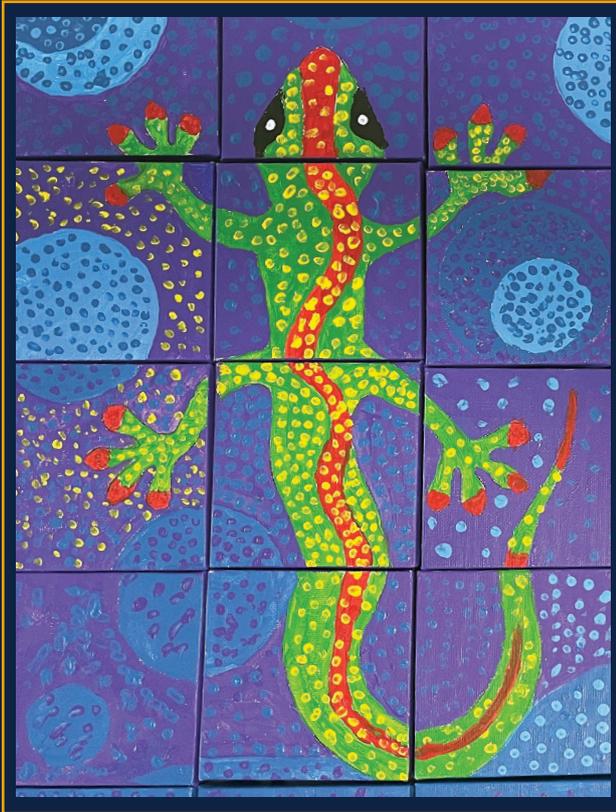


communication **matters**



Is speech-language therapy political?

A day in the life of a court-appointed Communication Assistant • A tiered model approach to therapy service delivery

Contents

Rārangi upoko kōrero

3

NZSTA
upcoming
events

4

Is speech-
language
therapy
political?

7

Learning
neuroplasticity
with love –
interview
with Nikki
Sainsbury

10

A day in the
life of a court-
appointed
Communication
Assistant

12

Wairau Valley
Special
School's
tiered model
approach

15

Whanganui
Hospital SLT
awareness
initiative

16

The silent
epidemic:
Brain injury
rehabilitation
for athletes

18

He Whakatā –
a moment to
pause

20

Headway's
music group –
interview with
Peter Ball

24

Contact
details

Cover image: The cover of the Ngahuru edition of *Communication Matters* features two pieces created by members of the Tōtara Club, an interactive day care service for people diagnosed with mild to moderate dementia. Some comments from Tōtara Club team leader Gael Ansell: Group art therapy provides a supportive space where individuals with dementia can socialize, reducing isolation and encouraging meaningful connections. The creative process promotes communication, aiding speech and language through both verbal and non-verbal expression. Additionally, engaging in art stimulates cognitive functions, making it an enriching and inclusive activity.

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.

NZSTA upcoming events

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



1 MAY

NZSTA Annual General Meeting

Online

Registration link and further information at speechtherapy.org.nz/nzsta-2025-conference



MAY-JUN

LAMP Course for Aotearoa/ New Zealand Words – Assistive Technology Alliance New Zealand

7 May, 21 May, 4 June
1:00–3:15pm

Online
Presented by Dr Sam Brydon

atanz.org.nz/events



2-4 JUL

New Zealand Audiological Society (NZAS) Conference

Tākina Wellington Convention and Exhibition Centre

Registrations at audiologyconference.org



24-28 AUG

33rd World Congress of the IALP

Malta

ialpmalta2025.org



10-12 SEP

NZSTA 2025 Conference – Navigating the Changing Landscape

Napier War Memorial Centre

I've been thinking – is speech-language therapy political?

Siobhan Molloy • Kaiwhakahaere matua / Executive director, NZSTA



Reading **Decolonizing Speech Language “Pathology”**: Critical Foundational Concepts for Research, Pedagogy and Praxis set me off thinking. It reinforced why speech-language therapy (SLT) is inherently political – who defines “normal” communication, whose voices are prioritised, and how colonial legacies continue to shape the profession.

In Aotearoa New Zealand, SLT must be understood through the lens of Te Tiriti o Waitangi, linguistic justice, and cultural safety. We cannot separate the work of SLT and of the New Zealand Speech-language Therapists’ Association (NZSTA) from the broader systems of power that privilege some voices while marginalising others. This article explores why SLT is political and why embracing a kaupapa Māori and the decolonising lens is essential for genuinely equitable practice. **So, is SLT political?**

1 Communication is a human right

At its heart, speech-language therapy (SLT) is about communication as a fundamental human right (Article 19 of the Universal Declaration of Human Rights and Article 21 of the Convention on the Rights of Persons with Disabilities; United Nations, 2006). Ensuring everyone has access to high-quality, culturally-responsive SLT services is not just a clinical issue but also a political one.

2 Government policies shape SLT

Speech-language therapists work across the health, education, research, disability, and justice sectors, all shaped by government policies and funding decisions. NZSTA advocates for equitable access to SLT services, ensuring that all people in Aotearoa New Zealand – particularly Māori, Pasifika, rural communities, and those with disabilities – receive the support they need. Addressing inequities means engaging with political systems to influence local, regional, and national decision-making.

3 Commitment to Te Tiriti o Waitangi

NZSTA is committed to honouring Te Tiriti o Waitangi and ensuring culturally safe and responsive SLT services. This means advocating for kaupapa Māori approaches, challenging systemic barriers, and ensuring Māori have the autonomy to shape services that reflect their needs. Policies that affect health and education services for Māori are inherently political, and NZSTA works to ensure our profession upholds Te Tiriti obligations.

4 Workforce and professional recognition

The availability of SLT services depends on government investment in the workforce. Whether in the public or private sector, the recognition and funding of speech-language therapy roles impact our profession's ability to meet the needs of communities. NZSTA advocates for workforce development and increased SLT positions in health, education and other settings. See our **2024 business case** (at speechtherapy.org.nz) for more.

5 Language, identity, and policy

Language is central to identity, culture, and participation in society. For example, NZSTA does not currently endorse the term developmental language disorder (DLD) due to concerns about its deficit-based framing and misalignment with Aotearoa's unique bicultural context. Instead, NZSTA advocates for a strengths-based, culturally responsive approach to language development.

This includes:

- Supporting te reo Māori revitalisation and ensuring SLT services align with kaupapa Māori approaches.
- Ensuring augmentative and alternative communication (AAC) access for individuals with complex communication needs.
- Promoting inclusive, evidence-based policies recognising Aotearoa's diverse linguistic and cultural realities.

NZSTA engages with policymakers to ensure communication needs are understood and supported at all levels while upholding Te Tiriti o Waitangi and equity principles.

6 Communication right and inclusion

Everyone has the right to communicate, but many face barriers due to disabilities or other conditions. Speech-language therapists (SLTs) help people express themselves, be understood, and participate fully in society.

The United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) recognises communication as a fundamental right. SLTs support this by:

- Promoting inclusive education ensures children with communication needs fully engage in school.
- Advocating for accessible communication tools, such as augmentative and alternative communication (AAC) and sign language.
- Removing barriers in healthcare, workplaces, and justice systems to enable full participation.

NZSTA supports policies that promote equity, inclusion, and access to communication support for all.

Our role as advocates

NZSTA is not a political organisation, but our advocacy work intersects with political systems. Promoting evidence-based practice, championing equity, and upholding Te Tiriti o Waitangi ensures that speech-language therapy contributes to a fairer, more inclusive Aotearoa New Zealand. ●

Is speech-language therapy political?

- 1 Communication is a human right**

SLTs ensure everyone, especially those with disabilities, can communicate and participate fully in society.
- 2 Government policies shape SLT**

Access to SLT services depends on funding and policies in health, education, disability, and justice.
- 3 Commitment to Te Tiriti o Waitangi**

SLT in Aotearoa must be culturally safe and equitable and uphold Te Tiriti, supporting kaupapa Māori approaches.
- 4 Workforce and recognition**

SLT availability depends on government investment in training, roles, fair pay, and professional recognition.
- 5 Language, identity, and policy**

SLTs support te reo Māori revitalisation and strengths-based language policies.
- 6 SLT advocacy is political**

NZSTA is not a political organisation, but its work intersects with policy and advocacy to drive equity and inclusion.

Final answer: Yes.

SLT is political because it impacts human rights, access, policy, cultural identity, and social equity.

Interview with Nikki Sainsbury, author of *Radiance: Learning neuroplasticity with love after concussion and TBI*



Nikki Sainsbury, craniosacral therapist, was a featured speaker at the recent Brain Injury Conference NZ, and is the author of *Radiance: Learning neuroplasticity with love after concussion and TBI*. In an interview with Communication Matters (CM) editor **Emma Wollum**, Nikki (NS) discussed her most recent book and her lived experience of traumatic brain injury.

NS: I've been a therapist for all of my life – yoga instructor, therapist, I was a physiotherapist, and then I went into craniosacral and bone therapy. I found it so surprising to suddenly be a client, and that was part of my rehab. I was quite shocked, being a client rather than a therapist. After I'd had my head injury, I still viewed people as being my clients – so even my therapists, I saw that I was teaching them a lot of stuff about head injury, because it was my head injury.

CM: What surprised you the most about becoming a client?

NS: I think in one way because I've always been a therapist, I felt that basically everyone was looking at me and studying me. I would say I had to be somehow energetically connected to my therapists – we had to be at a similar frequency, which meant that they knew the way I was communicating wasn't weird. Like I sometimes go here, there, and everywhere in conversations, and I've done a lot of work with my speech-

language therapist [Warren Cossou] to go back to the start. I connected with my speech-language therapist and my neuropsychologist quite easily.

CM: What helped you connect with your speech-language therapist?

NS: Asking me how I learn and take in information best – using diagrams and visual learning works best for me, and my speech-language therapist was happy to work with that. I learned a lot from my speech-language therapist about associating things and using associations to improve communication. He was very reassuring and supportive but also gave me independence... I hadn't experienced what it is to have speech-language therapy as an adult until I had the therapy, and now I know so much more about how amazing and important [speech-language therapists] are.

I didn't think that I would have needed speech-language therapy after my head injury, and I kind of thought everything

was fine until I had to do struggling things on my own like medical appointments. I did need a third party, and that's what I would recommend to anyone else that's had especially a head injury, because you might get tired. If you've got a 30-minute appointment, you might get tired after five minutes – it's not that I can't talk, it's that the energy has disappeared.

CM: There's so much of brain injury that's invisible, unlike other types of physical injuries – because so much of brain injury is invisible it's quite hard to communicate or to tell other people about it, or even sometimes to recognise it.

NS: Yes, if you're a therapist you kind of think that you've got it, but it's so good to have recognition from somebody else that something has changed, but they accept you. That was another great thing about my speech-language therapist and my neuropsychologist, they all accepted me. That full acceptance from my therapists helped me to realise that I had to accept myself.

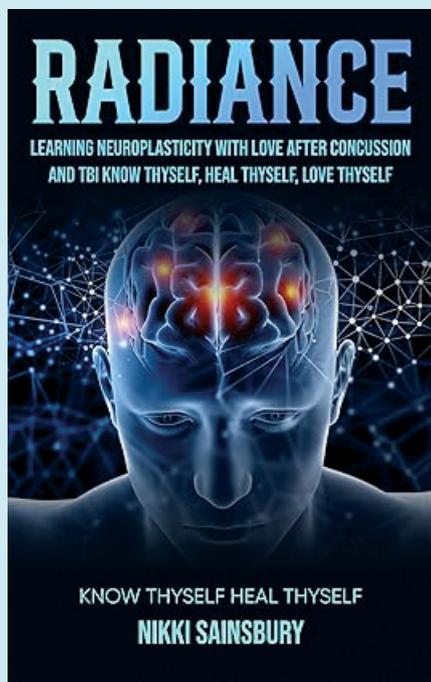
CM: Your book focuses on self-acceptance and self-love after brain injury, is that something that you felt was missing from the existing literature on brain injury?

NS: Yes, definitely. I wanted the book to be for someone kind of like me who is

on the journey to acceptance, who can read my story and say there's somebody else that's gone through this, and she's been okay. You need a kind of a confidence booster.

CM: You need to feel like you're not alone, because it can be quite an isolating experience.

NS: Absolutely. The other thing is that caregivers have no idea what to do if they've never been a therapist and don't know much about brain injury. I hope that a book like this will at least be able to give them some kind of emotional information that says your brother, your husband or



Cover of Radiance by Nikki Sainsbury

wife, they're going to be okay. I'd actually like to write a book from the perspectives of five or six other people who have experienced a head injury, and all the different things that can happen.

CM: One of the concepts that gets mentioned a lot in neurorehab and in your book is neuroplasticity. How would you define that concept?

NS: If I wanted to present it in the easiest way, I need to draw a diagram – you know, these cells are all talking to each other all the time, and once they build a road to each other they build that stronger and stronger. I think about neuroplasticity like a community of people at a concert, like people holding hands at a concert and strengthening their connection. 25 years ago when I was studying they taught us that as soon as the brain starts getting older, it starts getting weaker, which I know isn't the case – but the brain keeps developing whenever you want it to, and you can change it whenever you want it to. I knew that the thing for strengthening those connections was repetition – when I had my brain injury and couldn't find some words, some of them I didn't care that they weren't in my vocabulary for the rest of my life, but there were some words like 'chainsaw' that I needed to know because I live on a 10-acre property. So there were words like that that I really needed to repeat and repeat and repeat. So now even when I'm talking to you, I will tell you that story because I'm repeating that story and strengthening that connection.

Neuroplasticity is a great place to start – people have this idea of the brain as 'the place where I think from' and 'my computer', but they may not know about all the connections, particularly with energetic and spiritual aspects.

CM: What is your primary advice that you might give to other people on their brain injury journey, based on your experience as a practitioner and as a client?

NS: Sometimes you're given all the things that you need to work on – there are a lot of things that you can't do, and recognising those is quite important. But it's also important to ask yourself 'where does my happiness come from?' For me, it's puzzles. It makes me silent, calm, and relaxed.

CM: It gives you a sense of success, this little sense of success of putting one piece in at a time.

NS: You do have to say goodbye – you've got a lot of grief for your old life while you're creating your new life, and you want to know where to go and what to start practising so you can get there. For me, practising talking and writing was my thing, because I knew that repeating those skills would get them into my subconscious much faster. If I had a friend that had experienced a big brain injury, instead of telling them all the things they did wrong I would tell them 'what's going to make you happy', 'what can you do for yourself that will make you happy'. For some people it would be gardening, painting, doing puzzles, hanging out with people or whatever they want to do

to make themselves happy and not even think about their brain injury and being a brain injured person.

CM: I've found that post-brain injury people sometimes feel that they're defined by their injury, was that your experience?

NS: Yes, because that's all that people are visiting you for – to see how you are and how you're recovering. I did define myself by that for quite a long time, although one of the rehabs that I went to was full of people who had all sorts of different experiences with brain injury, and the good thing about that was knowing I was not the only person of my age who has been through that. When you've got people around you – not just therapists that are doing it for their job, but other people who are doing it for their wellness and their own self-healing – it is really good to be around people and know that you're not the only one. It's also really important to not get too distracted by phones and computers because it takes you out of the now, for me mindfulness and staying in the present is really important. For people who have just had a head injury, I would say that paying attention to your breathing and always grounding is very important, no matter where you live. Something like walking barefoot on the ground seems like a very simple thing, but it's really important.

CM: And everyone achieves that differently – but being outdoors does seem to be a common factor for a lot of people.

NS: I think the self-acceptance thing and the self-love thing are huge. It's important to recognise that you have new limits and to tell people about them.

CM: What do you think are the biggest barriers people have to self-acceptance?

NS: A sense of low or no self-worth – many of us have been brought up to feel unworthy, that's one of the biggest subconscious beliefs that people should work on. A lot of people don't really understand what beliefs are. When I'm talking to people about self-love, especially older women, they've been brought up to believe that you always need to help others, so there's a negativity associated with self-love. I think that's a barrier because people don't understand what self-love is, they don't understand what self-healing is – even though that's something that we are all doing all of the time. They haven't had to search for it, they haven't had to look for it.

CM: It can be quite confronting to come to that understanding, especially if it's a brain injury that prompts that realisation.

NS: Hugely confronting – once I had my seizure a year ago, my ego was arguing with me, which kind of made my healing path a little bit worse, because my ego was always telling me not to love myself. Once you become more aware, you think you're going crazy, so you also have to be around other people who are gaining the same awareness. It comes back to the

acceptance – for people with brain injury, I would say find the person who will accept you. Whenever I see a new client, I tell them that whatever's going on for them, I accept it completely. You are never going to be the same as another person, ever. That's how I get their trust. Trust is a huge thing – I didn't trust many people at all until I went through my first year of rehab.

CM: It sounds like self-love, self-acceptance, and trust have been really important pillars of your journey. Were there any other specific therapy techniques that worked well for you, or that you'd recommend to others?

NS: I only liked therapists who had a lot of experience with brain injury clients, and I love it when therapists have had an experience of a head injury, because they know so much more about it. Recognising your triggers is also really important – being truthful about what your triggers are, and then recognising what you can do when the trigger happens. I also really like therapists who talk about themselves a bit, who introduce themselves, that's a really good technique. ●

Contact Communication Matters Editor Emma Wollum at for a full transcript of the interview with Nikki.
editor@speechtherapy.org.nz

Please note that Nikki is currently looking for a diverse range of TBI experiences for her new book if you have any kiritaki who may be interested in this opportunity.

A day in the life of a court-appointed Communication Assistant: Navigating a foreign land

Bridget McArthur • Speech-language therapist / Communication Assistant / Service improvement officer, Moretalk

Imagine being a foreign exchange student, stepping into a world where every process, tradition, and expectation feels alien.

Working as a court-appointed Communication Assistant (CA) can at times feel like you are a foreign exchange student navigating a new culture and a new language. Certainly, compared to the familiar landscapes of education, healthcare, and community settings that many speech-language therapists work in, the courtroom can feel like uncharted territory.

Those of us who have chosen this path in our small country are, thankfully, following in the footsteps of some inspirational pioneers. And as we forge our own new journeys, we open doors for others, collectively bringing new ideas and approaches.

The court setting can feel like a foreign land, steeped in tradition, complex processes, and language that's often impenetrable to those outside its culture – or even those with experience within the walls of a courtroom, but who have not had full access due to communication barriers.

As CAs we are appointed to the Court under Section 80 of the Evidence Act, providing communication assistance in many courts: High Court, District Court, Youth Court, Family Court, and Civil Court.

A CA is neutral and impartial, and there to support the communication of everyone. The key focus is on practical strategies to ensure participation, which I like to think of as “communication ramps”.

In every instance, we act as a bridge between the language of justice processes and the diverse communication needs of those the Court serves. We have a long-term vision of educating others in communication access, so that overall this environment becomes more accessible to the needs of the participants it serves.

This role showcases the versatility of SLTs. Our skills – ranging from language analysis, to communication strategies that are applied practically within legal processes rather than therapeutically. We step beyond traditional boundaries to facilitate meaningful understanding in high-stakes environments.

No two days are the same for a CA. In fact, the experiences of a recent week reveal the huge variety of ways in which a CA's skills are utilised.



Bridget McArthur
outside the Ōtepoti
District Court

From assisting a psychologist in explaining their recommendations within a report for the Parole Board; to attending a dispositions hearing for a participant who has been found unfit to stand trial; to helping a witness give their evidence to the best of their ability; to supporting Counsel in taking instruction for entering pleas... the list goes on.

A CA's role is not just to make the interaction easier – it's about empowering someone to fully understand and then express themselves in a setting where every word counts.

In the hands of a CA, pens, paper, Post-it notes, visual schedules, simple diagrams, and fidgets are transformed from seemingly humble items into powerful tools. When employed alongside flexible and creative communication strategies, such tools help ensure the abstract concepts and words within the lexicon of law can be rendered more concrete, better understood.

Along with these physical tools it is also important for CAs to be confident in the knowledge and skills we have as communication experts, and to be able to convey this knowledge in a way that is palatable in the traditional bounds of the Court system.

Our work also serves a broader purpose – raising awareness within the justice system about the importance of clear communication.



A selection of materials used by Communication Assistants

When judges, lawyers, and other professionals begin to adapt their language and writing to be more accessible, the ripple effects are substantial. It's not just about the person in the witness box or dock – it's about transforming a system to be more inclusive.

At its heart, our work as CAs champions communication as a fundamental human right. Whether it's helping a young person navigate the complexities of a family group conference or ensuring a defendant fully understands their trial process, we advocate for the voices that might otherwise go unheard.

Being a CA is not without its challenges. The legal landscape is fast-paced, procedurally rigorous and, at times, daunting. Yet, it is within this complexity that we find purpose. We bring our Speech Language Therapy expertise to a setting where it is sorely needed, driving

change, fostering understanding, and opening doors for individuals who might otherwise be excluded.

The work of a CA is deeply rewarding. Every day, we contribute to a system that has far-reaching consequences for people's lives. By empowering individuals to understand and engage in legal processes, we uphold their right to fair and equal treatment under the law.

To those in our profession considering this path, I say this: yes, it is a foreign land, but one rich with opportunity. Here, we champion accessibility, equity, and the transformative power of communication. ●

Bridget McArthur is a speech-language therapist/court-appointed Communication Assistant at Moretalk.

bridget@moretalk.co.nz
moretalk.co.nz

What happens in a court Communication Assessment

What	<ul style="list-style-type: none"> I am a Speech Language Therapist. My work is about communication. Talking, listening and understanding what others are saying.
Who asked me to see you?	<ul style="list-style-type: none"> The judge asked me to see you. I am not work for the police or for your lawyer. I am neutral and impartial. This means I am not on anyone's side. My job is to help everyone involved with court proceedings with you. This is to make sure you understand what is being said. It is to make sure you can plan to what you need to say things.
Why are I seeing you?	<ul style="list-style-type: none"> So that you are getting on with communication building and learning. So what might help you with communication in court.
What will happen when I see you?	<p>We will do some different talking and listening tasks.</p>

Moretalk
Speech and Language Therapy

Empowering communication: Wairau Valley Special School's tiered model approach

Charity Lester, Hannah Barnett, Josie Pla-Catucci, Shauna McCabe, Paula Morrison, and Emily Glucina •
Wairau Valley Special School speech-language therapy team

At Wairau Valley Special School, our speech-language therapy department has been working in partnership with our school community to implement a tiered model approach to therapy service delivery. This mahi has focused on upskilling kaiako (teachers), kaimahi (staff), therapists, and whānau, ensuring that communication is embedded across the school day and in all learning environments.

Images: A training session with kaiako, kaimahi, therapists, and whānau

To achieve this, we have delivered regular training sessions throughout the first term, catering to all age groups, from our youngest ākonga to those in our Transition Centre, where we have introduced augmentative and alternative communication (AAC) training specifically tailored to support communication in real-world contexts. These sessions have helped empower adults to better support ākonga as they move towards greater independence in their daily lives and future pathways.

A key focus of our training has been on neurodiversity-affirming approaches, recognising and celebrating the diverse ways our students communicate. We've provided guidance on naturalistic prompting strategies, ensuring that communication opportunities are respectful, meaningful, and student-led. The response from staff and whānau has been overwhelmingly positive, with comments such as:

"I didn't know that AAC didn't hinder speech production – thank you for sharing that!"

"It makes so much sense not just to provide photos but to use symbols – photos limit his communication to what I can take pictures of."

Our training has also created exciting learning moments for our therapy teams, strengthening our multidisciplinary collaboration. During an AAC session, an occupational therapist shared,

"We didn't know that the colour of the number on the square in PODD [Pragmatic Organisation Dynamic Display] matched the colour of the tab – that makes navigation so much clearer!"

"I didn't know there were different types of modelling!"

A physiotherapist also reflected,

"Wouldn't it be awesome if we were all modelling PODD in our sessions?"



“Ka pai tō mahi, Wairau Valley Special School! Together, we are making communication accessible for all.

With this growing knowledge and shared understanding, we have seen a remarkable shift in classroom and therapy practice. Kaiako across the school are working in a consistent and collaborative way, embedding core language and AAC tools into their teaching. This blanket approach, where AAC is supported at all levels by teachers, teacher aides, therapists, and leadership, has led to exciting successes, including:

- ★ Increased spontaneous and novel language from ākongā
- ★ Greater engagement in classroom activities
- ★ More opportunities for students to express their thoughts, needs, and preferences

In addition to training classroom staff, we have also been training therapists across disciplines to use AAC in their sessions, ensuring that communication is embedded within all aspects of student learning and wellbeing.



This has strengthened our multidisciplinary team approach, with speech-language therapists, occupational therapists, and physiotherapists working together to support communication development across all areas of a student’s school day.

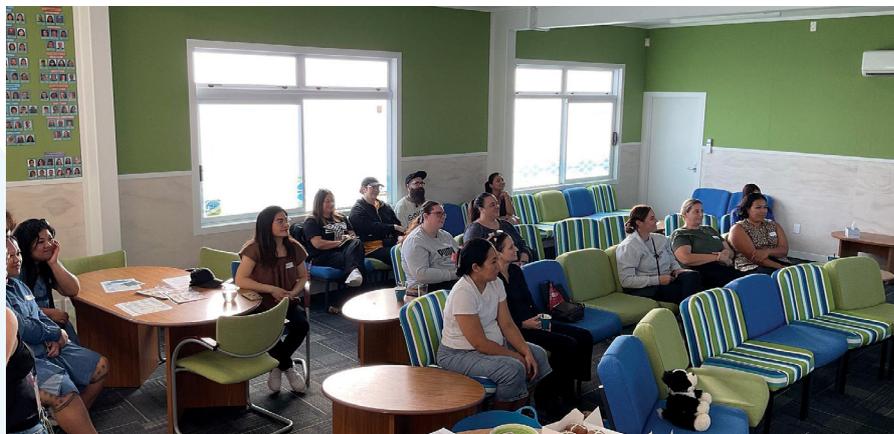
Furthermore, a member of senior management has attended each training, reinforcing the importance of communication within the school’s culture and ensuring leadership-level support for our initiatives. This ongoing commitment has been instrumental in maintaining momentum and fostering a whole-school approach to communication.

“It was truly heartwarming to see parents engaging, connecting, and learning alongside one another. The atmosphere was warm and welcoming, and the kōrero shared was invaluable.”

In addition to AAC training, our SLT team has been delivering professional development on emergent literacy, supporting the implementation of the Better Start Literacy Approach and strategies to foster early literacy skills. By opening doors to literacy learning, we are not only helping students develop communication skills but also boosting their mana, self-esteem, and independence across various settings.

“

It was truly heartwarming to see parents engaging, connecting, and learning alongside one another. The atmosphere was warm and welcoming, and the kōrero shared was invaluable.



“

Such a nice opportunity to come together, it would be awesome if this could be a regular thing.

To ensure these strategies are embedded effectively, we also provide ongoing coaching and in-class support. This hands-on approach allows us to walk alongside kaiako and teacher aides, tailoring guidance to the specific AAC systems they are using with their ākonga.

What's next?

Looking ahead, we are excited to be expanding our training opportunities!

In Term 2, we will be offering staff training on safe swallowing and selective eating, equipping our team with strategies to support mealtimes.

In Term 3, we will host a whānau morning tea on the same topic, providing an opportunity for parents and caregivers to learn, share, and connect.

Our previous whānau sessions have been met with fantastic feedback from parents, with one parent commenting:

“Such a nice opportunity to come together, it would be awesome if this could be a regular thing.”

We are also collaborating closely with our physiotherapy and occupational therapy teams, ensuring that our approach aligns with multidisciplinary best practice. By working together, we can provide holistic support for our students, ensuring their communication, sensory, and motor needs are met in an integrated way.

It is inspiring to see our school community embracing inclusive, affirming communication practices and championing the use of AAC and literacy strategies every day. By working together, we are creating a learning environment where all students have a voice, and every way of communicating is valued.

Ka pai tō mahi, Wairau Valley Special School! Together, we are making communication accessible for all. ●

Speech-language therapy awareness initiative at Whanganui Hospital

Jo Mitchell • Speech-language therapy professional lead, Whanganui Hospital

As part of a hospital-wide initiative to enhance understanding of the role of Allied Health in a clinical setting, the Speech-language therapy (SLT) team at Whanganui Hospital has been working hard to raise awareness of the vital work they do.

Jo Mitchell and Kelsey McFadzien, the hospital's small but dedicated team of two rural generalist SLTs, cover a broad range of clinical areas, supporting patients across the lifespan with communication and swallowing difficulties.

Throughout the month, they attended allied health team meetings across multiple disciplines, engaging with colleagues to highlight the types of patients SLTs support and providing guidance on when and how to refer.

These sessions sparked valuable discussions and helped reinforce the importance of early identification and intervention for patients with speech, language, and swallowing needs.

Their awareness campaign culminated in a well-attended and interactive morning tea, which provided a fun and engaging way to showcase the work of SLTs. Attendees had the opportunity to sample texture-modified treats and thickened fluids, gaining first-hand experience of the challenges some patients face with eating and drinking. They also took part in entertaining and thought-provoking communication activities, designed to illustrate the complexities of speech, language, and cognitive-communication disorders.

This initiative has been an excellent way to promote a better understanding of SLT services within the wider healthcare team, strengthening interdisciplinary collaboration and ensuring patients receive the support they need. ●



The Whanganui Hospital SLT team demonstrates different textures

The silent epidemic: Why speech-language therapists must step up in brain injury rehabilitation for athletes

Dr Kelli Uitenham • Owner, Serenity Speech Therapy / Founder, Brain Talk Foundation



More than **36,000 youth and adult New Zealanders** experience traumatic brain injuries (TBIs) every year. This equates to approximately **100 people every day**. An alarming 95% of these injuries are classified as mild. In 2023 the Accident Compensation Corporation (ACC) accepted **10,648 claims** for sport-related concussions, costing a total of \$64 million, which was the highest in five years.

As a medical speech-language therapist (speech-language pathologist in my home country of the USA), a former athlete, and lifelong sports fan, I am on a mission to raise awareness about the critical role SLTs play in providing cognitive linguistic rehabilitation for concussed athletes of all ages. SLTs have a unique understanding and expertise in development, communication, social language, learning, and more.

The world is currently facing a silent epidemic with brain injuries, which is why raising awareness in all settings is so critical. Rugby, a national favourite in Aotearoa New Zealand, accounts for a significant portion of the number of TBIs experienced per year, but concussions also occur in football, netball, cycling, and even non-contact sports.

Globally, millions of athletes suffer concussions each year. Yet, many go undiagnosed or untreated because athletes, coaches, and even healthcare professionals including medical doctors, fail to recognise the symptoms.

While some athletes' symptoms may present immediately – such as headaches, nausea, or dizziness – others struggle with subtle cognitive and communication deficits that SLTs are trained to identify and treat.

Additionally, symptoms can include difficulty in processing language, slowed verbal responses, impaired pragmatics, memory deficits, and executive functioning challenges. Without skilled intervention, these deficits can significantly impact academic success, social interactions, career opportunities, and much more.

The disconnect in our field

To raise awareness, I have given countless presentations on the topic of concussions, TBIs, and chronic traumatic encephalopathy (CTE) in athletes and the SLT's role. With each presentation, there has always been a school-based SLT who expressed their shock that concussion care falls within their scope of practice.

One of the biggest concerns is feeling unqualified to address concussions. Many school based SLTs believe concussions and TBIs belong solely to the medical SLTs working in hospitals or rehabilitation centres.

However, brain injuries aren't exclusive to medical settings. They also appear in classrooms, on sports fields, and in therapy rooms. Educational systems that lack concussion awareness are more likely to mislabel or misdiagnose

concussed student athletes rather than provide the necessary support they need for cognitive-linguistic rehabilitation.

A student athlete struggling in school after a head injury may experience a drop in grades, may be inaccurately labelled with “behaviour problems”, or receive inaccurate diagnoses such as attention deficit hyperactivity disorder (ADHD) or Oppositional Defiant Disorder (ODD). This disconnect can lead to devastating consequences.

In the United States, mislabelling or misdiagnosing concussed student athletes can inadvertently funnel them into the TBI-to-prison pipeline. This is when youth who sustain brain injuries often experience cognitive, emotional, and behavioural challenges that can result in impulsivity, poor decision making, and aggression. Each can lead to life-altering interactions with law enforcement.

Think about this

A young rugby player suffers multiple concussions, resulting in impulsive behaviours, emotional outbursts, and difficulty following instructions. Instead of recognising these symptoms as potential effects of a brain injury, the student is repeatedly disciplined, suspended, or even expelled.

SLTs must advocate for our profession by raising awareness with athletes, parents, school administrators, etc. Additionally, we must advocate for proper concussion protocols and provide targeted interventions that help athletes recover with the support they need.

Why SLTs must get involved

As experts in brain function, cognition, and communication, we are uniquely qualified to screen, assess, treat, and advocate for athletes with brain injuries. Our work goes beyond articulation and language delays. We understand how concussions impact memory, problem-solving, attention, and social communication. We are professionals who can help athletes regain their ability to learn, communicate, and succeed in life after a brain injury.

With millions of people suffering without guidance or treatment, the world is truly in a silent epidemic. If we, the experts, don't step up, who will? It's time for SLTs to claim our rightful place in brain injury rehabilitation within sports and help rewrite the future for countless athletes. The silent epidemic is real, but together, we can create real change. •

Contact editor@speechtherapy.org.nz for sources and further reading.

Further listening: I host *Kandid Konversations* with Dr Kelli, a free podcast featuring interviews with athletes, parents, coaches, and concussion survivors. I created this space to allow people to hear real stories and shed light on the seriousness of concussions. A lot of people think ‘that won't happen to me’ or ‘it won't happen to my child’ – these stories are as real as it gets.



What can you do?

- 1 Educate yourself**
Stay updated on concussion research and the evolving role of SLTs in TBI rehabilitation.
- 2 Advocate in schools and sports clubs**
Help implement concussion protocols and ensure athletes receive proper cognitive screening.
- 3 Raise awareness**
Speak at school board meetings, athletic departments, and professional conferences to highlight the importance of early intervention.
- 4 Collaborate with medical teams**
Build relationships with physicians, athletic trainers, and occupational therapists to provide comprehensive care.

He Whakatā – A moment to pause

Tuihana Ohia (Ngāiterangi, Ngāti Pūkenga, Te Arawa, Mackisack) • Founder, T Kaupapa



It's a privilege to do the mahi we do. To serve, to uplift, to care. Whether in health, education, or community spaces, we work with deep empathy and aroha. We give of ourselves – our time, our energy, our wairua – because we believe in the kaupapa, in the people, in the impact we make.

But sometimes, in the giving, we give beyond our own wellbeing threshold. We carry the weight of our mahi because it matters. Yet, what if, for a moment, we paused?

He pātai tākū – What if you took a whakatā, a moment, and āta whakarongo, truly listened? With all the wisdom of your tinana, what would it tell you about your hauora?

In health and education, there is often an unspoken expectation – to always be available, to always give. It comes from the spaces we work in, from one another, from ourselves. But when do we take time to nurture our own wellbeing? When do we offer ourselves the same kindness, the same care, that we so freely give to others?

Te Whare Tapa Whā – A pathway to kindness for ourselves

One way to create space for self-care is through Te Whare Tapa Whā. This model is more than just a framework – it is a taonga, a way to deeply understand and nurture our hauora.

To use it as a tool of kindness and honesty with ourselves, take a large piece of paper and place your name at the centre. Surround it with the five pou:

Taha Wairua
Spiritual Wellbeing

Taha Tinana
Physical Wellbeing

Taha Hinengaro
Mental & Emotional Wellbeing

Taha Whānau
Social Wellbeing

Whenua
Your Connection to Place & Belonging



Ko te taiao te waiora o te tangata – The natural world is the wellbeing of the people

“ In health and education, there is often an unspoken expectation – to always be available, to always give... But when do we take time to nurture our own wellbeing? When do we offer ourselves the same kindness, the same care, that we so freely give to others?

Take your time to reflect. Within each pou, write down the resources and practices that strengthen you. What re-sources you when you feel challenged? Where do you feel strong? Where do you need greater resourcing?

This simple practice becomes a hauora map, helping you review, clarify, and strengthen your wellbeing. The frequency is up to you – it can become part of your tikanga, your personal wellbeing practice, alongside hā, breath.

The taiao – A source of healing

We often look outward for solutions – facilities, resources, external support. Yet, the answers are often within us and all around us. Our wellbeing is not something separate from us; it is woven into the fabric of who we are.

When working with whānau, kaimahi, and organisations, I often ask:

“Where is the place that makes you go ‘ahhhh’ or ‘hāaaaa’? The place where you feel peace, rangimārie, where the noise of the world fades away?”

For many, it is whānau, a taonga from a loved one, or simply being in taiao – the ngahere, the moana, a maunga, an awa. We are blessed in Aotearoa to be surrounded by taiao in all its beauty. We are not separate from it; we are part of it, and it is part of us.

“Ko te taiao te waiora o te tangata – The natural world is the wellbeing of the people.”

Even science affirms what our tūpuna always knew – spending time in nature nurtures our wellbeing, bringing clarity, energy, and healing.

I was reminded of this while in upstate New Hampshire, walking through a forest blanketed in fresh snow. As the snow began to fall again, I was met with the greatest silence I have ever experienced. And within that silence, there was peace – a deep sense of being completely tau with the world.

Or when I return home to Mauao, to Tauranga, where my iwi have lived for generations. That first swim of Raumatī – diving under the waves, feeling the rumble above, resurfacing with the cool of the moana flowing through your makawe. And beneath the waves, all you hear is the ocean.

Listening to the signs

Our tinana and hinengaro always tell us when we are fatigued, anxious, stretched too thin. He tohu tēnā – it is a sign. But in the cacophony of our world – technology, schedules, expectations – we often ignore these signs, or choose not to listen.

And yet, the simplest tool is always with us – hā.

Hā – the breath. Our tūpuna knew its power. In just two minutes of intentional breathing, we can shift our state – finding clarity, grounding, and ease. A moment to reconnect, to return to ourselves.

So, he pātai anō – what if you paused, even for a moment? What if you stepped outside, breathed deeply, placed your feet on Papatūānuku, and listened – to your tinana, your wairua, the taiao around you?

What if we offered ourselves the same kindness we extend to others?

Because within you, and all around you, are the resources you need to re-source yourself.

Haumi ē! Hui ē! Tāiki ē! ●

Interview with Peter Bell, leader of the music group for Headway: Brain Injury Auckland

Peter Bell • Leader of the music group for Headway: Brain Injury Auckland

Peter Bell started leading the weekly music group for Headway: Brain Injury Auckland in 2024, involving multiple participants who have experienced brain injury. In an interview with Communication Matters (CM) editor Emma Wollum, Peter (PB) talked about what he has learned about leadership, communication, and inclusivity.

CM: How long have you been leading Headway's music group?

PB: Last year was when Stacey [Mowbray, CEO of Headway] got wind of the fact I can play. She got me involved in music group here because I was already coming to the art class and the social club. The groups were quite ad hoc, it wasn't that structured – probably because it was in infancy as far as leadership roles were concerned. So I'm trying to structure it more – I select a bunch of songs during the week and print out lyrics for everyone who's

attending, and then they get put in folders. But I do have some spontaneity and open it up for requests.

CM: How do you choose the songs every week?

PB: I try not to choose just stuff that I like, and I'll usually do them for a succession of weeks, two or three weeks to get everyone used to them before I introduce new ones. I have quite a few newbies come every week, so I try to engage the group as much as possible. Even if I'm not feeling that good that day, I'll try and engage the group so that those new people will come back. I'm not really a natural leader as such, I'm probably a wee bit more of a follower, so I've tried to institute a bit more leadership doing this.

CM: And what has that learning process been like for you – do you have much experience leading musical groups?

PB: No, I was a bit daunted by it, it's quite a learning experience for me, this fine dance of leadership. I love Headway and I really want to invest as much as I can, so I challenge myself by saying 'okay, you've got to do it now'.

CM: And when you started running the music group, was there anything that was really unexpected about it for you –

anything that happened that you didn't anticipate?

PB: I've been really surprised by the musical chops of some of the players, like people who have a surprisingly high registry or who can sing really loud and you wouldn't have expected it – I try to match their intensity. I've always been more of a guitar player rather than a vocalist, so I've had to train myself to project more from my diaphragm and not my throat, because I was getting hoarse.

CM: Do you feel like you've become more of a confident singer?

PB: Yes, and I've tried to even introduce new techniques, like singing with a bit of light distortion and fuzz sometimes. Like if we're playing a rock song that's appropriate. I had reasonable pitch recognition before but it was not that loud – I've had to sing up a bit more and add distortion.

CM: Do you learn everything by ear, are you a music reader or are you a bit of both?

PB: My knowledge of theory is okay, but I'm relying a lot more on my ear now. If I know how the track goes now, or how the melody goes, the core provisions basically, I can pick it up by ear.

CM: You mentioned that you'll do the same series of songs for multiple weeks to get everybody feeling comfortable with it – are there any other techniques that make it easier for people to learn the songs, or easier for people to participate?

PB: Repetition seems to be the best one – like sometimes people might think 'oh gosh he's playing this ad nauseam', but it helps people who might have memory problems because of their brain injuries. So I do like to reinforce tunes by playing them over and over again.

CM: Have there been any highlights for you while you've been running the group, any really special memories you have?

PB: Being introduced to the talents of other people in the group and discovering that people are really good singers. I just like the fact that people are coming along and having fun, but also maybe discovering or rediscovering their talents.

CM: Is there anything exciting coming up for the music group, are you keen to get more public performances going?

PB: We do have lots of fundraisers at Headway, and that would be quite fun to get involved in fundraisers.

CM: Have you experienced any challenges with running the music group?

PB: The spontaneous public speaking part has been a bit difficult for me – the part of my brain that regulates emotions was damaged by stroke, I try to contain it most of the time but sometimes I have uncontrollable laughing or crying.

So it's been a challenge regulating that but I'm getting better – spontaneous public speaking is definitely one of the triggers. But I'm really open with people about it and happy to explain it if they have questions or if they're worried. Also at the beginning I used to fixate a bit on the music and on getting everything right, I'd be playing for about four hours a day. That wasn't sustainable and I now play for about one hour a day, which makes me feel prepared and gives me joy without putting too much pressure on.

CM: What's your vision for the future of the music group?

PB: I'd be keen to do anything that promotes Headway and gives them more of a public profile, I respect the staff and the participants in Headway a lot. When I was initially asked to lead the group it



Above: Peter (on guitar) leads participants in Headway's music group

was a bit of a shockwave, but actually it's pushed me into learning how to control the groove and learning how to include everyone. Those are all new skills, new people skills, new interpersonal skills that I didn't have before just floating around in the background.

CM: So it sounds like you've gained a lot of confidence. What would you say to someone who feels like they don't have the confidence to be part of a group like this?

PB: Just show up, there are lots of ways to be part of it and there are a lot of ways that we can change the songs to suit different people and their talents. ●

Headway has recently introduced Making Headway, a 10-week facilitated peer support programme focused on community reintegration following brain injury. Peter's music group is continuing, as well as a number of other peer-led groups available on headway.org.nz



Have you or your family member been diagnosed with cluttering, OR do you strongly suspect you have cluttering? If so we want to hear from you.

We invite you to take part in a survey on your experiences of cluttering. The survey should take between 10 and 15 minutes of your time. The survey is anonymous, and we will not require you to give us any personally identifiable information.

We want to find out what other conditions people might have, how they got diagnosed, what impact cluttering has had on work, education and social interaction and what supports you have found most useful. You will need to be 16 and over to complete the survey without parental consent; those under 16 can complete the survey with their parent/caregiver.

The information you provide may help other people diagnosed with cluttering and speech-language pathologists/therapists who treat cluttering.

For further information and to start the survey please go to:
redcap.link/clutteringsurvey

If you have any questions, please contact Sue Garrett at sue.garrett@otago.ac.nz. This project has been reviewed and approved by the University of Otago Human Ethics Committee, New Zealand. [Reference: H24/0118]





TD NAVIO

- 5 year warranty
- 18 hour battery life
- Light weight and portable

The purpose-built iPadOS-based communication device. Includes two companion licenses and backed by an industry-leading **5 year warranty**, giving you true peace of mind. **TD Navio can be applied for under CAT level 1.**



Preloaded with
TD Snap and TD Talk



CAT Assessors
can access **FREE** trials
for their clients



**Contact us today to
request a free trial**



office@linkassistive.co.nz
www.linkassistive.co.nz

LinkAssistive ^{NZ}
by Tobii Dynavox®

Contact details

Whakapā tangata

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



New Zealand
Speech-language
Therapists' Association
*Te Kāhui Kaiwhakatikatika
Reo Kōrero o Aotearoa*

www.speechtherapy.org.nz

NZSTA Board Members

Co-Presidents • Emma Quigan, Katrina McGarr
president@speechtherapy.org.nz

Communications • Amy Scott
communications@speechtherapy.org.nz

Member networks • Jo Mitchell
membernetworks@speechtherapy.org.nz

Professional development • Libby Coates
professionaldevelopment@speechtherapy.org.nz

Professional standards • Su Hui Lim
professionalstandards@speechtherapy.org.nz

Māori and cultural development •
Alice Redamare
culturaldevelopment@speechtherapy.org.nz

Other contacts

Private sector representative • Elisa Mynen
privatepractice@speechtherapy.org.nz

Administrator • Loreen Lee
admin@speechtherapy.org.nz +64 9 475 0214

**Speech, Language and Hearing
Journal of APSSLH, HCAST & 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 •
Emma Wollum editor@speechtherapy.org.nz

**NZSTA Kaiwhakahaere Matua /
Executive Director** • Siobhan Molloy
executivedirector@speechtherapy.org.nz

NZSTA Kaumātua • 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
smokydine@gmail.com

**Alternative and Augmentative
Communication** • Dr Prianka Parusnath
prianka.parus@gmail.com

Aphasia • 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 • Mascha Hoexum-Moerenburg
maschahm@mhmclinicaethics.co.nz

**d/Deaf and Hard of Hearing, New Zealand
Sign Language** • Rosie Lamb
rosie.lamb@canterbury.ac.nz

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

Head and Neck Cancer • Role vacant

Hearing Impairment and Cochlear Implant •
Liz Fairgray l.fairgray@auckland.ac.nz

Paediatric Feeding and Swallowing •
Emily Jones E.Jones@massey.ac.nz

Speech Sound Disorders • Polly Newtown
polly@speechteacher.co.nz

Stuttering and Cluttering • Tika Ormond
tika.ormond@canterbury.ac.nz

Supervision • Philippa Friary & Kristina Pinto
philippa.friary@auckland.ac.nz
pinto.kristina@gmail.com

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 • Ashley Dean
ar.northland@speechtherapy.org.nz

Auckland • Claire Crooks
ar.auckland@speechtherapy.org.nz

Waikato/Bay of Plenty • Kate Zame
ar.waikato.bop@speechtherapy.org.nz

Central • Pratyasha Januar
ar.central@speechtherapy.org.nz

Wellington/Nelson • Catherine Campbell &
Hannah Timms
ar.wellington@speechtherapy.org.nz

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

Otago/Southland • Alex Major
ar.otago.southland@speechtherapy.org.nz

Student representatives

Massey University • Riya Bhatia & Tamanna
Bhatia sr.massey@speechtherapy.org.nz

University of Auckland •
Alycia McGray, Ben Twinn, & Ashleigh Stove
sr.auckland@speechtherapy.org.nz

University of Canterbury • Kate Tyson,
Madeline (Maddie) Potter, & Jiajie Chen
sr.canterbury@speechtherapy.org.nz