

# communication **matters**



## Benefits of the family meal

NZSTA Registration • Cognitive rehabilitation • The colour of emotion

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**Cover:** Sharing a meal together. *Photo credit: Kari Reid*

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## From the editor

**Karen Watson** [editor@speechtherapy.org.nz](mailto:editor@speechtherapy.org.nz)

Tēnā koutou and as-salamu alaikum,  
With heavy heart, I would like to acknowledge the fifty innocent people whose lives were senselessly taken at two Christchurch mosques last month, the survivors, families, friends, and all of the communities in a city that has already experienced so much sorrow. To our colleagues in Christchurch, we have been thinking of you; take extra care of yourselves and each other.

Speech therapy doesn't occur in a vacuum. We are a community, we work in the community and we help our clients connect with their communities. Like many of you, this terrible event has led me to think about what I can change and what I can do to be part of the solution. I stumbled upon an excellent article by Saziah Bashir, a journalist, and I encourage you to read it on the RNZ website. Saziah listed four things we should do to help after the Christchurch shootings: acknowledge racism exists, put Muslim voices at the centre of discussions on



this incident and its repercussions, speak out against racism, and donate to the survivors and affected families.

The suggestion to put Muslim voices at the centre has made me consider who I am listening to more generally. I have been reflecting on my sources of news and information, including social media. I asked myself are there a diversity of voices, experiences and perspectives? Looking through my social media platforms, I discovered that I could do better. And I have since been actively seeking people and organisations who may offer a different perspective, including people from a different ethnic or cultural background to me, and people with different abilities, including the populations we work with. In this issue I share one of the accounts I have discovered during this process in our "Who to follow" section.

In this issue, we also hear about the COMPARE aphasia trial looking for participants in New Zealand, cognitive rehabilitation, using colour to communicate emotion, and more. Our area representatives and portfolio holders share their news, including more information about NZSTA becoming a registered profession.

Noho ora mai and ila-liqaa',  
**Karen**

## Who to follow:

### Speech Autist

 @SKP\_SLP

Speech Autist describes herself as an "autistic SLP" with an interest in "geek stuff, intersectionality". I started following her tweets and her blog *Apparently in Deep Contemplation* because they offer a chance to hear the voices of a neurodiverse community. She calls out biases in interpretations of research and language used by the speech-language therapy community. She advocates working towards autism acceptance, not awareness, and ensuring autistic people are at the front and heart of any such campaigns. •



**Speech Autist**  
@SKP\_SLP

#AskingAutistics for late-diagnosed folks: what memory or memories make you wonder: "Why wasn't it obvious to me/family/teachers/etc that I'm #ActuallyAutistic?" What stories from childhood/adolescence/early adulthood make more sense now that you know?

1:32 pm - 22 Mar 2019

# President's report

Annette Rotherham [president@speechtherapy.org.nz](mailto:president@speechtherapy.org.nz)



Kia ora koutou,

15 March 2019 was a dark day for New Zealand with the mosque shooting that killed 50 people during their prayer time. A week on, we are a nation in grief. Our Canadian, American and Australian colleagues immediately made contact to express their condolences and support of our New Zealand speech-language therapists and our country. I responded with gratitude and a strange sense of inadequacy. How do we address those feelings of inadequacy?

I am amazed and inspired by the response of all New Zealanders following the compassionate and respectful leadership of our Prime Minister Jacinda Ardern. The words we choose, the language we use is powerful and has such influence. As are our actions. People have shown an outpouring of aroha and maanakitanga. I have observed that tikanga Māori – the practices of karakia, waiata, haka and the use of te reo Māori – has become our unified voice as a nation.

International figures know when they say “kia kaha” and “arohanui” as a way to show their solidarity, they are speaking to the hearts of all New Zealanders. Once again highlighting the importance of communication in our lives.

Giving Voice Aotearoa continues to be a campaign dear to my heart and I am thrilled with the direction it is taking with Consumer Lead Geneva Hakaraia-Tino, Communications portfolio holder Amy Oughton and Giving Voice Aotearoa Champion Lead Georgia Holibar working together on the consumer focus group. We had our first hui in February which was well attended in Auckland and Christchurch. We will certainly be learning loads about communication strategies and incorporating technology as we have a range of communication disabilities to consider within the meeting. It will be exciting to see where this rōpu will lead our association and the campaign.

In February, we also had a workshop with public relations agency, Storicom, to look at our NZSTA and Giving Voice Aotearoa strategic direction. We were fortunate to have Mātua Rukingi Haupapa join us for this workshop and we look forward to his wisdom and thoughtful reflections in times to come as the new kaumātua for our association. Nau mai, haere mai Mātua Rukingi.



THIS IS YOUR HOME  
AND YOU SHOULD HAVE  
BEEN SAFE HERE

In order to represent our profession, our membership and our consumers well, we really need to understand our “why”. Why do we do this job? Why do we need the NZSTA? Why should the government engage with us? The answer to all this is essentially because it is important. **Communication and swallowing are vital to life.** The blueprint document produced by Storicom is our “how”: how we will engage the media, how we will approach government agencies and ministries, how we will engage our membership, how we will promote continued awareness of both our profession as speech-language therapists, and the rights and needs of the consumers we work with every day.

Illustration: Ruby Jones

## 2018 NZSTA Symposium: A student perspective

Helena Sincok, Shauna Pali and Jacqui Morgan

Wow, what an amazing opportunity for us three speechies! The symposium was a whirlwind, two-day adventure. We had a fantastic welcome from the NZSTA Board and it was great to finally be able to put faces to names. Our roles were to greet the attendees, take photographs, support attendees in question time, and write personalised thank you cards for the speakers.

The first day consisted of an array of wonderful speakers, including our keynote speaker Dr Jane Carroll. In between snapping photos of our speakers and audience, we were busy taking notes and absorbing as much knowledge we could. There were interesting conversations going on throughout the breaks, and it was a wonderful opportunity to be able to meet real-life practising speech-language therapists. At the AGM we had the honour of listening to Geneva Hakaraia-Tino share her experiences as a part of our Giving Voice Aotearoa campaign, and her ongoing passion for creating a te reo accent synthesised AAC (alternative and augmentative communication) device.

The second day began with many now-familiar faces, and an IDDSI (International Dysphagia Diet Standardisation Initiative) update.

Keynote speaker Sue MacDonell provided some interesting thoughts on nutrition in the elderly. She stressed the importance of collaboration within teams, and our role in working with dietitians in healthcare. The discussion around the innovative and very creative “communicapron” shared by Sarah Spence from Kimi Ora School in Wellington was another highlight. Sally Kedge’s presentation *SLTs: Human Rights Enablers* was also very intriguing.

Overall, this was a fantastic experience as students, as we were able to really delve into the real world of speech-language therapy. We have such a wonderful and supportive speech-language therapist community! Thank you to all of you who made this symposium happen and welcomed us students, you are awesome. •

### Inspired?

Find out about this year's conference at [www.speechtherapy.org.nz](http://www.speechtherapy.org.nz)



# The colour of emotion

Michelle Snead

Effectively expressing our emotions can be a major challenge if we have a limited vocabulary, an ineffective communication system, or difficulty identifying our own emotional states (and those of others). Regardless of our capacity to communicate our emotions, we all experience changes in emotional state and are compelled to express these in some form.

When people lack a socially appropriate and effective means of emotional expression, they may rely on more extreme methods of communication such as yelling, hitting, pushing, refusing to engage, destroying property, or inappropriate physical interaction.

Certain colours are universally associated with certain emotions: red is often associated with angry, as evidenced by the way most angry emoticons are coloured red. Green and yellow are often associated with “happy” or “good”, such as a green tick mark or a yellow happy face. Whereas blue can be associated with feeling down or sad, such as in the term “I’ve got the blues.”

When deciding how to use colours to develop a communication tool, there are some points to consider:

- What is the person’s current understanding of emotional states?
- How are they currently expressing their emotional states?
- Are they using appropriate ways to express emotions?
- Are they identifying in themselves shifts in emotional states or are they instead only reacting to these shifts?
- How are others reacting to their communicative attempts and are they identifying them as emotional expression?
- Are all communicative partners responding consistently and appropriately to the person’s communicative attempts?

There are a variety of ways to use colours to develop communication tools for expressing emotions. Traffic lights and thermometers are often used as a way to introduce the concept of colour for emotions. For example, an “emotions traffic light” can be depicted with the green light indicating when we are happy or good, red when we are upset or angry, and orange indicating when we are getting upset or feeling frustrated.

People can use these traffic lights by putting the colour on the traffic light that best matches how they are feeling throughout the day. This provides a way of signalling how they are feeling to others, resulting in others responding appropriately and inevitably reducing inappropriate forms of communication.

Caregivers and communication partners can also use these visuals to help those with communication difficulties recognise their emotions and to prompt discussion around ways to respond appropriately and compassionately. One of my favourite work stories is from a mother who told me how she had always thought that her son with a diagnosis of autism did not care if she became upset. However, when she indicated to him that she was feeling upset using the orange visual, he responded, “What can I do to make you feel green [happy]?” The mother could then see that her son was not lacking empathy for her emotions, he just hadn’t recognised her emotions through her body language or tone of voice but using the visual support he could understand and respond appropriately. ●

## Working with cognitive communication disorders

Delwyn Eden, Katherine Williams and Kristin Gozdzikowska,  
Laura Fergusson Trust Kristin@lftcant.co.nz

### About Laura Fergusson Trust

The Laura Fergusson Trust Canterbury is an independent and charitable organisation providing long-term residential post-acute and community rehabilitation services. We have a five-bed unit in Christchurch for clients with traumatic brain injury (TBI), providing a consistent, supportive, home-like environment for relearning activities of daily living and functions that are essential for independent living. The community rehabilitation teams are part of the discharge planning process, allowing for seamless transitions.

Insight Rehabilitation is a division of Laura Fergusson Trust Canterbury providing home and community-based rehabilitation services for clients who have had TBI and other I injuries. We also provide a community-based, supported activities programme, Reconnect After Brain Injury, for adults who have suffered TBI. Our experienced team includes speech-language therapists, occupational therapists, clinical psychologists, neuropsychologists, rehabilitation coaches, physiotherapists, dietitians, social workers, registered nurses and medical specialists.

### Model of cognitive-communication competence

Working as speech-language therapists with clients with TBI is an often misunderstood role: “I can talk, so why do I need to see a speech-language therapist?” It is our job to educate others about the work we do. Assessment and rehabilitation of cognitive-communication disorders form a large part of our work promoting communication competence in real-world settings and reduce the negative effects of communication disorders. We wonder whether speech-language therapists feel they have enough knowledge and training in this area?

MacDonald (2017)<sup>1</sup> provides a model that summarises the complex array of influences on communication to provide a holistic view of communication competence after brain injury. We have used this model for assessment and treatment as well as educational purposes.

We encourage students to gain experience in this challenging and rewarding area of rehabilitation. Please get in touch if you want further information or have any comments. ●



Left:  
Emotion  
thermometers and  
traffic light.

<sup>1</sup> MacDonald (2017) Introducing the model of cognitive-communication competence: A model to guide evidence-based communication interventions after brain injury, *Brain Injury*, 31:13-14, 1760-1780.

# Education and training in cognitive-communication: A practitioner perspective

Dr Kristin Gozdzikowska, Katherine Williams, Delwyn Eden

Understanding an individual's cognitive capability is key for all aspects of speech-language therapy intervention across the lifespan. However, training in cognitive-communication disorders for speech-language therapists varies widely across countries.

For example, the American Speech-Language-Hearing Association (ASHA) includes the following within the scope of practice for speech-language therapists:

- Processing information (e.g., attend, perceive, organize, and remember verbal and nonverbal information, including social cues and to solve problems) under ideal conditions, and in varied settings.
- Executive or self-regulatory control (e.g., set goals, plan, initiate and inhibit, self-monitor and self-evaluate).
- Modification of the cognitive and communication demands of relevant social, academic, and/or vocational tasks.
- Modification of the communication and support competencies of relevant everyday people in the environment.
- Development and use of effective compensatory behaviours.

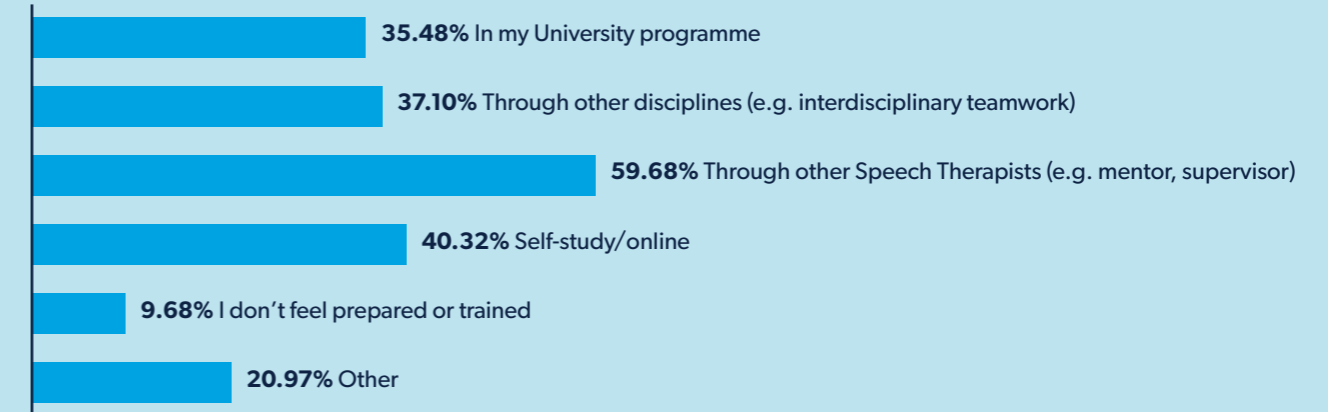
To meet these standards, ASHA requires coursework and direct clinical experience in cognitive domains for certification. The landscape differs for speech-language therapists in New Zealand, however, with some providers and organisations utilising other allied health team members (such as occupational therapy and neuropsychology) to take leading roles in assessment and treatment of these disorders. Yet, cognitive-communication disorders are listed within the NZSTA scope of practice. Thus, a survey was sent out to speech-language therapists currently practising in New Zealand to understand their sense of preparedness for managing this area of practice.

Half of respondents (n = 62) had greater than five years' experience, and nearly half of respondents had obtained their master's degree (46.77%). Interestingly, one third of the respondents (32.26%)

“ [Cognition] need to become a skillset that is more commonly used and understood to allow for effective collaboration across disciplines and with whānau.”  
– Respondent



## Where did you receive most of your practical training in cognitive impairments?



received only one to three lectures dedicated to cognitive impairments, such as memory, attention, executive functions or visuospatial skills. In fact, a further 12.9% of respondents stated they had less than one lecture dedicated to these topics. It was reported that most training in cognitive impairments was provided through speech-language therapist colleagues and mentors, or from the interdisciplinary team. However, the quality of such training can be difficult to determine. There appears to be unclear roles in interdisciplinary teams, particularly in relation to occupational therapy colleagues. Poor interdisciplinary

team communication can impede service delivery, creating unintentional gaps in care. As stated by one respondent, “it is [in] no one's clear domain.”

When asked, “Do you feel prepared to assess or treat cognitive disorders as part of an interdisciplinary team given the training you received?” 51.61% of respondents said “No”, while 27% said “Yes”, and a further 20% reported they might with further training. One respondent stated, “Many of my patients have a range of cognitive deficits, and I do not feel I have an adequate understanding of these.”

Cognition cannot be separated from other critical aspects of our practice, such as language and swallowing. As one respondent stated, “It needs to become a skillset that is more commonly used and understood to allow for effective collaboration across disciplines and with whānau”. Improving educational resources and interdisciplinary collaboration regarding cognition appear key to strengthening speech-language therapy within New Zealand. ●

# An alternative route to ASHA certification

Lydia Keast, bilingual early interventionist, Speech Goals, San Francisco, lkeast@speechgoals.com

You may wonder why my job title is not speech-language pathologist, and so I share my journey with you.



During my fourth year of the Bachelor of Speech and Language Pathology at the University of Canterbury (UC), I was sure that after completing my final placement I would return to Christchurch and stay there. This mindset quickly shifted after completing a placement in San Francisco, where I now work as an early interventionist.

When I finished my placement, I decided that instead of finding a full-time therapist position, I would continue my studies at master's level in New Zealand. In 2017, I was eager to return to San Francisco.

I then began the process of certification, only to realise that the Mutual Recognition Agreement (MRA) would not apply to me, as I did not hold full NZSTA membership.

Fast-forward two years, and I am amidst the application process for licensure in California and eventually ASHA certification. What is straightforward for most through the MRA has been an extended journey for me. Without qualification under the MRA, additional steps are required to become an ASHA certified speech-language pathologist.

As an international applicant without NZSTA membership I must:

1. Complete a Clinical Fellowship Year (CFY). This requires a state license. This involves providing university transcripts and clinical hours that are evaluated to determine equivalency to the American education system, completing college-level courses for areas deemed missing (in my case, statistics and physical science courses), and passing the Praxis examination for speech-language pathology.
2. Gain the ASHA certification of clinical competency by submitting transcripts, clinical hours and exam scores and proof of CFY completion, including a report and ratings.

I am incredibly fortunate to be working in the field while completing the steps, but the process could have been easier through the MRA. As a student, I knew about the MRA and the process to transfer overseas but I never thought I would work overseas and therefore did not plan ahead.

Whether you are thinking about heading overseas or not, consider the following:

- Record and safely store your clinical hours and course syllabi for every year that you study – these will be needed!
- Maintain a relationship with your lecturers and clinical educators. I am so grateful to the many people at UC who helped me compile the information I needed.
- Take risks and be brave: don't only request placements in areas that you are interested in or feel confident. It is important to demonstrate through clinical hours that you have a wide range of clinical experience.
- Remain active with the NZSTA as a student and graduate.

This is just a summary of my journey, so feel free to email me to find out more. •

# The postgraduate journey

Jessamy Bell, TalkLink Trust

I graduated from my bachelor's degree in 2007 and remember telling my family that there was no way I would ever go back to university.



A year or so later, I was finishing my first year at Wilson School in Auckland and considering what to do next. I was awarded a scholarship at the end of my degree and if I did not study in 2009, it would disappear. (Perhaps not the best reason to start but it ended up being a really good decision). I decided to do my postgraduate certificate through Massey University, supervised by Dr Sally Clendon.

I didn't know exactly what I wanted to study but I had a million questions after one year of working in the real world. Sally and I chatted through my questions. She guided me through the different topics until I had one clear question and a topic to start researching, which I was passionate about. I focused on how to teach emergent literacy for children who have complex communication needs and use AAC (alternative and augmentative communication). I completed my studies and once again said "never again" to my family.

However, Sally and I kept in touch, and I moved jobs to TalkLink Trust, where I encountered even more questions about AAC implementation. So, in 2016 I found myself completing my postgraduate diploma and then my master's degree the following year. I finally handed in my thesis on AAC camps for children who have complex communication needs and use AAC in July 2018 after a six-month delay thanks to glandular fever.

Postgraduate study was hard work – there is no other way of describing it. It involved many tears, cups of tea, pep talks from my husband and encouragement from Sally, my family and friends. But it was also fascinating, empowering, engaging and worthwhile!

I am grateful that I was forced to make time to read the research and to write about how it applies to New Zealand and my own practice. I went down rabbit holes at times and found many tangential topics that I wanted to investigate further but Sally kept me focused. It was fascinating, challenging and eye-opening to hear the experiences of Kiwi families and children who use AAC, and what that means for how we assess, support and train teams in AAC.

If you have been thinking of doing further study, I would say go for it. It's hard work but you will have an excellent team supporting you. The knowledge and skills you develop along the way are worthwhile if you find a topic you are passionate about. And the insights into the families we work with has inspired and motivated me to become an even better speech-language therapist.

Thanks to Sally, my family and friends for your support. Thanks to TalkLink Trust, ATANZ (Assistive Technology Alliance New Zealand), NZSTA and Massey University for awarding me time and professional development grants to complete this journey. •

# Effectiveness of nonverbal strategies in aphasia therapy: The COMPARE trial

Professor Miranda Rose, Centre for Research Excellence in Aphasia Recovery and Rehabilitation, La Trobe University, Melbourne, Australia

Although we know from evidence that aphasia therapy is effective, we have little high-quality research evidence to support clinical decision-making about type, dose, and timing of therapy (Brady et al, 2016).

Clinicians across the world have questioned whether to include nonverbal modalities when they select tasks and cueing strategies for clients with aphasia. Is therapy involving these strategies more or less effective when compared to therapy focused on speech production practice? Two different therapy approaches are Constraint Induced Aphasia Therapy/Intensive Language Action Therapy (CIAT/ILAT; Di Francesco et al, 2012) and Multi-modality Aphasia Therapy (M-MAT; Rose et al, 2013). These two approaches share several important features, but they differ in a very important way, reflecting the proposed mechanisms of neural recovery and reorganisation underpinning improvements seen in post-therapy verbal communication.

- **CIAT/ILAT** focuses on verbal tasks: using the names or actions associated with the picture stimuli and in some protocols with verbal cues provided by the therapist (e.g. semantic, phonologic, repetition). This approach is based on principles of neuroplasticity and aims to reduce the chance of learned non-use of spoken communication. Nonverbal skills are not rehearsed or encouraged.
- **M-MAT** also focuses on verbal tasks but includes verbal and nonverbal therapist cueing: producing a related gesture, drawing the item, writing and reading the name, repeating the target. This approach is based on the distribution of neural networks which underpin language and communication and can be harnessed in restoration and reorganisation after brain injury. One possible benefit of M-MAT is that if speech fails after therapy, the nonverbal strategies rehearsed during therapy may enable successful communication or repair.

The COMPARE randomised controlled trial is operating in Australia and New Zealand (commenced here in March 2019) funded by the National Health Medical Research Council. We aim to recruit 216 participants with chronic post-stroke aphasia (>6 months) to determine if CIAT/ILAT and M-MAT lead to clinically relevant improvement, and if either is more effective for particular people with aphasia (e.g. aphasia severity, comorbid memory or executive function impairments). Participants are randomised into one of three arms: CIAT, M-MAT or usual care and receive 30 hours of aphasia therapy over two weeks. Participants in the usual care arm are offered therapy following their 12-week follow up assessment. All assessments are done in participants' homes to minimise travel burden. Therapy is provided in a location close to their homes. •



Can you help us get this information out to people with aphasia who might wish to participate?

Would you like to work as an assessor or therapist in this study? We provide extensive paid online and face-to-face training and support.

Please contact the trial managers, Melanie Hurley and Cassie Wilcox, at [compareaphasia@latrobe.edu.au](mailto:compareaphasia@latrobe.edu.au) or search for **La Trobe University COMPARE trial** for more information.

#### References:

- Brady, M.C., Kelly, H., Godwin, J., et al. (2016). Speech and language therapy for aphasia following stroke. *Cochrane Database Systematic Reviews*; 6, CD000425.
- Di Francesco, S., Pulvermüller, F., & Mohr, B. (2012). Intensive Language-Action Therapy (ILAT): the methods. *Aphasiology*, 26,1317-51.
- Rose, M., Attard, M., Mok, Z., Lanyon, L., & Foster, A. (2013). Multi-modality aphasia therapy is as efficacious as constraint induced aphasia therapy: A phase one study. *Aphasiology*, 27(8), 938-971.

## NZSTA 2019 Professional Development Event and AGM



4 July

The Community Room at The Hub, Toitu Poneke, Kilbirnie, Wellington

**9.30 – 12.30**

Private practitioner workshop  
Anna Miles, NZSTA

**1.00 – 4.00**

Engaging, Collaborating, Empowering at community level:  
The Talking Matters story so far  
Emma Quigan, Talking Matters

**4.30 – 5.30**

AGM & prizegiving



See [speechtherapy.org.nz](http://speechtherapy.org.nz) for more information.

# Registration: The new era ... what does it mean for me?

Anna Miles, Professional Standards, [professionalstandards@speechtherapy.org.nz](mailto:professionalstandards@speechtherapy.org.nz)

The NZSTA was established in 1947. The association has grown and flourished and now has nearly 900 members.

NZSTA members have been discussing registration for many years. Unlike teachers (registered under the Education Council) and many of our health professional colleagues (registered under the Health Professional Competency Assurance (HPCA) Act 2003), speech-language therapy has not previously been a registered profession in New Zealand.

The primary reasons for regulation of a profession are to offer safety to the public and protection of title as well as increasing recognition of the profession. In New Zealand, this is usually achieved by an authority mandating registration to any suitably qualified person wishing to work under that title.

After employer and speech-language therapist consultation in 2017 and 2018, the decision was made to move to a formal self-regulatory process under the NZSTA. There were financial and administrative barriers to HPCA as well as concerns voiced by those working in community and education settings who did not identify as a health professional.

## What have the NZSTA done to promote the change?

- Active promotion on social media reaching 6,000 people. We received congratulations from leaders and speech-language therapists across the globe. This recognition of speech-language therapy in New Zealand is important.
- Encouraged speech-language therapists to celebrate publicly including the circulation of the self-regulation document and the celebration NZSTA badge.
- Written to the Health & Disability Commission, Ministry of Education (MoE), Ministry of Health (MoH), Southern Cross, ACC, schools, special schools and the adult disability sector with the following messages:
  1. Only engage in an agreement with a speech-language therapist who is a registered member with the NZSTA, and
  2. Check the Annual Practising Certificates (APCs) of all speech-language therapists.

- Engaged with unions (in health and education sectors) and gained their support in mandatory membership. Currently, the allied health PSA MECA mandates full payment of APCs for all health professionals. With the new regulatory process, this now includes speech-language therapists.

## What about speech-language therapists working for MoE?

The NZSTA and MoE speech-language therapist leaders have been working hard with human resources, the unions and MoE management. Our goal is mandatory membership for all speech-language therapists employed by MoE. Progress is extremely positive. Human resources are supportive and we hope to offer news very soon.

## Why is it different from our old system?

The NZSTA already offered an internationally accepted standard of regulation similar to that seen in other countries and in other professions e.g. under the HPCA. The self-regulatory processes of the NZSTA have been developed by many of our members who for years have given voluntary time to the association.

## Benefits of the new system: 2 case studies

- 1 A primary school principal contacts the NZSTA. A private speech-language therapist has been in the school visiting a child. The classroom teacher has made serious allegations about the speech-language therapist's conduct. The principal asks, "What can the NZSTA do for her?"

### The speech-language therapist is not an NZSTA member

NOTHING, other than encourage the school to complain to the Health & Disability Commission – TRUE STORY!

### The speech-language therapist is an NZSTA member

Conduct a full ethics process where the speech-language therapist, if found grossly unethical, could be removed of their APC or given a condition to their APC.

### Benefit of the new Self-Regulatory Process

The NZSTA has emailed all schools and special schools and has strongly encouraged them to *ONLY employ registered* speech-language therapists and check APCs on all speech-language therapists entering their school.

- 2 A member informs the NZSTA that they have spotted a website advertising "Speech Therapy Training for \$59.99 – become a speech therapist online!"

### Speech-language therapist is not a protected title regulated under the NZSTA

The NZSTA contacted the company but had no response.

### Speech-language therapist is a protected title regulated under the NZSTA

The NZSTA contacted the company and asked them to remove the name speech therapy from their advertising as it is the title used by the NZSTA. The company responded within 24 hours and the advert was removed – TRUE STORY!

As a small nation, we should be proud of this achievement and it was time to have this recognised formally.

The formalised self-regulatory process adds:

1. Greater recognition and power of the association to support members and our communities.
2. The use of APCs which has merits for title protection, recognition and public safety.
3. An online public list of registered members for the public and employers to use.
4. The ability to remove or stipulate conditions to a speech-language therapist's APC and therefore their work responsibilities.

## What can I do for my profession in this change period and beyond?

- Remind clients and their whānau to check a speech-language therapist is registered before engaging in their services (checking their APC and / or the NZSTA registered members list).
- Offer your APC to new employers and remind employers, e.g., principals to check APCs of new speech-language therapists.
- As leaders, make sure all employees' APCs are sighted annually.
- Use "SLT Registered with the NZSTA (Membership No)" on your business card, email signature, website).
- Advocate for NZSTA membership to your colleagues.



The self-regulation document provides a table of regulatory activities performed by the NZSTA. This will soon be displayed on the website under membership. For the full document, see the front page of the NZSTA website. •

Accountability	Method
The NZSTA provides a clear statement of the scope of practice for the profession including what is not within scope for the profession	<ul style="list-style-type: none"> <li>• Scope of Practice policy</li> <li>• Policy documents in specialist areas of practice</li> </ul>
The NZSTA provides quality assurance of the tertiary courses of New Zealand	<ul style="list-style-type: none"> <li>• Programme Accreditation Framework</li> </ul>
The NZSTA provides quality assurance of overseas-trained speech-language therapists requesting membership	<ul style="list-style-type: none"> <li>• Qualification Approval Process</li> <li>• Mutual Recognition Agreement</li> </ul>
The NZSTA provides a framework ensuring a structured and supervised first year of practice for newly qualified speech-language therapists	<ul style="list-style-type: none"> <li>• New Graduate Framework</li> </ul>
The NZSTA provides continuing quality assurance of its registered members	<ul style="list-style-type: none"> <li>• Ethical Complaints Process</li> <li>• Annual declaration of abiding by Code of Ethics &amp; statement of good standing</li> <li>• Annual declaration of recency of practice (hours of practice)</li> <li>• Continuing professional development log and auditing</li> </ul>
The NZSTA provides a framework ensuring a structured and supervised first year of practice for speech-language therapists with fewer than 1000 hours of practice in the past 5 years	<ul style="list-style-type: none"> <li>• Return to Practice Framework</li> </ul>
The NZSTA can restrict a member's activities to protect the public and in some cases, withdraw membership of an individual	<ul style="list-style-type: none"> <li>• Ethical Complaints Process</li> <li>• Annual declaration of abiding by Code of Ethics &amp; statement of good standing</li> <li>• Annual Practice Certificate including Conditions</li> </ul>

# Registration celebrations

Celebration morning teas occurred across New Zealand as registered members and student members received their celebratory NZSTA pins. •



**Top:** Canterbury Speech and Language Therapy celebrated registration by having a morning tea with their allied health team at Longhurst Health wearing their badges.

**Bottom right:** Celebratory pin with 2019 membership.

**Bottom left:** Jaren-Anne Nikora (SLTA), Catherine Bang (volunteer), Kelly Zane (cake baker), Kate McGaw (SLT), Annabelle Hastings (SLT), Leisha Currie (SLT), Alicia Ang (SLT), David Chang (SLT), Gwen Kerrison (Clinical lead SLT), Deb McKellar (Manager), Claire Tahu (Chief Advisor Allied Health, Scientific & Technical).



# Eating together

Gilly Kitto, Kit&co, [www.kitandco.co.nz](http://www.kitandco.co.nz)

It is music to my ears when I hear a family say they eat together.



Life is hectic. Fitting in family meals is a struggle. Children often have an earlier meal to fit with bedtime routines, or because they don't eat the "family meal". Unfortunately, we have allowed family meals to slip down the priority list.

Studies have indicated that eating regularly together can strengthen relationships with parents and peers. It can support academic achievement later in life. It can help children to make better decisions around drug, alcohol and smoking. And it can reduce risk of obesity and eating disorders.

Family mealtimes also provide rich language learning opportunities. Think of the great vocabulary we can expose our children to while they explore their food! We also know that children learn by watching others. Social modelling is crucial when it comes to teaching our children good eating habits. Did you know children are more likely to try new foods if there is an adult eating the same food?

#### References:

- Hammons, A. J., & Fiese, B. H. (2011). Is Frequency of Shared Family Meals Related to the Nutritional Health of Children and Adolescents? *Pediatrics*, 127(6). doi:10.1542/peds.2010-1440
- Snow, C. and Beals, D. (2006). Mealtime talk that supports literacy development. *New Directions for Child and Adolescent Development*, 2006(111), pp.51-66.
- Videon, T. and Manning, C. (2003). Influences on adolescent eating patterns: the importance of family meals. *Journal of Adolescent Health*, 32(5), pp.365-373.

Now that you understand the reasons why eating together is so important. It's about creating a plan to make it happen. As a start, it may be to share one meal per week together at the dinner table and then to build on this. Think about what meal is best for your family (it does not have to be dinner).

Offering the family meal to everyone is key. Get your children to help dish up the meal at the table. Always make sure you have at least one preferred food that you know your children will eat. Use the time at the table to chat about the day and describe the qualities of the food. Remember to put your phone away. This precious time is a great opportunity to build relationships and vocabulary.

Go forth and encourage your families to share meals! ●

**Adapted from Gilly's blog where she helps parents teach their children to be great eaters and communicators.**

## NZSTA Board Member update

# Professional development

Claire Winward [professionaldevelopment@speechtherapy.org.nz](mailto:professionaldevelopment@speechtherapy.org.nz)



Kia ora koutou,

A couple of exciting updates for you this edition!

### Introducing Annabel Grant, our new Expert Adviser in Dementia

I am pleased to confirm that Annabel Grant has accepted the role of Expert Adviser in Dementia. Annabel has been a speech-language therapist for over 20 years and has been employed in clinical lead positions in health since 2004. She is currently working as a speech-language therapist, clinical educator and lecturer at Massey University.

Annabel has specialist knowledge in adult language disorders, especially those associated with dementia. Her passion for lifelong learning led her to complete a Master of Health Science in 2010, with her thesis: *The impact of a memory book on conversations with keyworkers and on communication related quality of life for people with dementia in residential care*.

She has presented at several conferences on topics relating to dementia and communication, has been actively involved in Giving Voice Aotearoa, and is a moderator on the NZ Dementia website.

Annabel welcomes the opportunity to talk with speech-language therapists working in this area, and to raise the

profile and awareness of good practice with people with dementia. She can be contacted on: [a.grant@massey.ac.nz](mailto:a.grant@massey.ac.nz)

Remember, we are always keen to recruit more expert advisers so if you think you might have what it takes, please email me for a chat!

### Announcing a local professional learning and development (PLD) event in July 2019

Whilst we are looking forward to partnering with SPA for our 2019 conference, we do recognise that it won't be possible for everyone to attend. We have therefore organised a Wellington PLD event from 1 to 4pm July 4, to coincide with the AGM.

### Engaging, collaborating, empowering at community level: The Talking Matters story so far

Research suggests that a key move to grow confident communicators is to build on the strengths of families. Speech-language therapy as a profession has gone through a huge change from child-focused to family-focused, using ecological approaches that respect the strengths whānau bring to the table and recognise them as the expert on their child. Shifting the balance of power has not negated the need for speech-language therapy: subject matter experts such as speech-language therapists play an essential role in transdisciplinary teams.

Talking Matters is a campaign to put early talk at the top of the agenda for child wellbeing, health and education, exploring ecological approaches to building community capability in order to increase language learning in the home.

This community-based model harnesses the power of whānau-to-whānau transmission of knowledge. Teams are led by community members, based in local centres, supported by speech-language therapists.

This workshop will focus on the importance of encouraging talk and interaction with babies, using whānau coaching, and will demonstrate how all facets of the community have a role. We will explore how growing the educational capacity of the whole community can result in better outcomes for all, drawing on lessons learnt from projects that are occurring in communities across Aotearoa.

This workshop will be facilitated by Emma Quigan from Talking Matters, with possible other speakers to be confirmed.

For further details check our website.

Looking forward to seeing some of you in Brisbane!

Ngā mihi mahana,  
**Claire**

# Member networks

Jodi White [membernetworks@speechtherapy.org.nz](mailto:membernetworks@speechtherapy.org.nz)



Tēnā koutou,

We had some excellent discussions and feedback at our February area meetings. I also recently met with the national area representatives to talk about our issues, support each other, provide advice and ask questions. Please continue to support each other, we are a great community and thrive when we are all connected.

Ngā mihi nui,  
**Jodi**

**Q:** Can we have more information on registration?

**A:** Check out Anna Miles's comprehensive review (page 12) of the self-regulation process to find out what registration means for you.

**Q:** Can we Zoom into the AGM and vote online?

**A:** We are still looking into options for remote access to the AGM. It may not be possible this year, but we may be able to post a recording on the website. There are a number of logistical and legal issues we need to consider before live-streaming is an option. Online voting will be available this year.

**Q:** There are still a number of concerns around the CPD (continuing professional development) log and auditing process.

**A:** We are putting together a working party to review the CPD log and auditing process. Once the group is established and our goals are determined, we will provide regular feedback and ask for input. Changes may take some time, so please bear with us.

**Q:** Can we pay membership fees in instalments? There are also concerns around the timing of the renewal in January.

**A:** We have considered this on multiple occasions as we receive many queries regarding this. Unfortunately, fees cannot be paid in instalments as the Annual Practising Certificate (APC) is issued for a full year and cannot be issued for part-years. This is because if a member were to default on their payments, they would still have their APC without meeting the requirements of membership. We are investigating options where a third party could pay the full amount and members pay instalments to the third party. We will update you on our progress.

Now that we have an APC, we need to keep the same payment schedule. It would have a significant financial impact on the association to change this. We send out invoices in advance (October) and allow some leeway for payment (end of February) to try to mitigate

issues with the timing. If payment continues to be an issue for you, please contact us.

**Q:** Is there training to support the NZSTA FEES (fibreoptic endoscopic evaluation of swallowing) framework?

**A:** Yes, search the e-learning platform on the NZSTA website. You will be redirected to a CPD website where you can find a FEES training module for \$160.

**Q:** A number of concerns have been raised about the ease of use of the website.

**A:** We are making some changes to the website. We encourage you to login to see what journals you can access and how you can search for information. We plan to contemporise the website and are also endeavouring to keep the professional development section as up-to-date as possible.

**Q:** There have been some queries as to how our professional title is written.

**A:** Official NZSTA documentation has Speech-language Therapist rather than Speech-Language Therapist. This is the grammatically correct form the title should take if we are not using an "and". To capitalise all words, we would need to change to Speech and Language Therapist. •

*Editor's note: This magazine follows New Zealand style guide conventions, and only capitalises speech-language therapist when used as someone's job title.*

# Communications

Amy Oughton [communications@speechtherapy.org.nz](mailto:communications@speechtherapy.org.nz)



**"Small acts, when multiplied by millions of people, can transform the world" – Howard Zinn.**

As I wrote this update in my local cafe, I looked up in search of inspiration, to gather my thoughts and reflect on the last couple of months. Staring directly at me was a picture of earth with the above quote written in beautiful italic writing ... was this a sign? This quote perfectly summed up what I had seen over the last couple of weeks after the Christchurch attack. People of all ages, races and religions doing small acts of kindness to support those affected by this tragedy. Small acts, when multiplied, really can change communities and the world. This made me think about how we can apply this to our own professional goals. We can learn a lot from those who stepped up to help and from the leaders who displayed empathy, generosity and most importantly, kindness and love. Our goals of an inclusive and accessible Aotearoa can be achieved if we support each other and step up together.

The first Giving Voice Aotearoa consumer focus group teleconference was held in February. It was a fantastic opportunity for our Ambassador Geneva Hakaraia-Tino to present and lead a discussion. We had

more than 16 people present: people with communication difficulties (aphasia or AAC users) and communication partners. There were a range of experiences and knowledge, which will be beneficial for the group. Many individuals were interested in lobbying the government to become more aware of communication access issues and to include access in legislation. There was also heavy discussion around raising public awareness of communication access. Ideas included developing resources such as wristbands, cards, phone cases (easy access items) that have tips on how to communicate with someone with a communication impairment. The group believed collating and sharing stories will be a "powerful" way to get messages across when lobbying to government or getting media attention. The next meeting will be held in July.

In February, the NZSTA Board began working on our communication blueprint: where we want the profession and association to be in the future, and how to focus and advance our awareness campaigns. This was a very productive and informative four-hour workshop and we all came away feeling inspired, motivated and more passionate about the work we are doing. We are finalising

this document and will give our members an update soon.

Follow us on Facebook for the latest news, research and professional development events. We love staying connected with you and have really enjoyed seeing the pictures you have been sending through with your pins! What a great way to raise awareness in your workplace. Wear your pin proudly and when someone comments on it, use that opportunity to highlight the work we do, the challenges our clients and patients face, and how they can help.

I will leave you with a quote displayed my office to remind myself every day what I am working towards and what I believe in:

*"I wish for a world that views disability, mental and physical, not as a hindrance, but as unique attributes that can be seen as powerful assets if given the right opportunities" – Oliver Sacks.*

Take care,

**Amy**

# Māori & cultural development

Renee Taylor [culturaldevelopment@speechtherapy.org.nz](mailto:culturaldevelopment@speechtherapy.org.nz)



Kia ora koutou katoa,

It's been a busy and emotional time recently. As I write this it has been one week since the events in Christchurch to which the shock and mourning continue. New Zealand has really stepped up to show such aroha and support for our Muslim community. It has been really amazing to witness. At a time of such darkness, there is always light. My thoughts and prayers are with everyone affected by the events. Remember to be kind to one and other: *aroha mai aroha atu – when love is given, love is returned.*

As we come into the second quarter of the year already, our kaumātua role has been accepted by Rukingi Haupapa, Te Arawa Iwi. This is a very exciting time for our association. We've made progress on some great projects as well as explored many budding ideas to help bind our association and move

towards becoming an organisation with a bicultural framework. The process of initiating, developing, and finalising these projects, as you can imagine, takes time and patience, yet things are slowly but surely falling into place. Having the guidance of a kaumātua who is so invested in our association has opened many doors and really drawn together my goals for this role (outlined in the previous edition of Communication Matters). Rukingi and I have arranged for our next board hui to be a noho marae (overnight stay) at his marae. This has been such a generous offer and more details will come as we plan the stay. Moving forward we hope to have this as a yearly occurrence providing an opportunity for the board members and NZSTA members to join together, learn, teach, and connect.

We are also busy planning our upcoming conference in Brisbane. It's been a delight to see how many indigenous presenters and research have been selected and prioritised, for Māori, Aboriginal, and Torres Strait Islanders. I hope that you can make it across the ditch to attend the event! It would be great to see as many Kiwi faces as possible. I understand that the cost of

an international conference is often very restrictive so don't forget to check for any scholarships available, and with your employers for professional development or study leave funding.

One of my new roles with Counties Manukau Health is part of the Māori Allied Health Advisory Board (MAHAG). Within this role I am able to meet and network with a wide group of like-minded people. Much of the MAHAG's work compliments my goals as the Māori and cultural development portfolio holder so I really look forward to seeing how the two roles will grow and develop together.

As always, I invite you to come forward with any questions or ideas you may have as we grow together to create an inclusive, culturally safe, bicultural workforce and membership.

Ngā manaakitanga,  
**Renee**



## Area updates

### Waikato/Bay of Plenty

102 members

- At the end of last year Waikato Hospital worked with our recently appointed Aphasia Community Advisor Christa Grbin to set up Hamilton's first Gavel-style communication group, the Kōrero Club. This has been received well by our patients and whānau.
- Across the midland hospitals we have changed the structure of our regional PD (professional development) days to video-conferencing in-services across all sites monthly and only having one in-person PD day per year. This will focus on general topics in healthcare with a speech-language therapy slant, for example, technology in healthcare and speech-language therapy.
- We would love to see more Ministry of Education (MoE) therapists at our area meetings.

Gwen Kerrison

### Central

39 members

- Gisborne MoE: Welcomes Esther de Witt.
- DHB Whanganui: Alice is moving to Invercargill.

- Palmerston North Child Development Service (CDS): Emma has gone down south, and Rachel has gone to the UK. CDS is currently recruiting.
- Speechie Centre for Speech-Language Therapy: Matt is returning to Canada. They are currently recruiting.
- Palmerston North MoE: Welcome Sarah Hiew and Amberlew. Sarah McKeage has resigned and Jenny Williams is on maternity leave.
- Sounds Good Speech Therapy: Kirsty Laurence is going on maternity leave.
- Chatter Matters: Helen Griffiths will soon go full-time.

Elisa Mynen

### Wellington

98 members

- Hutt DHB shared that their public speaking project for adults with aphasia has really taken off.
- Wellington hospital's team shared new initiatives around caring for patients with head and neck cancer.
- It was great to hear about the Office of the Children's Commissioner having a speech-language therapist on their team!
- We had a lengthy discussion about various autism programmes in our area.

- We also discussed how people are accessing journal articles: IHC library, Education Library, subscription service *Informed SLP* reviews and summarises paediatric literature, directly emailing an author of a paper to ask for a PDF copy, and via databases (ResearchGate, Google Scholar and Academia.edu).

Shannon Hennig

### Canterbury

We had an awesome start to our 2019 meetings with a great turnout both in person and online. Thanks everyone for contributing to a great discussion.

- The University of Canterbury (UC) communication disorders department has a new name: School of Psychology, Speech and Hearing, Te Kura Mahi ā-Hirikapo. For those familiar with UC, the UC Speech and Hearing Clinic, student study areas and staff offices are now in the Psychology/Geography buildings in the centre of the university.
- UC fondly farewells Chris Wyles and welcomes Katrina Aitken in the role of Clinical Educator. TalkLink Trust welcomes Sukhveer Thandal.

Kate Cook and Ruth Ramsay

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New Zealand  
Speech-language  
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*Te Kāhui Kaiwhakaitikatika Reo Kōrero o Aotearoa*

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