ISSUE / NGĀ TAKE 61
SPRING/KŌANGA 2025

communication matters

NZSTA Conference 2025

Selective eating in specialist schools • Culturally responsive aphasia research in Aotearoa

Contents
Rārangi upoko kōrero

Cover image: The theme of this year's NZSTA conference, Ūe ki te Taiao, Ūe ki te whaiao, Tika Tonu Ūe: Navigating the Changing Landscape, was reflected by its location in Ahuriri/Napier

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

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NZSTA upcoming events

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

NOV

Moving forwards with LAMP Words for Life – with Dr Sam Brydon

Online
26 November, 2025

Visit **atanz.org.nz/events** to register – please note that completion of the ATANZ 6-week online LAMP Words for Life & the LAMP therapy approach course are prerequisites for this event.

NOV

Becoming a Behavioural Detective – with OT Kim Barthel

Novotel Ellerslie, Auckland
27–29 November, 2025

Register at **mind2mind.com.au/course-offerings/ols/products/becomong-a-behavioural-detective---with-kim-barthel-otr---auckland-nz**

MAR 2026

Te Tiriti-based Futures + Anti-racism conference

Online
21–26 March, 2026

More information and previous webinars accessible at: **tiritibasedfutures.info**

MAR 2026

The 25th European Congress of Physical and Rehabilitation Medicine

Krakow, Poland
23–27 March, 2026

Theme: The Next Generation: Collaborate. Inspire. Innovate.

NZSTA awards 2025

Tau kē to this year's NZSTA award recipients!

NZSTA Tohu Manaaki
Tiahna Kingi

NZSTA Tohu Kaupapa Māori
Sally Kedge

NZSTA Tohu Rangahau
Associate Professor Mershen Pillay

Emerging Practitioner for Clinical Excellence
Michelle Bonetti

Emerging Practitioner for Research (Professor Sir Don Beaven Award)
Dr Fathima Shakeela Abdul Saleem

Special interest groups

NZSTA currently offers the following special interest groups, contact the organisers below for further information about upcoming speakers and meetings:

AAC in education and health
aotearoaaacsig@gmail.com

Acquired brain injury
abisltsig@gmail.com

Adult acquired AAC
adultaac@gmail.com

Aphasia
aphasiaadviser@gmail.com

Children's eating, drinking, and swallowing
e.jones@massey.ac.nz

Cleft and velopharyngeal incompetence
Bryony.Forde@huttvalleydhb.org.nz
kenny.ardouin@pg.canterbury.ac.nz

Critical care
Deanna.Sara@cdhb.health.nz

Culturally inclusive and diverse SLT practices
CID-SLP@outlook.com

Early intervention
Alison.Bruce@nmdhb.govt.nz

Flexible Endoscopic Evaluation of Swallowing (FEES)
Becca.Hammond@waitematadhb.govt.nz, a.miles@auckland.ac.nz

d/Deaf and hard of hearing
rosie.lamb@canterbury.ac.nz
Bronwyn@hearinghouse.co.nz

Gender-affirming communication
Fiona.Dominick@bopdhb.govt.nz

Head and neck cancer
Catherine.Lawson@nmdhb.govt.nz

Laryngology and upper airway
nzvoicesig@gmail.com

Māori SLT rōpū / Te Ohu Māori o Aotearoa
k.brewer@auckland.ac.nz

Neurodiversity affirming SLT practice
ndaffirmingsig@gmail.com

Paediatric dysphagia
E.Jones@massey.ac.nz

Tracheostomy
Rebecca.Lantzos@tewhatuora.govt.nz

Vulnerable children and youth
sallykedge@gmail.com

Introducing the Aotearoa cleft and velopharyngeal incompetence special interest group

Bryony Forde •
Te Whatu Ora Hutt Valley

One of the recommendations to come out of our recently-created **Cleft-VPI guideline** (available on the NZSTA Clinical Policies and Guidelines) was to establish a national special interest group. Our inaugural meeting in February 2025 united both the North and South Islands, and included speech-language therapists from health, education, and private practice. We were joined at our next meeting in May by Dr Dave Fitzsimons – clinical specialist based at The Children's Hospital at Westmead, Sydney – his excellent talk was recorded and is available if you sign up to the SIG.

The SIG will be run online and will meet online 4 times a year. If you are interested in joining you can use the following URL, if you are accessing the digital version of Communication Matters: **canterbury.qualtrics.com/jfe/form/SV_6Pv3z8FPxGVN63I** •

Should you have any questions or suggestions relating to Cleft or VPI, I am available as the NZSTA Expert Advisor, but please reach out to your local cleft team if you have questions about specific patients – we're always happy to help!

NZSTA Conference 2025

Ūe ki te taiao, ūe ki te whaiao, tika tonu ūe: Navigating the changing landscape

This year's NZSTA Conference theme, Ūe ki te Taiao, Ūe ki te Whaiao, Tika Tonu Ūe: Navigating the Changing Landscape, was reflected by its location in Ahuriri / Napier, a part of Aotearoa where te taiao has been significantly changed most recently by the effects of Cyclone Gabrielle. We experienced three days of thought-provoking kōrero and workshops reflecting the wide variety of environments where speech-language therapists provide contributions, and discussed future directions and aspirations for the profession. The Kōanga edition of *Communication Matters* features articles from many of this year's conference speakers.

Day 3 keynote speakers Dr Heather Came and Associate Professor Mershen Pillay share perspectives on the art and science of decolonisation.

> "Communication needs to matter in the health systems we are working in…we need to stop good clinicians from harming people inadvertently through the contexts that we work in."

Associate Professor Felicity Bright, Grace Gane Memorial Lecture

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Carleen Heemi (Te Whakatōhea, Ngāi Tai) with the kete she wove, representing the three kete of Tuakiritanga, Te Haerenga, and Pūkenga that comprise the new Programme Accreditation Framework.

Platinum sponsors LinkAssistive with a highly sought-after slap bracelet.

NSTA kaiwhakahaere mātua Siobhan Molloy at the registration table.

The Combined Critical Care and Trache Special Interest Group.

Members of the Programme Accreditation Framework Committee launch the PAF with a waiata led by kaumātua Rukingi Haupapa.

Many thanks to the mahi of the conference organising committee.

“Wairua is fundamental to healthcare.”

Keynote speaker Dr Heather Came, speaking about the art and science of decolonisation.

Attendees outside the Napier War Memorial Centre prior to the conference dinner at Crab Farm Winery.

An interview with NZSTA Patron Justice Andrew Becroft

Emma Wollum • Editor, *Communication Matters*

NZSTA Patron Justice Andrew Becroft spoke on the third day of this year's NZSTA Conference, addressing topics including the influence of speech-language therapy on his life and career, and his reflections on being a judicial stutterer. *Communication Matters* editor Emma Wollum (CM) interviewed Justice Becroft (AB) prior to his speech at the conference – which included his signature multiple t-shirt changes!

Left: NZSTA Patron Justice Andrew Becroft in the first of his three thematic t-shirts.

CM: There's a very strong justice and advocacy focus at this year's conference. What role do you see for speech-language therapists in the justice system?

AB: I think a huge role and a significant role. The more I've been involved in the justice system, the more many of us have realised that we're often dealing with offenders – particularly young offenders, particularly male young offenders – for whom communication is one of the many co-occurring challenges they face. Speaking for myself, in my early years as a judge I probably mistook what you could describe as a sort of sullen insolence and refusal to participate, I was mistaking it for that when it really was a difficulty in either hearing, processing, or communicating. I think history will show that we've been slow to realise the profound and pervasive nature of communication difficulties of those in the courts.

CM: You've provided an example of your comments to a 14-year-old at Family Court, thank you for that – what are some ways that you've modified your communication in a court setting, in response to communication difficulties?

AB: I think it's really tough to do it, because as a lawyer and then a judge, you're sort of inculcated with a way of speaking and a way of analysing and a lexicon of words that are very familiar to us. There is a special set of words that we take for granted that the rest of the public doesn't, and I think there's a constant challenge to speak and to write simply and clearly. The comments you're referring to, that 14-year-old was caught in the middle of a dispute about where he would live – and I thought it was really important that he understood what had been decided, and that his views had been taken into account. I think every judge is always thinking about how we can communicate better, and how we can still communicate the law and the decision without the need to use legal words or legal terminology unless it's really necessary.

CM: From an advocacy perspective, the advocacy that we've been discussing at the conference is not only speech-language therapists advocating for our kiritaki, but also advocating for ourselves and for our profession in a variety of environments. What would you say in terms of how speech-language therapists can advocate for themselves within the justice system?

AB: With the development of Communication Assistants, which are now recognised statutory roles, judges in the system are realising the benefits – so in a way there is soft advocacy just by the continual excellence of those who are performing that role. Excellence begets excellence and in a way, need begets need. The more people see the role of the Communication Assistant demonstrated, the more they're thinking, is that something that we should be adopting in this case? I think we've turned the corner; I think the door's been opened and speech-language therapists have walked through it and are walking through it. It's right that they do – I mean, the system hasn't been optimal, it's been suboptimal. We could do so much better in communication, and Communication Assistants are showing us the way.

CM: The other area of advocacy that you contribute to a lot for speech-language therapy is in the area of stuttering – how has that aspect of SLT affected your life?

AB: Well, I wouldn't be here were it not for the input of speech-language therapy. Graham Greene, the writer, talks about how there is always one moment in childhood or youth when the door opens and lets the future in – for me, that was the work of a speech-language therapist. I was two and a half when my brother was born, I had whooping cough and my mum had to stay in hospital for nearly a month with my younger brother until I had recovered. I understand that I started to stutter about two minutes after they came home. It was a significant stutter that affected my whole life – I could never answer questions in class, and I struggled with the spoken word at law school. I had a couple of years at a law firm doing conveyancing, and my firm said that if I really wanted to do court work, we can't have you representing clients with the stutter you have at the moment. So they paid for me to attend a three-week semi-residential course at Auckland Hospital, where I learned techniques including smooth speech, soft contact, continuous airflow. For the first time, I had a method that I could deploy in court, that gave me the confidence to speak in public, and these are methods that I still use today. I wouldn't have been a lawyer, let alone a judge, let alone Principal Youth Court Judge, let alone Children's Commissioner, without the contribution of a speech-language therapist. So I would always just about drop everything to come and advocate and support speech-language therapists.

CM: What would you say to someone who has been told, either someone who comes through the justice system or someone who stutters, that a particular future is not open to them because of communication differences?

AB: I was told that – my history teacher said to my parents that the law, the church, and education would be three careers he would strongly advise against because of my stutter. To mum's credit, she never told me that! I would say that with good help and intervention and with commitment and practice, no options are off the table. I once met a boy when I was Principal Youth Court Judge, he was about 15 and had a stutter. We talked and we had so much in common. He was already becoming something of a walking thesaurus, changing words when he couldn't get to the one he needed, as well as using a pad and pencil to write down what he wanted instead of saying it out loud – just what I used to do. I was about 50 at the time and had an immediate flashback, 35 years of my life flashed back. I would say with what we know now about how to treat stuttering, nothing is off the table for anybody. •

For the full transcript of this interview, and for Justice Becroft's anonymised comments at the Family Court, please email editor@speechtherapy.org.nz

Targeting voice, swallowing and cough in people with Parkinson's

What we have learned from LSVT LOUD and EMST

Shakeela Saleem, PhD • **Anna Miles**, PhD • **Jacqui Allen**, MD

Can these therapies make a real difference for people with Parkinson's?

This study investigated two different therapies for people with Parkinson's disease, examining how each affected swallowing, cough strength, and speech in 58 people who had mild to moderate Parkinson's disease. Each person did four weeks of either Lee Silverman Voice Treatment – LOUD (LSVT) or expiratory muscle strength training (EMST), and their swallowing, coughing, and voice/speech were tested before and after the therapy using videofluoroscopy swallow studies, spirometry cough tests, acoustic and aerodynamic voice analysis, and questionnaires.

Overview of key features in the two Parkinson's therapy approaches:

Lee Silverman Voice Treatment (LSVT LOUD™)	**Expiratory Muscle Strength Training (EMST)**
Vocal and speech hierarchical exercises to **improve loudness**	Device-driven treatment (EMST 150) to **strengthen expiratory and submental muscles**
4 days/week, for 4 consecutive weeks Total sessions: 16 (one to one session with the clinician) Average session duration: **50–60 minutes**	**5 days/week, for 4 consecutive weeks** Total sessions: 20 (1 day/week with clinician and 4 days/week independent sessions at home) Average session duration: **10–20 minutes**
1. Sustained vowel/ah/ (15 repetitions) 2. High pitch/ah/glide (15 repetitions) 3. Low pitch/ah/glide (15 repetitions) 4. Reading of ten functional phrases (5 repetitions) 5. Reading and spontaneous speech drills Homework tasks: every day for 4 weeks	1. Determining optimal pressure threshold level (75% load) 2. Complete five daily **sets of five breaths in each set (in total 25 blows)** – 15–30 seconds resting time between blows – 30–60 seconds resting time between sets

Here's what we found:

Clinical benefits of LSVT LOUD:

LSVT LOUD significantly improved voice function in people with mild to moderate Parkinson's disease, including vocal intensity, pitch range, and sustained phonation. It also enhanced airway protection during swallowing by improving the timing of laryngeal closure, helping to prevent aspiration. In addition to its primary speech benefits, LSVT LOUD improved both voluntary and reflexive cough strength, supporting safer airway clearance. People reported greater confidence in communication and swallowing. The therapy is non-invasive and can be delivered in-person or via telehealth, making it an accessible treatment option.

Clinical benefits of EMST:

EMST primarily improved swallowing biomechanics, such as hyoid movement and pharyngeal parameters, which are crucial for safe and effective swallowing. It also strengthened the muscles used for breathing and coughing, leading to improvements in voluntary cough strength. Although voice improvements were limited, people did develop faster airflow generation during spirometric and aerodynamic testing, and still reported feeling improvements in their speech and swallowing confidence. EMST is a simple, home-based therapy that is easy to use and well-suited for self-management of respiratory and swallowing symptoms in people with mild to moderate Parkinson's disease.

Phonatory Aerodynamic System. Swallowing Research Laboratory.

Key take-home messages for SLTs

The differing effects of LSVT LOUD and EMST on voice and swallowing allow SLTs to tailor interventions based on individual symptom profiles in Parkinson's disease. Telehealth delivery of both treatments remains viable and may enhance access for patients with mobility or travel limitations. Even small improvements measured during testing led to meaningful subjective improvements in communication and swallowing confidence.

Both LSVT LOUD and EMST demonstrated strong treatment adherence, with over 85% of people completing the full programs. This was made possible through the use of individualised adaptive strategies, including flexible scheduling, visual supports, and family involvement, which helped overcome common barriers such as fatigue, device use difficulties, and access issues.

Why is it important?

This study shows that both LSVT LOUD and EMST are safe and manageable for people with mild to moderate Parkinson's disease. Most people were able to do their EMST programme without supervision, making it perhaps more cost effective as a first line of therapy in resource-poor services. This study shows that both LSVT LOUD and EMST can help swallowing, voice and cough, but in different ways. People with Parkinson's disease, and their SLTs, can choose the right therapy for their needs or use both complementarily.

Read the full study here:
tandfonline.com/doi/pdf/10.1080/17549507.2025.2455635

Walking together: My journey towards culturally responsive aphasia research in Aotearoa

Annette Rotherham, PhD

As a tauiwi (non-Māori) speech-language therapist living and working in Aotearoa New Zealand, I feel a responsibility to ensure my work reflects the cultural richness and diversity of the communities I serve. When I began my doctoral research—remotely through the University of Queensland—I knew that developing a patient-reported outcome measure (PROM) for dyadic conversation in aphasia couldn't be done in isolation. It had to be shaped by lived experience, cultural wisdom, and genuine partnership.

My research journey has been guided by three interconnected studies: a scoping review of existing conversation measures, focus groups with couples where one partner has aphasia, and cognitive interviews to test the face and content validity of the proposed PROM. But more than the methodology, what defines this work is the commitment to cultural safety and equity—especially for Māori participants.

Grounding my work in Te Tiriti o Waitangi and tikanga

In Aotearoa, Te Tiriti o Waitangi (Treaty of Waitangi) is more than a historical document—it's a living foundation for partnership between tangata whenua (Māori) and tangata Tiriti (non-Māori).

I knew from the outset that my research needed to honour this partnership. I turned to the Te Ara Tika framework, a kaupapa Māori ethical guide that emphasises whakapapa (relationships), mana (justice and equity), tika (research design), and manaakitanga (cultural and social responsibility).

With the support of our Kaumātua, Rukingi Haupapa, and members of the Awhi Mai Stroke Trust, I embedded tikanga Māori into every stage of the research. We included karakia (prayer), whakataukī (proverbs), and te reo Māori terms to create a space where participants felt safe, respected, and heard. These practices weren't symbolic—they were essential. They helped build trust and allowed participants to share their stories with authenticity.

Whanaungatanga: The power of connection

One of the most profound lessons I've learned is the importance of whakawhanaungatanga—building relationships. Before asking participants to share their experiences, I took time to connect. I met people in their homes and listened to their stories. This wasn't just about informed consent—it was about honouring their whakapapa (ancestral connections) and creating a foundation of mutual respect.

I first met Sandy and Dave Hiakita in 2019 through the NZSTA and Awhi Mai Stroke Trust. Over time, our relationship grew through shared experiences on the marae, learning waiata, and simply spending time together. When they later joined the stakeholder advisory group, their insights and reflections became a cornerstone of the research. Sandy told me that participating "brought me out of myself and opened my eyes to a new world". Sandy reported that this gave her the confidence to engage in other research. Dave emphasised the importance of familiarity and

trust: "You've been to our home… it's the 'know me before you help me'." Their reflections underscore the value of relational ethics in research with Indigenous communities.

Co-designing with lived experience

The stakeholder advisory group was central to this research. It included speech-language therapists, couples affected by aphasia (including a Māori couple), a co-design expert, and our Kaumātua. We met regularly via Zoom, using supported communication strategies to ensure everyone could contribute—pictograms, simplified questions, large fonts, and visual answer options were all part of our toolkit.

Their feedback shaped everything. They helped refine terminology (like the word "dyad"), piloted focus groups, and suggested ways to make the research more accessible. One memorable moment was when we used a warm-up question—"What do you like about chocolate?"—to ease participants into the nominal group technique. It was simple, effective, and human.

We also discussed how to share findings in ways that suit people with aphasia. The group emphasized the need for multiple formats—written, video, pictographic—because aphasia affects everyone differently. Their lived experience was a constant reminder that accessibility isn't optional; it's foundational.

Cultural validation and looking ahead

One of the persistent challenges in our field is the lack of culturally validated outcome measures for Māori. My research aims to help fill that gap. Inspired by tools like the MANA Model for Mate Wareware dementia assessment, I'm committed to ensuring that the Measure of Dyadic Conversation in Aphasia undergoes rigorous cultural validation. Māori data sovereignty principles guide how findings will be shared—with iwi, whānau, and Māori stroke networks like Awhi Mai.

This work is just the beginning. It's a step toward creating tools that reflect the voices, values, and experiences of all New Zealanders. It's about ensuring that speech-language therapy is not only clinically effective but culturally safe.

Final reflections

As I reflect on this journey, I'm reminded of the whakataukī: *Whaia te mātauranga hei oranga mō koutou katoa—Seek knowledge for the wellbeing of all*. This research has taught me that knowledge isn't just found in journals or textbooks. It lives in the stories, relationships, and wisdom of the people we walk alongside.

Shared experiences on the marae were integral to whanaungatanga.

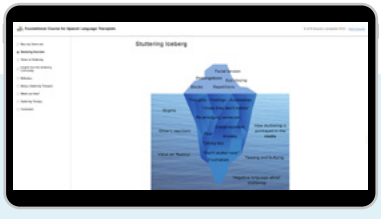
Making professional development work

A new series of online courses for SLTs supporting tamariki who stutter

Brittney Mackie and Janelle Irvine • Stuttering Treatment and Research Trust

How do we ensure speech-language therapists across Aotearoa feel confident and well-equipped to support tamariki and rangatahi who stutter — especially when those cases are often few and far between?

That's the challenge that sparked a conversation between the Stuttering Treatment and Research Trust (START) and the Ministry of Education (MoE), leading to a new and flexible series of online professional development courses.



A screenshot from the Foundational Course for SLTs.

Why the shift to online learning?

For over 13 years, START delivered face-to-face and online workshops to support SLTs working with children and young people who stutter. While well received, these workshops were only offered twice each year, making it difficult to access when support was most needed. This led to the idea of creating a series of self-paced online courses that SLTs could access when they needed them.

Developing the courses: A team effort

Partnering with the MoE made sense – not only because they employ the largest number of SLTs in Aotearoa but also to ensure alignment with He Pikorua, the MoE's learning support practice framework.

Throughout 2024, a working group made up of SLTs from both organisations collaborated to design the courses, combining START's specialist clinical expertise with the MoE's learning support framework to ensure the content reflected the needs of SLTs working in schools and kura. The team also considered how a Te Ao Māori lens could guide this mahi and inform the future development of more culturally responsive courses.

What's currently available?

Launched in July 2025, the first four courses blend theory with practical content: video examples, case studies, and reflective prompts support immediate application of learning.

Current modules include:

Foundational Course for SLTs – covers the important stuff we think you should know when working with people who stutter. This course is compulsory if you intend to complete our other courses.

Stuttering in the School Age Years (7–18 years): Overview and Evidence – recommended for new grads or SLTs new to working with this age group. Offers a solid grounding in evidence and best practice.

Gathering Information – focuses on the assessment of people who stutter across the lifespan.

Using the 'Teachers Guide for Working with Young People who Stutter': A module for SLTs – supports SLTs on how to use this practical resource to strengthen school-based support.

Janelle and Brittney at the NZSTA 2025 Conference.

Also available:

A free 15-minute explainer video – *What is Stuttering?* – created for whānau, teachers and others wanting a quick accessible introduction to stuttering and how to support people who stutter.

New modules are in development, including topics such as *Stuttering Education and Normalisation*, and *Teasing and Bullying*.

More than just courses: Building a learning community

We were mindful of what can be lost when moving away from live, face-to-face learning – particularly the chance to ask questions and connect with peers.

To bridge this gap, START introduced *Meet & Eat* sessions: regular online lunchtime sessions where SLTs can bring questions, discuss cases, and access support from the START team. These sessions are a key part of the learning experience and help reduce isolation, particularly for SLTs who don't work with stuttering cases regularly.

SLTs are invited to sign up for *Meet & Eat* sessions at the end of each course as these are a valuable part of the learning experience:

> "The Meet and Eat sessions are a great resource. The chance to drop in and hear of other cases as well as chat through my own has been very helpful. The START staff are great facilitators and create a safe place for peer group supervision and support everyone with direct and indirect advice and guidance."

What SLTs are saying

Early feedback from both MoE and private SLTs has been positive. They've highlighted the courses' alignment with He Pikorua, the use of strengths-based and stuttering-affirming language, and the practical support provided to those less confident in working with people who stutter. Suggestions for improvement have also emerged, such as adding more visuals, culturally responsive content, and courses focused on stuttering alongside other co-existing conditions. These ideas are shaping the next stage of development.

Looking ahead

This partnership has built a strong relationship between START and the MoE, opening doors to future collaborations that will benefit both SLTs and the tamariki and rangatahi they support.

We're committed to continuous development to ensure the courses remain relevant, evidence-based, and culturally appropriate. More courses are being developed, and we're growing a library of resources to meet the evolving needs of SLTs around the motu. •

Ehara taku toa I te toa takitahi, engari he toa takitini
Success is not the work of one but the work of many

stuttering.co.nz/help-someone-who-stutters/speech-therapists/

Ngā mihi nui to the MoE working party: Claire Winward, Simone McCowatt, Ali Slade, and Laura Arovaara

Teaching together

How speech-language therapists and teachers are strengthening literacy through the Better Start Literacy Approach

Dr Amy Scott • University of Canterbury Child Well-being Research Institute

Structured literacy is now a mandated component of New Zealand's primary school curriculum, with large-scale professional learning and development (PLD) rolling out nationwide to support teachers. But another essential group is also stepping into this space: speech-language therapists - whose specialist knowledge of oral language development makes us vital allies in accelerating literacy outcomes.

Recognising the powerful relationship between speech, language, and literacy, the Better Start Literacy Approach (BSLA) has developed a tailored course to upskill SLTs in structured literacy assessment and instruction. Since its launch in 2023, the course has welcomed over 100 SLTs, equipping them with evidence-based tools to support classroom teaching and to collaborate with educators delivering BSLA in their primary school classrooms.

Developed by renowned New Zealand SLTs, Professors Gail Gillon and Brigid McNeill, with support from BSLA National Implementation Lead Dr Amy Scott (Senior Lecturer and SLT), Dr Lisa Furlong (Senior Lecturer and SLT), and Marie Shipston (SLT and BSLA Educator), as well as input from Associate Professor Sally Clendon (Massey University), the course reflects deep expertise in both language development and education. Many BSLA team members are trained SLTs, ensuring the learning is grounded in real-world clinical and classroom experience, whilst ensuring a strong alignment to the latest research in evidence-based literacy teaching.

The course combines interactive in-person workshops with online self-directed learning modules to build knowledge in the theory, assessment, and implementation of structured literacy teaching. Participants gain a robust understanding of Tier 1 classroom practices, enhancing their ability to deliver aligned support at Tier 2 and 3 for students who need extra help. They also learn about latest developments in assessment technology such as the BSLA online oral narrative task, which harnesses the latest in AI-enhanced automatic speech-to-text transcription with automatic language metric analysis. This shared understanding of children's oral language data has been a highlight for many SLTs and teachers collaborating through this course.

BSLA incorporates multimodal communication and AAC in specialist schools.

For participating SLTs, the learning has been transformative. Focus group data gathered from course participants highlights how much they valued the opportunity. One key theme that arose was the positive experience of collaboration with teachers in the literacy space.

> “They’re sharing things with me, they’re saying, how can we adapt it for this child, or we’ve got these children doing this. And so I feel that there’s a real collaboration there and a real acceptance of I guess, that we’re part of this.”
>
> – SLT and course participant

> “And to me, it’s about breaking down barriers at that wider systemic level […], that we finally are talking the same language and avoiding the “them and us” or teachers and learning support model [and] that we’re that we really are being integrated and coming together and I think that’s a huge strength.”
>
> – SLT and course participant

Others really valued the opportunity to come together as a team from all around the country, with a shared purpose.

> “The thing that I loved THE MOST was connecting with other SLTs […] to be face to face with a roomful of SLTs was beautiful.”
>
> – SLT and course participant

Participating SLTs also really appreciated the focus BSLA had on supporting children’s speech and language needs within literacy teaching, and how the training has helped create a shared understanding with teachers on this critical integration.

> “I find that the teachers that have gone through the training for BSLA are so much more on board with understanding how [important] oral language [is]. And you know, all those years of us saying phonological awareness is so critical in oral language and vocab. And suddenly, it’s like, oh, my goodness […] they now get it.”
>
> – SLT and course participant

These insights on the impact of the course for SLTs were presented by Dr Lisa Furlong at the recent New Zealand Speech-language Therapists’ Association (NZSTA) conference in Napier, where the programme’s potential for strengthening professional collaboration was enthusiastically received. Dr Amy Scott also shared advancements in the development of the oral narrative task and updates on the research team’s implementation of the NELI oral language intervention in a number of BSLA schools around New Zealand.

The BSLA team are also now working closely with all specialist schools throughout New Zealand to provide comprehensive structured literacy PLD to all teachers, teacher aides, leaders and therapists (including SLTs) through a new Ministry of Education contract. This exciting new initiative kicked off in Term 3, led by Associate Professor Sally Clendon and Professor Gail Gillon, with in-person workshops around New Zealand and online, as well as self-directed learning modules and communities of practice. The PLD will reach more than 3000 staff in specialist schools, including over 100 SLTs.

“SLTs play a pivotal role in supporting structured literacy assessment and teaching in specialist schools especially for children who have speech, language, and more complex communication needs”, says Associate Professor Clendon. “The BSLA has a focus

continues over page »

on building critical phoneme awareness, phonic, and decoding skills, as well as the language skills essential for successful reading and writing. SLTs bring valuable expertise in understanding how these skills emerge and develop, and in ensuring learning activities are inclusive and appropriately scaffolded to optimise learning."

As New Zealand continues to drive literacy equity through structured literacy reform, the Better Start Literacy Approach offers a model for how professions can come together, each bringing their strengths and knowledge, to support every learner's journey to reading and writing success. •

www.betterstartapproach.com

BSLA has a focus on building the language skills essential for successful reading and writing.

Selective eating in specialist schools

Where does a school SLT start?

Paula Morrison and Emily Glucina • Wairau Valley Special School speech-language therapy team

At Wairau Valley Special School, selective eating comes up as a primary concern for many of our students and whānau. As speech-language therapists, we were already used to working closely with teaching teams, therapists, and families – but it became clear that we needed a structured way to think about how best to support eating and mealtimes across the school.

So, we turned to our tiered model of support. This gave us a way to balance efficiency, making sure strategies reached as many students as possible, with the flexibility to respond to individual priorities. It also kept us grounded in the everyday realities of specialist schools, where children often have complex communication, learning and behaviour needs. As therapists we need to manage these sometimes competing demands, adult priorities and come back to our core role: Access to the curriculum. So what does this look like?

Universal Tier

At the universal level, our focus is on whole-school culture and adult education. We begin by running staff meetings to unpack the difference between dysphagia – which requires risk management and feeding plans – and selective eating, which requires a very different approach.

From there, we looked at what small changes could make mealtimes richer and more inclusive. Some teacher aides began eating their own morning tea alongside students. Classes arranged shared lunches, cooking sessions, and kai celebrations that turned food into a social event, with the aim of increasing social participation in mealtimes.

We also introduced quieter eating spaces for those who found the sensory load overwhelming. Class teams were given resources and support to use food neutral language when talking about food as well as how to respond to communication attempts and embed AAC during meals. Parent morning teas have become a valuable way to connect with whānau; in term three we decided to focus on sharing information with whānau on nutrition and selective eating, and pass on universal strategies that could be tried at home.

What is effective about the universal tier is that therapists don't need to be in the room for change to happen. By equipping adults with confidence and tools, we could embed strategies into the school day in ways that were sustainable and meaningful.

An example of intervention at the Targeted Tier.

Targeted Tier

Some students need more focused support, so we trialled small group interventions. One of our favourite projects was a group we called *Kai Explorers*, co-facilitated with our occupational therapists.

We built the programme into the classroom theme, "Nemo and friends," and ran weekly sessions for six selective eaters. Each session started with sensory play — water, tactile trays, movement, music — before moving into food exploration. Colour-coded foods linked to the characters: orange for Nemo, blue for Dory, yellow for Bubbles, and green for Blenny. Fruits, vegetables, and even purees like custard or hummus were offered with no pressure to eat. Students are not removed from their classroom environment, and at school we do not run 'feeding groups'; rather, we look at increasing opportunities for responsive approaches to be used within the classroom.

The goal was a predictable, relaxed routine. We recorded progress by noting whether each student looked at, touched, smelled, licked, or tasted the food. Every step was valued, no matter how small.

Over time, we gradually shifted responsibility to the teaching team. At first, we led the group; then we co-facilitated; finally, the staff ran it themselves while we observed. The real success was that the routine and strategies continued long after the therapists stepped back. Whānau were kept in the loop with photos and updates through our school communication system, 'Hero', so they could celebrate progress and see what worked.

One teacher commented "The overall atmosphere has changed in my classroom at mealtimes. It's great having them all eat together in the class. My students now also engage in preparing food for cooking".

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Individual Tier

Sometimes, selective eating was identified by whānau as a top priority, often when diets were extremely limited (sometimes only 10–15 foods) and family stress was very high. In these cases, we considered what individualised intervention could look like for these students.

Always starting with thorough assessment, case history and mealtime observations were carried out, within the classroom, or families would video mealtimes at home and share those with the therapists.

The first goal was always to reduce distress. No one eats well with a tummy full of butterflies, so supporting regulation came first. From there, families identified what mattered most: expanding variety, being able to eat out in the community, or helping their child stay regulated at school. Our overarching goal was always, in line with a responsive feeding approach, to build trust between the student and their whānau around mealtimes, before doing any kind of gradual exposure. Sometimes whānau have experienced trauma around mealtimes (including meltdowns, attempts at forcing food, or hiding veggies), and rebuilding the relational aspect of mealtimes becomes imperative.

We worked in clear therapy blocks with defined goals, while keeping goals flexible. Much of the work was coaching, talking through what strategies to try, noticing what worked, and persisting with manageable changes. Often, starting with something simple like food-neutral language was the most effective first step.

> “We have access to the learners everyday alongside their teachers, support staff, therapists, and whānau. This puts us in a powerful position to make a difference not just for the learner but for the community around them.”

We also addressed the bigger picture. That meant talking about food access, adult literacy around nutrition, and sometimes advocating for referrals to Dieticians or Paediatricians, especially when families faced barriers to getting this support outside of school.

Reflections and conclusions

Working in a specialist school gives us a unique opportunity. We see children every day, alongside their teachers, support staff, and whānau. This puts us in a powerful position to make a difference, not just for the child, but for the whole system around them.

One of the strongest lessons for us has been the impact of adult behaviour. How we respond to a student’s communication, the words we use around food, the way we structure mealtimes, these are the things that shape eating experiences. Universal strategies, when embedded into the fabric of school life, can create immediate ripple effects.

But we also need to be ready to step in with more intensive support when families are struggling. Selective eating can place a huge strain on home life, and when whānau say it is a priority, we must listen and respond. Clinical decision-making is key here: knowing when universal strategies are enough, when to target groups, and when to individualise.

Underlying it all is a neurodivergent-affirming approach. Some rigidity around food is perfectly acceptable if children are healthy and growing. However, when eating becomes a source of stress and exclusion, that’s where SLTs can step in. Our role is to notice the right moments, provide the right tier of support, and keep our work meaningful and grounded in the priorities of students and their whānau.

In the end, our aim is simple but profound: to make mealtimes calm, inclusive, and joyful, so that students can learn, participate, and thrive in their school day. •

If we celebrate neurodiversity in our clients, why not ourselves?

A think piece on reducing neurotypical bias in the speech–language therapy profession

Amy Oughton • NZSTA member engagement coordinator

Speech–language therapists (SLTs) are trained to see communication as a human right. We advocate for our clients' diverse communication needs and support those whose voices are too often marginalised.

In many ways, our profession has embraced neurodiversity, especially in how we work with autistic individuals, those with ADHD, and others who think, process, or express differently. We speak the language of inclusion fluently when it comes to our caseloads.

But when we turn the lens inward—toward our colleagues, students, and systems – something doesn't align.

In recent years, many SLTs and SLT students have shared concerns about how neurodivergence is treated within our professional spaces. Disclosing a diagnosis like autism, ADHD, or dyslexia is still perceived by many as a risk, not a strength. Some neurodivergent SLTs report that they feel the need to "mask" or camouflage their traits to meet expectations of professionalism. Others say they were discouraged from disclosing a diagnosis in job interviews, placement settings, or peer supervision contexts. These experiences are not isolated. They reflect a broader pattern of **neurotypical bias**.

As a professional body, NZSTA is responsible for ensuring that our values are lived, not just spoken. That means examining how our systems, education pathways, and definitions of professionalism may unintentionally exclude or disadvantage those who think and work differently. It means acknowledging that our workplaces and learning environments have been built around neurotypical norms, and asking what needs to shift to make room for all kinds of minds.

What is neurotypical bias—and why it matters

Neurotypical bias refers to the pervasive assumption that neurotypical ways of thinking, processing, communicating, and behaving are the default – or worse, the ideal. It is the tendency to unconsciously centre neurotypical norms in our expectations of how people should learn, work, interact, and express themselves. This bias can have insidious effects in speech–language therapy, where communication and cognition

> Redefining professionalism does not mean lowering standards. It means broadening them. It means shifting from a performance-based model to one rooted in values, outcomes, and inclusivity."

are foundational to our work and how we evaluate professional competence.

Neurotypical bias is often not intentional. It's embedded in the small, usually unquestioned decisions and structures that shape our professional world: placement evaluation rubrics, expectations of responsiveness in team meetings, definitions of "professional conduct," and even who we imagine when we hear the term "ideal candidate".

For neurodivergent SLTs, this bias can lead to environments that feel implicitly unwelcoming or even unsafe. A 2024 RCSLT survey reported that 88% of neurodivergent SLTs had considered leaving the profession due to a lack of support or understanding. Research also shows that neurodivergent professionals in health and education settings often feel they must work harder just to appear equally competent.

This is not a matter of personal prejudice. It is a systemic issue. And if we continue to overlook it, we risk reinforcing a monoculture that excludes the diversity our profession is meant to value.

Invisible expectations: Whose "professionalism" are we upholding?

Professionalism is a cornerstone of our identity as SLTs. It shapes how we present ourselves, are assessed during training, and are promoted or retained. However, professionalism (as it is commonly defined) is not neutral. It is steeped in norms that reflect white, Western, neurotypical expectations around communication style, social ease, and executive functioning. For neurodivergent colleagues, these norms can act as barriers rather than benchmarks.

In SLT workplaces and education settings, these expectations often include:

- Verbal fluency and speed of response
- Eye contact and affective expression
- Comfort with group settings and informal social norms
- Multitasking and time-bound responsiveness
- Emotional neutrality and adaptability under pressure

What if we challenged those assumptions? What if we recognised that professionalism could include deep focus, system thinking, visual problem-solving, or consistent reliability—even if those traits aren't packaged in a socially fluent, neurotypical form?

Redefining professionalism does not mean lowering standards. It means broadening them. It means shifting from a performance-based model to one rooted in values, outcomes, and inclusivity.

The burden of masking

Masking refers to the suppressing or camouflaging of neurodivergent traits to appear more neurotypical. For many neurodivergent SLTs, masking becomes a necessary but deeply taxing survival strategy, particularly in training, supervision, or early-career settings where power dynamics are pronounced.

Common masking behaviours include maintaining eye contact despite discomfort, suppressing stimming, mimicking conversational norms, over-preparing for meetings, and emotionally self-monitoring at all times. While these efforts may help neurodivergent individuals "blend in," they often come at a cost: mental fatigue, anxiety, identity erosion, and burnout.

Masking is rarely recognised in professional evaluations, but its effects are profound. It creates an invisible labour burden that neurotypical colleagues do not face. We must move toward environments where authenticity is supported, not punished, and where colleagues are not forced to trade psychological safety for professional acceptance.

The double-empathy lens

The "double-empathy problem," coined by Damian Milton, proposes that communication breakdowns between neurodivergent and neurotypical individuals are **mutual misunderstandings** rather than one-sided deficits. This challenges the longstanding clinical assumption that autistic or otherwise neurodivergent people inherently lack social skills.

This matters in professional settings. A neurodivergent SLT may be perceived as blunt or aloof by neurotypical colleagues, not because they are unprofessional but because they communicate in a style that reflects their cognitive wiring.

Recognising the double-empathy dynamic invites us to approach workplace misunderstandings with curiosity and reciprocity, rather than blame. It reminds us that inclusion is not about one group accommodating another but about mutual adaptation.

"Team fit" and the hidden demand to mask

When people say 'how well they would fit with the current team dynamic,' they're really saying that if the person masks well, that might be fine.

This comment gets to the heart of an uncomfortable truth. The language of "team fit" is often a euphemism for conformity to neurotypical norms. It prioritises surface harmony over authentic diversity.

This is especially harmful in hiring, supervision, and professional development processes. We must unpack what we mean by "fit" and challenge whether it excludes difference rather than builds inclusivity.

Inclusion does not mean bringing in people who act like us. It means valuing people because they do not.

What could change look like?

Reducing neurotypical bias is not about creating special rules. It is about designing systems that recognise the full spectrum of human communication and cognition. This could include:

- **Reframing professionalism** to include diverse communication styles and strengths
- **Normalising accommodations**, such as written instructions, quiet spaces, and sensory-friendly environments
- **Offering training** for educators, supervisors, and employers on neurodivergent experiences
- **Establishing peer networks** for neurodivergent SLTs to connect, lead, and support one another
- **Embedding reflective practice** about bias and accessibility into all NZSTA processes and documentation

Learn More

DivergAntz is an Australian organisation that supports neurodivergent people—particularly those with autism and ADHD—by providing free resources, training, and practical tools. Its focus is on neurodivergent-affirming approaches, education for families and professionals, and promotion of dignity, inclusion, and understanding.

NZSTA's role and invitation

As a professional body, NZSTA can lead this shift. We already uphold values of equity, inclusion, and excellence in practice. Now we must apply those values inwardly, to our workforce, our structures, and our culture.

Join NZSTA's new Diversity, Inclusion, Equity, and Belonging standing committee – contact **admin@speechtherapy.org.nz**

We invite feedback, lived experience, and collaboration from our neurodivergent members and the educators, supervisors, and leaders shaping the next generation of SLTs.

This article is the beginning of a conversation. Let us make sure it does not end here. •

Feedback: **memberengagement@speechtherapy.org.nz**

For a list of references and for the full text of Amy's article, please email **editor@speechtherapy.org.nz**

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

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