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Titiro Whakamua – Symposium Reflections

The Volunteer Stroke Scheme – Celebrating 40 Years

Reo ā-waha – Oral Language in the Classroom

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Titiro Whakamua – Looking to the future

NZSTA symposium 2022 reflections

Mel Street, Professional Development Portfolio; Siobhan Molloy, Kaiwhakahaere Matua

It was wonderful to have the opportunity to come together in Ōtautahi in September for our 2022 NZSTA Symposium. The focus of an NZSTA symposium differs from that of the conference in that it is more focused on whakawhanaungatanga, networking with a sharing of ideas and current work that our colleagues are doing around the motu.

Numbers were high, the sun (and snow) was out, and the conversation flowed. There was a real buzz as people came back together after years of restrictions.

Professor Gail Gillon opened for us with her talk on “Aspiring to a literate world for all”. She talked about the groundbreaking ‘Better Start to Literacy Programme’, using her research data powerfully and engagingly.

Yvonne Cope opened the second day for us with her reflections and

considerations as we “look to the future” for our profession. This talk was inspirational and forward-thinking.

Thank you again to all of the presenters who contributed their time to share with us the amazing, innovative, and transformative work taking place within our profession.

Day one was split into streamed workshops for adult, paediatric, and generic topics. These workshops were rescheduled from the cancelled 2021 conference.

Right:
Symposium attendees gather for group discussions.



Day two was a marathon of short presentations. This was a real test of our focus and stamina, but we were kept engaged with some fantastic talks covering a wide array of topics from COVID-19, telehealth, stammering, literacy, te reo in AAC, and speech apps. It was also wonderful to recognize all of our NZSTA Award winners over a glass of wine (in NZSTA 75th anniversary commemorative glasses no less!) and nibbles. Congratulations again to all of our winners.

Feedback received from those who attended the symposium was really positive. 83% of people said that their main reason for attending the symposium was to network with colleagues. There were many comments about the positive feelings of connection and aroha from being together again, with 68% of people stating that their expectations for the event had been met.



“Wonderful to see how the profession as a whole is working towards a more equitable service for Māori, and I feel inspired to take more responsibility myself to work towards this.”



“Nothing about us without us.”

Some of the key take-home messages for people were around the need to (and how to) build a culturally safe working environment and our cultural resource kete, using our skills and the people around us. There was a sense of enthusiasm to advocate for the profession, to recognise and build on the dynamic ways in which we can work, and to continue linking in with our colleagues around the motu through SIGs, events, and conversations.

Thank you to those attendees who have provided us with some tips and suggestions for future symposia. We recognise day two was a full day and that future planning will take this into consideration. We can also explore different forums for asking questions and contributing to discussions. The idea of streamed workshops according to client groups and topic areas was well received as an opportunity for there to be something for everyone. Consideration will be given to the logistics and planning of how these workshops can run more smoothly and effectively in future.

Our next NZSTA PD event will be the IALP Conference; in August 2023 in Auckland. Please register your interest and consider submitting an abstract. All the details can be found here ialpauckland2023.org

We look forward to seeing you there! ●



Congratulations to this year's recipients of the NZSTA awards, which were announced on the first day of the recently held symposium in Christchurch.

NZSTA funding grants:

Rosemary Dwyer, Patty Govender, Estelle Pretorius, Philippa Friary

Professor Sir Don Beaven Memorial Award:

Elizabeth Cross

NZSTA cultural awards:

- *Tohu Manaaki* – Matua Rukingi Haupapa
- *Tohu Rangahau* – Ryan Meechan
- *Tohu Kaupapa Māori – Kei Tua o Te Pae* – Geneva Hakaraia-Tino, Mary Browne & Ann Smaill

Marion Saunders award:

Megan Eustace

NZSTA happenings

Some of our recent Association happenings at a glance...

 **16 DEC 2022**

32nd World Congress of the IALP – Call for abstracts

Abstracts will be accepted under the main pillar 14 topics/ 14 standing committees of IALP, PLUS an additional 40+ submission areas of interest and expertise.

See ialpauckland2023.org/call-for-abstracts/ for more details.

 **2 JAN 2023**

20th International Congress of the Phonetic Sciences – Call for abstracts

Abstracts related to the theme of the conference are especially encouraged, but abstracts related to any of the 29 scientific areas or 10 special topics listed on the ICPhS website are welcomed.

See icphs2023.org for more details.

Theme:
Intermingling Communities and Changing Cultures

 **2023**

NZSTA Board Meetings

Friday 10 February
Board meeting
Te Whanganui-a-Tara/Wellington

Thursday 27 April
Annual General Meeting – Zoom

Thursday 18 May
Leadership summit
Te Whanganui-a-Tara/Wellington

Friday 19 May
Board meeting
Te Whanganui-a-Tara/Wellington

 **AUG 2023**

32nd World Congress of the IALP

20-24 August 2023

Theme:
Together Towards Tomorrow

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

International Indigenous Ear and Hearing Health Symposium 2022

Alehandrea Manuel, Ngāti Pōrou-Ilocanx Audiologist, Researcher, and Fulbright scholar

Aspirations for holding an Indigenous Ear and Hearing Health symposium arose in 2019 with Indigenous scholar, Alehandrea Manuel (Ngāti Porou-Ilocanx). There was a desire from communities and health professionals within Aotearoa to have a platform to learn more about hearing loss, Deafness, middle ear issues, communication issues, and ear and hearing health care impacting Māori, Pacific peoples, and other Indigenous nations. The International Indigenous Ear and Hearing Health Symposium was held on 29th and 30th July 2022, with over 250 registrations.

The day had arrived for the virtual symposium, and while it began with some technological connection and sign-in glitches, we were blessed to have Te Fale Pouāwhina, Mona O’Shea (Tonga), and Te Kahuratai Painting (Ngāti Manu, Ngāpuhi) open the symposium with mihi whakatau, karakia, and waiata. This was then followed by Professor Peter Thorne’s introduction to the Eisdell Moore Centre, New Zealand’s centre for hearing and balance research. Dr. Annette Kaspar and Dr. Sione Pifeleti (Samoa) kindly shared their film on Ministry of Health Samoa audiology and ear, nose, and throat services. This laid the foundation for the first two discussion forums, with speakers who tuned in from Aotearoa, Australia, Tonga, Samoa, Philippines, and Turtle Island.

Māori hard-of-hearing host, Ms. Jessica Mackey (Ngāti Tipa, Ngāti Rangitihī), was joined by keynote speakers, Professor Kelvin Kong (Worimi) and Dr. Kirsten Smiler (Te Whānau-a-Kai, Te Aitanga-a-Māhaki, Rongowhakaata, Te Whakatōhea). Professor Kong, the first Aboriginal Fellow of the Royal Australasian College of Surgeons (RACS), spoke of his ongoing experiences of racism and ‘microaggressions’, and of the institutional racism that he sees his Indigenous patients working against within the healthcare system. Professor Kong also identified opportunities to overcome institutional racism, by acknowledging and scoring the broader skillsets and lived experiences of individuals when recruiting for training programs. Victoria University

of Wellington Māori academic and research fellow Dr Kirsten Smiler (Te Whānau-a-Kai, Te Aitanga-a-Māhaki, Rongowhakaata, Te Whakatōhea), spoke of the Pā Harakeke model. This model puts ‘whakapapa’ at the centre of care regarding how Indigenous knowledge must be incorporated into existing frameworks for early intervention, and ear and hearing healthcare.

The first day finished on a high, with a discussion forum on ‘decolonising ear and hearing healthcare’. Dr. Huhana Hickey (Ngāti Tahinga, Tainui, Ngāi Tai, Whakatōhea), Dr. Mershen Pillay (South Africa & NZ), Professor Lewis Williams (Ngāi Tūkairangi), and their host Dr. Lance Buckthought (Ngāti Pikiao – Te Arawa, Ngāti Ngamurikaitaua – Tainui) had conversations on the need to centre Indigenous voices if we are to eliminate inequities faced by Indigenous peoples. They discussed re-Indigenisation of ear and hearing health care, including the need to shift from focusing on the ear towards acknowledging the person with lived experiences and as part of a wider collective.



...We had to learn ways. We had to respond and adapt.

At the beginning of day two, some presenters shared their work through a pre-recorded video presentation. Dr. Celestine Aho (Papua New Guinea) shared a video on 'Otitis Media and hearing loss in Papua New Guinea' and Professor De Wet Swanepoel (South Africa) provided examples of innovative ear and hearing healthcare in African communities. Dr. Kathie Rifle (Ngāti Porou, Te Ati Awa) presented on 'Māori Deaf realities and experiences of ear and hearing health'. In Dr Rifle's video, Turi Māori (Deaf Māori) spoke of the clinical nature of the ear and hearing health system. They described a system that does not take into account the whole person or show empathy for those that are diagnosed as D/deaf, and where individuals feel like they are "on a conveyor belt". Turi Māori also spoke of intersectionalities and the "double jeopardy" of being disabled and Indigenous, of how they have to "pay to be hearing", and of how they have to fight the system for appropriate care.

Similar messages from the first day discussions and pre-recorded videos shone through kōrero in the day two discussion forums. Meneng Noongar community health worker Ms. Valerie Swift said "You know Aboriginal services are the best people to be providing

services to Aboriginal people because we all understand each other. We know what the needs are." This resonated with several panelists' points in the need for transparency, and to partner with Indigenous peoples in decision-making.

A key take home point that was discussed by all panelists was the need to build and maintain trust, and connect with Indigenous peoples through listening and learning. Diné and Acoma Pueblo speech-language therapist Dr. Joshua Allison-Burbank remarked that as Indigenous peoples "we had to learn ways. We had to respond and adapt. We were forced to learn the way of the animals. We were forced to learn the way of our environment. We are forced to learn the ways of people across the big waters, the way they believed, the way they understood." Allison-Burbank said that this is critical "as communication experts, hearing experts for us to go back to that and that's the solution to many things that we see. Not just trying to prevent developmental delay or access to audiology services, but also just being human, having that kinship piece there... that is very appropriate right now, that we listen in and hear how children can connect to one another, how they hear one another there, how they process that auditory connection and how there's no bias."

Many symposium participants were left inspired. The two-day virtual symposium opened up portals to connect, collaborate, learn, and share knowledge. It provided opportunities to bring together Indigenous communities and professionals interested in learning and working towards equitable ear and hearing health care outcomes. It has also created more momentum towards advancing equity plans and actions for improved Indigenous ear and hearing health outcomes. It is hoped that these connections continue to flourish, and that important platforms such as this symposium can share Indigenous voices as well as non-Indigenous voices working with Indigenous communities. ●

If you're interested in learning more, presentations and panel discussions are available online, providing a rich repository of information for people to access. If you would like to access the content – please email us: emcentre@auckland.ac.nz for access and password details. Special thanks to Ngā Pae o te Māramatanga for "powering" the virtual symposium and to the University of Auckland for their ongoing support of the Eisdell Moore Centre.

The Volunteer Stroke Scheme (VSS) – Celebrating 40 years of supported conversation

Louise Hume, Volunteer Stroke Scheme Community SLT, Te Whatu Ora Waitematā

It is my privilege as VSS speech-language therapist to celebrate and reflect on the work of the VSS as we mark our 40th anniversary. Elle Glazer (SLT) developed the scheme in 1982, to answer the need for people with chronic communication impairments after stroke to participate in supported conversation and social connection once formal therapy ends.

The VSS, a regional service based within the Waitematā district of Te Whatu Ora, breaks down communication barriers for our clients by training volunteers in supported conversation techniques (based on Supported Conversation for Adults with Aphasia, developed by the Aphasia Institute). Once trained, volunteers meet with our clients for an hour of conversation per week on a 1:1 basis in their own homes, or facilitate groups of clients in community venues. The scheme matched around 50 clients with volunteers in its first year, and currently has around 80 volunteers supporting 50 clients and 4 groups across the region. Clients also have opportunities to act as volunteers in support of the scheme.

Since 2005, the VSS has also produced the aphasia friendly magazine “On the Tip of the Tongue”, with stories and articles provided for and by clients of the VSS. The magazine provides the opportunity for clients to tell their stories, share ideas and resources, and connect with others experiencing the same challenges.

While stroke services – and indeed, SLT roles and responsibilities – have changed enormously since 1982, the need for meaningful conversation and social connection for our clients remains as strong as ever. As the current VSS SLT I would like to celebrate and acknowledge all of my predecessors, SLT colleagues, volunteer co-ordinators, managers, administrators, and of course our wonderful volunteer workforce, without whom the scheme could not continue.

I will leave the final word to one of our longest serving volunteers Joy Prebble:

“Long may the VSS continue, and with changes to the health system perhaps more schemes might be set up in other parts of New Zealand”. ●

For more details on the work of the VSS, check out our [Healthpoint page \(Te Whatu Ora Waitematā –Volunteer Stroke Scheme – Regional Service\)](#).



Left: Barbara Hooper (far right), long time client and volunteer training, demonstrates her ‘total communication’ skills to Claire (volunteer) and Lea (volunteer).

Reo ā-waha – oral language in the classroom

Del Costello, Director, Coactive Education Consultancy

Ko taku reo taku ohooho, ko taku reo taku mapihi mauria.
My language is my awakening, my language is the window to my soul. This whakataukī is often used to reflect language revitalisation, and it represents the importance of language to all individuals.

In all my years working in the reo ā-waha space, I've never once come across a teacher or school leader who has underplayed the importance of oral language for ākonga. What I do hear from teachers is that they are still observing large numbers of ākonga who need oral language support, and that children don't have enough oral language. While these things may be true, my focus is always on solutions to oral language concerns that are not generated from a cycle of blame and deficit.

In the five years since the release of the Expand their Language, Expand their World ERO report in 2017, there has been an increased focus on the importance of oral language in the classroom. School leaders and teachers often feel that the resourcing of individual interventions and in-class resourcing is part of the problem. However, until the challenge is fully unpacked, the rhetoric is rarely centred around school-wide systems and teacher pedagogy. It's easy to blame resourcing, and it's easy to blame whānau, but the real answer to sustainable change lies within the system.

Speech-language therapists in Aotearoa schools do an important and effective job with ākonga at an individual intervention level, and I would argue that without rich professional learning and development (PLD), school leaders and teachers are often at a loss as to how to support ākonga at a whole class and small group level. I will discuss some of the key elements that I believe reflect a successful systemised pedagogical approach to oral language at a leadership level, and in a learning space.

Firstly, let's consider school-wide systems. This is work for the leadership team to initiate and lead. If school leadership is not onboard and active then there >>



Reo ā-waha with kaiako
Photo credit: Del Costello

“ I often observe that the learning space is like a fast-moving awa to learners ... those whose oral language skills are emerging often kick and founder in the swift current just to keep their heads above water.

is the risk that any PLD simply becomes delivering 'teacher tools', and while that is an 'okay' outcome, there is little to no sustainability in this model. Okay is simply not good enough for our tamariki. If we want a shift, we need to challenge and change systems.

Key questions including the following need to be asked and answered at a leadership level:

- What aspirations do our whānau have for their ākonga oral language and how are we responding to these?
- What common practices do we have/ need across the school to support ākonga as they transition through their years at school?
- How do we support kaiako to grow their pedagogical skill in these common practices?
- How are we placing the tamariki at the centre of any interventions and what role do kaiako play in the intervention process?
- How are we leveraging the linguistic diversity of our ākonga and their whānau?
- How will our ākonga gain knowledge about the competencies of oral language? How do they know what they are good at and what their next steps are?

- How can we create equitable access for all ākonga to opportunities to grow their oral language skills and capabilities?
- How will we ensure that oral language is embedded across the curriculum and not siloed as 'teaching content' or side-lined altogether?
- How can we upskill our support staff?

There are many more questions and wonderings that come up along the way. This is a journey rather than a destination.

Some of the outputs that you will see when this mahi is done well include: co-constructed oral language progressions for teachers and ākonga, teacher practice progressions/ guidelines, rich and evolving oral language school-wide resource kete, oral language teaching as inquiry groups, teacher professional growth cycle foci, regular hui with speech-language therapists, RTLit and RTLB to share practice and build understandings, whānau education strategies and language diversity strategies that go beyond language week celebrations.

Now let's look into the learning space. We know that ākonga learn better when they are together, but this only happens when there are rich learning opportunities that provide equity of

access and contribution. I often observe that the learning space is like a fast-moving awa to learners. Things happen quickly, there are a lot of instructions, questions are asked, hands fly up, answers are fired out by a few, and those whose oral language skills are emerging often kick and founder in the swift current just to keep their heads above water. When it all becomes too much, they go under, switch off, act out, and disengage with the learning. The language within the learning space must be tiring and exhausting for some ākonga. How can we enable these tamariki to float gently downstream? After all, our aspiration is to support them to participate fully in the learning, and provide space for them to listen, practice, contribute, and grow.

What would we want to see? Imagine walking into an unfamiliar classroom and seeing/hearing the following:

- Children's voices, soft and conversational, engaged and connected
- Small groups of ākonga discussing a dual language books and talking in their shared home languages
- Small group learning at the Lego table with a learning assistant or kaiako who is explicitly using descriptive commenting practice to support ākonga who need vocabulary support

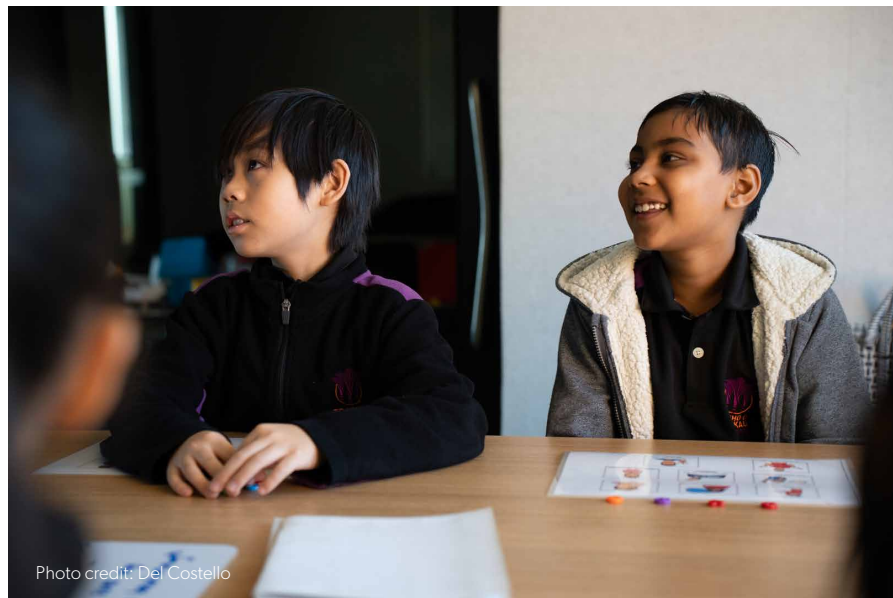


Photo credit: Del Costello

- A teacher having a back-and-forth, child-led conversation with an oral language target learner. The teacher is adding on, encouraging, taking time to kōrero
- Teacher instructional talk is short and learning is supported by the use of agentic learning systems that allow ākonga to transition easily and quickly between learning opportunities without a lot of teacher direction
- Ākonga are set up to learn in mixed ability groupings and are given low floor/high ceiling learning tasks that allow for equitable and inclusive opportunities to participate through talk
- Teachers have rich knowledge of individual ākonga learning needs for all curriculum areas and explicit teaching opportunities are planned to support learning goals and next steps. Independent learning happens in mixed ability groups
- Ākonga listening to the teacher read to them in an engaging way, talking about the story with each other, and reading together
- Devices being used for recording and creating oral language experiences
- Rich pedagogies such as dramatic inquiry and storytelling forming the basis for a connected curriculum.



Expand their Language, Expand their World ero.govt.nz/sites/default/files/2021-05/Extending-their-language-expanding-their-world2.pdf

The bottom line is, there is no single solution, but change and progress is possible. The magic can happen across all learning areas when school leaders and kaiako prioritise oral language teaching and learning, and wrap it within rich, authentic and connected learning experiences. Immersion is the key and as the old saying goes, “It takes a village to raise a child”. •

Del Costello is the Director of Coactive Education Consultancy. She has been a PLD facilitator in the Regionally Allocated PLD space for the last 10 years with a strong focus on reo ā-waha, local curriculum, assessment for learning and cultural capability across the sector. Her kaupapa is focused on growing reo ā-waha through empowering teachers and co-constructing system-based change in schools across Aotearoa. Coactive Education is a RAPLD (Regionally Allocated PLD), SELO (Strengthening Early Learning Opportunities), ELC (Enriching Local Curriculum) panelist delivering MOE contracts and support ECE, primary, intermediate and secondary schools.

www.coactiveeducation.com

NZ kindergarten teachers' perspectives on supporting language development in early childhood centres

Catherine Sivertsen Campbell, SLT, CatherineTalks

Kia ora koutou,

When I heard my abstract had been accepted for the upcoming NZSTA Symposium it was equally thrilling and terrifying – much like the feeling of submitting my thesis for my Master of Science at Canterbury University earlier in the year! My academic supervisors for my MSc were Jayne Newbury and Megan McAuliffe, whose support was invaluable in guiding me through the research journey.

Broadly, I wanted to examine the science of child language development from a uniquely Aotearoa/ New Zealand perspective. The research was motivated by an examination of oral language as a standalone concept rather than as an adjunct to literacy, as well as limited data from our own population. The work was in narrowing down that immense topic into something measurable and achievable.

Right:

Catherine Sivertsen Campbell

Photo credit: catherinetalks.com

Background

Previous international research has shown the importance of the early childhood teacher as an influential contributor for early language development. With that in mind, we settled on exploring the contribution of New Zealand

kindergarten teachers with regards to their oral language knowledge, beliefs, and (self-reported) practices. Kindergarten teachers were deliberately chosen as the participants so we could control for the variable of education environment.



Methodology

We designed a comprehensive peer-reviewed survey and distributed it to kindergarten teachers nationwide via the Quaitrics platform in December 2020. (See NZSTA Symposium Sivertsen et al., 2021 for further details).

146 completed surveys were analysed. For this year's symposium I focussed on two specific questions from within the research project:

What do teachers believe influences language development?

What do kindergarten teachers perceive to be the barriers and facilitators for supporting children's oral language within the kindergarten?

Teachers answered both survey questions via open text response, which meant they were at liberty to write exactly what they thought on the topics. Responses were then analysed for themes and codes using Thematic Analysis (Braun and Clarke, 2006).

Results

Teachers were strong in their collective beliefs that language was influenced by people. Teachers believed that language develops in close relationships, is influenced by the child's connections to others, and that language places children within their cultural framework or *tūrangawaewae*.

Of particular interest was the finding that teachers strongly believed *whānau* were the most influential people, with

mentions of *whānau*/parents/home occurring three times more frequently in survey responses than teacher/*kaiako*/kindergarten. Teachers viewed their role as supplementary to that of the parents, when it comes to influencing language development. Teachers did not appear to be aware that they too were equally influential for early language. A typical quote from the data illustrates this point with no references to teachers or early childhood centres: *"Parental input, the child's language bank is low due to a lack of input from home"*.

Teachers also believed that in addition to *whānau* input, specific techniques were influential for language development, notably reading books, back and forth conversations, and songs/*waiata* and rhymes. Additionally, teachers reported many negative influences on language development, with too much screen time being the most frequently cited, followed by family poverty and stress.

The survey also asked teachers for their perceived barriers and facilitators for supporting oral language by asking: *What would help you support oral language development better in your centre?* Analysis of the data indicated that NZ kindergarten teachers highly value the role of the SLT. For the survey respondents, better support for oral language development meant easier and more timely access to SLT professional knowledge, and sharing learning opportunities with SLTs. Better support also included more time for teachers to fully engage with the children and

families (such as better teacher-child ratios and quieter, calmer centres). The following quotes illustrate teachers' perspectives:

"I guess we all like to know we're on the right track with individual children – are we doing all we can, or could we do more? Others coming in and giving us advice always causes us to be reflective and adapt our practice to the pressing needs of our children. We appreciate any help we're given. Sometimes we just need to chat with someone – this is what we're doing, what else would you suggest we do."

"Having a better teacher to child ratio, to ensure there is more time for one-to-one interactions and conversations with tamariki."

"There is a cacophony of sound on a regular basis, children talking loudly over each other to be heard, teachers talking loudly in response, background noises, distractions like accidents, issues, or the phone ringing. It makes supporting oral language a challenge."

Implications for SLTs

SLTs are well placed to act as a bridge between *whānau* and teacher knowledge, aspirations, and expectations regarding early language development. SLTs can provide evidence-based knowledge to highlight the important contribution of early childhood teachers. We can also provide more opportunities to strengthen our partnership with kindergarten teachers, who highly value our mahi. ●

A speech-language therapist's guide to fetal alcohol spectrum disorders assessment and intervention: Where do we fit in?

Elizabeth Cleveland, PhD, CCC-SLP, Co-director, Specialty Diagnostic Resource Center



High prevalence, low resources

Fetal alcohol spectrum disorders (FASD) is an umbrella term referring to a collection of diagnoses that are caused by prenatal alcohol exposure. Worldwide prevalence estimates indicate that roughly 630,000 children are born with FASD every year, with some areas being much more prevalent than others (Lange et al., 2017). Another study conducted by Popova and colleagues (2017) predicted that the worldwide prevalence of alcohol use during pregnancy is about 9.8% of the population. Additionally, in 2018, the World Health Organization reported that FASD was as prevalent as 6.7 in 1000 births in the Western Pacific region of the globe.

The number of published studies like these has increased since the first publication coining the phrase “fetal alcohol syndrome” by Drs. Jones and Smith in 1975. Even though we have an increasing amount of evidence for a high prevalence of individuals on the FASD spectrum, it is predicted that less than 1% of patients that meet criteria for an FASD are actually receiving a diagnosis (May et al., 2018).

Characteristics of FASD can present as a cognitive impairment, poor social skills, aggressive behaviours, mood disorders, and difficulty with academic learning, among other symptoms. Even low levels of prenatal alcohol exposure can cause highly disruptive characteristics in some individuals. The complexity of the symptoms in combination with the lack of diagnostic resources result in the effects of prenatal alcohol exposure having lifelong implications on individuals, in a society that has not been informed about the disorder and lacks the resources for those affected by it.

SLT education on FASD

Like all SLTs, I took a variety of courses during graduate school. FASD could have been mentioned in a number of these classes, and yet I only recall the mention of fetal alcohol syndrome, the most physically profound disorder of the FASD spectrum, in one lecture. One. On top of that, the lecture had very little detail about fetal alcohol syndrome, with no reference to the additional disorders under the FASD umbrella. There was also no discussion of identifying or treating this population.



Specialty Diagnostic Resource Center

The Specialty Diagnostic Resource Center is the only FASD-specific diagnostic clinic in the state of Arkansas

Photo credit: Elizabeth Cleveland

Recent conversations with other SLTs have shown that this was and continues to be common practice. It should be part of SLT education to learn about FASD. After all, who better to identify and treat these symptoms of cognitive, pragmatic, and communication impairment than SLTs? And why, in the days of fast-spreading news and world-wide coverage, is FASD being left out of the conversations of communication specialists?

The SLT role in FASD diagnosis and treatment: A call to action

As mentioned above, fetal alcohol syndrome is the most physically profound

and well-known of the FASD spectrum. But fetal alcohol syndrome only makes up about 10% of the FASD population (May et al., 2009). Individuals with fetal alcohol syndrome are also much more likely to be identified early in life because of an intellectual disability that is often associated with the disorder. The other 90% of individuals on the FASD spectrum, however, tend to fall through the cracks in the school system. As a result, many individuals on the FASD spectrum have great difficulty transitioning to adulthood successfully. These are the individuals who would greatly benefit from SLT evaluation and intervention.

At the Specialty Diagnostic Resource Center (SDRC) in Arkansas, the state's only FASD-specific diagnostic clinic, SLT students take the lead on an interdisciplinary team. The students learn how to identify the symptoms of FASD through the use of a battery of assessments, and are then taught how to treat the impairments in a neuro-affirming way. Some interventions consist of strengthening skills, teaching compensatory strategies, and increasing self-awareness. However, the most important factors in the success of individuals with FASD are caregiver and school training and environmental changes. The hope at the SDRC is that students will learn to identify FASD and advocate for appropriate treatment at an early stage, and continue this practice throughout their career. If students can learn these techniques, so can professional SLTs.

It's time to band together to make a change in the lives of individuals with FASD. These disorders affect individuals from all backgrounds, ethnicities, and genders. This is a preventable global epidemic, and SLTs are vital members of the FASD diagnostic and treatment team. ●

If you feel the call to action to educate, diagnose, and treat this large population of individuals, there are many ways for you to learn more. The FASD Centre, Aotearoa has many resources available at FASD.org.nz. Additionally, the International FASD SIG for SLPs/SLTs is open to any SLP/SLT with interest in learning more about FASD prevention, diagnosis, and treatment. Information for the SIG and more resources can be found at www.FASDCollaborative.com.

References available upon request.

Aphasia in Aotearoa: Can a workshop really change practice?

Robyn Gibson, SLT, Te Whatu Ora Waitematā, PhD candidate, University of Auckland Waipapa Taumata Rau

My PhD stemmed from frequent conversations between SLT colleagues expressing frustration that we wanted to be providing great aphasia therapy, but it seemed to get squashed out of the day on a regular basis.

There is research demonstrating a gap between evidence and practice, with researchers in Australia identifying not only the extent of the gap, but also the emotional toll this has on SLTs (Foster et al., 2015, 2016; Foster et al., 2016; Rose et al., 2014). We also know that there is an evidence-practice gap in stroke rehabilitation here in Aotearoa New Zealand, including significant challenges with providing equitable stroke rehab. Stroke rehab inequities are exacerbated for young people, Māori, and those in rural areas (Harwood et al., 2022; Thompson, Barber, et al., 2022; Thompson, Levack, et al., 2022; Thompson et al., 2022).

The research questions were:

- Is there actually a gap between the aphasia therapy we want to do and the aphasia therapy we get to do on a daily basis?
- If there is a gap, is it different in Aotearoa New Zealand compared to elsewhere?
- Why aren't we doing best practice? What are the main barriers?
- Is it affecting the experience of people with aphasia who are receiving those services? What do they think about the aphasia therapy they've had?
- What do we do to change the situation?

Stage 1: What do SLTs think about aphasia therapy?

The first stage of the PhD was an international questionnaire, with responses primarily from Aotearoa New Zealand, Australia, and the USA. The results showed that many SLTs across the world experienced the difficulty of providing the aphasia therapy that they want, but that it was more of a problem in Australia and Aotearoa New Zealand than in the USA. Respondents described barriers including workload, limited resources, difficulty accessing research,

and a lack of support from managers or colleagues. Notably, it was primarily New Zealand respondents who mentioned aphasia being considered a lower clinical priority in comparison with other areas of our work. It was clear that many SLTs felt passionately about the SLT's role in aphasia. However, we noticed that comments about patient success were related to the patient ('didn't they do well?'), but comments about a lack of progress were related to the SLT ('they didn't get better so I can't be a good SLT').

Stage 2: What do people with aphasia think about aphasia therapy?

The second stage of the PhD consisted of interviews with people with aphasia from across the country. I was privileged to interview 16 people with aphasia and their whānau who chose to share their stories with me. Some of the stories were of wonderful therapy experiences, but some people with aphasia had heartbreaking stories. They talked about themes such as the availability of aphasia therapy, the problem of not being aware of available services, the challenges of accessing those services, and the need for advocacy to push to have their needs met.

People with aphasia also talked about the importance of therapists connecting and building relationships with them and their whānau, and tailoring aphasia therapy to be relevant and meaningful specifically to them. The participants talked about what made a therapist great, including: listening and giving full attention, having patience and empathy, and learning about the person with aphasia and their whānau and walking alongside them on the journey to living well with aphasia.

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“She was very enthusiastic, and that made a huge difference.”

“

“So it’s like, you were actually a person to them, you know, and I mean, you are a person and it was nice talking about them too.”

“

“But I’ve always had, we’ve always had, lovely times with our therapists, eh, and we know that they’re always looking to make things better for me, you know.”

Stage 3: What do we do to change the evidence-practice gap?

When I first started the PhD, I thought that we would need a ‘thing’ – an intervention, a resource, a new assessment. It is clear that we do need resources that better reflect our communities in Aotearoa New Zealand. However, the priority became the delivery of a co-designed workshop that included teaching on the neuroscience of aphasia, the evidence base for aphasia therapy, and discussion and problem solving around the barriers to providing aphasia therapy. The evaluations for the first workshop, which took place last August, showed that there was positive improvement across every area of skill and confidence that we asked about in evaluations.

“

“I liked her *indicated arms out wide* ... loads!”

“

“Well, the ones we had were great. And they were always looking for different things to do for me so that, just to make it a bit more interesting for me. And looking to make sure that, like I said, not too hard and not too easy, but and fun, as well.”

“

“She just gave me the confidence to keep going and speak when I need to speak and say when I want to say, you know? That was, yeah, she gave me the confidence to keep speaking, yeah.”

The second Aphasia in Aotearoa workshop took place this year on the 7th and 8th of November, extended to a two-day event. We will evaluate whether a two-day workshop is more effective than one, and then develop a way of making this workshop a reliable annual event in the SLT calendar. We will also build in ways of supporting SLTs to sustain the changes from the workshop, and work together to face the challenges that will inevitably occur, with the aim of being able to provide best practice aphasia therapy to everyone who needs it across the country. •

References available upon request.

“

“The speech therapist I’m going to now is on my wavelength, you know what I mean?”

SLT role in delirium prevention – The Kōwhai Programme

Kate Hedworth, SLT Burwood Hospital, Te Whatu Ora Waitaha Canterbury

With our growing population of older adults in New Zealand, there is a co-occurring increase in people living with dementia. What may not be so commonly known is the increased risk of delirium in people with dementia, with this population being six times more likely to develop delirium.

If you are an SLT working in a hospital setting, the signs and consequences of delirium may be familiar: confusion, falls, dehydration, malnutrition, poor positioning for oral intake, and increased aspiration risk along with this. Delirium not only adds distress and safety concerns for a person and their whānau, but can also result in increased financial costs of their care.

New initiative for delirium prevention

The Kōwhai Programme is an initiative launched in 2021 at Burwood Hospital (Christchurch), targeting persons at risk of developing delirium. The programme, spearheaded by kairuruku hōtaka (programme coordinator) Fiona Graham, utilises trained volunteers (Kōwhai companions) to provide meaningful engagement to older adults, with the aim of maintaining or improving their physical and cognitive functioning whilst in hospital. Strategies include engagement in preferred activities, whilst being mindful of encouraging intake of food and drinks, orientation to time and place, and frequent movement/position changes.

SLT involvement

The SLT team at Burwood Hospital have been involved in the training and on-going support of volunteer Kōwhai companions. Programme contributors include Fiona Graham (Kōwhai Programme Kairuruku Hōtaka), Mirren Whyte, Olivia Hurst (SLTs Burwood Hospital), Annette Howard (SLT Clinical Manager), and Chris Wyles (Clinical Educator). In addition to this, the programme has collaborated with University of Canterbury director of clinical education Gina Tillard to welcome a number of SLT students who bring their own passion and particular skill sets to the role. SLT knowledge around how to communicate with persons with cognitive impairment, and safe eating and drinking strategies, have been invaluable elements in the 12-hour training for volunteers.

The partnership between the kairuruku hōtaka, SLT students, and SLTs has been appreciated by all sides, and the initial feedback from patients and whānau substantiates the positive impact already created in a short space of time. ●

“

My Mother kept ringing to say she was bored, when Fiona spoke to me about the Kōwhai programme I thought ‘what a great idea’. I came in today and saw Mum drawing and doing puzzles with the volunteer, I didn’t realise they did that sort of thing, how wonderful!

“

(the Kōwhai Companion) could speak Mandarin, it was so lovely to see Dad’s face light up when she spoke to him. It was good knowing that someone could be with Dad and I could have the night off...



Kōwhai Programme SLT student volunteers Rhiannon Mason, Belinda Barnett, and Emma Delehanty

Photo credit: Kate Hedworth

Dementia Canterbury conversation group

Greta Mannering, Ria Kney, Hannah Newell, Mikaela Yung, Willow Banbrook,
Bachelor of Speech and Language Pathology students, University of Canterbury

This semester, we were placed with Katrina McGarr (Clinical Educator at University of Canterbury) and Erica Collingwood (Keyworker and SLT) at Dementia Canterbury, facilitating a conversation group for people with dementia.

We are a group of five third-year Bachelor of Speech and Language Pathology students at the University of Canterbury. We work one-on-one with clients to offer tailored support, while also working together with other people with dementia in a group setting with two students facilitating each week. We have found multimodal approaches to be effective in facilitating conversation, with clients benefitting from additional visual, auditory and verbal support.

Each week we focus on a theme to centralise conversation, and introduce a specific communication strategy with the clients and their whānau that they can use to aid conversation in their day-to-day lives. Currently there is little evidence available examining the benefits of group intervention in communication for dementia. We hope to add to knowledge in this area through a research project by UC honours student Renee Ung, using our pilot with Dementia Canterbury.

The communication strategy we focused on is MESSAGE (University of Queensland):

- M**aximise attention
- E**xpression and body language
- Keep it **S**imple
- S**upport the conversation
- A**ssist with visual Aids
- G**et their message
- E**ncourage and Engage in communication

We started this placement with little knowledge about how to support communication with people with dementia. Through our experience,

the condition of dementia has been personalised for us. This experience has shown us how emotive people with dementia can be, and how complex conversational topics can be very interesting even when language is simplified. Our interactions have been reciprocal, showing us that the clients learn from us as much as we learn from them. Each member brings something different to the group, and teaches us about the diversity of people's experience with dementia.

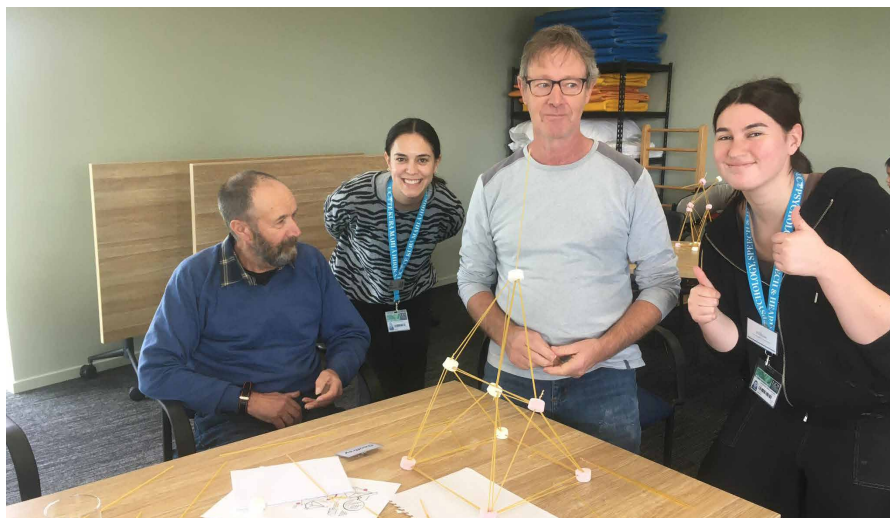
One aspect we found particularly difficult at first was managing the behaviour of adults during group conversation. We initially found it felt rude and disruptive to stop a client's communication attempt, when the conversation stopped being an interactive group experience. We attributed this to being raised to respect our elders, to listen when they speak. Erica gave us a very useful piece of advice, which was to view behaviour management as ensuring that everyone in the group has an opportunity to share and speak. This sometimes meant redirecting or stopping another client's communication attempt in the process.

Following this advice, we were able to reflect and realise that it was not disrespectful to stop and gently redirect clients, as it showed respect to the rest of the group.

A whakataukī which embodies the work we have completed in this group is; *Nāu te rourou, nāku te rourou, ka ora ai te iwi*; With your food basket and my food basket the people will thrive.

This whakataukī speaks to the important principles of collaboration, and taking a strengths-based approach. To us this whakataukī emphasises that the clients with dementia bring as much to the group as we do as student clinicians. We are all contributing to each other's learning, and every member has something different to offer. By working together we have been able to empower the clients and their spouses, as well as developing our own knowledge and awareness of how dementia presents and affects day-to-day lives of people living with the disease. ●

References available upon request.



Top:

Facilitating group conversations

Bottom:

Team building with the Dementia Canterbury conversation group

Photo credit: Greta Mannering

Online Avoidance Reduction Therapy for Stuttering (ARTS®): Increasing acceptance and changing reactivity

Voon Pang, SLT, Skill Builders Speech Language Therapy

At this year's NZSTA symposium, I had the privilege of presenting some preliminary data from an online Avoidance Reduction Therapy Stuttering (ARTS®) course for adults who stutter that I ran earlier in the year. My interest in ARTS and acceptance-based stuttering therapy has stemmed from my own lived experience as being part of a marginalised community.

Whilst acknowledging my position as a fluent speech-language therapist, and never being able to fully know what it feels like to stutter and not say what I want to say, I believe that group work focusing on changing how one **feels** about stuttering and reducing how one **avoids** stuttering helps individuals take incremental steps to becoming an effective communicator, rather than learning fluency techniques to appear fluent.

So, what is ARTS? ARTS is a behavioural therapy for stuttering that draws upon principles of speech therapy and counselling to reduce learned struggle behaviours that make up what many who stutter characterize as the problem of stuttering (Sisskin & Goldstein, 2022). Learned struggle can be physical (behaviours), emotional (feelings), or cognitive (thoughts), and is focused on efforts to hide stuttering itself or hide one's identity as a "stutterer". When struggle is removed from the stuttering experience, disfluency is effortless, speech is forward-moving, and meaning is conveyed through natural expression and intonation. In a nutshell, ARTS focuses on helping people who stutter to communicate efficiently, comfortably, confidently, spontaneously, and joyfully... and stutter.

At around the same time as I was learning about ARTS, I read an interesting article by Lowe and her colleagues (2021) about speech and anxiety management in persistent stuttering. In summary, they found that speech restructuring may in fact induce or increase self-focused attention and promote the use of safety behaviours, which may in turn increase social anxiety. This article appeared to confirm some findings from research conducted in 2003 by Cream et al.

which discussed the experience of adult stutterers after receiving prolonged speech or speech restructuring therapy. The main findings were that even after therapy with prolonged speech, there was a continued risk of stuttering occurring. Although adults had the novel experience of controlling stuttering, they also continued to experience feelings of difference from those who did not stutter, and these feelings may have been exacerbated after therapy (i.e., increased self-focus).

My ARTS group ran from February to May 2022, with 12 sessions over 16 weeks (2 weeks off during the Easter break). Each session ran from 6–8pm NZ time (2hrs with a 10-minute break), with sessions comprised of a mixture of group learning and discussions and break out rooms to cover topics including:

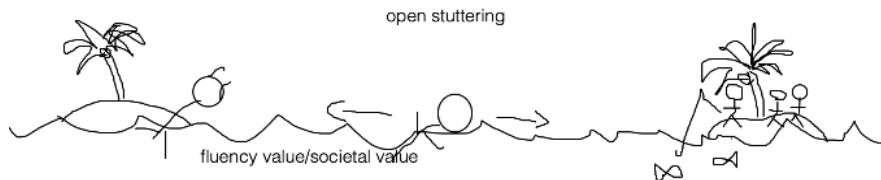
- Thoughts and feelings related to personal experiences of stuttering
- The practice of valued goals (identification of one's own stuttering pattern and gradual desensitization)
- Counselling approaches (CBT, mindfulness, and ACT)
- Intentional reduction of avoidance behaviours which lead to more open stuttering
- Voluntary stuttering

Quantitative assessments – the WASSP (Wright & Ayre Stuttering Self-Rating Profile), 4S (Self-Stigma of Stuttering Scale), and an Adapted Disclosure and Concealment Survey – were used to track and monitor progress from session one and at the conclusion of the 12-session block. All participants made positive gains in being more knowledgeable about stuttering, increased awareness of avoidance behaviours, and reduced physical, cognitive, and emotional struggle. Greater acceptance was reported by all participants at the end of the 12 sessions.

Reflection from participant SH after session 12:

“We’ve gone from fluency island on the left, which is reinforced by the way that society values fluency and that we’ve probably maintained by chasing fluency and we’ve moved into this territory of open stuttering and trying to intentionally reduce avoidances, increase spontaneity, reduces struggle and reactivity, and

ARTS Journey - reducing avoidances, increasing spontaneity, reduce struggle and reactivity, increasing comfort and confidence



Above:

Reflection from participant SH

increasing comfort and confidence and we’re on our way to open stuttering and acceptance... The right island is the island of acceptance and for me the main value and the main goal is to achieve acceptance and authentic communication and that to me is where the genuine human interaction comes into it.”

In summary, ARTS is an alternative option for adult stutterers who are wanting

to work on reducing avoidances and communicating spontaneously, without buying into the narrative that stutterers have to “pass as fluent” or conceal their stuttering. ●

For those interested in ARTS group therapy in 2023, please feel free to contact me at voon@skillbuilderssl.com

References available upon request.

Four participants took part, with the make-up of the group summarised below:

TL

Age: 16

Location: QLD, Australia

Occupation: Student

Previous therapy: No

MA

Age: 32

Location: SA, Australia

Occupation: Support Worker

Previous therapy: No

SH

Age: 30

Location: VIC, Australia

Occupation: Health Professional

Previous therapy: No

DR

Age: 19

Location: South Island, New Zealand

Occupation: Student

Previous therapy: Yes

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