

ISSUE / NGĀ TAKE 47
AUTUMN / NGĀHURU
2022

communication **matters**



Our role in assessment of mental capacity

"It's a Thing" – A brilliant new book • An open letter to NZ SLTs

Contents

Rārangi upoko kōrero

1	2	4	4	5	6
Te reo o te Kaumatua	Last words from Annette Rotherham	NZSTA happenings	Recount and review	Reflecting on Programme Accreditation Committee	Developmental Language Disorder (DLD)
8	11	12	14	15	16
Improving parent experience of transition	Shifting from rules to values	An open letter to NZ SLTs	Our role in assessment of mental capacity	Maqymseahē Ninces' story	"It's a Thing" – a brilliant new book
18	18	19	21	22	
Introducing CBR's Gavel Club's new book	"It's a Thing" – Reviewed	Continuing Professional Development	2021 Highlights from our SIGs	Contact details	

Cover: Throughout Maqymseahē's life she has asserted her independence and autonomy over her own life.

Please contact the editor with your ideas at any time: editor@speechtherapy.org.nz

ISSN 2324-2302 (Print)

ISSN 2324-2310 (Online)

The NZSTA reserves the right to refuse for inclusion in *Communication Matters*, any articles, features or advertisements which are contrary to the NZSTA Code of Ethics. Unless formally stated to the contrary, acceptance and publication of material and advertising does not imply endorsement of views, positions, programmes or products by NZSTA. Articles may be edited.

Te reo o te Kaumatua Nā Rukingi Haupapa

Rukingi Haupapa, Kaumatua



Ngā mihi o te wā.

Ngahuru (Autumn) is about preparing for Hotoke (Winter). The main thing is to be smart, know the differences and manage the changes.

KA HINGA MAI HE TĒTĒ KURA, KA ARA MAI HE TĒTĒ KURA (NZSTA Leadership changes)

The three years since I joined NZSTA as kaumātua, board changes involved one or two portfolio members leaving and another one or two SLTs stepping in. This time, we have massive changes – Annette Rotherham stepping down as President, Katrina McGarr and Emma Quigan stepping sideways from their board roles into a shared new President role, while Hana Tuwhare and Renee Taylor stepping into the vacant board roles.

A big THANK YOU to Annette for her amazing service. Annette has a huge depth and history of the New Zealand SLT role (past, present and future) and was the perfect person in the role with the myriad of people for her to represent NZSTA local, national, international. Annette also has that beautiful humour which enables to enjoy the moment and even lighten those heavy topics that have to be dealt with, even when you don't want to. You are a beautiful person and a great leader. We thank you and wish you all the best with whatever is lined up for academic and family kaupapa that you are now available to focus on. *Tēnei te whakamihī, te whakawhētai ki a koe e te hoa.*

A big WELCOME to our new board members

Katrina and Emma, I/we look forward to see you in the new President role. As your kaumātua I love that the role is now shared between both islands (North & South), both of you are teaching university degree programmes with SLT students (who are the NZSTA future), are both passionate about the SLT career, and our both proud Ngai Tahu descendants. Your knowledge and skills

of the SLT roles and careers, academic excellence, and love being Māori adds a whole new potential for the President's role and direction for NZSTA. We look forward to great leadership from you both and will jump in and help whatever is needed. *Nau mai haere mai ki tō tuunga hou.*

A big WELCOME to **Hana and Renee** to the board. You have SLT knowledge and skills to support colleagues in their work facing the world and challenges that constantly changes. (P.S. Hana won the NZSTA Manaakitanga award in 2020). As a young, strong Māori you also have knowledge and skills to help colleagues use the tools and methods from both the Māori and Tauīwi (non-Māori) worlds to meet and face whatever challenges appear. I/we look forward to great leadership from you both and we certainly will jump in and tautoko whatever is needed. *Nau mai haere mai kōrua ki ō tuunga hou.* Great times ahead e hoa mā. ●

Nākū noa.

Rukingi

Last words from Annette Rotherham, outgoing president

Annette Rotherham president@speechtherapy.org.nz



Reflecting on my time on the board, from May 2014, until now, so much has changed. This has brought growth and improvement for Speech-Language Therapy and myself as a professional and leader.

However, the world has transformed, and we have adapted and become resilient amongst political changes, a global pandemic, and other conflicts. Key learnings for me have been; to give space for all voices to be heard, always listen to each other, and keep steering the waka forward, although the direction might change!

I learned so much from all board members who have contributed over the years, joining in 2014 with Karen Brewer and Jodi White with Helen McLauchlan as President and Philippa Friary and Bridget O'Neil as the established board. In 2015, we were joined by Claire Winward and Anna Miles, who provided six years of service. The cultural team continued to grow with Renee Taylor, who introduced us to Matua Rukingji, then Katrina McGarr joined the board at the start of 2020.

All brought us strength and confidence to keep moving forward with our cultural frameworks and Te Tiriti focus. Some fantastic people stepped forward over the last few years in the communications portfolio to take on the rākau – Amy Oughton, Shannon Hennig and Emma Quigan, all brought a different flavour and voice to the NZSTA. Akshat Shah, Mel Street and Anna Hearne bring their dedication, skills and experience to the current board, and with this group, the organisation is in good hands. I have been well supported by excellent board members past and present in the President role. Past presidents, Dean Sutherland, who provided solid mentorship and Philippa Friary, who always continued to be available for awahi and showed her enthusiasm for the NZSTA in all we do. I thank all the people who have worked with me on the NZSTA board over my time.

Advocacy and raising awareness of the importance of SLT and the rights of people with communication disabilities is my passion. I am proud of many achievements from my time on this board. Although it felt like a challenge, awareness campaigns were also a way to use creative skills not usually needed in day-to-day clinical life.

“Whakawhanaungatanga – making the connection” (2014), the launch of Giving Voice Aotearoa in 2016 and “Communication Access – easy as” (2017) needed the creativity and teamwork of many members to bring the campaigns alive. The Communication Access Awards were also one of my initiatives for NZSTA. These continue to be an avenue for raising awareness and recognising people who are reducing barriers for people with communication needs. In 2016, I established the consumer forum and had ensured that the consumer’s voice was present in our strategic planning. Another highlight



Annette and Kamini Gad Hok (RCSLT) at IALP in Taipei.

was representing NZSTA and ICP at the IALP congresses in Dublin and Taipei. Therefore, supporting the hosting of the IALP2023 congress in Auckland is a project that I want to see to fruition. I have appreciated the opportunity to work closely with our international partners in speech-language therapy and for the lasting relationships formed there.

Along the way, we also find our allies – Judge Andrew Becroft continues as our Patron and regularly shows his support of all our work along with Paula Tesoriero, the Disability Commissioner. She has met with us, spoken on our behalf and generally been a good friend. We hope to continue to grow these partnerships.

“

I have appreciated the opportunity to work closely with our international partners in speech-language therapy and for the lasting relationships formed there.

Strategically, NZSTA has grown from 600 to 1000 members. We have developed new roles within the association, moving from a single secretary to contracting a full-time secretariat service and bringing on board an executive director in 2021. These growth areas make the operationalisation of our strategic plan more attainable, timely and realistic. I encourage anyone interested in leadership and governance to think about joining the board in the future as it is a wonderful way to develop your skills and knowledge and meet amazing people. I aim to continue to support the NZSTA in any way I can, I am happy to pass the hoe of the waka onto the next leaders, but I know we are all in this waka together – “He waka eke noa”.

Hei konā mai i roto i ngā mihi •

Annette Rotherham
President 2018–2022



Annette Rotherham opens SPA NZSTA conference in 2018.

NZSTA happenings

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

MAY-SEP



Board meetings

19 May in Wellington –
Te Whanganui-a-Tara

12 August by ZOOM

Date TBC September in
Christchurch – Ōtautahi

5-6 SEP



Symposium 2022

Christchurch – Ōtautahi

18-25 SEP



Speech-language Therapy Awareness Week

Week of Connection
Theme: Aroha

20 MAY



Speech-Language Leadership Summit

Wellington – Te Whanganui-
a-Tara

Recount and review

We hope the Summer issue provided some relaxing reading after such a busy and chaotic year of work.

Your contribution for the next issue of *Communication Matters* would be warmly welcomed.

Writing for our professional magazine is a superb way to share your ideas and boost that CPD log.

Please contact Selena
editor@speechtherapy.org.nz



Reflecting on Programme Accreditation Committee

Jane Musgrave, Former NZSTA Programme Accreditation Committee member

2011 was a fateful year in my professional career as a speech-language therapist. Jo Davies* asked me if I was interested in taking over from her as the Education Representative on the Programme Accreditation Committee (PAC).

My first question to Jo was – “What is PAC?” Jo explained that PAC is a sub-committee of the NZSTA Board with the main responsibility of ensuring that our future SLT workforce is trained to a high standard, to meet the needs of the Aotearoa New Zealand population. This piqued my curiosity so the rest, as they say, is history. I submitted a letter of application, which was accepted, and I joined the committee.

PAC comprises an independent Chair, representatives of each of the training programmes, the NZSTA Professional Standards portfolio holder, a Maori representative, as well as representatives

from Education, Health and Private Practice. PAC holds the training programmes to account by regularly engaging with them, accrediting new programmes and, every seven years, re-accrediting existing programmes. The programmes must demonstrate that they are adhering to four professional quality Standards to seek accreditation or reaccreditation. PAC developed the standards and regularly reviews and updates them to meet the current needs of Aotearoa. PAC usually meets twice yearly with considerably more mahi to do in the years when programmes are being reaccruited. The work is varied, exciting and challenging with the safety of the Aotearoa New Zealand population being our priority concern.

As the Education representative on PAC, my role was to consider how closely speech-language graduates were and are meeting the skills required to work in an education setting. It is an awesome yet challenging task. PAC was a wonderful opportunity for me to attempt to influence the programmes in their content delivery, and to have robust discussions with my member colleagues

on the Education position. Through the reaccreditation process, I was honoured to visit each programme at least once and learn their individual characteristics. PAC membership has enabled me to establish and have sustained relationships with many key ‘movers and shakers’ in the SLT world.

Eleven years ago, when I joined, PAC was being expertly chaired by Colette Maier. I have also had the pleasure of serving under other Chairs including Anne van Bysterfeld and Felicity Bright (current Chair). All are remarkable women who brought their extensive knowledge, experience and expertise to the role. Since 2011 there have been several changes in committee personnel too which has enabled a rich tapestry of skills and personalities to be brought to the table.

Through PAC I have been lucky enough to work with so many wonderful colleagues who I can now call friends too. It has been a privilege to work alongside so many wise SLTs, I have learnt so much from each one of you. Thank you also for the fun and laughter along the way. I wish PAC well in all your future endeavours. ●

*Many of you will know Jo. She continues to work for the Ministry of Education in Auckland, now in a senior manager role.

Developmental Language Disorder (DLD) – should this label be applied in Aotearoa

Jayne Newbury, NZSTA Expert Advisor Child Language, Senior Lecturer University of Canterbury

Dorothy Bishop and colleagues settled on the term “Developmental Language Disorder” (DLD) (Bishop et al., 2017) as an attempt to deal with an unsatisfactory plethora of different terms that all seemed to apply to the same thing. Children’s language problems had not been well understood or visible to the general public, and the children were poorly served (McGregor, 2020). The term DLD was not wholly agreed upon by the wide consultation group involved in the CATALISE process (which included NZ representatives and which generated the new terminology of DLD and accompanying framework,) but seemed to be the best compromise. A single term allowed the community concerned with DLD (principally SLTs, parents and teachers) to present a coherent and consistent picture of the issues. A popular worldwide movement to raise awareness of DLD began several years ago (e.g. adld.org).

Subsequently, SLTs have been seeking professional development from the NZSTA on how to diagnose DLD and what terminology is appropriate to use within the Aotearoa NZ context. A working party was set up, and as

working party leader, I figured we would adapt the Royal College of Speech Language Therapists (RCSLT, 2020) and Irish Association of Speech Language Therapists’ (IASLT, 2017) papers on DLD for our context. However, during the process of trying to work out what we need here in NZ, it has become clear that we cannot just adapt what is done overseas. This shouldn’t have surprised me, but it did.

Those overseas countries do not have a dominant post-colonial European culture and an indigenous culture, striving to meet the expectations of a treaty which promises both cultures are equal. For everything we do in NZ, we must consider how we ensure the treaty is honoured. To over-simplify the issue in this particular instance, for the dominant European culture, there are big advantages to having a diagnosis that forces the establishment to pay attention, to understand what it means for child and whānau, and to make provision for their child according to their needs. However, for indigenous culture, a label, a diagnosis that categorises a child by focusing on disability, on inadequacy or deficit, is fundamentally wrong.

What became clear in the early stages of this process of trying to produce a document for NZSTA was that there was a lot of emotion, of hurt and concern, from both perspectives. What was heartening was that nobody wanted to impose their view on anybody else, and everyone wanted to find a solution that meant no one’s view was considered less important than their own, to look after one another’s mana and acknowledge the aroha. This is a great starting point. But it is only that. There is a long way to go.

As the main differences were rooted in Māori and Pākehā viewpoints, uncovering the issues required a lot of open honest communication about our colonial history and Māori and European cultural differences. Simply adapting the DLD position papers written from a European view point for NZ ignores our history and these differences. It effectively retains the “power” in Pākehā hands. The concept of “sharing power”, I discovered, is a crucial one for decolonising a profession. This has implications, not only for this paper, but for NZSTA processes as a whole. NZSTA guidelines on practice must be appropriate for all New Zealanders, not just some of them.

“ What became clear in the early stages of this process of trying to produce a document for NZSTA was that there was a lot of emotion, of hurt and concern, from both perspectives.

It is hard to stand up to a majority, and to express contrary views. It is even harder when this is your reality every day, that your perspective is not seen or respected by the majority of people and systems you encounter. Some of our working party members needed time to withdraw and revitalise before re-engaging in this kaupapa. As leader of the working party I fully supported them in taking this time. (Note the COVID pandemic also has not helped us in terms of our capacity for complex work!).

We do however have a plan to move forward – when we all have capacity again and can meet face to face, a new working party will start again on this mahi from the beginning, using a kaupapa Māori method of resolving these issues, taking the time needed to do it right, as Tiriti partners.

This is exciting, as it is the first time the NZSTA has attempted a fully bicultural approach to national service recommendations. However, the success of this work will take considerable open mindedness, soul searching, kōrero, and lots of aroha. For example, key cultural differences here to navigate are individual versus collective decision-making processes and perspectives on

time (e.g. Morris, 2020). We will need to be patient with each other. I've been finding this website helpful in preparation (checkyourpakehaprivilege.co.nz).

In the meantime, I want to acknowledge those who are passionate about advocating for improved awareness of and supports for children with DLD. There is no prohibition on using RADLD resources or the DLD label in the meantime, *as long as the whānau and tamariki involved find this label mana-enhancing*, as follows our principles of ethical practice. However, please note the concerns raised above, that the NZSTA has not endorsed this label officially for NZ, and that further guidance is pending. (For an explanation of 'mana-enhancing', see Huriwai and Baker's (2016) guideline for mental health professionals).

We will keep you informed about our journey along the way. Please contact me with any questions any time. ●

Acknowledgement

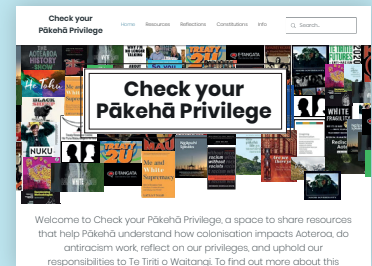
Thank you to Linda Hand and Sally Kedge for their editing support

References available on request

Helpful links



radld.org



checkyourpakehaprivilege.co.nz

Improving parent experience of transition to community services

Ashley Dean, Paediatric Speech-language therapist

Ashley reports from St Georges University Hospital, London about her team's quality improvement project to improve the family experience of transition, and strengthen the links between an acute inpatient team and community colleagues.

Admission to a neonatal unit is a daunting time for families, with parents commonly reporting significant anxiety and depression. Once babies are stable, the transition to home represents an equally difficult adjustment for families. Although parents may be relieved that their infant has progressed to the point they are ready for discharge, the thought of leaving the familiar environment and team members who know them and their child can be a struggle.

We sought to improve the family experience of transition, and strengthen the links between our acute inpatient team and our community colleagues using a quality improvement project. We aimed to focus on effective communication through face-to-face meetings, and parental involvement in the transition to home through actively planning their future engagement with local therapy services.

Our project



We followed four infants through their discharge process.



The local therapist attended 2–3 sessions on the neonatal unit and the discharge meeting, alongside the acute therapist.



Following discharge parents were interviewed individually using a set of open ended questions regarding their experiences.



We also interviewed the local therapists.



Admission to a neonatal unit is a daunting time for families, with parents commonly reporting significant anxiety and depression. Once babies are stable, the transition to home represents an equally difficult adjustment for families.

Benefits and Challenges for Parents

For parents, key themes that emerged were: reassurance and reduced anxiety, confidence that the local therapist understood their journey, and the importance of the therapist understanding the family dynamic.

Reassurance and Reduced Anxiety

Meeting face-to-face was highlighted with two parents stating that:

“

“It breaks the barrier, you can put a face to a name.”

One parent highlighted the positive impact of first meeting their local therapist on neutral ground at the hospital, stating that it avoided the difficulty of having “a stranger coming into your home and telling you what to do in your own home.”

Confidence in Understanding of Journey

The importance of the local therapist understanding the journey of the child was emphasised, especially acknowledging the complex medical trajectories these families had experienced.

Importance of Understanding Family Dynamic

Families identified how important it was to them that their local therapist understood their uniqueness as a family;

“

“There are things that cannot be captured in a written discharge report.”

Benefits and Challenges for Therapists

Key benefits described by the team were increased empathy, improved family engagement and rapport, and up-skilling of local therapists. Travel time was the primary challenge, however somewhat mitigated by close proximity of the local team.

Increased Empathy

One therapist reported “it made me reflect that often I don’t think twice about going into someone’s home and what that must be like for parents.” Therapists acknowledged that being in the unit allowed them to gain insight

into the family’s journey, with one therapist stating:

“

“Seeing them in hospital and hearing how long they have been there and all the interventions, that was really powerful...it gave me a better insight into what they had been through.”

Improved Engagement and Rapport

Therapists reported better uptake of initial appointments and increased rapport;

“

“[There was] much better rapport because you’re not a stranger going into the home.”

Up-skilling of Local Therapy Team

The community team lead reported the up-skilling of the therapists was highly

beneficial. Benefits included exposure to the NICU, and development of relationships between local therapists and consultants, which in turn increased their understanding of the way the unit ran.

“

“Having the opportunity to ask questions in the presence of the acute speech therapist is really helpful... you can phone them but in terms of time that’s not always a viable option.”

Future Directions

This was a small project, and may not be reflective of parent experience across a larger population. We also identified some potential limitations in the methodology of interviews and interpretations. Moreover, we face barriers to implementing this process as a viable option for all discharges. As a tertiary centre, infants are from a wide geographic area and it is not always possible for local therapists to attend joint sessions.

Despite the limitations identified, the benefits described by families have encouraged us to seek new ways to improve their transition to local speech and language teams. In cases where the local therapist is not able to attend a joint session to meet the family, we will be investigating alternative options, such as video conference calling, in an effort to improve the transition to local services.

Summary

Transitioning from the neonatal unit to home is a stressful time for families. Parents experience anxiety that the local team taking over their child’s care may not understand their unique journey and family dynamic. This quality improvement project demonstrated that these fears can be alleviated by improving links between acute and community teams, with the added benefit of up-skilling local therapists and improving engagement post discharge. ●

With sincere thanks to the families who shared their journey and the following therapists who contributed to the collection of data: Melissa Pritchard, Megan Clayton, Anastasia Hamilton, Lucy Simpson, and Angela Radatti.

References available on request.



Please contact Ashley for the full report about this project:
ashleydean.slt@gmail.com

Shifting from rules to values

Georgina Kevany, georgina.kevany@autismqld.com.au

REPORT CARD

Name: Georgina Kevany

Occupation: Speech Pathologist/
Speech and Language Therapist /
Speech Therapist/The Speech Lady

Location: An inclusive school
in Australia

Interests:

Working with and advocating for autistic children and adolescents (emerging voices in the community are expressing a desire to embrace their identities with autism-first language)

Values:

Humour, hope, honesty

Today's subject:

"Why we should shift from school rules to school values"

It is a truth universally acknowledged that children don't do what we want them to do. In the school environment, this can look like chaos if we don't *set expectations/boundaries/rules/let them know who's in charge*. The setting of boundaries and expectations for behaviour lends itself to positive, collaborative connections, however the implication of a school *rule* system is something I'd like to change.

Firstly, when we consider our language, *rules* is a term associated with governing behaviour. It's tied to discipline and control, and we consider negative consequences if these are not 'obeyed'. Conversely, *values* are things that are important to us. There is a positive association, and no inherent consequence when they are not followed.

As the on-site SLT for a school for autistic children and adolescents, the idea of a consequence for not being able to follow a *rule* around behaviour sat uncomfortably for me. Especially when rules included "listen" – something that looks different for all our students. One student may be listening to you as he paces the room, another is listening when they look away from you. As such, I advocated for a complete overhaul of the rules-based system,

in favour of promoting a value-system, that was focussed on student well-being, strengths-focused, and used accessible language (National Guideline for Autism Assessment and Diagnosis, 2018 – Autism CRC).

A barrier I faced was the general caucuses' penchant for including 'respect' in both the previous rules, and in the new value system. Here required a soap-box moment. We don't 'teach' people eye-contact anymore, as we are now more aware that this is a secondary 'symptom' of when people feel connected. To focus on a 'secondary outcome' or 'symptom' is to not address the main issue – which is that of connection. Instead, we target connection, and notice that eye contact comes. In the same way, to teach 'respect' is to insist on a set of behaviours without consideration of the connection that must be in place FIRST (and then watch the respect inherently follow).

This project remains ongoing, however I'd like to encourage those in similar positions, to advocate for your clients in this way. Advocating for others, and modelling self-advocacy for your clients in broader systemic ways will allow for greater understanding, change, acceptance, and inclusion. ●

An open letter to NZ SLTs

Karen Brewer, Katrina McGarr, Tracy Karanui-Golf, Emma Quigan, Hana Tuwhare, Nicky-Marie Kohere-Smiler, Renee Taylor and Marie Jardine

A group of Māori SLTs wrote this letter to a non-Māori colleague in response to her request for help to improve her work with Māori. We receive many similar requests, so we decided to edit our response and share it as an open letter to New Zealand SLTs.



Tēnā koutou katoa

We commend you for recognising the need to work on decolonising your practice, research and/or teaching. In short, no-one from our rōpū has volunteered to work on this kaupapa with you. On the surface this is because we Māori SLTs all have our time and energy fully committed in multiple other places. However, there is a lot more to it than that.

Our priority at this stage has to be building our Māori SLT rōpū waka to be tika and pono so that we can safely navigate the challenges we know will come our way. Until we've had a chance to build our rōpū waka well, we can't push out into any waters without sinking. To this end, we have let NZSTA know, and we are telling you, that at this stage our kaupapa is "us" and, until we've had the opportunity to focus on that, we can't contribute as a collective (which is tika for us).

You may be familiar with "Kaupapa Māori Theory". Everyday Māori struggle to explain what Kaupapa Māori Theory is, because for us, Kaupapa Māori is actually not a

theory, but our way of being, our lived reality. While Kaupapa Māori Theory is good and valid, it is also important to see past the academic construct of "Kaupapa Māori" to recognising that, for many Māori, it is a way of life, and for a few more of us, a journey of reclaiming our connection to our tīpuna, our whakapapa and whenua.

Again, we commend you for recognising the need to begin decolonising your practice, research and/or teaching. Decolonisation is a lifelong endeavour, which begins with the individual. We suggest that a good place to start is working on decolonising yourself and supporting your colleagues and students to begin decolonising themselves. Over time, you will be able to critique the systems within SLT that perpetuate colonisation of whānau Māori with speech, language, communication and swallowing needs. It is likely that much of this will not involve learning about Māori per se, rather about health and education systems in Aotearoa and the power of the SLT. As a starting point, we recommend this excellent website: checkyourpakehaprivilege.co.nz

We understand the frustration that comes with needing specific information for your practice with Māori, which isn't available in published form, or even "evidenced-based" form. There is no easy way to get this. It will begin with building relationships with the right Māori people. This can take years and often seems fruitless. We encourage you to look in lots of places, including the supports that are available to you in your workplace and other community or internet-based hui. It can be helpful to attend conferences, webinars or presentations (such as those from Arts or Māori Studies) that don't appear to be relevant to your own practice, but increase your experience of te ao Māori. Over time people will start to recognise you as "he kanohi kitea", the seen face. Then it will be a matter of listening to your Māori colleagues, with an open agenda, as they talk about what they think SLT practice should look like. It might turn out to be quite different from what seems most important to you as you think about the details of assessments, interventions and reports.

If you haven't already, you might like to consider completing the NZSTA CLAD course titled *Working with Māori Adults with Acquired Communication Disorders*. The main focus of the course is on working with Māori adults with stroke but the whole of the first module is about understanding the Māori context and applying te Tiriti to SLT practice. Although the second module is adult-specific, much of the content in there could be useful to all SLTs, such as the advice about how to work with Māori colleagues and recognise the power inherent in the SLT profession.

We recognise that this isn't the response you were hoping for when you approached us for assistance with your mahi. Decolonisation is a long hard journey. We wish you well on this journey, and we'll see you along the path as we walk it ourselves. •

Ngā mihi nui

“

We suggest that a good place to start is working on decolonising yourself and supporting your colleagues and students to begin decolonising themselves. Over time, you will be able to critique the systems within SLT that perpetuate colonisation of whānau Māori with speech, language, communication and swallowing needs.

Introduction to our role in assessment of mental capacity

NZSTA Board

SLTs play a key role in determining a person's mental capacity (their ability to make decisions) and supported decision-making.

An increasingly important issue

SLTs protect and promote the interests of people with communication needs by supporting them to demonstrate whether or not they have decision-making capacity. We promote inclusion, dignity, choice, and equality of access to services and reduce the potential risk of people with communication needs being wrongly deemed as lacking capacity.

Legal information for Aotearoa/New Zealand

The Protection of Personal and Property Rights Act 1988 ("PPPR Act") aims to protect the personal and property rights of people who cannot fully manage their own affairs. The PPPR Act covers situations where a person is able to make their own decisions but may need some help dealing with their affairs now or in the future (through an enduring power of attorney) and also when the person has lost all mental capacity (Court orders).

Te Tiriti o Waitangi

An understanding of Māori tikanga, including underlying world views, is critical for those involved in capacity assessment and supported decision-making involving Māori patients and their whānau.

Te Tiriti o Waitangi recognises the obligations and the relationship between the Crown and Māori as tangata whenua. It values indigeneity and upholds a set of rights that Māori ought reasonably to expect to exercise in contemporary times, respecting Tino Rangatiratanga and one's autonomy over their own health journey.

Key Practice Points*

- A person is presumed to have the capacity to make a decision unless there are good reasons to doubt this presumption
- In general, capacity is assessed with respect to a specific decision at a specific time
- Assessment is of a person's ability to make a decision, not the decision they make. A person is entitled in law to make unwise or imprudent decisions, provided they have the capacity to make the decision

- Supported decision-making involves doing everything possible to maximise the opportunity for a person to make a decision for themselves
- Capacity assessment procedures need to consider tikanga Māori and cultural diversity.

Legal Test for Capacity

A person lacks capacity if they are unable to:

- Understand the nature and purpose of a particular decision and appreciate its significance for them;
- Retain relevant, essential information for the time required to make the decision; Use or weigh the relevant information as part of the reasoning process of making the decision and to consider the consequences of the possible options, (and the option of not making the decision); or
- Communicate their decision, either verbally, in writing, or by some other means. ●

*References available on request

Maqymseah Ninces' story

When a person has a communication impairment, other people often assume that their comprehension is also affected. This can lead to people thinking that people with communication impairments are not capable of making their own decisions.

As such, people often talk to families and caregivers rather than the person with the communication impairment themselves. While family members, support workers and other advocates often have the best intentions, they may not make the same decision as the person with the communication impairment. This is because everybody is different and has their own thoughts and experiences. Similarly, people with communication impairments may not get given the opportunity (or the time they need) to clearly articulate their thoughts and feelings or be able to ask questions.

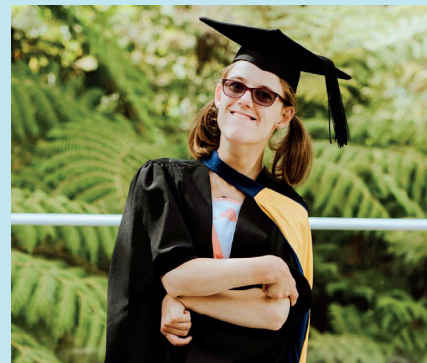
Not being able to make decisions for themselves or not being involved in conversations affecting them can be disempowering for people with communication impairments. It can also result in learnt helplessness – a reliance on other people to make decisions for you all the time.

People with communication impairments need to be supported to be involved in conversations affecting them. This is

where speech-language therapists come in. Speech-language therapists can help people with communication impairments find alternative ways to communicate, thereby demonstrating their actual level of understanding and comprehension. This way, people with communication impairments can be fairly assessed in terms of their capacity to make decisions.

As a woman living with a severe physical disability, I need to know that I can make my own decisions, such as financial and medical decisions, and know these decisions will be respected. Although I love my family, I know that I see the world differently from my parents and sisters. As a result, I have my own values and beliefs.

Having a communication impairment should not mean my autonomy is constantly compromised. Instead, I should be supported to live life as independently as my disability allows me to. This way, when I seek input and advice from family and support workers regarding a decision, the choice is genuinely still mine and mine alone to make. •



Maqymseah is a 27 year woman who lives with cerebral palsy. Maqymseah uses an AAC device to communicate and to type documents, access the internet and much more. Through her life, she has asserted her independence and autonomy over her own life and changed her name by deed poll despite her family not supporting the idea.

She has a Bachelor of Communications and a Master of Business Studies. She loves sailing, skiing and going to the gym...but she was unable to open a bank account.

“It’s a Thing” A brilliant new book traversing the complexities of one man’s post-stroke word-finding difficulties

Celia Moore and Suzanne Purdy, Centre for Brain Research, The University of Auckland

Auckland man Ian Marshall has survived three life-altering strokes in the past two decades. He has subsequently found the word ‘thing’ so useful that he’s written a book about it.

The word ‘thing’ is almost universal in its use as a gap filler. It’s the go-to noun we replace for the *actual* noun that is lurking elusively on the tip of our tongue. “Pass that ‘thing’ over there would you?” we might say, pointing and clicking our fingers while trying to find the right word. Speech language therapists refer to this dangling moment as our brain’s ‘word-finding’ mechanism, and word-finding difficulty is a hallmark feature (known as anomia) for people who have a communication disorder known as aphasia.

Faced with aphasia and its daily complexities following his strokes,

Ian Marshall eagerly helped establish New Zealand’s first ‘Gavel Club’ in 2012. The club’s full name is the *Centre for Brain Research More than Words Gavel Club for People with Aphasia*, and it has become an intrinsic part of the community embracing outreach focus that underpins much of the research at the Centre for Brain Research (CBR) at the University of Auckland. The CBR Gavel Club (for short) is a public speaking club incorporating a community therapy programme specifically designed by speech language therapists – in partnership with its members – for the needs of people with aphasia. It is the second of its kind in the world, and provides members with a connected community to help rebuild their world of communication, to rejoin conversations with family and friends, and reconnect with their own community. Threading research into the foundations of the CBR Gavel Club helps to inform speech language therapists



For more information on the Gavel Club, please

- Email us cbrgavelclub@auckland.ac.nz
- Visit our web page www.fmhs.auckland.ac.nz/en/faculty/cbr/our-community/gavel-club.html
- Watch our video www.youtube.com/watch?v=I78Ft-9Spz4

and clinicians around the world of its transformative outcomes, leading the way in increasing the overall quality of life and community participation for people with communication disorders. To learn about our research, please see the two articles that are listed below.

References

MCCANN CM, PLOURDE J, MOORE C, PURDY SC. Linguistic analysis in public speaking: evidence from a gavel club for people with aphasia. *Clinical Linguistics & Phonetics*, 35(8), 793-808, 2021 DOI: 10.1080/02699206.2020.1830302.

PLOURDE JMH, PURDY SC, MOORE C, FRIARY P, BROWN R, MCCANN CM. Gavel Club for people with aphasia: Communication confidence and quality of communication life. *Aphasiology*, 33(1), 73-93, 2019 DOI: 10.1080/02687038.2018.1453043

“ For Ian, ‘thing’ fills the void when the elusive word can’t be pinpointed, and it’s his easily found go-to word.

Speech-making (yes, *speech*-making) forms an integral part of the club’s rehabilitative therapy programme. In 2013, Ian wrote what was to become an award-winning speech with his wife Cathy – on the fly as it happened – and presented it for the first time to the audience of his CBR Gavel Club friends. Articulating the conundrums of word-finding when your brain just won’t connect to your voice, Ian’s speech – titled *It’s a Thing* – was a momentous turning point for him. For Ian, ‘thing’ fills the void when the elusive word can’t be pinpointed, and it’s his easily found go-to word. Ian went on to deliver his lyrical and witty speech at aphasia conferences in New Zealand and Australia, and it so deeply resonated with the audiences that it earned him standing ovations along the way. There was only one thing to do to help raise awareness of aphasia – especially word-finding difficulties – and that was for Ian to turn *It’s a Thing* into a book.

The idea to transform Ian’s speech into an illustrated book has been generously realised through support of the CBR Gavel Club, and the discovery of Kate,

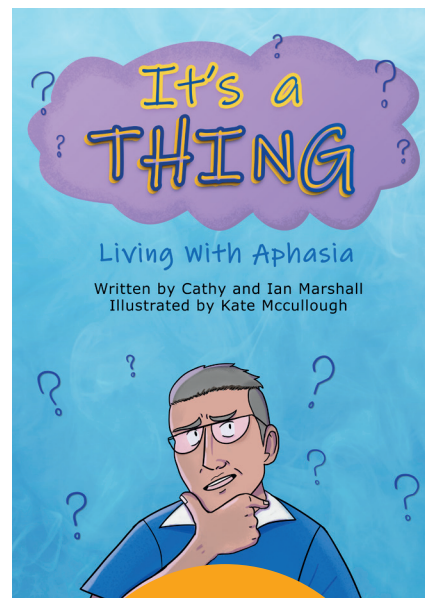
a brilliant local artist. Kate’s superb illustrations capture Ian’s story so articulately, and, in partnership with Ian’s clever word-smithing, create a book that is engaging and humorous for both children and adults. *It’s a Thing* will also educate people on aphasia and help navigate the communication channel between those who have aphasia and those who don’t.

Sadly, the incidence of stroke and aphasia is increasing in younger adults age 18 to 54, and many of these younger adults are parents. There are few books for children on aphasia, so Ian’s book will be a useful asset for people of all ages – and the plan is to take the book to the world.

Proceeds from the sale of each book will go to the Centre for Brain Research Gavel Club to continue their work supporting people with aphasia. Books will be available from June 2022. It’s the next big thing! •

Acknowledgements

We are grateful to Sue Gidden and the CBR for all of their Support.



To pre-order
your copy please email:
**Itsathingbook@
gmail.com**

What thing? Introducing CBR's Gavel Club's new book

By Ian and Cathy Marshall

What thing?

What do you mean "It's a thing"?

I have been living with Aphasia for 28 years.

Well actually, I have been living with my husband Ian for all those years (plus a few more) and he has Aphasia.

Ian's 'go to' word when he can't think of or say the word is 'thing'.

Something, everything, anything – everything is a thing!

What do you mean 'it's a thing' my mind is on other 'things'

This 'go to' word inspired a speech Ian gave at the Gavel Club (a Toastmasters Group established for people with Aphasia) for the Gavel Club's end of year celebration in 2013.

This speech in turn inspired a book, the driving force behind publishing coming from SLT Celia Moore, who established the Gavel Club, and supported by University of Auckland Professor Suzanne Purdy and the Centre for Brain Research.

The illustrator, Kate McCullough, has captured Ian in caricature brilliantly.

The book "It's a Thing" epitomizes what it is like living with Aphasia.

Aphasia is 'in the family' as it affects not only the person with Aphasia, but family and friends also.

It is our sincere hope that this book will provide support to those like Ian and myself, their family and friends, who are living with Aphasia.

Proceeds of book sales will go to the Centre for Brain Research and the Gavel Club.

Our lives have been enriched by being part of the Aphasia community.

And.....by George.....I've got it.....
It's a thing. ●

It's a Thing Reviewed

By Selena Donaldson

It can be hard to find a way to describe the word-finding problems experienced by many people with aphasia.

The slipperiness of "nearly having it" or the "you know what I mean" of something which is so familiar and part of every day. Nevertheless, Ian and Cathy capture it perfectly with their book "It's a Thing", with illustrations from Kate McCullough.

The motto of The Centre for Brain Research Gavel Club, at The University of Auckland "More Than Words" comes alive ferociously in the pages of this book, which humourously challenges the tried and true strategies speech-language therapists employ with the individuals and whānau

we work with. "Describe it!" we say. "Use your hands!" we command. Sometimes the words still just don't come, and that is the experience of Ian in "It's a Thing".

"It's a Thing" is the voice of the person with aphasia, and a new resource for a population who can feel alone in their experience of aphasia. Whilst humour is not always in the arsenal of the person adjusting to life with aphasia, hearing the experience of Ian and Cathy may well provide some hope, and signpost to finding a community within aphasia, such as the More Than Words Gavel Club. ●

Continuing Professional Development

Mel Street, Professional Development portfolio holder

“ By three methods we may learn wisdom: First, by reflection, which is noblest; Second, by imitation, which is easiest; and third, by experience, which is the bitterest.

Confucius

With the changes coming to the CPD Framework, it is an opportunity to think about how we set goals, how we choose what professional development activities to engage in and how we measure the relevance and value of our learning.

The new framework is designed to more closely align with the values of NZSTA and encourage reflection rather than box-ticking. But do we know how to 'reflect to learn'? And, perhaps more importantly where and how do we get the time to reflect?!

When our work lives are busy we don't tend to stop and think about our development, we just work harder. But...a number of recent studies* have shown **taking the**

time to think about the work you're doing is far more useful to you in improving your performance than simply doing the work.

When we study at University, we are encouraged and provided with many opportunities in the classroom and on placement to reflect on performance and learning. So why do we stop when we start working? It seems the longer we work, the less we reflect.

In the workplace we might set annual performance (PDR) goals but there are no commonly used or readily available tools to help us **plan** our learning needs, **reflect** on our goals and decisions, or **introspect** about our emotions and behaviours.

Tools for self-reflection:

The literature* discusses 3 key strategies that can help promote self-reflection at work:



1. Share perspectives and experiences (AKA Supervision)

Whilst many people have shared experiences at work, everybody retains and interprets information differently. When people are encouraged to talk to each other about what they've learned, they are better able to understand different perspectives, which make them more likely to effectively collaborate with colleagues and appeal to clients.



2. Feedback

When you ask your colleagues, bosses or clients for their thoughts on your work, you learn more about your impact. This way, you can understand the effects of your work, furthering your self-awareness. Asking for feedback also allows you to reflect on your practice, perhaps reconsidering the ways in which you go about daily tasks.



3. Experiment and innovate

When people are encouraged to access their personal experiences in the workplace, they become more engaged. Acknowledging the diversity and uniqueness among us invites an additional level of involvement and allows people to relate more to their work.

*References available on request

10 questions to help you reflect on your work

1

In the last 12 months, what were your 3 best work experiences?

Be as specific as you can – what project, team, role, activities?

2

What were your 3 worst work experiences?

Again, be specific.

Here are some resources that may help in your journey of self-reflection:

PACE – Used by ASHA to assist the SLT in determining *strengths and areas for which additional professional development is needed*

www.asha.org/siteassets/uploadedfiles/SLP-Self-Reflection-Tool.pdf

Whether you are a manager and/or a clinician this resource may be helpful to provide structure to help you pause and think about past achievements and areas for future growth:

support.cultureamp.com/hc/en-us/articles/360014088700-Guide-to-Developmental-Self-Reflection-Template

3

What were 3 essential elements of your job in the last 12 months that made it a success and, in turn, made you satisfied?

Can you easily list more than 3?

4

What were 3 elements of your job in the last 12 months that hindered or impeded success and in turn, made you unsatisfied?

Can you list more than 3?

5

What 5 skills, talents and pursuits would you like to develop or attain in the next 12 months?

6

What can you talk about non-stop in a work capacity?

Does it energise you every day or only sometimes? Is what you identified your passion, or is it something completely different?

7

What's one thing you didn't achieve in the last 12 months?

What was the reason it didn't happen? Would you do anything to change the outcome? If so, how?

8

If you knew you couldn't fail, what's something you want to achieve in the next 12 months?

9

How would you rate your role currently out of 100%? What's stopping you from being at 100%?

Are there any obstacles in the way? What factors would increase that percentage? What percentage did you land on if those elements were added?

10

If there were no limitations, what experiences, skills, activities, responsibilities would you would like to have in the future?

List 12 answers. ●

2021 Highlights from our Special Interest Groups (SIGs)

Mel Street, Professional Development portfolio holder

Despite this year's challenges for face to face hui and connection, our SIGs have been meeting across the country in whatever format they could to provide opportunities for peer support, education and quality initiatives.

Here are some of the highlights from the year that has been:

- The **FEES SIG** had revision of the FEES register to ensure evidence is now provided to NZSTA and the register is held centrally.
- The FEES SIG set up a support network.
- The **Tracheostomy SIG** have revised the tracheostomy competency package for NZSTA.
- The Head & Neck Cancer/ Tracheostomy SIG set up of webinars with international presentations.
- The Special Interest Group (SIG) for speech-language therapists (SLTs) working with children, youth and adults involved with those **care and protection/justice/mental health and behaviour** services 2021 hosted a one day Child Protection Training Day for speech-language therapists delivered by Emily Stephen from Te Puawaitahi, Starship.
- They provided three opportunities for learning in 2021 and have grown in member numbers over the year.
- The **acquired brain injury SIG** had some new committee members join and have set some exciting goals for the year ahead including exploring the use of social media for their members, to have at least 2 guest speakers present and to survey members to gain perspective in what they would like to see from their SIG.
- The **Paediatric feeding SIG** has a large membership base with keen interest. One of its members hosts an online journal club. They have had 3 speaker presentations and have also formed a sub-group focussing on neonatal/IC population.
- The **Aphasia SIG** met twice in 2021. Once as a general meeting and once with a presentation and case study.
- They have over 100 interested members in this SIG.
- **ALL** SIGs have hosted a number of speaker presentations on clinically relevant topic areas and provided opportunities for case discussions.

Thank you to all of the leaders of and contributors to these SIGs for their dedication, hard work and commitment to practice improvement. It is so wonderful to have these groups as points of connection and learning for experienced as well as novice clinicians. *ehara koe i a ia!* •



If you would like to become a member of a Special Interest Group please contact the relevant Expert Advisor via NZSTA for further information.

Contact details

Whakapā tangata

Please consider contributing content to *Communication Matters* about any aspect of our profession. Feel free to discuss with Selena Donaldson, Editor, any ideas you have.
editor@speechtherapy.org.nz



New Zealand
Speech-language
Therapists' Association
*Te Kāhui Kaiwhakaitatika
Keo Kōrero o Aotearoa*

www.speechtherapy.org.nz

NZSTA Board Members

President • Annette Rotherham
president@speechtherapy.org.nz

Communications • Emma Quigan
communications@speechtherapy.org.nz

Member networks • Akshat Shah
membernetworks@speechtherapy.org.nz

Professional development • Mel Street
professionaldevelopment@speechtherapy.org.nz

Professional standards • Anna Hearne
professionalstandards@speechtherapy.org.nz

Māori and cultural development
Katrina McGarr
culturaldevelopment@speechtherapy.org.nz

Other contacts

National private practitioner members' representative • Ashleigh Neumann
privatepractice@speechtherapy.org.nz

Administrator • ONZL Limited
admin@speechtherapy.org.nz • +64 9 475 0214

Speech, Language and Hearing Journal of APSSLH, HKAST & NZSTA
Editor: Anna Miles
a.miles@auckland.ac.nz

New Zealand Speech-language Therapists' Association NZSTA
www.speechtherapy.org.nz
admin@speechtherapy.org.nz
PO Box 65503, Mairangi Bay, Auckland 0754

Communication Matters editor
Selena Donaldson
editor@speechtherapy.org.nz

NZSTA Executive Director • Siobhan Molloy
executivedirector@speechtherapy.org.nz

NZSTA Kaumatua • Rukingi Haupapa
kaumatua@speechtherapy.org.nz

Expert adviser contacts

Adult Dysphagia & COVID-19 • Anna Miles
a.miles@auckland.ac.nz

Adult Neurodegenerative Conditions and Palliative Care • Fiona Hewerdine
fiona.hewerdine@bopdhb.govt.nz

Alternative and Augmentative Communication • Ann Smaill
ann.smaill@talklink.org.nz

Aphasia Experts
Robyn Gibson & Patty Govender
robyngibson10@gmail.com
admin@speechtherapyassociates.co.nz

Autism and Neurodiversity
Shannon Hennig
shannon@inclusive-communication.co.nz

Child Language • Jayne Newbury
jayne.newbury@canterbury.ac.nz

Cleft Palate/Velopharyngeal Insufficiency (VPI) • Bryony Forde
bryony.forde@huttvalleydhb.org.nz

Clinical Ethics and Bioethics
Mascha Hoexum-Moerenburg
maschahm@mhmclinicaethics.co.nz

Dementia • Annabel Grant
a.grant@massey.ac.nz

Fluency • Anna Hearne & Tika Ormond
A.K.Hearne@massey.ac.nz
tika.ormond@canterbury.ac.nz

Head and Neck Cancer • Rebecca Lantzoz
rebecca.lantzoz@middlemore.co.nz

Hearing Impairment and Cochlear Implant
Liz Fairgray & Megan Lewis
l.fairgray@auckland.ac.nz
megan@talktogether.co.nz

Paediatric Complex Communication Needs
Sarah Spence • sarspen@gmail.com

Paediatric Feeding and Swallowing

Emily Jones • E.Jones@massey.ac.nz

Traumatic Brain Injury • Maegan VanSolkema
maegan.vansolkema@abi-rehab.co.nz

Voice • Carlene Perris • cperris@adhb.govt.nz

Vulnerable Children and Youth
Sally Kedge • sallykedge@talkingtroublenz.org

Area representatives

Te Tai Tokerau • Suanna Smith & Denise Poole
ar.northland@speechtherapy.org.nz

Auckland • Jocelyn Roxburgh & Noel Byrn
ar.auckland@speechtherapy.org.nz

Waikato/Bay of Plenty • Alicia Ang
ar.waikato.bop@speechtherapy.org.nz

Central • Elisa Mynen
ar.central@speechtherapy.org.nz

Wellington/Nelson • Polly Newton & Emily King
ar.wellington@speechtherapy.org.nz

Canterbury/Westland
Nic Gibbons & Charmain Moyle
ar.canterbury@speechtherapy.org.nz

Otago/Southland • Emma Burnip
ar.otago.southland@speechtherapy.org.nz

Student representatives

Massey University • Jacqui Morgan, Brianna Oosterbroek & Bo Young Choi
sr.massey@speechtherapy.org.nz

University of Auckland
Crystal Aranha & Ella-Rose Meagher
sr.auckland@speechtherapy.org.nz

University of Canterbury
Renée Ung, Komal Singh & Abbie Lowrs
canterbury@speechtherapy.org.nz