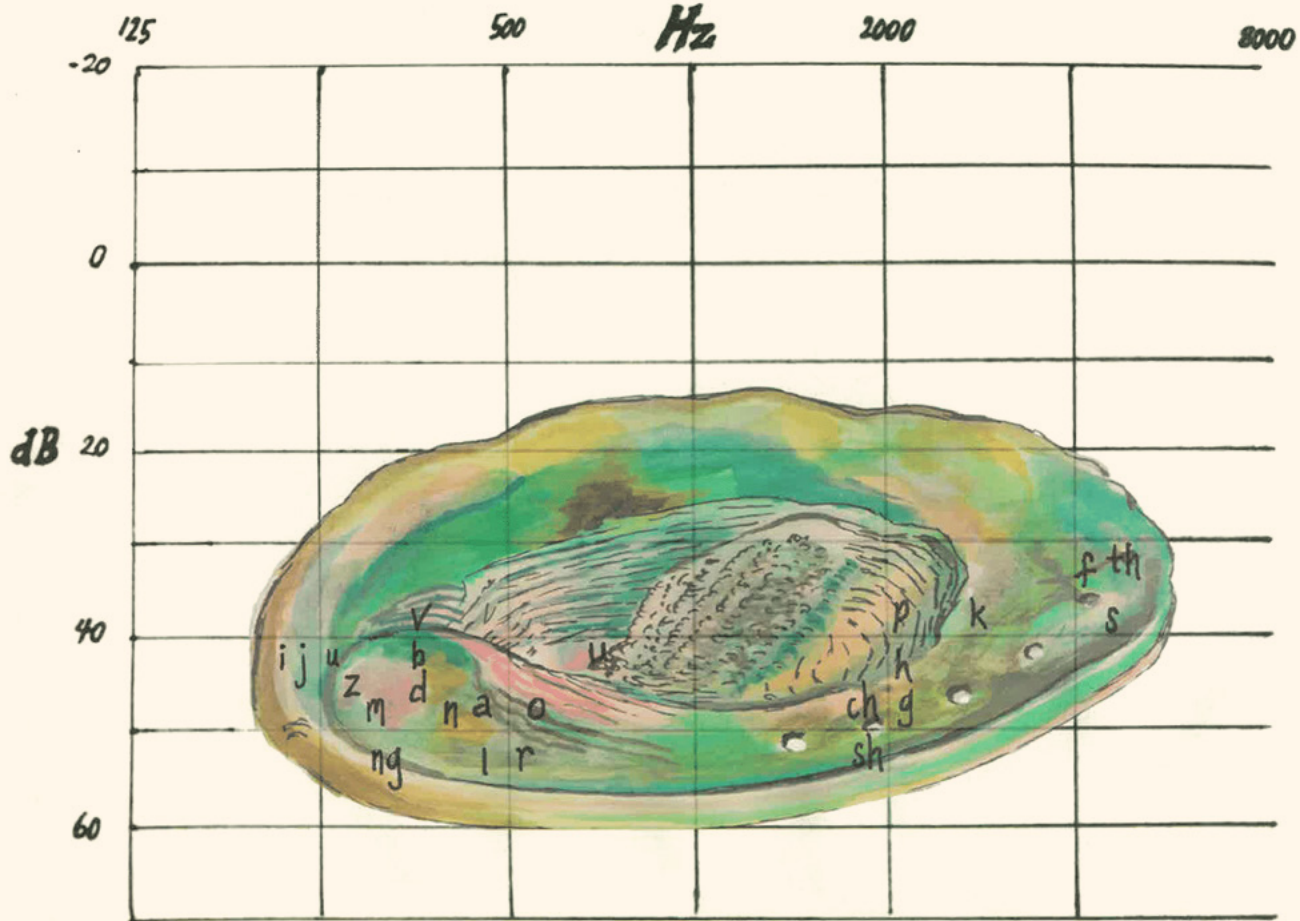


communication **matters**



Reframing responses to neurodiversity in the justice system

The end of an era for the ICP • Celebrating Speech-Language Therapy Awareness Week 2023

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Do you work with any kiritaki who would like their art to be featured on the cover of Communication Matters? Contact Emma Wollum at editor@speechtherapy.org.nz

NZSTA upcoming events



13-15
FEB

8th International In Sickness & In Health (ISIH) Conference

Tāmaki Makaurau Auckland

More information available at isihconference.com

Email editor@speechtherapy.org.nz to list your event on the NZSTA website in future issues!



FEB /
MAR

Introduction to Te Tiriti-Based Practice

Co-facilitated by Heather Came and Tracy Karanui-Golf

Te Whanganui-A-Tara Wellington – **13 February**

Ōtautahi Christchurch – **7 March**

Ōtepoti Dunedin – **8 March**

More information available from events.humanitix.com



15-18
OCT

77th Annual General and Scientific Meeting of the New Zealand Society of Otolaryngology – Head and Neck Surgery (NZSOHNS)

Kirikiroa Hamilton – Claudelands Convention Centre

More information available from conferences@w4u.co.nz



18-19
MAR

2024 Responsive Feeding Training with a Focus on Trauma-Informed and Neurodiversity Affirming Practices

St Luke's Community Centre, Remuera, Auckland

See the speechtherapy.org.nz events calendar for further details



2025

33rd World Congress of the IALP

Tel Aviv, Israel **10-14 August, 2025**

Registrations and call for abstracts accessible at ialptelaviv2025.org

Celebrating Speech-language Therapy Awareness Week 2023: Kotahitanga in Action

Amy Scott, Communications Portfolio, NZSTA

From September 18th to September 24th, 2023, the NZSTA celebrated Speech-language Therapy Awareness Week. The theme for this year, 'Kotahitanga', resonated deeply, emphasizing the concept of working together harmoniously to achieve a common goal.

Throughout the week, a dynamic social media campaign captured the essence of kotahitanga in the SLT field. The campaign showcased many examples of collaboration between SLT practitioners and their colleagues, clients, patients, and other professionals, demonstrating their dedication to improving lives through enhanced communication and swallowing.

It was also heartening to see other examples of practitioners showcasing their examples of kotahitanga in action, through sharing on Facebook.

Winners of this year's campaign were drawn from various corners of the SLT profession, highlighting the diversity of the SLT role. These outstanding practitioners exemplified the spirit of kotahitanga, fostering a sense of community and cooperation to empower individuals with communication and swallowing disorders.

Additionally, special recognition needs to be given to the winning student entry, a group from Massey University, Auckland, whose creativity and enthusiasm shone brightly. They organized a fabulous awareness week session that not only met the brief of raising awareness, but also engaged the community in a unique way. One of the highlights of their event was an interactive activity where attendees could order their own pizza using Augmentative and Alternative Communication (AAC).



Ka rawe! This initiative gave individuals a taste (pun intended!) of what it was like to communicate using AAC, but also emphasized the importance of inclusive communication methods.

The week's events highlighted the profound impact of speech-language therapy on people's lives. By embracing the theme of kotahitanga, the SLT community showcased their collective dedication to improving communication and ensuring that everyone has a voice. ●

Above:

The Wellington Early Intervention Trust featured in the Facebook campaign

Photo credits: Amy Scott

“

The week's events highlighted the profound impact of speech-language therapy on people's lives.”



Above:

Ordering pizza using AAC at Massey University

Right:

Massey University students organising an AAC pizza party



The end of an era for the ICP

Annette Rotherham, Past President and International Communication Project steering committee member (2014-2021)



“ I always follow the mantra “Think global, act local”. We can all bring a human rights lens to our mahi, and continue to advocate that communication is a basic human right for all.”

The International Communication Project (ICP) launched in 2014, and came to a close in 2023.

The ICP was formed as an advocacy platform for people with communication disability (associated with speech, language, and communication impairments), as well as their families, caregivers, and communication professionals. The NZ Speech-language Therapists' Association (NZSTA), Speech Pathology Australia (SPA), Irish Association of Speech & Language Therapists (IASLT), Royal College of Speech and Language Therapists (RCSLT), American Speech-Language-Hearing Association (ASHA), Speech-Language & Audiology Canada (SAC) made up the founding organisations, and the idea for the project was the brainchild of our Dean Sutherland, along with Jonathan Linklater from Ireland.

The ICP highlighted the importance of human communication, and how communication impairments significantly impact every aspect of life, bringing a human rights approach to advocacy. The ICP was built on the premise that communication is vital to life, yet is too often ignored as a disability. The World Health Organization's World Report on Disability estimates that roughly one billion people around the world are living with some form of disability. However,

Left:

ICP committee members Derek Munn, Annette Rotherham, Arlene Pietranton, and Kamini Gadhok at the IALP Congress 2019

Photo credit: Annette Rotherham

the authors of the report acknowledge that people with communication disability may not be included in this estimate, despite the fact that they encounter significant difficulties in their daily lives.

The ICP joined organisations from around the world in advocating for people with communication impairments and raising the profile of communication disabilities.

What did the ICP achieve in its nine years?

The ICP's accomplishments include:

- Produced the first ever Declaration of Communication Rights, which has received thousands of supportive pledges from individuals and organisations.
- Sponsored an event at the UN that featured presenters from the global communication disabilities community.
- Developed an advocacy paper that ties communication disabilities to meeting the **UN's Sustainable Development Goals**.
- Submitted comments to the UN about the significant impact of communication disabilities on employment.
- Provided online resources for managing during the coronavirus pandemic to care providers and persons with communication disabilities.
- At its 2014 launch, held an online event that featured presenters from around the world and attracted hundreds of thousands of viewers.
- Published and disseminated quarterly digital newsletters about ICP activities and communication disabilities.

- Created a website to serve as a unique information exchange, posting stories about communication disabilities from around the world.
- Conducted social media campaigns in support of global observances related to communication disabilities (e.g. World Hear Day and International Day of People with Disabilities).

With a change of guard from many of the founding organisations, and following the above achievements, it is time for the ICP to hand over the work to others who are taking on the charge. There is much advocacy with the WHO through the International Association of Communication Sciences and Disorders (IALP). SPA also continues to take a strong stance on linking the importance of communication rights to the UN Sustainable Goals, with special issues of the International Journal of Speech-Language Pathology published in 2018 and 2023 (**View them online**).

I would like to acknowledge the many NZSTA members who represented Aotearoa over the years in the ICP groups. These included Helen McLauchlan, Philippa Friary, Amy Oughton, Warren Cossou, Emma Quigan, and in particular Dean Sutherland, who was an author on the advocacy paper that set the wheel in motion for more global activity.

I always follow the mantra "Think global, act local". We can all bring a human rights lens to our mahi, and continue to advocate that communication is a basic human right for all. ●

Restoke Aphasia – Surf therapy for people with aphasia

Julia Corbett,
Speech-language therapist

Restoke Aphasia is a safe space for all people with communication disorders to access help for mental health through supportive communication techniques and surf. Restoke Aphasia is a free four-week programme that aims to improve quality of life for its participants, by helping them to connect with others, to participate in activities, to learn a new skill, and to connect with nature.



A Restoke Aphasia participant enjoys the surf during the first four-week programme in October 2022

Photo credit: Kamal Merai



As we know, many people with aphasia can feel isolated from the people around them, and they may not be able to participate in the activities they love or access traditional mental health services. This means that people with aphasia experience higher rates of depression, anxiety and social isolation.

What is surf therapy?

Surf therapy is a mental health intervention combining counselling, surf instruction, social interaction, and access to nature. It is being used effectively world-wide with various populations including children, youth and adults with disabilities, military service veterans, adults who struggle with mental illness, cancer survivors, and adults with addictions.

Who are we?

We are: a speech-language therapist, a psychologist, and surf instructors – all passionate about mental health and well-being, communication, and surf.

Restoke Aphasia's first four-week surf therapy programme was held during October 2022. We had three participants, all of whom had post-stroke aphasia. All were in different stages of their rehabilitation journey.

What did participants value the most?

- Connecting with other people with aphasia
- Learning new coping strategies
- Connecting with the water
- The drink and snack

Above:

Contact Restoke Aphasia on Instagram or Facebook

For one participant, the Restoke Aphasia surf therapy programme was the first time he had been back in the ocean since his stroke nine months prior. Before his stroke, he was a self-proclaimed 'waterman', a keen scuba diver, paddleboarder, and spear fisherman. He had moved to NZ in his fifties in order to live next to the ocean and start a new life with his young family. It was his love of water activities that drew him to live near the sea. Three months after relocating, his stroke put a stop to that. Getting back in the ocean was scary. The Restoke Aphasia programme was the reason he got back into the ocean. He stated: "It gave me confidence to get back in the water... it gave me hope. Conquer the world."

After the group finished, he used the discount provided through Restoke Aphasia at The Surfboard Warehouse, to buy a new wetsuit and electric pump for his paddleboard, and he has joined an ocean swimming club. He says – "It gave me confidence to continue on". ●

A Restoke Aphasia participant gains confidence on the water

Photo credit: Julia Corbett



We are looking for participants for 2024

Where: Piha beach or Muriwai beach, Auckland (TBC).

When: The next sessions will be in the Summer of 2024 (Exact dates TBC).

How long: 4 sessions (most likely over 4 consecutive weekends). The same group of participants attend all 4 sessions. Approx 2.5 hours long each (including a short surf + group session with the psychologist, debrief, changing into wetsuit etc).

Who: Adults who have aphasia. (18yrs+). Need transport to the beach and be able to walk across sand. No surfing experience necessary!

Please reach out if you would like more information. People who are interested can get in touch at:

Email: restokeaphasia@outlook.com

Instagram: [@restokeaphasia](https://www.instagram.com/restokeaphasia)

Facebook: [RestokeAphasia](https://www.facebook.com/RestokeAphasia)

Stutterfly – Interview with Gabriela Hammoud

Stutterfly CEO and founder **Gabriela Hammoud** has created the Stutterfly pen to help make a difference for those who stutter, developing the pen as part of her school's Young Enterprise Scheme. She was interviewed by Communication Matters editor **Emma Wollum**.

Can you tell me about the process of starting Stutterfly?

So at school one of the subjects that I wanted to do was business studies – I kept coming back to the idea to sell a product that would help those who have a stutter, so I sent a survey to my school asking them what sort of products they would be interested in purchasing, and then the most popular answer was pins. At the very start I didn't have any idea of what sort of pin I could do or how it would help those who have a stutter. So I started my business Stutterfly and then I started selling the pins. But at the very start I was not actually going to sell my stylus banner pen, I was going to sell a message pen so that when you clicked the pen it would change the message on the pen. Stutterfly was mostly to sell a product that helped those who stutter, but I didn't think it would go as far as it did.

Oh that's exciting, so you've been pleasantly surprised by how far it's gone. With your initial idea with the message pen, what kinds of messages were you wanting to include?

I knew that I wanted to make a pen that would be helpful for those who stutter, but also to support those who stutter. That was quite hard trying to find messages that would relate to both groups of people. I didn't actually think of developing a pen that the banner pulls out until someone said to me that I could fit a lot of information on it for two different groups of people. The Stutterfly pen has a stylus on the bottom so it can actually be used with a touch screen, which is one of the other features that I wanted. My opinion was that it could be for different groups of people and different types of audiences and that it could relate to everybody.

It sounds like you had a really clear vision. What was the process like in terms of telling people what you wanted and how you wanted it to appear?

At the very start I knew after I had the idea, probably the hardest thing to find was a supplier that could print the pins for me and that was also local as well.



Stutterfly founder Gabriela Hammoud with the Stutterfly Pen

Photo credit: Judith Lacy, Manawatu Guardian

At the very start of developing my business, I thought 'oh I'll just have a go and I don't want to print a lot of pens' because I thought that I would sell a very, very small amount. Then what actually happened with my business – I did pre-orders for the first two weeks and it was really, really cool to see how many people would support my business. I think in around about the first month of being in business, I received quite a lot of bulk orders. In about the first month I think I sold about 300 to 400 pens.

Wow! And where were those bulk orders coming from – what kinds of organisations?

I've been working with an organisation in New Zealand called START [Stuttering Treatment and Research Trust] and quite a lot of my orders came from them. Then I had some other people that worked with and for START, including somebody who runs a speech company overseas – he ordered around 100 pens. I received some small orders from people at my school, teachers, and some orders from people who saw it on Facebook.

You mentioned Facebook – what was the advertising process like? It sounds like you had a very successful advertising strategy.

I have a wide range of platforms where I promote my pens – I have an Instagram and Facebook page for my business, and START actually promoted my business and pins on their Facebook page as well. I also did a promotional video talking about my business and how I have a stutter, and then START put that on their Facebook page, and then that reached a lot of different audiences as well. Even after pre-orders I sold a lot of pens through word of mouth. I've also had a radio interview, a newspaper interview with the Manawatu Guardian, and I recently had a podcast interview with My Stuttering Life.

Now that you've had so much success, what's your vision for the company long term – how do you see it developing in the future?

My slogan was 'helping make a difference for those who have a stutter' and in the future I really want to keep continuing to make a difference. Because when I was younger I got teased quite a lot in school and a lot of people didn't ever really understand that I have a stutter. So I want to change the way that people view people who have a stutter, and to develop more products that people can purchase to make more people aware of stuttering. I know that even this year I've realised that there are quite a lot of people in New Zealand who actually have a stutter. Like I've met people who have been like 'oh this is so cool to meet someone else who has the same problem talking as I do', so that's been quite cool to see.

It's really great that you're representing people who stutter by being very visible and being a business owner and an entrepreneur. What sort of feedback have you received from other people who stutter?

It's quite cool to represent. One of the messages on my banner pen is an acrostic poem with helpful tips for those who have a stutter.



The Stutterfly pen

Credit: Gabriela Hammoud

One of them is 'everyone who stutters has a voice' and one of the main things I really wanted to do was make a difference for those who stutter but also give them a voice and to be seen and to be heard. Something I have realised especially this year is just because I have a stutter it doesn't mean that it has to hold me back, and that I can actually use my stutter to help other people and inspire other people to do this stuff – like to do things that they're really passionate about, and this business Stutterfly is something I'm really passionate about.

“

The business name came first – when I was younger I had speech therapy and I had a lot of techniques I would do that would help me sometimes to speak more fluently. One of the techniques that my speech therapist gave me was to think ‘glide like a butterfly’ when you’re talking, and I tried saying the words longer to glide like a butterfly.”

It sounds like you have a lot of pride and that you’re very keen to use your experience to help other people. With the acrostic, I was wondering how you came up with the name for the company – did the acrostic come first or did the name come first?

The business name came first – when I was younger I had speech therapy and I had a lot of techniques I would do that would help me sometimes to speak more fluently. One of the techniques that my speech therapist gave me was to think ‘glide like a butterfly’ when you’re talking, and I tried saying the words longer to glide like a butterfly. My logo for Stutterfly is a butterfly, and then on my pen the design has butterflies.

That’s a really lovely story, and a connection to speech-language therapy as well!

The pen sounds like a great tool for supporting people who stutter, and addressing myths about stuttering. Are there any myths or misconceptions about stuttering that you’d like to discuss?

I think the main ones that I struggled with a lot was trying to get people to understand that I don’t stutter because I’m nervous or because I’m stressed or I’m scared. Something I got told quite a lot was ‘oh you only stutter because you’re nervous or you have anxiety’ and that’s not the reason I stutter. I have a stutter and I can’t control the way that I speak, and it’s not caused by those emotions, but it can make it worse in particular situations. The other one is that I can’t control the way that I speak – I’m still a person, and I can still do quite a lot of other things that other people can do, but I just have trouble getting my words out.

You express those really well, I’ve definitely heard a few of those before. There will be quite a few speech-language therapists reading this interview, do you have any suggestions for how speech-language therapists could use the Stutterfly pen?

I have sold Stutterfly pens to quite a lot of speech therapists. The pen is a piece of information that can be quite helpful because it’s from the perspective of someone who stutters, and what things are helpful to do. There are a few things I don’t think I mentioned before – in pre-orders I sold around 300 pens, but after pre-orders I did have quite a lot of sales overseas and all around New Zealand, I’ve sold just over 1200 in this year alone. I do donate a percentage of my profits to START as well.

I really appreciate you using your lived experience to make a product that’s going to make a difference in the lives of a lot of people. It’s a great business idea and great to hear that the pin has been so successful for you. Looking forward to seeing what other products you develop in the future!

Yes it’s very exciting. ●

Moemoeā: Aspirations for supporting Māori with dysphagia and their whānau

Dr Marie Jardine (Ngāpuhi), Te Kupenga Hauora Māori, Waipapa Taumata Rau (University of Auckland)

What is the first word that comes to your mind when you read 'aspiration'? Your answer will probably depend on your experience with supporting people with dysphagia.

Word associations with 'aspiration' might include 'risk', 'dysfunction', or 'pneumonia'. Studies from the University of Auckland Swallowing Research Laboratory, led by Dr Anna Miles have shown aspiration is a rare occurrence for healthy adults. Videofluoroscopic swallow studies of adults aged up to 99 years old demonstrate that dysphagia is not an inevitable part of getting older; swallowing problems won't just gradually occur because of ageing. Instead, dysphagia is a symptom of an overarching cause, which requires serious investigation and support from a multidisciplinary team.

For many causes of dysphagia, Māori face inequities, meaning that poor health outcomes are avoidable, unfair, and unjust. In the stroke field, some examples of inequities for Māori include younger stroke onset, reduced access to stroke interventions, and worse stroke



Kai is a valued part of many whānau celebrations

Photo credit: Dr Marie Jardine

outcomes. So, what about swallowing outcomes? Thompson and colleagues (2022) reported that non-Europeans (including Māori) were less likely to receive a swallowing assessment within the first 24 hours of their hospital admission. If you search wider on library databases, it is tricky to find any

other information about dysphagia outcomes for Māori across the lifespan. This is supported by a recent review by Meechan and Brewer (2022). Could this be because Māori with dysphagia are well-supported in a colonial and racist health system that was not designed for Māori?

Back to the word ‘aspiration’, perhaps you had considered a more common word association, like ‘hope’, ‘dream’, or ‘goal’? As a Māori SLT who is in the early stage of academia, I support aspirations for swallowing research that fulfil the needs, priorities, and rights for Māori with dysphagia and their whānau. These aspirations go much further than ‘reducing inequities’. This concept is referenced quite a lot, but is it good enough? No matter what positive results are accomplished, inequities will persist because they have only been reduced. We could also aspire to ‘achieve equity’, but is equity the only target, or can it ever be an endpoint? Aspirations for Māori health are well-reflected in Pae Tū: Hauora Māori Strategy published in 2023. These align with broader moemoeā (aspirations) for our mokopuna (future generations) to flourish and thrive.

If you are interested in reading more about why and how health research should be equity-focussed and responsive to Māori, check out the landmark article by Reid and colleagues at Te Kupenga Hauora Māori (Department of Māori Health, Waipapa Taumata Rau) (2017): *Achieving health equity in Aotearoa: strengthening responsiveness to Māori in health research*. This article is one of many influences on my aspirations for future dysphagia research to uplift and empower Māori, while also benefiting everyone with dysphagia in Aotearoa New Zealand.

“

Videofluoroscopic swallow studies of adults aged up to 99 years old demonstrate that dysphagia is not an inevitable part of getting older; swallowing problems won't just gradually occur because of ageing.

I recently published an opinion piece in Speech, Language, and Hearing:

Responsiveness to Māori in dysphagia research: beyond ‘kai’ (nutrition), ‘inu’ (hydration), and ‘te reo’ (Māori translation)

The title hints that much more is needed to support Māori with dysphagia than cultural considerations (i.e. food and drink preferences, language, or knowledge of tikanga)... if only achieving equity were that simple! We need to go much deeper, such as addressing racism and engaging in anti-racism practices in our workplaces, which are likely within colonial health or education systems. Speech-language therapists are well equipped with the skills and tools to practise cultural safety. Regardless of what point of the cultural safety journey we are on, we should regularly critically reflect on the role of power in our work and relationships with patients, whānau, and colleagues. We should critique how our own beliefs, biases, and stereotypes may impact on the outcomes for those we are advocating for.

We might be working with the best intentions, but we are still working within limitations, such as time and resource constraints. Clinical audits are an appropriate method for monitoring equitable outcomes, which is why it is essential that ethnicity information be accurate. A robust process must be in place to ensure ethnicity data is 1) collected and 2) self-identified or confirmed by the patient and not assumed.

Aspiration is a well-known consequence of dysphagia, but aspirations for Māori with dysphagia and their whānau remain to be understood, prioritised, and actioned. Thanks to the commitment from tangata whenua and tangata Tiriti in our speech-language profession, the future is bright.

Ko te pae tawhiti whāia kia tata, ko te pae tata whakamaua kia tina.

Mauri ora. •

For additional references, please contact the author, or editor@speechtherapy.org.nz

Reframing responses to neurodiversity in the justice system

Dr Hayley Passmore, Justice & health researcher and criminology lecturer, University of Western Australia

Sally Kedge, Speech-language therapist and Court-appointed Communication Assistant, Talking Trouble Aotearoa NZ

In July this year, Hayley visited Aotearoa (and Sally!) as part of a global trip for her **Churchill Fellowship**, in which she explored international approaches to supporting people who are neurodiverse within prisons and youth detention centres.

While her report is not yet published, Hayley can share that around the world, it was speech-language therapists who seemed to be the most active in the neurodiversity and justice space! SLTs frequently shared their expertise in roles that went far beyond clinical assessments and interventions, to involvement with programme facilitation, psychoeducation, staff training, and advocacy. This trip was the next step in building on previous work in the neurodiversity and justice space.

Many of us who work in the criminal justice space know all too well the overrepresentation of people who are neurodiverse within the system. Research from New Zealand and Australia has consistently found a much higher prevalence of neurodiversity among people in the justice system, when compared to those in the broader community.

This includes a number of diagnoses such as Intellectual Disability (ID), Fetal Alcohol Spectrum Disorder (FASD), Attention Deficit Hyperactivity Disorder (ADHD), and Language Disorder.

We also know both globally and locally that recognition of neurodiversity and people's needs within justice settings is lacking. Justice workforces tend to have a limited understanding of neurodiversity, and clinical capacities within justice settings are limited. These factors restrict capacity for comprehensive assessment and intervention, and are a barrier for the upskilling of colleagues and management that is so desperately required.

In a 2018 study, Hayley and her colleagues determined a FASD prevalence rate of 36% among young people in the Banksia Hill Juvenile Detention Centre, Western Australia's only youth detention centre. The study, which involved assessments of nine domains by a paediatrician, neuropsychologist, speech-language therapist, and occupational therapist, also found that 89% of all 99 young people assessed met the severe range of impairment (<2SD) in at least one domain. 45% had a language disorder (Kippin et al., 2018). The team's SLT, Dr Natalie Kippin, has published several papers detailing the language and communication profiles of the young people.

“

While her report is not yet published, Hayley can share that around the world, it was speech-language therapists who seemed to be the most active in the neurodiversity and justice space!”



As a response to these findings, Hayley developed Reframe Training, a neurodisability training programme in consultation with the WA youth justice workforce. Reframe upskills frontline justice workers in how to recognise when someone might be neurodiverse, reframe associated behaviours, and respond appropriately. Reframe does not focus on any one diagnosis specifically, given that frontline staff reported they aren't often made aware of diagnoses, and that even if they are, they prefer to focus on the behaviours and functionality of the person as opposed to a label. Instead, Reframe focuses on eight domains of functioning, including memory, attention, communication, social skills, and executive function. We share simple and straightforward strategies to assist frontline workers with communication and engagement, and together, we contextualise them for their workplace. These strategies include discussions of how to deliver instructions using appropriate words and phrases, check for understanding, incorporate visual tools, and adapt environments for sensory needs. Many of these strategies aren't new for the workers, but in high-pressure environments such as prisons, where there are limited opportunities for professional development and time for self-reflection, the training provides necessary reminders and offers further understanding of why these strategies are so critical, and how they can be utilised.

Hayley Passmore and Sally Kedge attending the Pasifika Court in Auckland

Photo credit: Sally Kedge and Hayley Passmore

After an initial pilot of the training within the WA youth detention centre, face-to-face Reframe workshops have also been delivered across WA, Queensland, Northern Territory, and South Australia. To date, a total of 900 participants from justice, community, disability, education, and police workforces have completed the training. The training has also been expanded to include e-learning and train-the-trainer versions.

During Hayley's visit, she presented to a multiprofessional group in Auckland about the research, and how the Reframe Training was developed. Although Reframe Training hasn't been delivered (yet) in Aotearoa, there has been a wealth of professional development delivered by SLTs and others in a range of justice contexts to help stakeholders recognise communication accessibility barriers and adapt the processes, forms, and the way people talk to enable more effective participation. Judges, lawyers, police, social workers, prison and probation staff, youth workers, the Parole Board, court victim advisors, restorative justice coordinators, family group conference coordinators, and many others have participated in training to help them consider what can improve effective communication for children, young people and adults in their contexts. The appointment of communication assistants in legal contexts in New Zealand – in police interviews, criminal court proceedings, family court hearings, at the Parole Board, and in tribunals and other types of legal settings has raised awareness of the importance

of ensuring people's right to fair access to justice, and the role language and communication plays in this. The skills and expertise of SLTs are increasingly recognised as important in enabling effective participation for different participants in justice processes (not just criminal processes).

Those of us working as SLTs in these contexts have needed to learn a lot ourselves – about the enormous complexity of the systems, and also to understand the complex intersecting factors that can create barriers for communication and participation. We have learnt a lot about FASD and other factors that might be impacting on speech, language, and communication. Currently the Aotearoa FASD Diagnostic Guidelines are under development, and Sally and her colleague Tracy Karanui-Golf are part of the multiprofessional group creating these. We need these guidelines to ensure we have local processes and pathways that are a good fit for our unique Aotearoa context. We are carefully considering how Te Tiriti must be honoured in the processes used to develop the Guidelines and the resulting content. The Aotearoa FASD Diagnostic Guidelines are currently in draft format and will be sent out for consultation in 2024. Keep in touch to find out more.

SLTs need to be part of the multidisciplinary teams supporting children, young people and adults participating in assessment and interventions when issues like FASD are being considered. Law operates



Hayley delivering a Reframe Training session

through spoken and written language, and SLTs must keep increasing their presence in legal and related settings. We advocate strongly for opportunities to learn from and support the young people and all the stakeholders, and we advocate strongly for SLT therapeutic roles that would support 'whole of life' communication for those caught up in legal systems as well as for people to have access to communication assistants in legal settings. We will keep pushing for much earlier and sustained access to SLT for all who need us. There is a lot to do. It's encouraging to connect with people like Hayley and other passionate people with shared interests and expertise from around the world. •

Sally can be contacted at sallykedge@talkingtroublenz.org

Hayley can be contacted at hayley.passmore@uwa.edu.au

Please contact the authors, or editor@speechtherapy.org.nz for additional references

Lessons learnt post-Cyclone Gabrielle – a speech-language therapist’s perspective

Rachel Glue, Speech-language therapy professional lead, Te Whatu Ora Te Matau a Māui Hawke’s Bay

February 14, 2023 – Valentine’s Day, a day Hawke’s Bay will remember forever.

Hawke’s Bay is a beautiful region, full of wineries and orchards, often called the fruit bowl of the country. The region’s two cities, Heretaunga / Hastings and Ahuriri / Napier, are separated by the Tutaekuri and Ngaruroro rivers, with smaller towns dotted across the region. Typically, we have some of the best weather in New Zealand, and these rivers are peaceful, meandering, and calm. However, the summer of 2023 was very different.

Waking up after Cyclone Gabrielle hit, my street was full of water, trees were down and nearby roofs had completely disappeared. However, I had no idea the scale of devastation in our region. We were advised to work from home and thank goodness we did. By 8am, all six bridges connecting the two cities were impassable, including four that were completely washed away. Our hospital and community services hub is based in Hastings. Seven of our SLTs live in Napier, with only one living in Hastings. Work was unreachable for those in Napier. Our best efforts to work from home were thwarted once the power went off across the region, along with all channels of communication as the flood water rose. With communication down, we were unable to contact our sole SLT colleague (Ella-Rose Meagher) in Hastings who was holding down the fort. She was an



The road to work

Photo credit: Rachel Glue

absolute super star. Her flexibility and adaptability were commendable, she was not just the only SLT on site, but she was evacuating patients from the Emergency Department and picking

up extra shifts to supervise vulnerable patients. She reached out to some of you who kindly offered telephone support and guidance. How lucky are we to have had this option.



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Arriving at Napier Health Centre, the response was incredible. Normally, Napier Health Centre is a general practice clinic, with some specialist clinics such as dentistry and allied health. In one day, an eleven-bed ward with an ICU had been set up, along with chemotherapy and renal dialysis.”

For the rest of us over in Napier, getting to work was not possible. However, we all wanted to feel helpful and like we were doing something. We were worried about each other, our families, our friends, and our patients. Some of us had to trek up hills to get snippets of service, some of us bumped into colleagues in the chaos and panic at petrol stations and supermarkets. We heard people were going into Napier Health Centre to help with the cyclone response, so off we went.



Arriving at Napier Health Centre, the response was incredible. Normally, Napier Health Centre is a general practice clinic, with some specialist clinics such as dentistry and allied health. In one day, an eleven-bed ward with an ICU had been set up, along with chemotherapy and renal dialysis. Napier Health Centre had power, and with that came the ability to charge our phones and reach out to loved ones. We were at work, but we were not able to complete our normal duties.

Far left:

The Napier Health Centre, repurposed as an eleven-bed ward in the aftermath of Cyclone Gabrielle

Photo credit: Vital Healthcare Property Trust

We were instead put to work calling vulnerable patients, going out to evacuation centres to provide support, organising helicopters to deliver laryngectomy supplies to cut-off communities, and door knocking to complete welfare checks on people who could not be contacted. We were still unable to work from home, as most of us were without power for a week. We were unable to get into our office to access our computers or cellphones. Fifteen of us were squeezed into a small office space, working off four laptops.

Reflecting on this time, there are certainly things we could have done to better prepare, such as:

- Creating orientation guides so others can see who is on our current caseload, who is on our waiting list, how we receive referrals, and how our system works.
- Familiarising ourselves better with emergency plans.
- Creating a central database of skills and locations where people could be redeployed or utilised.
- Ensuring we have the ability to work from home with appropriate technology to support us.

Left:

The aftermath of Cyclone Gabrielle

Photo credit: Rachel Glue

No policy, guideline, or manager can prepare you for the chaos Cyclone Gabrielle brought. Things changed in the blink of an eye and continued to do so for months. We battled with significant congestion on our key routes to and from work, we continued to see the devastation in our community, and we heard traumatic stories of survival and loss. For months we were unable to reach our rural Wairoa community by road, and we were reliant on planes for transporting these kiritaki. But every day, things slowly got a little closer to normal.

A special thank you to all of the offers of support we received from across the motu. In particular, a big thank you to Sarah Hiew and Sunny Song who came over to Hawke's Bay to support us, to Hutt Valley SLTs who supported some of our head and neck cancer patients, and to Libby Coates, who provided me with an outlet to discuss how to support and lead a team during a disaster. I count myself lucky to be a part of such a supportive profession. Finally, a huge thank you to my colleagues in Hawke's Bay, the way you supported your patients and each other during this crisis was outstanding.

Kei roto i te pōuri, te marama e whiti ana.
Through perseverance and hope, we will overcome. ●

Evidence-based resources for use in telepractice

Rebecca Claridge, Regional Rehabilitation Manager (Australia, NZ, Japan), MED-EL

MED-EL is a global hearing solutions company headquartered in Austria. It offers a complete portfolio of hearing implants; cochlear implants, BONEBRIDGE and VIBRANT SOUNDBRIDGE, and an adhesive bone conduction hearing solution, ADHEAR.

MED-EL technology has been available in New Zealand since 2010. MED-EL have a long-standing commitment to developing and sharing rehabilitation materials to facilitate best outcomes for their recipients, and support the professionals working with them. Amongst the most popular paediatric resources are the free downloadable **Lesson Kits**; a comprehensive set of resources created to support professionals in planning and delivering therapy to children using hearing technology.

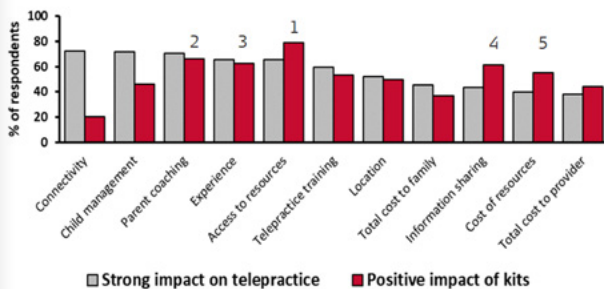
In February 2020, MED-EL launched a study to gather feedback on newly-developed resources designed for the delivery of telepractice to families who have children using hearing technology. The timing provided an unexpected opportunity to track the rapid changes in the delivery of telepractice, as clinicians

from all over the world opted into the research to trial the MED-EL Remote Lesson Kits as they tackled telepractice for the first time. A follow up study was conducted in late 2021 to identify sustained trends in the delivery of telepractice.



MED-EL's free lesson kits

Photo credit: MED-EL



The Remote Lesson Kits were developed as a derivative of the Lesson Kits. They were designed with the aim of addressing the telepractice challenges identified by clinicians in earlier research.

In our first study, we asked the clinicians to rate different factors identified as barriers to telepractice delivery, then provided two Remote Lesson Kits to trial in telepractice intervention. In a second survey, we gathered feedback to measure the impact using the Remote Lesson Kits had on those factors.

The top five factors that the clinicians rated as having a “positive” or “very positive impact” were:

- 1 Accessing or developing appropriate therapy resources
- 2 Clinician use of parent coaching strategies
- 3 Clinician’s experience in telepractice
- 4 Information sharing
- 5 Cost of therapy resources

Pleasingly, the kits were helpful for three of the top five factors important for telepractice delivery, and more than 70% of clinicians who used the kits daily or weekly reported they felt as confident in delivering telepractice as they did delivering in-person intervention. In our sustained trends follow up survey at the end of 2021, this percentage had jumped to 82%. In addition, 93% of clinicians declared that they planned to offer both telepractice and in-person intervention for families to choose from.

The kits contain a page of tips and tricks for getting started in telepractice, a multi-level lesson plan, step-by-step instructions, and resources for four activities. The materials can be emailed to families for printing at home or printed and posted to families ahead of appointments. Some activities lend themselves to screensharing, particularly the slidedecks; unique animated PowerPoint stories and songs.

A collection curated especially for Communication Matters can be downloaded here: **MED-EL Remote Lesson Kits and Bonus Slidedecks**

A webinar with more detail on how to use the materials, including video examples, can be found on the MED-EL Academy. Visit **my.medel.com** then log into the Academy to access **How to Use the MED-EL Remote Lesson Kits in Telepractice.**

Registration on the MyMED-EL portal is free for professionals. ●

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Please consider contributing content to *Communication Matters* about any aspect of our profession. Feel free to discuss with Emma Wollum, Editor, any ideas you have.
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