenerative disorders,” said Dr. Dawson.

Dr. Dawson and his colleagues think that blocking the phosphorylation of s15 ribosomal proteins could lead to future therapies as might other strategies which decrease bulk protein synthesis or increase the cells’ ability to cope with increased protein metabolism. They also think that a means to measure s15 phosphorylation could also act as a biomarker of LRRK2 activity in treatment trials of LRRK2 inhibitors.

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