

communication
matters



Comments vs questions in child language development
Literacy intervention • Speech-language therapy in Fiji

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Area updates

From the editor Nā te ētita

Karen Watson editor@speechtherapy.org.nz



Tēnā koutou,

Happy summer! I hope you've had a refreshing break and the new year has started well. I spent much of my break exploring my own city, mostly beaches and playgrounds. I have a new appreciation for the cool Wellington weather and our always-fresh air, as we learn more and more about the devastating fires in Australia, bringing loss of life, habitat, homes and quality of life. I hope the worst will be over by the time this magazine reaches your mailboxes.

This issue will be my last as editor, as I will soon be taking some time away from the world of speech-language therapy to have another baby...although parenting surely counts as professional development, right? The first-hand experience of observing a child's development and probably more importantly, a deeper understanding of the challenges of family life and anxieties that accompany caring for children – I certainly learnt a lot the first-time round to support my work with families in the education sector. Each child is different, as we all know, so I am looking forward to seeing what my new baby teaches me.

I am pleased to pass the role of *Communication Matters* editor to Selena Donaldson. Many of you will know Selena from her work at the University of Auckland and Middlemore Hospital. Selena is passionate about good writing and promoting our profession and the NZSTA. I feel confident the magazine will continue to evolve and reflect the professionalism of its members and board under her guardianship.

Thank you to everyone who has contributed articles during my time as editor – I have learnt a lot from the knowledge you have shared, your suggested resources and our email conversations. I feel like there's been an increased interest from members in submitting their work, with a mix of personal and professional reflections and research, creating a better quality magazine. Please keep up the good work and encourage your colleagues to submit an article when you see them doing interesting work. Thank you to Annette, Amy and Shannon for their guidance with the magazine. Thank you also to the board for the work that you do and always answering my nit-picking questions!

Hei konā mai,

Karen

Who to follow Mā wai e whai?



 @DLdandMe

The international #DLdandme Twitter chat has been fun to follow. Once a month they do an hour-long chat on developmental language disorder (DLD). It's thought-provoking and has connected me with fellow practitioners in Australia.

Following #DLdandme has consistently built up my knowledge and confidence around DLD. This tweet (above) led to a fascinating blog post by Laurence B. Leonard highlighting how DLD appears in different languages and introduced me to the idea of an "exaggerated linguistic profile". Specifically, that the linguistic errors made by people with DLD are consistent with what is tricky for all speakers of that language, but that they do it more often and for many more years. •

Shannon Hennig

From the president

Nā te tumuaki

Annette Rotherham president@speechtherapy.org.nz



Tēnā koutou,

NZSTA had a hugely successful year in 2019. Highlights for me have been building relationships. The noho marae for the NZSTA Board and conference planning committee was a fantastic opportunity to strengthen our own relationships as a board and to make important connections with Mātua Rukingi Haupapa and his whānau. The successful Brisbane conference also strengthened our relationship with Speech Pathology Australia and its members, some of whom will make it over the ditch to our 2020 NZSTA conference in Christchurch. It will be a pleasure to show them our manaakitanga.

We continue our journey exploring biculturalism: what this means for our profession and for the people we serve. Our new NZSTA waiata encompasses this mahi for our profession and for our people: an amazing gift – ngā mihi,

Mātua Rukingi. Another highlight for me was the Waiariki Stroke Conference in Rotorua in October. The Honourable Paula Tesoriero, Disability Rights Commissioner, attended and participated in the workshops, as well as many Māori whānau and individuals who have been affected by stroke. The stories flowed as people shared their experiences. The take-home message was to ensure we address the wairua of a person in our rehabilitation, listen to the whānau and involve them as much as possible, and consider a wide range of activities that might address the individual needs of a person. Waiata, art, and music were identified as important tools to living well post-stroke.

Another stand-out event was the reaccreditation of the University of Auckland Speech Science programme: an important task of the NZSTA. Felicity Bright came on board in 2019 as the PAC (Programme Accreditation Committee) chair, and she has led with integrity and professionalism. Ngā mihi nui, Felicity. This process was a huge undertaking for all involved. I also thank the rest of the PAC team and the accreditation panel who ensured this process met the standards and was carried out smoothly. The University of Canterbury

programmes will be involved in the process in 2020 and Massey University in 2021. Keeping everyone busy!

This year holds many new paths for us all. We bid farewell to some wonderful board members last year, with Amy Oughton stepping down in September and Renee Taylor taking a step back this year. Thank you to both of you for bringing such fresh energy and insights to your roles. The portfolios will be up for nomination and voting at the 2020 AGM. In the meantime, our constitution allows me to appoint members to fill these roles temporarily. It has been fantastic to have Shannon Hennig come on board with a baptism by fire over the last three months: thanks, Shannon, for your hard mahi at such short notice. We are excited to have Katrina McGarr stepping into the Māori and cultural development portfolio holder role this year, bringing some South Island representation to the mix. We look forward to working with Katrina with her gentle and humble demeanour but always insightful worldview. Our next association hui is in Ōtautahi – hope to see you there!

Enjoy your summer and wishing you every success in 2020.

Hei konā mai i roto i ngā mihi,
Annette

New NZSTA board member

Shannon Hennig, Communications / Tūranga whakapaoho portfolio holder
communications@speechtherapy.org.nz

Kia ora koutou,

Firstly, a huge thank you Amy Oughton for all she did for the communications / tūranga whakapaoho portfolio. The Giving Voice Aotearoa infographics, video competition, and social media presence were greatly appreciated. Thank you for your service to the association and all the best with your future projects.

I am stepping in for the remainder of Amy's term and am looking forward to working with all of you to ensure that more people understand and value the work we do in our profession.

My dream is that everyone with swallowing or communication difficulties can access our essential services. As part of that, I hope that one day every young person in New Zealand will know enough about our profession to consider it as a possible career path. Can you imagine if every young adult knew about what we do at the same level as they could describe what a plumber, doctor, teacher, scuba diver, or astronaut does?

I also plan to work hard to promote communication accessibility in this role. I truly believe that if we could help the entire population understand how simple changes can profoundly impact someone else's ability to connect and communicate, the world would be very different for so many New Zealanders.

I believe that stories are what change the world. Stories from people we know and trust. Stories that are honest, poignant, nuanced, and reflect the diversity of our world.

Collectively, as we share stories and celebrate our achievements, we can make a significant impact towards these goals.

One of the stories that touched me last year, was the coming together of so many people to create the Awhi Mai Stroke Trust conference at Te Papaouru Marae in Ōhinemutu. I wish I could have been there, but if you also weren't able to be there in person, I've put together a video about the event. This video also features one of the waiata written by our Kaumātua Rukingi Haupapa. Head over to our YouTube channel, where you'll find this video along with a collection of waiata written for our association by Rukingi.

Until the next edition, go well everyone, and follow along on Facebook and Twitter.

Auguri a tutti! ●

 New Zealand Speech-language Therapists' Association

 @NZSTAcotts
(our new Twitter handle).

Thinking of working overseas: What do you need to know?

Anna Miles, Professional standards/Tūranga ūmanga portfolio holder, professionalstandards@speechtherapy.org.nz

For many of us, one of the incentives of a career in speech-language therapy is the ability to work abroad.

Mutual Recognition Agreement (MRA)

The NZSTA has worked hard to build the respect of other associations worldwide to ensure our members are recognised. The NZSTA was accepted by the MRA in 2008. The MRA is an agreement between the American Speech-Language-Hearing Association (ASHA), Speech-Language & Audiology Canada (SAC), Irish Association of Speech and Language Therapists (IASLT), New Zealand Speech-language Therapists' Association (NZSTA), Royal College of Speech and Language Therapists (RCSLT) and Speech Pathology Australia (SPA).

The MRA ensures respect, protection and international understanding between associations, facilitates mobility and responds to trade barriers, as well as promotes and advocates for the profession at an international level. The International Communication Project came out of the MRA and this

led to the speech-language therapy profession advocating for people with communication difficulties at the United Nations last year.

The MRA is based on “substantial equivalence” between the associations. Much of the NZSTA’s self-regulatory processes are based on the establishment of a transparent, robust, professionally and ethically sound basis of mutual recognition of credentials of speech-language therapists across the signatory associations. This includes the code of ethics, scope of practice, academic preparation, programme accreditation and certification standards such as continuing professional development, new graduate and return to practice standards. For the NZSTA, this means these standards need to be met in order to continue to meet our MRA.

For NZSTA members, this means that we can gain membership in these countries at a lower cost and with fewer requirements of evidence. What this does not mean is automatic entry into these countries and the workforce. Members are urged to check the specific requirements for membership for these associations

Requirements for acceptance into an MRA association through MRA

1. Full member of the NZSTA.
2. Completed 1 year of supervised practice – completed New Graduate Framework.
3. Recency of practice – at least 1000 hours in the last 5 years
4. Dysphagia education / competency – trained in NZ after 1992 or other evidence of dysphagia competency.
5. A letter of good standing from the NZSTA. See the NZSTA website for details of requirements.

It is important to note that ASHA requires a master’s level degree in addition to these requirements, and both ASHA and SAC require you to sit an exam.

and to check the immigration, national and/or state licensing requirements of the place you wish to travel to.

Qualification approval

All is not lost, if you do not meet the requirements to be accepted by an association through MRA. All the MRA associations have a second qualification approval route for other countries that are not in the MRA. If you wish to become a member of another MRA association without meeting the MRA requirements (e.g. straight after qualifying), you need to apply through the qualification approval route. This is likely to involve more paperwork so as a student it is critical that you investigate the evidence you will need to supply early so you collect this during your studies. Typical evidence includes direct clinical contact hours and course outlines with a breakdown of academic and clinical hours in each subject.

The future of the MRA

Recently I represented the NZSTA in Orlando at an MRA Advisory Group three-day meeting. We were repeating the crosswalk of the six MRA signatory associations to ensure substantial equivalency still held true. We were also preparing guidelines for new international applications to the MRA Advisory Group after several recent inquiries.

Currently, SAC is the only MRA association accrediting a speech-language therapy programme in a language other than English. SAC have six training programmes conducted in French. The MRA signatories strive for inclusion, not exclusion, and are working on how to ensure the future of the MRA includes diversity and truly represents speech-language therapy worldwide. ●

Ka kite anō au i a koutou

Renee Taylor, Māori & cultural development / Tūranga kaupapa Māori,
culturaldevelopment@speechtherapy.org.nz



Kia ora koutou,

It is with a heavy heart that I let you all know I have decided to step down from my role on the NZSTA Board. I've had to make a few big decisions in my life and decided to focus on some other areas for now.

I won't be leaving you high and dry though! The wonderful Katrina McGarr has agreed to take on the portfolio. I will also still play a supporting role. So, technically now we're just an awesome trio: Katrina, Mātua Rukingi, and me!

We hope to hit the ground running with strategic planning and prioritising of goals for 2020. In my two-and-a-bit years of leading this portfolio, I have learned a lot. It's not all been smooth sailing – a role like this never is – however there have been some monumental shifts in the direction of our association. I do believe we are heading in the right direction. It may be a long journey but if last year was anything to go off then I'm excited to see what's to come.

I hope you all have a safe and memorable summer. Take care of yourselves and your loved ones. Check on your lonely neighbours and remember to stay hydrated.

Ngā manaakitanga,
Renee



– (author unknown)

Whenever you find yourself doubting how far you can go, just remember how far you have come. Remember everything you have faced, all the battles you have won and all the fears you have overcome.”

Te reo o te Kaumātua

Rukingi Haupapa

Kia ora mai tatou,
Giving Voice Aotearoa Awareness Week in September 2019 was full of awesome activities across the Bay of Plenty. In Maketu, Whakatane, Rotorua and Tauranga, speech-language therapists, Aphasia NZ, and Stroke NZ staff presented to Māori stroke survivors and whānau, and Māori community members such as kaumātua groups, about who they are and what they do.

This activity gave all a chance to get up close and personal, and at the very least have an idea of the similarities and differences between each organisation. This was also the first time for Māori Bay of Plenty consumers to be able to ask questions to the teams supporting them. All in all, this was an excellent exercise which will no doubt be repeated in 2020. Ngā mihi nunui ki a koutou katoa i awahi mai, i tautoko mai.

In October, the first Māori Stroke Conference was held in Ohinemutu, Rotorua. Survivors and whānau across the Bay of Plenty were the focus group, however we also had whānau from Tainui and Te Tai Rāwhiti. It was exactly as we thought it would be – absolutely, mind-blowing! A major issue that most whānau had expressed in research (Richards, 2015; Haupapa, 2019) was that most had little or no chance to meet and talk with other whānau who had been through the same journey. The sharing during the conference involved a lot of tears, laughs, and hugs. Once emotions were released, all began looking to the future which is now looking bright and shiny.

The conference organisers were Māori stroke survivors which meant there was a lot of passion and will, but there

were some serious gaps in energy and skill. Thankfully the speech-language therapists stepped forward. A huge thank you to Annette Rotherham, Renee Taylor, Felicity Bright, Phillipa Friary, Fiona Dominick, Jo Hall, Katrina McGarr, Liz Cross and Meghann Grawburg who juggled their worlds to volunteer; from washing dishes to managing the registration role to caring for stroke survivors. A thank you to Felicity, Phillipa and Fiona who also organised some of their past and present university students to volunteer – Cassandra Hum, Catherine Forrest, Claire Fouhy, Shauna Pali, and Wei Kai Syu. The crew from Monday to Thursday were dedicated to ensuring that this conference was successful and ran without hiccups! Wei, our paparazzi star, took many photos to record this historical moment, so a special thank you to him. Arohanui ki a koe e Wei, ki a koutou katoa ōkū hoamahi.

I wish you all the best over the holiday season and look forward to meeting again in 2020.

Ngā whakawhētai o te Wāhi Ngaro ki koutou katoa huri noa i te motu.

Nāku noa,
Rukingi

Questions about questions

Dr Jayne Newbury, lecturer in paediatric speech and language disorders in the School of Psychology, Speech and Hearing, University of Canterbury and NZSTA expert advisor on child language, jayne.newbury@canterbury.ac.nz



Kia ora koutou katoa,

Don't ask questions – make more comments! This is advice we frequently give parents and teachers. However, are questions unequivocally bad for children's language development?

We know that *responsivity* is a positive predictor of language development – that is, when an adult responds in an immediate warm positive way to the child's state of being or interest (Tamis-LeMonda & Bornstein, 2002). We also know that *rich linguistic input* is important for a child's language development (Sandbank & Yoder, 2016). Are questions inherently not responsive and linguistically impoverished?

Conversational questions can in fact be both responsive and linguistically informative for the child. For example,

Child: Cat!

Adult: Is the cat going to climb the tree?

Child: Cat up tree!

Responsive questions (such as the example above) are positively associated with a child's language growth between ages 2 and 4 years (Levickis, Reilly, Girolametto, Ukoumunne & Wake, 2017).

Rowe, Leech and Cabera (2017) reported that fathers' wh- questions directed to 2-year olds positively correlated with vocabulary and reasoning outcomes one year later. Children's responses to wh- questions were more syntactically complex and frequent than their responses to other types of questions. The authors suggested the challenging nature of wh- questions stimulated vocabulary and reasoning development.

Questions can be *not responsive* e.g. the child is playing with the train and the adult says, "what colour is the pig?" Non-responsive questions can be fired at a child to test their knowledge and inadvertently put pressure on the child, reducing the likelihood the child will be confident to speak. However, responsive questions continue a conversation on the child's interest. They promote the back and forth communication which is needed for development of conversational skills (Camarata & Yoder, 2002). Responsive questions can be linguistically rich and model new and complex syntax constructions for the child. They can expand semantically on the child's interest, and signal to the child that it is their turn to talk now, and that the adult is interested in what they have to say.

Based on this evidence, consider whether focusing on coaching responsivity (rather than discouraging adults from asking questions) might have a better effect?

If you'd like talk about this, feel free to email me.

Ngā mihi nui,
Jayne

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A case study using Forbrain

Grace Lindley, speech-language therapist working in France



Forbrain is a wireless headset that uses a microphone and bone conduction to give you automatic and slightly enhanced feedback about how your speech sounds. I employed it recently with a child, Josephine, and found it helpful with enhancing her self-awareness.

I met Josephine in June 2018 when she was 4 years old. She presented with unusual phonological processes across most of her sounds, making her unintelligible to unfamiliar listeners. It was incredibly frustrating for her because she was a huge chatterbox! What was particularly heartbreaking was that no one understood her when she said her own name, which she pronounced “do-eh ween.” Furthermore, Josie had very poor awareness of her own speech. She was adamant that she was saying things correctly and if her mum tried to correct her she would yell “Bat what I led” (that’s what I said), or “I didn’t lay lock I laid lock” (I didn’t say lock I said socks).

We used a cycles approach with minimal pairs, for two 30-minute sessions per week targeting the sounds that most impacted her intelligibility first.

Josie’s progress was quick and remarkable. Here are some of her therapy milestones:

Week 1

Josie appeared shocked when she heard herself use /l/ instead of /s/, began to spontaneously self-correct. Repeated /s/ to herself in the microphone over and over.

Week 2

Again, she appeared surprised to hear herself use /w/ instead of /f/. Again, repeated the sound to herself over and over. Josie had begun to use final /s/ in conversational speech.

Week 3

Josie commented on how she used to say things versus how she says them now. For example, “Grace, I used to say lubway lanwiches but now I can say subway sandwiches”. She was consistently using medial and final /s/ in conversational speech.

Week 4

Josie was now using all targets in conversational speech. Some confusion between /f/, /s/ and /θ/.

Week 5

New targets added: /ʃ/, /θ/ and /ð/.

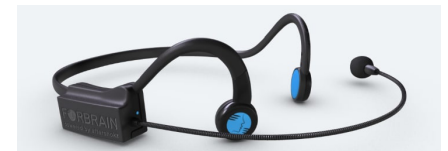
Week 6

Josie was stabilising all sounds in conversational speech; with still the odd confusion between /f/, /s/, /ʃ/ and /θ/. Josie was discharged as her speech was now completely intelligible to unfamiliar listeners. Strangers now understand Josephine when she introduces herself!

Josie was seen six months later; all her targets had generalised into conversational speech and she sounded just like a typically developing child.

Clinically, I felt the Forbrain accelerated her self-awareness of sound production. From a service perspective this hastened her discharge from therapy. Josie loved wearing the Forbrain and listening to herself make different sounds, it motivated her to stay on task and gave her crucial feedback about when she was using her sounds correctly. ●

Note: I rent office space from the company that markets Forbrain in France. I receive no financial benefit for sharing this article.



Getting started in literacy intervention

Voon Pang, Skill Builders Speech Language Therapy

I was first introduced to the idea of speech-language therapists working on literacy more than 10 years ago as I was completing my degree at Curtin University. I remember thinking as a new graduate that reading instruction and spelling intervention was something left to the teachers and remedial tutors. I swore I would never work with kids who couldn't read or spell! I never imagined that in 2019 I would advocate for our involvement with students who struggle to read and write.

I started working with school-aged students with reading and spelling difficulties after attending a Speech Pathology Australia (SPA) workshop on literacy intervention in 2017. Prior to this, I had noticed conversations and posts by speech-language therapists on social media were changing and it became clear that my Australian counterparts were becoming more involved in the world of reading and spelling instruction. Experienced clinicians and researchers also started to offer workshops in Australia so off I went to catch the "literacy bug"! I became Sounds-Write trained and attended other various workshops to improve my confidence in working in this area.

I now see students from years 1 to 6, most of whom have weak phonological

processing skills and poor phonemic awareness skills. Some reading difficulties can be explained by biological factors such as poor phonological memory or a familial history of dyslexia. Others simply have not received the adequate amount of explicit instruction or have enough opportunities to practice blending or segmenting sounds and graphemes when learning to read and spell. Who are the students who struggle the most or have the highest risk for reading or spelling failure? Unfortunately, it's the kids we see with speech and language impairment who often get left behind once they enter school, and do not receive high-quality reading and spelling instruction needed to help them make sense of the "squiggles" in front of them.

"There is a role for [speech-language therapists] to work directly with school-age clients who have literacy-related problems, complementing what they receive at school. It goes beyond working on phonemic awareness; individual or small-group therapy can usefully target the remnants of the phonological difficulty in children's oral language and develop strategies for sharpening their phonological representations, while respecting their phonological working memory problems. This kind of targeted support for reading and spelling is very difficult for a teacher to offer in the whole-class setting" – Dr Ros Neilson (Bowen, 2015, p. 163). ●

CATCH THE LITERACY BUG

Upcoming continuing professional development events

The Lift to Literacy: Bridging Science to Practice

16 – 27 March 2020: 1-day events in Dunedin, Christchurch, Palmerston North, Invercargill, Hamilton, Auckland.

Presenter: Dr Pam Kastner

Find out more: www.facebook.com/jandjliteracy/ or contact Janice Belgrave on jandjliteracy@gmail.com

Learn How Words Work: Spelling Development, Assessment and Intervention

15 June 2020: 1-day event in Auckland.

Presenter: Jenny Baker

Find out more: bit.ly/2tjRMLy or www.skillbuildersslt.com/training

Consider joining the NZ Language and Literacy Facebook Group overseen by Emma Nahna of Talk Tree Speech & Language Therapy

Pragmatic snapshots

Wendy Rinaldi, PhD, speech-language therapist, England, wendy@wendyrinaldi.com

I can't believe it's now thirteen years since I spoke at the NZSTA conference in Christchurch – it was a wonderful opportunity. Since this time, alongside my work as a therapist, I have focused my research on pragmatics and am currently conducting a standardisation of the test *Identifying Difficulties with Inference* that emanated from my PhD. I have kept in touch with New Zealand and Australian colleagues and am aware that many of the needs and challenges faced by youngsters in the United Kingdom are shared across the oceans.

In this article I have included some pragmatic “snapshots,” looking at two aspects of pragmatics: social interaction and inference. In the area of social interaction I find it's the focus on social understanding that's effective because this enables meaningful use – the student gains an understanding of how communication skills such as eye contact, listener feedback and conversational skills can be helpful to them to manage even the trickiest of situations. Youngsters I have worked with who started out with low self-esteem, sensing that they were somehow at fault but not understanding why, were able to develop a much better outlook when they could understand more about the

impact of communication skills. There is growing evidence for the effectiveness of these kinds of approaches.

Developmental studies suggest different kinds of inferencing skills develop at different stages. Children can pick up on contradiction between what someone says and the situation from as young as six, but some aspects of inference do not develop until later. For example, being able to rule out meanings of words or phrases that are implausible in context when the meaning that is plausible isn't known.

Difficulties with inference can be mistakenly interpreted as manipulative behaviour. For example, rhetorical questions can be used as a warning to manage behaviour. Children who can infer are able to pick up on the formality of a situation and the angry voice or facial expression of a figure of authority to realise that an answer is not required. However, if a child cannot pick up on these cues, they may answer the question, thinking they are being genuinely helpful. Other children may laugh at this behaviour and it can be seen, mistakenly, as being manipulative or attention-seeking. The child who was unable to infer can then be understandably confused and upset

when they are reprimanded. Instances like this highlight the importance of screening for difficulties with inference, educating staff and developing suitable therapy programmes.

When helping students infer meaning, one of the challenges of developing therapy programmes is the “translation” of abstract into concrete. For example, I use pictures of cartoon characters using strategies to work out meanings from context – thinking bubbles are key!

Please email me any questions or comments. ●

Wendy has written a longer version of this article with references, please contact editor@speechtherapy.org.nz if you would like a copy.

Case based modified texture lab: Interprofessional student dysphagia workshop at Massey University

Emily Jones, senior professional clinician, & **Annabel Grant**, clinical educator, Massey University Bachelor of Speech and Language Therapy (Hons) programme



Last year our Year 3 and 4 students from the speech-language therapy honours programme participated in a modified food lab with the Master of Nutrition and Dietetics students. The goals for the lab were for the students to communicate and work together when planning meals for patients requiring a modified diet. This was achieved through applying patient-centred practice to problem solve some typical case studies.

The dietetic students created a variety of different meals in the following International Dysphagia Diet Standardisation Initiative (IDDSI) categories:

- Level 7 – Normal diet
- Level 5 – Minced and moist
- Level 4 – Puree

In preparation, the speech-language therapy students met to discuss three case studies of adults who required modified diets. They presented these cases to the dietetic students and as a team they discussed the suitability of the prepared foods for each case.

Getting past the look of the food

The workshop provided the opportunity for our students to experience modified foods first-hand. Our students commented on the fact that on recent placements some of their patients would gag at the sight of modified food in the hospital setting. We felt that it was important for them to try the altered textures they will recommend for their future clients.

The dietetic students used moulds and Flavour Creations Shape It® to present fish and vegetables. They also made sandwiches in all three categories, which were impressive. The dietetic students talked us through the process of how they made the Level 4 sandwich appear as closely as possible to Level 7. Using the moulds generated lots of discussion on the practicality of large hospitals using them with the number of people they need to cater for.

Problem solving

The students discussed and problem solved issues such as patients' delayed rate of feeding, being dependent on

caregivers and having reduced oral intake due to fatigue. The dietetic students talked about how to use fortifiers in the foods to boost calories, e.g. using chicken broth and milk, especially for the pureed, Level 4 foods. They also discussed difficulty of foods continuing to thicken on standing which then changes the desired texture.

Future partnerships

At Massey University, the speech-language therapy and dietetic students work together for their on-campus and community clinical placements. In their interprofessional pairs, they assess, plan and provide intervention for patients throughout the lifespan. We know that by working together while training these relationships, the teamwork and communication will continue into their professional lives (Attrill et al., 2018; Morphet et al. 2014; Thistlethwaite & Moran, 2010). ●

Thanks to Garalynne Stiles from the Master of Nutrition & Dietetics Programme and Margaret Alexander from Flavour Creations®.

Obstructive sleep apnoea: A role for speech-language therapists?

Emma Wallace, PhD, speech-language therapist and post-doctoral research associate at Adelaide Institute for Sleep Health, Flinders University.

What is obstructive sleep apnoea?

Obstructive sleep apnoea (OSA) is a sleep disorder, characterised by repeated narrowing, or closure of the upper airway. The reasons why the upper airway closes are poorly understood. Recent models suggest that in addition to a narrow or “collapsible” upper airway, patients with OSA have different pathophysiological phenotypes including poor upper airway muscle responsiveness, low arousal thresholds, i.e. they wake up too easily and/or high loop gain, i.e. their breathing is unstable in response to respiratory perturbation.

How is it diagnosed?

Diagnosis of OSA is based on a sleep study where brain waves are recorded via ECG electrodes. Oxygen levels, heart rate, breathing as well as leg and eye movements are also recorded. The presence, absence and severity of OSA is determined by how many times the airway closes (apnoea) or narrows (hypopnea) per hour. Activity of the upper airway muscles (specifically the genioglossus) can be measured using small fine wire EMG electrodes that are inserted into the tongue. Pressure in the upper airway is recorded via small catheters that are positioned at the base of the tongue and soft palate.

How is it treated?

The most common treatment for OSA is continuous positive airway pressure (CPAP). CPAP works by blowing a continuous stream of positive pressure into the airway via a mask to splint it open. Although this treatment is highly efficacious at reducing airway narrowing and closure, it does not target the underlying pathophysiology. Other treatments include upper airway surgery, mandibular advancement splints, upper airway muscle training and pharmacological treatments.

What is the role for speech-language therapists?

The upper airway is a shared anatomical region for breathing, swallowing and speech. OSA is an impairment of the upper airway and many of the treatments involve modifying upper airway physiology. Thus, it is unsurprising that speech-language therapists could play an important role in the management. Furthermore, patients with OSA are at high risk of cardiovascular diseases and are often seen by speech-language therapists on the stroke ward. Whether these patients are at higher risk of speech and swallowing impairment post-stroke due to their pre-morbid OSA is not known, but highly likely.

Perhaps one of the most important, yet under-recognised roles for speech-language therapy is with patients with OSA who opt for surgery. Adverse speech and swallowing outcomes are reported following surgeries, which often involve removing parts of the uvula, soft palate and base of tongue. Prophylactic exercises used for patients with head and neck cancer to preserve swallowing and speech functions may be beneficial to patients with OSA. As well as pre-op counselling regarding potential adverse effects on their speech and swallowing.

Conclusions

There is an exciting opportunity for speech-language therapists in the management of patients with OSA. Further research is needed to explore the effects of pre-morbid OSA on speech and swallowing outcomes following stroke and the potential of prophylactic exercises to prevent adverse speech and swallowing outcomes following surgery. ●

**Please contact
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for the reference list.**

A world of assumptions

Eric Knapp, member of the NZSTA consumer group



I feel my world seems to be built on assumptions...which turn into judgements. It's contagious as I find myself doing the same thing!

I'm a 39-year-old male living with a disability from a stroke which I had six years ago. Before I had my stroke, I was "uneducated" about people with disabilities. I was unaware of their difficulties in the world today. I took things for granted.

Now with disability I feel my life has changed for the better. I'm just playing the "game of life" at a harder mode. Having a disability is hard; some disabilities are harder than others. Society makes it difficult.

I was a full-time fire fighter driving heavy vehicles for 12 years. Then the stroke happened. My career ended.

I can walk, drive and talk and eat regular foods, however not at 100 percent. I wobble, I can only drive an automatic car (which is fine by me), I slur and talk slowly, I sometimes choke on my food if I'm not concentrating. All of which was achieved via intensive rehabilitation with physiotherapists and speech-language therapists from The Rose Centre, where I now work part-time.

I don't really need a cane to aid me; I use it as a visual aid, so people realise that I'm not drunk. (The other reason is to play with the cat.) I once walked into a club without my cane and was immediately stopped by the bouncer saying I was too drunk to enter. He apologised after I said I had a stroke and let me wobble on in. Just so you know, I don't drink that much as it affects my balance and speech a lot. As I was walking out I noticed the same bouncer was having the same conversation with a guy who was completely off his face, so I thought I'd be a bit cheeky and yelled, "I said I had a stroke and he let me in!". The bouncer wasn't impressed.

Another time I was going home after having a few (non-alcoholic) drinks with my firefighting brothers. It was still daylight as I walked out of the

pub – without my cane – to my car. Some people stopped me getting into my car as they thought I was trashed. Their intentions were good, and they were so apologetic once I told them about my stroke. I even told them the previous story to make them feel better.

The phone is no better. I once ordered fish and chips over the phone. My partner at the time picked them up and the shop assistant "joked" was I too drunk to pick them up? This really made her angry, as you can imagine. So, I have anxiety answering calls from unknown numbers and making calls to places like insurance companies or mechanics. I need to constantly repeat myself or disclose that my speech is slurred due to a stroke.

So, as I mentioned before: assumptions. Our society is full of them. We can't be rid of all assumptions overnight, but we can put measures in place so our disabled brothers and sisters can live in an easier world. ●

Gillian Bell: Speech-language therapist 1973–2019

Gillian Bell



This feels a bit like writing my own obituary so I hope it doesn't sound like I'm blowing my own trumpet (but this perhaps could be useful when I do pop my clogs – not for a while I hope!) I want to share a little of my experience as a speech-language therapist working in New Zealand for quite a long time: 46 years in the profession. I have seen a lot of changes for me personally and for speech-language therapy in New Zealand.

I arrived here from Yorkshire in July 1973 aged 21: fresh out of training in Leeds, with my new Kiwi husband whom I'd met on a Greek island a few years earlier. The course I had done (which was the only available speech-language therapy training in those days) was a three-year Diploma in Speech Pathology and Therapeutics. When I arrived in Wellington, the only vacancy was in Masterton with the Education Department. I had no car, and it would have been difficult to commute from Johnsonville to the Wairarapa, so I didn't apply.

I wanted a hospital job so asked around and discovered Joan Gordon, the district speech-language therapist for the Education Department, was also the consultant speech-language therapist for Wellington and Hutt Hospitals. She visited once or twice a week, assessed the patients she was referred, then saw them privately!

I cheekily rang Hutt Hospital and asked if they would like a speech-language therapist based there as I'd heard the plastic and ENT (ear, nose and throat) surgeons were keen to have someone on the spot. The job was advertised,

I applied and started a week later. I saw inpatients and outpatients. I was part of the cleft palate team which held a monthly clinic for children with their parents where they were assessed by a room full of specialists. I always felt rather sorry for them as they were poked and prodded, then I had to ask them to say a few words before it was decided if they needed a pharyngoplasty, or orthodontics and so on. I don't remember any discussions about feeding!

My clinic was what used to be the linen cupboard, so it was very small. It was part of the day centre, mainly for stroke patients and some other neurological conditions. I loved being part of a multidisciplinary team and they were very welcoming. I also saw several laryngectomies and we started the Lost Chord Club, named by the members.

In 1989, I took a sabbatical to do a Master of Science in Disorders of Human Communication at City University in London. This course was run by Margaret and Bob Fawcus and we were lucky enough to have James Law, David Howard, Jane Marshall involved with aphasia groups as our tutors. We did



– Gillian Bell

Comparing the speech-language therapy services provided in New Zealand with other parts of the world shows how well we stack up (although access and funding of resources are often not as great here). ”

clinical visits to local hospitals, such as Middlesex with their specialist voice therapists working with transgender patients. I also went to Frenchay Hospital in Bristol which is famous for AAC (augmentative and alternative communication) and computer-based aphasia therapy. I wanted to stay another year for an advanced aphasia course (my pet subject), but my husband and daughters were itching to get back to New Zealand, so it didn't happen.

When I had school-aged children, I worked part-time at Kenepuru Hospital in Porirua. At this point I started another group, also named by its members: SCOPE (Social Communication Overcomes Public Embarrassment). I also ran these groups in Wellington and Kāpiti from 1986 to 2016.

When my husband's job was transferred to Dunedin, I worked at Dunedin Hospital with Julia Brett (I'd love to re-connect, if you're reading, Julia!). When my Dad died, I flew back and forth from the United Kingdom and Julia was a very understanding boss.

We moved back to Wellington in 1993 and I worked again at Kenepuru Hospital, this time in the Young Physically

Disabled Unit. I left there in 1996 due to health concerns and decided to go into private practice part-time. I also worked as a field officer for the Stroke Foundation, that myself and Kay Miller had started in 1979 with a six-month pilot scheme using trained volunteers helping people with aphasia.

In 2005, I moved up the coast to Levin and started work with the Explore Team of NZCare Disability. We assisted the former residents of Kimberly Psychopaedic Hospital to settle into community living. Many of these people had been institutionalised for most of their lives and had major communication and swallowing problems. Much of our work was training staff in the group houses as well as assessing and advising on the residents' longstanding disabilities.

In 2010, I decided to take the plunge and work privately full-time, as I was getting an increasing number of ACC referrals. I was also doing more locum work at ABI in Wellington, Wanganui and Wairarapa Hospitals.

From time to time I have enjoyed using music and dogs in therapy (not necessarily together!)

Over the years I have observed the increasing emphasis on treating dysphagia in hospital patients, different approaches in the Ministry of Education, the mushrooming of private practitioners and speech-language therapists working outside the original boundaries. Comparing the speech-language therapy services provided in New Zealand with other parts of the world shows how well we stack up (although access and funding of resources are often not as great here).

Recently, I have reduced the number of clients in my caseload. Becoming somewhat deaf and realistically not making much of a profit has helped me decide to end this chapter of my life.

So, to conclude this lengthy story I think speech-language therapy in New Zealand is in a very healthy position and after many years we are finally recognised as registered professionals. I wish everyone in this challenging and rewarding career the very best. I hope to offer some clinical supervision locally, if that can be arranged. Once a speech-language therapist always a speech-language therapist, even in retirement! ●

Still my Mum

Tracy Kendall

I recall vividly when the neurologist, who just happened to be my own brother, sat me down to explain that our mother, who had been most forgetful of late, had Alzheimer's, and would eventually not recognise even her own family members. A cold chill of fear crept through me and I wondered when that day would be. Twelve years into this tumultuous journey, we've reached that place.

My parents were a match made in heaven, they shared everything – even the same illness. While my father was ambitiously supporting my mother with her Alzheimer's, we realised that he too had dementia, of a devastating, more dramatic and hastier type than my mother's. My father passed away three years ago, leaving my mother alone in the locked dementia unit of the rest home. A few months later, my Mum, then aged 84 years, forgot who her husband was and that she had been married for over 60 happy years.

In my private speech language therapy clinic, I encourage and help whānau and their tamariki develop speech and language. Yet behind the scenes, I observed my Mum's expressive and receptive language slip gradually backwards through the phases I am moving children's language forward in. My Mum now uses expressive jargon,

in place of real speech and is unable to follow simple, one-part commands.

My Mum will not walk again after a broken hip, is incontinent, unable to communicate effectively, is fed soft foods and has no free will. But, is she still her? I glance around her hospital room at the beautiful embroidered pictures she stitched, at the photos of her interacting joyfully with her grandchildren, and the picture of her as a star bridge champion. Is she still her? Without expressive language or understanding, is she still the person that was my Mum? The essence of her is still Mum: the tilt of her head, the unexpected laugh at something funny, a loving expression for me while we sit in comfortable silence, looking at the gardens. My Mum is still my Mum, and I am still her daughter. I remember who she is, and at the end of the day, I think that's what really counts.

Alzheimer's is a journey of love, done backwards. I liken this journey to peeling an onion ever so slowly. Each layer peeled off the onion reveals new challenges, with tears along the way, until you reach the sweet, soft kernel in the middle, that is love. When you have loved and been loved, words don't matter anymore: hers or mine. When everything else is stripped away and communication has long since fled,



there are still the colourful threads of love that bind and stitch us together.

I have recently become a grandmother for the first time. My Mum is a first-time great grandmother. Three generations of women will together love a new little baby girl. The frail great grandmother greets the helpless newborn with loving arms: that does not need words.

Alzheimer's is a mindless, maddening illness, but it teaches us most ironically to be mindful. To seize the sweet little moments in time as they occur, then bask inside them and celebrate the goodness that is called life. ●

TalkLink Trust support in Fiji

Jessamy Bell, speech-language therapist, TalkLink Trust

At the end of 2017, Shelley Kennedy, an occupational therapist working at Frank Hilton Organisation in Suva, asked TalkLink Trust whether we could provide support, resources or advice for the students she was working with. This led to several Skype sessions, emails and in-person meetings with Shelley when she visited Auckland, and a plan for two therapists to visit Fiji was arranged. Funding came through towards the end of 2018 and the trip was booked.

Frank Hilton Organisation operates across two sites: Hilton Special School and another site which hosts the Hilton Early Intervention Centre, Hilton Hostel and Outpatient Clinic. They provide speech-language therapy, physiotherapy, occupational therapy, audiology, social work and a range of other support to the wider community.



Occupational Therapist Amanda Robertson and I visited Fiji for five days in February 2019. We assessed 13 people (students, young adults and teachers) and ran seven training sessions covering what makes a good communication partner, using core boards, visual timetables, alternative pencils for writing and more.

I would like to share a highlight from the training that Amanda and I provided to some of the speech therapy assistants, teachers, teacher aides and outpatient staff. For our final workshop, we ran a very practical session where we simulated a play group session. Everyone took on a role of either child, staff member or parent to practise the skills we had taught them over the previous three days. We observed their play and then had them “pause” so we could coach them how to implement extra ideas. Then we would say “play” and observe them putting those ideas into action. Everyone enthusiastically modelled using the core boards, indicated that activities were finished on the visual timetable and made communication fun! There was a lot of laughter despite the 40° plus heat in the training room and it being late in the day when people were feeling tired. The feedback from these sessions was positive: teachers requested their own



core boards for their classrooms and for individual students. They reported that watching videos of real students in New Zealand using core boards and other visuals helped them to see how they could practically implement this into their own classrooms.

Throughout this week, and during the last year of partnership, a lot has been accomplished. Despite this, there is still a huge need for ongoing therapy services particularly around AAC (augmentative and alternative communication) and assistive technology.

We would like to thank TalkLink Trust and Frank Hilton Organisation for their financial support and especially Shelley, whose enthusiasm made this trip happen. We would also like to thank Terri Walker, an Australian speech pathologist, and other therapists who have worked with staff at the Frank Hilton Organisation for years before us and have provided the platform which we were able to add to on this trip. ●

Members' queries and comments

Jodi White, Member networks / Tūranga whatunga mema portfolio holder, membernetworks@speechtherapy.org.nz



Kia ora koutou,

I hope you're enjoying summer. For me 2019 was super busy but also filled with exciting opportunities. I was thrilled to represent NZSTA at the IALP conference in August and attend the combined NZSTA and SPA conference in Brisbane in June, as well as all the board and area meetings. I am very proud to be a part of such a strong and vibrant association.

I wish you all the best for the holiday season and look forward to everything there is to come in 2020.

Nāku noa,
Jodi

Board portfolio positions

Q: How do you appoint portfolio holder positions in between AGMs?

A: There is a protocol whereby a member can be appointed into the role until the next AGM. When the AGM comes around there is a call for nominations and the usual process is followed.

Conference 2020

Q: Is there is an overarching topic? And when there will be a call for papers?

A: The theme has been finalised – look out for advertising. The call for papers will be sent out in early 2020, we will give you notice and information in the new year.

Q: Can we invite one or two local people with lived experience to speak at the conference?

A: This is in discussion and we are working towards this if possible.

Consumer group

Q: How often do meetings occur? And is there an information sheet to give out to families?

A: We always welcome new members to the consumer group. We will update the website to explain how you can

support the group and enable your clients or family members to join the group or contribute and receive information. Please also see the Spring / Kōanga 2019 edition of Communication Matters for an update from Geneva Hakaraia-Tino, the Consumer Group Lead. Please contact Shannon Hennig communications@speechtherapy.org.nz for more information.

Giving Voice Aotearoa

Q: Would it be better to have our Giving Voice Aotearoa Week of Action at a different time of year? September seems to be a time when many similar initiatives are in place.

A: We feel that having our awareness campaign at a similar time to Te Wiki o Te Reo Māori (Māori language week) is a great combination, but we are looking at moving the week to be adjacent but not overlapping. Watch this space!

Q: We would love some more info on what being a champion involves, including the terms of reference.

A: Please contact Shannon Hennig communications@speechtherapy.org.nz for more information about what being a champion involves.

General

Q: One member shared how much pride she feels about the profession seeing her colleagues wear their pins on their lanyards at work. Could we do an order of pins every few years, perhaps at conference time, to promote the field and take our pride in our profession?

A: There is a significant cost attached to the pins. There was a special occasion last year on the signing of the self-regulation document. We are looking at ways that new members and those without pins can get them.

Membership fees

Q: Many members strongly suggest offering an instalment plan for paying. Some are happy to pay in advance so that they are paid in full by the end of the year for the following year. In other words, paying 2021 fees over the course of 2020 in quarterly or monthly instalments. Others would not be happy paying in advance (i.e. twice the costs in one year) and feel that with rise of dues, instalments are important, as had been discussed and promised was possible (with individual arrangement) at private practice forum.

A: This is quite a complicated option for us. We are aware that some people have made contact and been turned down.

We are re-looking at the options for part payments and are going to try our best to accommodate this. If this is an option you want to pursue, please contact the admin team, even if you have been in contact previously.

Q: We would love a breakdown of registration fees and how these are used.

A: This information is included in the annual report and communicated at the AGM. You can find copies of the annual reports and AGM minutes when you login into the NZSTA website under executive documents.

Q: How are negotiations going with the Ministry of Education (MOE) around paying membership fees? Is there any chance that it can be coordinated with when our next round of membership fees will be due?

A: Unfortunately, we are unable to provide further feedback at this time, but we can assure members that high-level discussions are being held at MOE with this being the ultimate outcome.

Developmental language disorder (DLD)

Q: One member who is relatively new to New Zealand commented at how little discussion about DLD she is seeing in our area. She is wondering what we

are doing as an association to promote awareness and fight for access to services for people with DLD? Can we develop some New Zealand-specific videos for DLD awareness day next year?

A: In 2019, there was a huge push to promote awareness and discussion around DLD, particularly on Facebook and Twitter. We are aware that not all members use social media so we will continue to look at other ways of disseminating this information.

Maintaining competence and 1000 hours requirement for membership

Q: Concerns were raised for people on family leave or dealing with health issues. Is there a chance of having a provisional status or returning practice framework?

A: See the membership categories outlined on the NZSTA website. Be aware that you do not need to have direct contact hours, indirect hours count, e.g., you can be working in management or advocacy. There will not be a change to our policy. Please continue to check the NZSTA website for details. NZSTA is in line with other associations in terms of our requirements, therefore it is essential that recency of practice is demonstrated.

What does an NZSTA student representative do?

Helena Sincok, fourth year Bachelor of Speech and Language Pathology student and former University of Canterbury NZSTA student representative



An NZSTA student representative does more than you might think! The role has evolved from just chairing bi-annual meetings with the student body. The University of Canterbury (UC) representatives now organise professional development events for students, local events for the Giving Voice Aotearoa campaign, and student recruitment, alongside student meetings.

In my two years as a NZSTA student representative for the UC, I have grown my skills as both a clinician and a public speaker. I have been encouraged to go outside of my comfort zone. I have met many wonderful clinicians advancing our field through valuable research and practice. These clinicians have

shared their knowledge at our student professional development events. I even had the opportunity to attend our annual symposium last year and learn from the speakers there.

It has been a pleasure to actively involve the student body in our Giving Voice Aotearoa Weeks of Action. With the other student representatives, we have coordinated events for our students to promote awareness of dysphagia and AAC (augmentative and alternative communication) and we have fundraised by holding bake sales for Aphasia Canterbury Rail Trail fund.

I would like to thank the Canterbury area representatives, Kate Cook and Ruth Ramsay, for their guidance and support in this role. I have learnt valuable networking skills and been driven to become actively involved in my community. I would encourage any student to become a representative and become involved with the NZSTA; it is a great opportunity. ●

Area updates Kōrero a rohe

Auckland

- Auckland hosted several professional development events, such as the seminar on Developmental Language Disorder jointly organised by Massey University, University of Auckland, and Talking Trouble Aotearoa NZ.
- We've also had presentations from two champions in their respective specialties, Sally Kedge and Maeve Morrison, and heard from recent and upcoming speech-language therapy graduates about their research projects.
- The University of Auckland Speech Science staff and speech-language therapy clinics have moved to Grafton, and the speech-language therapy department at Massey University are poised to move into the main campus.
- We have had increased engagement from members and non-members. The winter area meeting had 96 attendees (the highest that I can recall) via Zoom. The spring area meeting was held at a communal watering hole.

Akshat Shah

Central

- Gillian Bell of Caring Communication Company in Waitarere Beach retired in December after a 46-year career.
- Helen Griffiths of Chatter Matters in Taranaki is working with local early childhood education centres to develop a training programme for teaching assistants; this is expected to be ready in 2020.
- Kowhai Special School hosted the annual Special Schools Forum in November, capturing all therapists from schools from Wellington to Tauranga and Hamilton. They also successfully hosted their inaugural "Talker Group Show", a theatre show performed by students who use high-tech AAC (alternative and augmentative communication).
- Vanessa Parmar of Let's Talk in Hawke's Bay has been elected to the ATANZ (Assistive Technology Alliance New Zealand) Board.

Elisa Mynen

Wellington/Nelson

- On both sides of the Cook Strait we are coaching communication partners about oral language and AAC. Serve and return is a key theme.
- A new general x-ray/VFSS machine is expected in the Wairarapa soon.

- Wellington Hospital's community rehabilitation team have done a promising pilot, "Living well with Parkinson's group" based on the success of the Christchurch group.
- I also gave an invited talk about our profession to local occupational therapists working in public mental health teams.
- I have thoroughly enjoyed the conversations at our meetings and appreciate the openness of our group for trying some of my ideas.

Shannon Hennig

Canterbury/ Westland

- This year has flown by with another good response from members and non-members attending each area meeting. We have been actively building networks, sharing ideas and concerns, as well as celebrating successes.
- We are looking ahead with excitement to the 2020 NZSTA conference to be held here in Christchurch.

Ruth Ramsay & Kate Cook

University of Canterbury

- Our fourth-year students and second year master's students have completed their final block placements all over New Zealand, and even some internationally. Congratulations to these students for completing their studies, we wish them the best.

- Eight of our third-year students are currently undertaking summer research projects with students based at the University of Canterbury (UC) and at The UC Rose Centre for Stroke Recovery and Research.
- In 2020, we have a few student events planned in collaboration with Speech Soc, the campus speech-language therapy student club.

*Livvy Pride, Emma Barbafiera
& Jessica Eagle*

Otago/Southland

- A lunchtime meeting has enabled more therapists with young children to attend. We have started to incorporate a professional development component into our meetings with guest speakers.
- Alison Zani continues to run the successful Dunedin Aphasia Support Group which is to be established as a charity. Kathryn Palmer, Community Aphasia Advisor for Aphasia NZ, has established a local Kōreru (Gavel) Club for people with aphasia.
- Tessa Blake for Southern DHB has recently completed a project running a choir for clients with Parkinson's disease.

Meryl Jones

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