ISSUE / NGĀ TAKE 60
WINTER/HŌTOKE
2025

communication matters

A critical Tiriti analysis of NZSTA key documents

How a forgotten 3D printer sparked inclusive innovation • Stuttering, microaggressions, and the everyday realities of communication

Contents
Rārangi upoko kōrero

Cover image: Multidisciplinary school holiday programmes co-designed by speech-language therapists and occupational therapists provide opportunities for communication and for regulation, attention, and sensory integration (see article on p.12 of this issue).

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

ISSN 2324-2302 (Print)
ISSN 2324-2310 (Online)

NZSTA upcoming events

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

JUL–AUG

Coaching for Communication Partners – with Dr Sam Brydon

Auckland
31 July and 1 August

Christchurch
14 and 15 August

Register at **events.humanitix.com/coaching-for-communication-partners**

10–14 AUG

33rd World Congress of the IALP

Malta

ialpmalta2025.org

10–12 SEP

NZSTA 2025 Conference – Navigating the Changing Landscape

Napier War Memorial Centre

OCT

2-day introductory PODD workshops – with Helen Bayldon

Christchurch
1–2 October
Pītau-Allenvale School

Auckland
16–17 October
Jetpark Auckland Airport Hotel

Visit **atanz.org.nz/events** to register

24–25 OCT

Australia and NZ Rhinologic Society 2025 Conference

Queenstown
Rydges Hotel

anzrs25.nz

26 NOV

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

Online

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.

27–29 NOV

Becoming a Behavioural Detective – with OT Kim Barthel

Auckland
Novotel Ellerslie

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

Why the Salvation Army's *State of the Nation 2024* report matters to speech-language therapists

Siobhan Molloy • Kaiwhakahaere matua / Executive director, NZSTA

As executive director of the NZ Speech-language Therapists' Association, I read the Salvation Army's *State of the Nation 2024* report – *Ngā Tukunga Iho* | *The Things We Inherit* – with a strong sense of its relevance to the speech-language therapy profession. While I no longer practise clinically, my role places me at the intersection of policy, practice, and advocacy for a profession deeply embedded in many systems described in this report.

This is not just a policy document. It is a sobering account of the inequities that persist across Aotearoa – particularly for Māori, Pacific peoples, and those experiencing poverty, disability, and social exclusion. These inequities don't sit on the periphery of our work as speech-language therapists; they are at the very centre of it.

The report paints a clear picture: child poverty remains disproportionately high for Māori and Pasifika tamariki. Access to early childhood education is declining, especially in low-income communities. School attendance and educational achievement remain fragile. These are the contexts in which NZSTA members work – whether in early intervention, schools, or community settings. Children facing multiple layers of disadvantage are also those at higher risk of language delay, communication difficulties, and reduced access to support.

In the justice sector, the report's findings are equally relevant. Youth offending is increasing for the first time since 2017, and rangatahi Māori continue to be overrepresented. We know from international and local research that communication difficulties are common – and often undiagnosed – among young people in the youth justice system. This is a space where our profession can make a real difference if we are supported to do so.

The report also highlights the impacts of family violence, trauma, and mental distress. For many children and adults who experience these challenges, communication becomes more difficult – both in terms of development and social connection. Speech-language therapists are crucial in trauma-informed care, particularly in cross-disciplinary teams. But to be effective, we need to be part of a well-resourced system that takes prevention, early intervention, and cultural safety seriously.

What stood out most for me was the consistency of inequity. Disparities in housing, education, employment, and health are entrenched and, in many areas, getting worse. These conditions shape the lives of those the SLT profession seeks to serve. This report is a call to action: to strengthen our advocacy, sharpen our focus on equity, and ensure that our services reach those who need them most.

We cannot address communication in isolation. If our services are to be effective and relevant, they must be grounded in a broader understanding of people's lives. *Ngā Tukunga Iho* offers us data and insight and an opportunity to reaffirm our commitment to a more just, inclusive Aotearoa. •

Ngā Tukunga Iho The Things We Inherit

A snapshot for Aotearoa's communication professionals

The Salvation Army's *State of the Nation 2024* lays bare the inequities many New Zealanders face. As speech-language therapists, we work where these realities show up – in communication, connection, and care.

Children and inequity

1 in 5 children live in benefit-dependent households.

This can lead to increased risk of language and learning delays.

48% of children in material hardship are Tamariki Māori.

This can indicate structural barriers to services, especially early intervention.

School attendance is still low post-Covid.

This disrupts access to in-school SLT support.

Youth and communication

Youth offending increased for the first time in 6 years.

Communication disorders can be common but often undetected in youth justice.

66% of youth charged in court are Rangatahi Māori.

Culturally responsive SLT is needed in justice settings.

Trauma, whānau and language

177,548 family harm investigations in 2023.

Many children experience language delays linked to trauma.

SLTs play a key role in trauma-informed, wraparound services.

Especially in early childhood, education, and community care.

What this means for our profession

- These are not abstract statistics – they describe the lived realities of people we serve.
- SLTs must work in context: poverty, racism, exclusion, and inequity all impact communication.
- Te Tiriti o Waitangi and cultural safety are not optional – they are essential.

Read the full report at salvationarmy.org.nz/SOTN2024

Our call to action

SLTs are not just clinicians – we are advocates, educators, connectors, and change agents.

This report is a reminder and a mandate:

- Speak up for equity
- Reach those missing from our caseloads
- Collaborate across sectors
- Honour whānau stories

OBITUARY

Helen Rutledge

Marilyn Costello, Jo de Seriere, Adele Peart-Baille, and Heather Drysdale

It was a huge sadness for many SLTs in NZ and around the world, that our dear friend and colleague Helen died on Waitangi Day this year after a short and brave tussle with cancer.

Helen touched the lives of many colleagues, other professionals and client families in Tasmania, Christchurch, Wellington and Auckland. Lifetime friendships were evident at her farewell ceremony in Auckland – we came from far and wide to celebrate a beautiful woman and wonderful friend.

We would like the wider speech-language community to know more about Helen. •

Please see the supplement to the Communication Matters Hōtoke/ Winter 2025 issue, available on the NZSTA website, to read our full tribute to Helen.

A critical Tiriti analysis of the New Zealand Speech-language Therapists' Association's key documents

Alycia McGray (Ngāti Whātua) • Ministry of Education

Contributions from **Dr Karen Brewer (Whakatōhea, Ngāiterangi)** • Waipapa Taumata Rau / University of Auckland

Kia whakatōmuri
te haere whakamua
I walk backward into
the future with my eyes
fixed on my past.

This article is an abridged version of Alycia McGray's University of Auckland MSLTPrac thesis – her full thesis is accessible in the Critical Tiriti Analysis – Tool for evaluating policies tab of the **NZSTA bicultural kete**.

Te Tiriti o Waitangi and Speech-language therapy

In the speech-language therapy field, there is limited research about the experiences of Māori with communication and swallowing disorders, despite the anecdotal high representation in caseloads and waiting lists. There is currently evidence that within speech-language therapy services, Māori do not always receive culturally safe treatment. This is not surprising if speech-language therapists are not receiving evidence-based training to work with Māori in a culturally safe way.

Additionally, the development of the field was based on Western ideas. Kohere-Smiler et al. (2024) conducted research that began by looking at the history of speech-language therapy in Aotearoa and stated that the foundation of SLT is that which Pākehā perceive to be normal English language speech production.

They highlighted that this is unlike a Māori view, where disability is considered a tohu (sign) of importance to society. Therefore, the idea of speech-language therapy is inherently through a Pākehā lens. Brewer & Andrews (2016) have additionally highlighted that the Aotearoa SLT workforce does not reflect the population of the country, concluding that while it is likely Māori make up a large proportion of speech-language therapists' caseloads, Māori are under-represented within the workforce.

In 2020, the NZSTA stated its aspirations toward equitable service delivery. The NZSTA's strategic plan, 2020-2025 states the following priorities:

I. We want the best outcomes for all people with communication and swallowing disabilities in Aotearoa
II. Equity of service in all regions and populations
III. To ensure cultural safety for clients and for our speech-language therapy professionals

In order to provide the best outcomes and equity of service for Māori, the policies of the NZSTA must reflect te Tiriti o Waitangi. As the NZSTA continues to develop its own te Tiriti-centred practice, it is important to look at how the association has used te Tiriti in the past in order to create new ways of delivering an equitable service for Māori in the future. This is not only for Māori who are accessing the service but also for Māori SLTs.

The NZSTA documents included for Critical Tiriti Analysis in my thesis were the Programme Accreditation Framework (2002, 2011, 2024), Strategic Plan (2012, 2020), and Scope of Practice (2012).

Critical Tiriti Analysis

Critical Tiriti Analysis (Came et al, 2020) was developed by a team of critical anti-racist and Indigenous scholars. The CTA focuses exclusively on the Māori text, Te Tiriti. The purpose of the CTA is to assist policymakers in evaluating policy with reference to te Tiriti, including the preamble, the three written articles and the verbal commitment, summarised by Came et al as follows:

- *The Preamble:* The preamble sets out the Crown's intent, its reasons for proposing the agreement, and the purposes of the government it wished to establish.
- *Article One: Kāwanatanga (Governance)* Kāwanatanga is the Crown's right to govern and responsibility to govern in favour of Māori citizens as much as it governs in other citizens' favour. This includes protecting Māori interests and requires meaningful Māori involvement in all decision-making.
- *Article Two: Tino rangatiratanga (Authority)* Tino rangatiratanga is "the right for Māori to make decisions for Māori". Māori control and autonomy over their own lives are determinants of a flourishing Māori population.
- *Article Three: Ōritetanga (equitable citizenship)* The original Māori text of Te Tiriti refers to Māori and the people of England, and their tikanga, being treated 'rite tahi' (the same) by the Crown in terms of the rights and duties that they enjoy.
- *Wairuatanga (spiritual freedom)* This article, often omitted from descriptions of Te Tiriti, is a verbal agreement that the range of faiths, including "Māori custom", will be protected by the Crown. Wairua is a manifestation of custom, an expression of spirituality and a descriptor of psychological well-being.

Each document analysed underwent the five-stage CTA process as follows (Came et al, 2021):

Stage One: Orientation

The first stage of a CTA involves inspecting the extent to which the policy acknowledges Te Ao Māori (the Māori world) and Te Tiriti. For example, does the policy appear to include Māori opinions, aspirations, and knowledge? Who is in control of this process? Who is this policy intended to benefit?

Stage Two: Close examination

The second stage involves a closer investigation of the policy to understand to what extent it responds to the five elements of te Tiriti – i) the preamble, ii) kāwanatanga, iii) tino rangatiratanga, iv) ōritetanga and v) wairuatanga.

Stage Three: Determination

The third stage involves making a judgement – silent (no content about this element of te Tiriti), poor (low level or insignificant reference), fair (some consideration and likely several references), good (significant consideration and multiple references), or excellent (comprehensive consideration of the element and multiple references). This judgement reflects how well the policy responds to each element of te Tiriti.

Stage Four: Strengthening practice

The fourth stage looks at how the document could be strengthened. This involves practical suggestions about framing, approaches or new content. Ideally, evaluation requires a longitudinal dimension that produces research-based knowledge on what works and where improvements could be targeted.

Stage Five: Māori final word

The fifth stage is the Māori final word. Its rationale is that for a CTA to serve Māori interests, there must be considerable Māori leadership and presence. CTA proposes that an authoritative Māori view is more likely, with multiple Māori perspectives contributing to determination.

A sample of results – please consult the NZSTA bicultural kete for full results and analysis.

Strategic Plan 2011-2015

Indicators	Silent	Poor	Fair	Good	Excellent
1. Māori lead policy development	✓				
2. Equitable Māori participation/leadership	✓				
3. Evidence on inclusion of Māori epistemologies, approaches, and authority	✓				
4. Māori exercising their citizenship		✓			
5. Acknowledgement of wairuatanga	✓				

Strategic Plan 2020-2025

Indicators	Silent	Poor	Fair	Good	Excellent
1. Māori lead policy development				✓	
2. Equitable Māori participation/leadership				✓	
3. Evidence on inclusion of Māori epistemologies, approaches, and authority				✓	
4. Māori exercising their citizenship				✓	
5. Acknowledgement of wairuatanga					✓

I will start by highlighting the positive work that the NZSTA and Māori representatives are doing to revise policy with te Tiriti and Te Ao Māori in mind. This timeline is clear evidence of the increase in inclusion of te Tiriti over time. This is particularly evident in the programme accreditation frameworks and strategic plans. As much progress has been made, there will continue to be room for growth – efforts toward decolonisation will be an ongoing process.

Recommendations

Constitution

Māori seats: Māori leadership should be proportionate to the community it serves; as discussed earlier, Māori make up a large proportion of speech-language therapists' waiting lists and caseloads. Therefore, it is not enough to mandate just a cultural representative Māori leader on the board because that's not reflective of tino rangatiratanga. There needs to be a proportionate representation of Māori leaders in order to represent the client/patient base. I argue that this strategy is in alignment with article one of te Tiriti, which guarantees Māori kāwanatanga. Mandating proportionate Māori leadership on the NZSTA board is a mechanism to ensure equitable Māori participation and leadership in setting priorities, resourcing, implementing, and evaluating the policies/regulations the board proposes for the profession.

Programme Accreditation Framework

Experiential learning: Cultural safety involves complex skills such as patient-centred communication and problem-solving, and also requires the development of moral reasoning, open-mindedness and a critical consciousness of current practices and the healthcare system. This is hard to develop through didactic learning. Therefore experiential learning is beneficial for students to develop the skill as it allows for the necessary practice, critical thinking and feedback. I argue that this strategy aligns with Article Three, which guarantees Māori ōritetanga (equitable citizenship). Just as regular placements allow students to learn to develop their skills of working in Western contexts such as hospitals and universities, students who are studying to work in New Zealand should have allocated time to develop their skills in working with Māori in Māori contexts, such as marae or with Māori health providers. Cultural safety is a skill that needs to be developed, not unlike the other skills needed to become an entry-level speech-language therapist. Therefore, I argue that cultural safety should be like the other elements of training and have a theoretical and practical element, such as experiential learning, within university programmes.

Scope of Practice

There is an opportunity for the Scope of Practice document to reflect te Tiriti. There are examples from other health disciplines including te Tiriti in their scopes of practice – for example, enrolled nursing.

Māori final word (CTA stage five)

The evidence of this study has highlighted the association's increasing commitment to the obligations of te Tiriti. The NZSTA is doing a lot of mahi in the te Tiriti space. This study has highlighted that mahi, along with its strengths and weaknesses. This is with the hopes of encouraging speech-language therapists to think critically about and challenge the current systems under which the profession works. To create a profession that looks different from the past, it is vital to recognise what has and has not worked to create a different future. ●

From dusty to dynamic: How a forgotten 3D printer sparked inclusive innovation

Yuchen Lin • Speech-language therapist, Sommerville School

It all began with a 12-year-old Makerbot 3D printer – generously gifted to our school by the Rotary Club, then left to gather dust in a corner of the resource room. Forgotten, unloved and a bit intimidating, it sat idle for years – until my team leader, Magnus Hammarsal, decided to revive it.

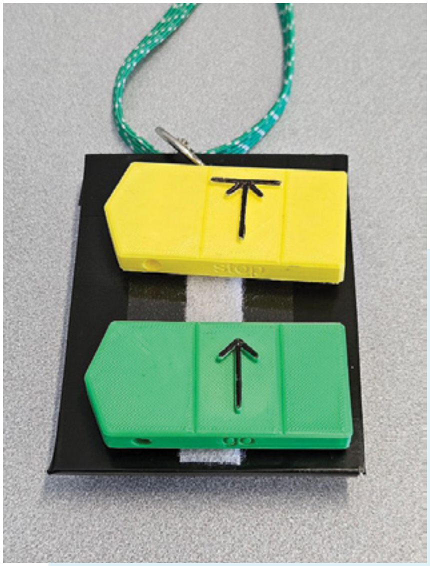
Over the school holidays, Magnus taught himself how to get it working. After several attempts (and maybe a few frustrated sighs), he triumphantly produced our first Project Core symbol.

Our very first Project Core symbol. It wasn't perfect – but it was the start of something special.

I joined in when a student with fine motor challenges struggled to access their high-tech AAC device. A commercial keyguard quote came back at over $700 – with no trial option. That's when Magnus, now our unofficial 3D printing expert, said: "Why don't you try and 3D print a keyguard?"

That one question opened the door. I discovered *Volksswitch*, where founder Ken Hackbarth had generously shared detailed tutorials for 3D-printed assistive tech. With Ken's help, we printed our first keyguard – and the impact was immediate. That student began communicating with more autonomy and confidence, stunning their friends, family and teachers.

From there, we plunged into the world of 3D printing. With Ken's ongoing support, we began producing Bliss Tactile Symbols – clearer and more user-friendly than our first attempts.



Bliss Tactile Symbols – created with Ken Hackbarth's support – offered better clarity and usability.

Then the local community stepped in. Kelvin Yang, an engineer and hobbyist, donated a replacement printer and continued to help us out. Others – Daniel, Adam, and Willie – offered expertise, advice and encouragement. We even partnered with Northcross College, tapping into their 3D printing expertise to solve new challenges.

With their support, we expanded our goals. We printed interactive switches (assembled with help from a colleague's family member), keyguards in different layouts, and inclusive toys like a toy switch for a wheelchair Barbie.

After lots of trial and error, I printed this keyguard for a student – and it's made a real difference in their ability to access their device!

Our first homegrown interactive switch.

Our occupational therapists soon caught on. They started bringing us new challenges: accessories for taxi rides, adapted utensils, and more. What started with one dusty old printer became a testament to what's possible when you combine creativity, kindness, and community.

Just as the whakataukī of our therapist team goes, "Nāu te rourou, nāku te rourou, ka ora ai te iwi (*With your food basket and my food basket, the people will thrive*)". The support we received – from engineers, parents, therapists, and online strangers – reminds us that innovation doesn't always require big budgets, just big hearts and open minds.

Technology, when made accessible, has the power to break down barriers and build inclusion. And sometimes, the best solutions aren't found in catalogues – they're made, layer by layer, by people who dare to think outside the box. ●

Speech-language and occupational therapy collaboration in integrated school holiday programmes

Hana Church • Speech-language therapist, The Speech Room
Caroline Sutcliffe • Speech-language therapist and director, The Speech Room

Collaboration between speech-language therapists and occupational therapists lends itself well to engaging activities.

Integrated holiday programmes

School holiday programmes present a distinct opportunity to move beyond conventional therapeutic models and create initiatives that are dynamic, meaningful, and collaborative. In our practice, we have established an integrated service delivery model whereby speech-language therapists (SLTs) and occupational therapists (OTs) collaboratively design and co-lead holiday group programmes for our clients. These programmes are as fulfilling for clinicians as they are for the children and whānau who participate.

Rationale for integrating SLT and OT

Our decision to implement holiday programmes was guided by a straightforward observation: many children utilising our services have communication needs that manifest concurrently with regulation or sensory processing needs. We have observed a significant increase in engagement and participation when working collaboratively within joint sessions. Consequently, we decided to extend this multidisciplinary approach into our holiday programmes. Through collaboration, we can support the holistic development of the child, whilst aligning the goals of both professions and promoting enjoyment.

Communication is intrinsically linked to participation, which, in turn, depends on regulation, attention, and sensory integration – all domains within the occupational therapy scope.

Programme design

The planning process involves shared goal setting, a thematic structure, and co-facilitation. Due to the direct, clinic-based nature of our work and our commitment to individualised attention, we develop an understanding of our clients' current interests. From this foundation, we collaborate extensively to determine the sessions offered for each holiday period. Each session is tailored to support functional and communicative goals. Thus, each programme is accompanied by a communication board or support tools to ensure accessibility, regardless of individual challenges.

Our holiday programmes are typically conducted over two days a week during the school holidays, with three daily sessions running consecutively. Families are provided with the flexibility to select sessions that best align with their child's interests and therapeutic objectives. Parents often consult us to identify programmes that are best suited to their child's needs and overall therapeutic goals. Some children attend all three sessions, while others choose the sessions most suitable to their needs. Groups are intentionally kept small, typically consisting of 4 to 6 children with similar ages or needs.

During the last school holidays (term two), we ran six distinct programmes across the two days per week. These included Lego, Nintendo Switch/gaming, Minecraft, sensory play, a party, and socialisation. The Minecraft and gaming sessions were our most popular, with the goals covering both communication and function. The targets we planned for our gaming sessions included aspects from both disciplines, such as bilateral movement, fine motor skills, hand-eye coordination, visual perceptual movement, planning, executive functioning, and social communication. A core language board was used to support total communication.

Session structure and content

Each of our sessions adheres to a predictable routine, which is crucial for the comfort and engagement of our clients. The session structure generally includes:

- An introduction or icebreaker activity
- Shared creation and discussion of session rules
- Two to four themed activities
- Clean-up and transition preparation for subsequent sessions or home

Our SLTs and OTs contribute diverse perspectives to these activities, enriching the learning environment. Importantly, we incorporate flexibility to follow the children's lead, allowing real-time adaptations.

Outcomes and reflection

Families consistently report high levels of satisfaction with the holiday programmes. Our clients tend to generalise newly acquired skills more readily within these naturalistic and socially engaging settings. Parents value the team-based approach, knowing their child is supported across multiple domains.

From a clinician's perspective, these programmes foster cross-disciplinary learning. Our SLTs have gained greater confidence in implementing regulation strategies and environmental modifications, while our OTs have embraced language modelling and visual supports. Witnessing tangible progress and development within these social contexts is profoundly rewarding. Additionally, these holiday programmes often introduce new experiences for clients who may not have opportunities like this elsewhere, frequently becoming a cherished part of subsequent therapy sessions.

Final remarks

Our holiday programmes have become a fundamental component of our service provision – not merely to occupy children during school breaks but as an extension of our core therapeutic practice. They enable us to deliver targeted, functional, and enjoyable interventions that respect the individual strengths and needs of the whole child.

We hope our experience inspires others to explore collaborative programming and to recognise holiday periods as valuable opportunities for connection, creativity, and meaningful growth – all whilst having fun and achieving goals! •

Previous school holiday programmes have included Lego, Nintendo Switch, and Minecraft.

Stuttering, microaggressions, and the everyday realities of communication

Tessa Senior • Master of Health Psychology student, City St George's University, London
Dr Octavia Calder-Dawe • Senior Lecturer in Health Psychology, Te Herenga Waka | Victoria University of Wellington
Dr Ágnes Szabó • Senior Lecturer in Health, Te Herenga Waka | Victoria University of Wellington

Researchers at the University of Wellington adopted critical disability theory to contest the idea that stuttering is an individual flaw and instead, push for an understand of stammering that is shaped by societal norms and structures of power.

While attending a lecture by Octavia Calder-Dawe on her research with disabled rangatahi and the ableist microaggressions they face, I found myself reflecting on my own journey as a person who stutters. I had always believed that my stutter was the reason for certain obstacles, like the difficulty I faced when trying to communicate with my bank through voice recognition software. As I listened, I started to wonder. Was the real issue the software's assumption of fluency, rather than my speech impediment? This new way of thinking, underpinned by the social model of disability, shifts the focus away from the bodies and minds of people who stutter towards the sociocultural assumptions that produce fluency as the norm. Soon after, Octavia, our colleague Ágnes Szabó and I joined forces to delve into the experiences of individuals who stutter.

With support from a Victoria University of Wellington Summer Scholarship, we designed a mixed-methods survey to find out if adults who stuttered, in Aotearoa and Australia, experienced ableist microaggressions in their daily lives. For this study, we drew on the concept of "microaggression" (which has roots in critical race theory) to capture what we were most interested in: ways of relating that diminish people in small but powerful ways. Instead of perceived race/ethnicity, our focus was on perceptions of people who stutter, and how these often inaccurate and undermining perceptions were conveyed through everyday interactions. This includes, for example, cases where fluent speakers assume limitations, withdraw from conversation or eye contact, express pity, or ask "what's wrong with you?".

This exploratory project held particular importance as a first step towards understanding whether people who stutter experience these everyday forms of diminishment and how they respond.

Our online survey included a mix of multiple choice and open-ended questions asking participants to recall any experiences with speech-related microaggressions. As a member of an alternative stammering therapy program called *The McGuire Program*, I used my connections to seek participants. We also reached out to all locatable speech and language pathologists in Aotearoa, including help from START. We received a modest response to our survey (n=27).

Respondents were clear that microaggressions happened "all the time". Most provided several examples of the diminishing treatment they encountered, noting there were "100s of examples" to draw from.

> “There are also the hurry-ers, people who repeat themselves in an effort to make you speak faster, unaware or not caring that it only makes everything worse. People who try to finish your sentence even though they have no clue what you’re actually trying to say, mishearing you and getting your order wrong or name wrong […] The list goes on.”

> “Not much really, mostly only when conversing over Zoom or on the phone where they think I’ve lost connection or have finished talking and start to talk themselves while I’m trying to get out my words. In person it tends to just be trying to finish my sentence for me or looking away. It’s very rare that I ever get actually insulted or anything like that, mostly just in odd cases.”

In addition, listeners commonly misattributed stuttering to a range of presumed conditions and personal attributes. These misattributions included memory and cognitive impairments, being drunk or high, being nervous or indecisive, or having Tourette’s syndrome.

While their significance and impact were often underplayed (described as “not much really”), it was clear that these interactions were burdensome and disempowering. Participants recalled feeling ‘hopeless, incompetent and frustrated’ as a result of this treatment:

> “People would often finish words or sentences I was struggling with. It always felt that they were doing it to help me out or to maintain the natural flow of the conversation, but it was devaluing nonetheless.”

Our findings clearly illustrate two things. First, our data suggest that people who stutter regularly experience diminishing treatment from others. Second, our findings demonstrate that this treatment is normalised: fluency is an uninterrogated norm that privileges non-stutterers, and disadvantages people who stutter.

We argue that the daily microaggressions faced by those who stutter stem from the actions and assumptions held by *non-stutterers* regarding atypical speech patterns. Our findings emphasize the value of stuttering interventions that, in line with the social model of disability, extend beyond people who stutter. Educational interventions that transform fluent speakers’ knowledge of and reactions to dysfluency have the potential to benefit us all.

A peer-reviewed journal article based on our findings has been published in the *New Zealand Journal of Psychology*. ●

Tessa can be contacted at
tessasenior@icloud.com

Octavia can be contacted at
octavia.calderdawe@vuw.ac.nz

Ágnes can be contacted at
agnes.szabo@vuw.ac.nz

Please contact the authors, or **editor@speechtherapy.org.nz** for additional references.

Evidence-based practice in cognitive communication rehabilitation

Warren Cossou • Southern Speech
Dr Christine Canty • Clinical Neuropsychologist

The NZ Speech-language Therapists' Association's mission includes the objective: **"To promote quality evidence-based practice and research."**

So, what is evidence-based practice (EBP), and how can we apply this to our work with clients who have cognitive-communicative disorder following a traumatic brain injury?

Definitions of EBP often incorporate the following principles:

1. Integration of evidence from scientific literature
2. Consideration of clinical expertise and experience
3. Consideration of client preferences and actions
4. Consideration of the environmental or organisational context

In this article we present a brief case study demonstrating evidence-based rehabilitation with a client with debilitating cognitive-communication disorder within an interdisciplinary team.

Case study

'David' (name changed) is a 48-year-old farmer who sustained a severe TBI in a quad bike accident 4.5 years ago. He was in post-traumatic amnesia for 34 days. Brain scans revealed a large right temporal and small left temporal haemorrhage, a large right frontal and smaller left frontal haemorrhage, and a subarachnoid haemorrhage. Early neuropsychological assessment revealed a pattern of both diffuse cognitive impairment: reduced processing speed, complex attention and new learning; and specific cognitive impairment: severely reduced social cognition (associated with right temporal pathology), and self-monitoring (associated with right frontal pathology).

David's receptive and expressive language skills were essentially within normal limits. However, he presented primarily with excessive talking, poor listening and turn taking skills, poor topic management, and a failure to get to the point. This presentation was not in keeping with his pre-injury conversational communication style, and was identified as being likely to result in significant psychosocial difficulties in functional communication settings.

A key factor in David's assessment and rehabilitation was the close communication and relationship between IDT members (speech-language therapist, neuropsychologist, and occupational therapist), ACC (recovery partner), and community support workers with David and his whānau. Given the clear interaction between cognitive impairment and communication impairment for David, SLT and neuropsychology co-developed a rehabilitation plan based on evidence-based strategies outlined in the INCOG 2.0 Guidelines.

Evidence-based practice in cognitive communication disorders

INCOG is an international group of clinicians and researchers. The INCOG 2.0 (2023) guidelines provide an update of evidence-based practice recommendations to enhance the recovery of cognitive functions following traumatic brain injury, in the areas of:

- Post-traumatic amnesia
- Attention and processing speed
- Executive functioning
- Memory
- Cognitive-communication and social cognition

For David, two relevant points from the cognitive communication and social cognition guideline were:

- A person with TBI who has a cognitive-communication disorder should be provided with **interventions and intervention materials that are both grounded in the principles of cognitive-communication rehabilitation and individualised**, taking the person's context into account to maximise communication competence.
- A cognitive-communication rehabilitation program for individuals with TBI should **provide the opportunity for practicing and using communication skills in situations appropriate to the context in which the person will live, work, study, and socialise**. Goal attainment scaling is recommended as a method to measure person-centred intervention outcomes.

The guideline on executive functioning states:

- Strategies that encourage **self-monitoring of performance** and involve feedback should be used with individuals with TBI who have impaired self-awareness. Treatment approaches with the best evidence include: (i) delivery of metacognitive strategy training, which encourages self-monitoring of performance and (ii) the delivery of feedback, including specific **self-awareness training** to promote the recognition (and hence correction) of one's errors.
- Metacognitive strategy instructions (eg, **goal management training**, plan-do-check-review, and prediction performance) should be used with individuals with TBI for difficulties with a range of executive functioning impairments that may include problem-solving, planning and organization, and other elements of executive function. **Common elements of all metacognitive strategies are self-monitoring, incorporating feedback into future performance, and emotional self-regulation training**. These strategies should be focused on everyday problems and functional outcomes of personal relevance to the person.

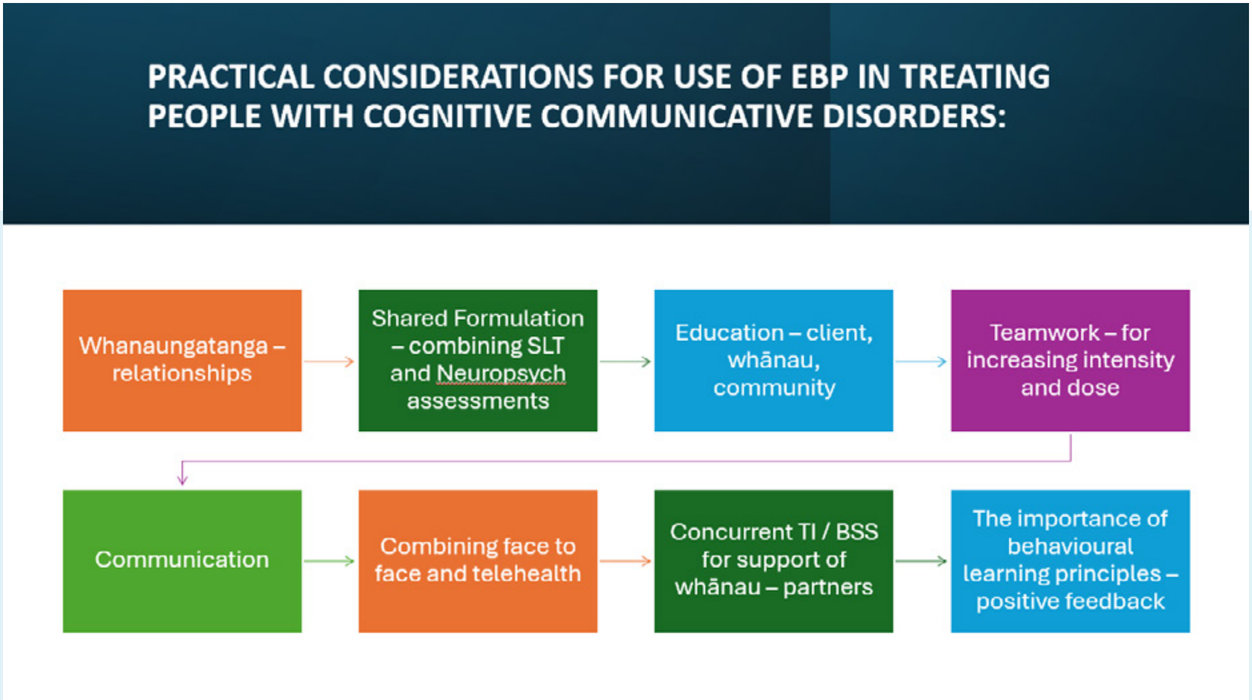
The use of EBP in David's therapy programme

Neuropsychology sessions with David initially introduced the evidence-based metacognitive strategies of Goal Management Training (GMT) to assist with executive function difficulties in planning complex tasks, commencing with cooking tasks. Next, Error-Based Learning (EBL) was introduced as way of helping David to learn to monitor errors in functional settings. In EBL, therapy tasks are designed to facilitate errors, and it is the *noticing* of errors that is reinforced with a 'pause, prompt, and praise' strategy. These strategies were introduced in neuropsychology sessions and training was provided for David's whānau, OT and support workers to allow for repeated practice over time. These two strategies combined allowed David to achieve his goals of returning to pre-injury roles of independent cooking and completing many farm-related tasks.

Initial SLT sessions with David focussed on building his awareness of his social communication, with sessions devoted towards goals such as staying on topic in procedural narrative and conversational discourse. Next, a visual feedback system was developed with David that incorporated the principles of EBL that David was already familiar with from his cooking and farm tasks.

A key factor for David was finding an acceptable form of prompting to provide feedback for appropriate listening, turn taking, and asking questions that could be used somewhat unobtrusively. David enjoyed sports – he was a competitive sheep shearer, wrestler, rugby, and squash player. A therapeutic program was designed in consultation with David using a visual feedback system akin to the sporting analogy of a green card (for appropriate social communication skills) and a red card (for excessive talking, not allowing the conversational partner a turn, not getting to the point programme). This program was initially commenced in one-on-one settings with David and the SLT, and was gradually expanded out to community settings, with the red card/green card being revised down to a thumbs up/down, and then to a more subtle hand raise only. Goal Attainment Scaling showed that David achieved all his initial set goals, and rehabilitation is ongoing. ●

Please contact **editor@speechtherapy.org.nz** for a full list of references.



PRACTICAL CONSIDERATIONS FOR USE OF EBP IN TREATING PEOPLE WITH COGNITIVE COMMUNICATIVE DISORDERS:

Whanaungatanga – relationships

Shared Formulation – combining SLT and Neuropsych assessments

Education – client, whānau, community

Teamwork – for increasing intensity and dose

Communication

Combining face to face and telehealth

Concurrent TI / BSS for support of whānau – partners

The importance of behavioural learning principles – positive feedback

From Wellington to the USA: How Dadish became a therapeutic hit in my lab

Erik X. Raj • Ph.D., CCC-SLP, Meaningful Digital Experiences Research Lab director, Monmouth University

If you told me a few years ago that one of my favorite tools for helping children build expressive and receptive language skills would be a game about a talking radish that is also a dad, I might have chuckled. But then Dadish entered my lab, and everything changed. What started as a fun experiment quickly turned into a reliable and engaging way to support meaningful communication in speech-language therapy.

Created by Thomas K. Young (**thomaskyoung.com**), a game developer from Wellington, Dadish is a retro-style platformer that blends humor, creativity, and heart. It follows a radish father on a quest to find his lost children (who, it turns out, are very sassy). While the premise is delightfully absurd, the gameplay and dialogue offer a treasure trove of opportunities for therapy with individuals ages 8 to 17 and beyond.

As a speech-language therapist and researcher, I am always exploring ways to make therapy engaging and relevant to the children I work with. In my lab, the Meaningful Digital Experiences Research Lab (MDXR LAB), we focus on integrating digital games into therapy sessions in ways that support both fun and function. Dadish has become a surprise favorite in our library of games.

Why Dadish works

The game is rated E for Everyone by the Entertainment Software Rating Board, with only mild video game violence, making it appropriate for a wide age range. In Dadish, this refers to moments when silly enemies like walking burgers or bouncing soda cans disappear in a quick pixel burst when jumped on. There are no weapons, no blood, and nothing intense or scary. Also, the video game is available on multiple platforms, including mobile devices and the Nintendo Switch. In our lab, we use the Nintendo Switch, making Dadish easily accessible in both clinic and home settings.

Dadish features vibrant pixel art, a catchy soundtrack, and a quirky storyline that are instantly appealing. Its simple controls make the game easy to pick up and play, reducing frustration and keeping the focus on the experience. As a result, players can concentrate more on thinking, problem-solving, and, most importantly, communicating.

Here are just a few ways we have used Dadish to support communication goals:

1

Narrative language development

Each level of Dadish is a mini adventure. After gameplay, we work on retelling the story. What happened in this level? What was the problem? How did Dadish solve it? Clients work on sequencing events, using transition words, and building vocabulary as they recount what they experienced in the game.

2

Perspective-taking and social communication

The interactions between Dadish and his children are unexpectedly rich. The dialogue is full of dry humor and sarcasm, which we can unpack. We pause scenes and ask, “How do you think Dadish is feeling right now?” or “Why do you think the child said that?” It is a fun and safe way to explore tone, emotion, and intention.

3

Descriptive language and adjectives

“Describe that enemy!” Is it spiky? Slimy? Fast? Slow? By focusing on in-game visuals, we work on expanding adjective use and describing with precision. Our players get excited when they come up with creative descriptions. One 8-year-old child called a bouncing hamburger enemy “a furious fast-food menace.”

4

Following directions and executive function

Before beginning a level, we might set a challenge such as, “Get to the end without jumping more than 20 times,” or “Find all the stars in one minute.” This encourages planning, memory, and self-monitoring while engaging with the game. It is digital play with a purpose.

5

Conversational practice and turn-taking

We often play cooperatively by passing the controller or switching roles. One person navigates the level, guiding the character past obstacles, while the other serves as the narrator. When dialogue appears, they read it aloud, and when it does not, they describe the unfolding adventure, adding commentary to the gameplay. This encourages listening, turn-taking, creativity, and teamwork. It is amazing how this simple shared experience can build confidence and camaraderie.

A global game with local impact

What makes this game even more special is its creator’s roots in Aotearoa. As someone who had the chance to visit New Zealand and explore both the North and South Island, I hold deep admiration for the people and culture. Knowing that Dadish came from the imagination of a Wellington-based developer adds a layer of personal connection to the sessions each time we play it.

When I told the children about the New Zealand connection, they were thrilled. Suddenly the game was not just fun, it was global. It sparked conversations about geography, creativity, and how great ideas can come from anywhere in the world.

Final thoughts

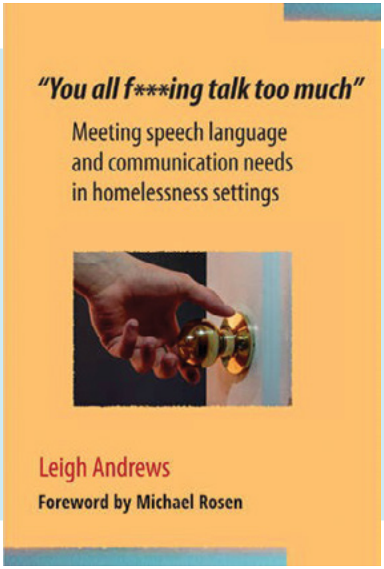
We live in a time when digital play is often misunderstood. When guided with intention, games like Dadish can become powerful platforms for growth. They help children find their voice, laugh with others, and learn in ways that feel natural and joyful.

In the end, therapy is about connection. It is about connection between people, between ideas, and sometimes even between a speech-language therapist in the United States and a radish dad from Wellington. And if that connection happens to include a bouncing hamburger or two, all the better! ●

BOOK REVIEW

"You all f***ing talk too much"
Meeting speech language and communication needs in homelessness settings
By Leigh Andrews

Emily Chiles • NZSTA registered member



This is a thought provoking read written by speech-language therapist Leigh Andrews, aimed at helping SLTs and other service providers understand the role that SLTs can play in working with the homeless population.

The urban landscape in Aotearoa New Zealand has changed dramatically over the last twenty years. Homelessness, though not unheard of, was once a comparatively small issue, with very few people "sleeping rough". Breakfast out in Wellington now could easily be mistaken for a walk around central Birmingham during my OE 20 years ago. Homelessness is without a doubt an issue for New Zealanders. This book digs into the way in which communication difficulties not only predispose individuals to homelessness, but how communication difficulties can also trap people within a cycle of housing insecurity if they are not given adequate supports.

Leigh is based in the United Kingdom, and it would be fair to say that many of the processes and procedures associated with homelessness that are discussed in this text are not applicable within New Zealand. It is also unlikely that there would be funding for a New Zealand-based SLT – given differences between the NZ and UK population size, and in our current funding environment – to work solely in the area of homelessness. However, there is still much to be taken from this book, and lack of funding in an area does not alter lack of need.

Leigh provides practical information on the way in which SLTs, with our unique skill set, could advocate and create solutions for helping people experiencing homelessness. She discusses how SLTs working with this population could help in navigating systems that are not designed for communication differences. People experiencing homelessness are in need of support to navigate the complex communication demands of gaining housing. Andrews openly discusses the impact of addiction and mental health, and reminds the reader that ongoing addiction and mental health issues can exacerbate and create communication difficulties. Chronic addiction and alcohol abuse impacts cognition, and poor cognition impacts communication.

The information in this book is transferable – communication skills are not only an issue for housing, but for people experiencing the impacts of poverty in general. It is a reminder of the barriers faced by people with communication differences in the real world, once they are outside of our therapy sessions. The book raised many questions for me, such as "how do people with undiagnosed head injuries manage the complex systems for gaining benefits?" and "If you struggle to write a CV or understand a written job profile, how does this impact your ability to find work?" This book piqued my curiosity, and I found myself wondering as I passed blanket-covered 'rough sleepers' in doorways – do you struggle with your communication? How did you find your way here?

I would highly recommend this book for those SLTs who are driven towards social justice. It is a huge reminder of the special understanding that SLTs have with regards to communication differences. This book reminds us of the impact SLTs can have on people whose communication skills do not set them on an easy path to success, in a world where specific communication styles are prerequisites for gaining access to housing security. ●

The Joy of Reimagining Dementia

Mary Fridley • Director of special projects, East Side Institute

I had the pleasure in February and March of leading workshops throughout New Zealand on "The Joy of Reimagining Dementia: Why the Environments we Create Matter," hosted by the New Zealand Society of Diversional and Recreational Therapy (Auckland), Dementia Wellington and Dementia Canterbury. In every setting I welcomed people living with dementia, care partners, and a variety of professionals.

I am a community builder, performance activist, group therapist, developmentalist, and director of special projects at the East Side Institute, where I lead **The Joy of Dementia (You Gotta Be Kidding!)**. I also coordinate **Reimagining Dementia: A Creative Coalition for Justice**. For this article, and in those workshops, the "hat" I am wearing is that of a very enthusiastic advocate for *play* as key to creating and growing our practices – and our lives.

In Christchurch, a workshop participant asked, "What does this have to do with dementia?" The "this" was a series of playful exercises I was leading. I completely understood his reaction, because adults aren't supported to play together – and that's too bad, because as play advocate Brian Sutton Smith has said, "The opposite of play is not reality or work. It's depression."

He's right. If we can't play in ways that support us to go beyond the roles/rules that determine our lives, human beings are limited in how much we can grow. As Australian dance therapist Heather Hill wrote in *The Dasein Project:* "…dementia by its very nature – as an assault on personhood – has brought me face to face with the very basics of being a person…uncluttered by all the things which make up our…very individualistic, cognitive-obsessed and materialistic lifestyle. It has…helped me understand that one becomes a person in relationship and continues to be a person in relationship…"

Is it easy to go beyond the myth of "autonomous individuality" and explore uncharted, non-traditional paths in a culture that equates humanity with our ability to know, to remember, to be rational? No. We're all under enormous pressure to "know what to do" – to have answers, to protect those we care for and care about from pain, and to solve problems, even if it means repressing our individual and shared emotionality and creativity.

As another participant said, "When my husband was diagnosed with dementia, I kept trying to fix everything. But I eventually realized that I couldn't fix anything. There wasn't anything I could do for him. I've never talked about this because I felt inadequate and I never want to feel inadequate." In response, we asked everyone to stand and shout out with as much enthusiasm as possible, "We are all inadequate!" We playfully acknowledged that we all relate to inadequacy (and a million other things) as a shared and social experience, rather than as a shameful secret which keeps us alone and apart.

The "de-privatising" of the human experience is at the heart of social therapeutics, the approach I practice – a radically non-diagnostic, social/relational, environment-centered approach to emotional/social growth that transforms what it is to be human, and to care. Why is this important? Because human beings are *always* social and relational – and we're incredibly (and ordinarily) creative, even if most of us invariably insist that we're "not creative."

So it is incumbent on all of us – with speech-language therapists hopefully leading the way – to transform our practice of care and health from a unidirectional and assumption-laden activity to one that is collaborative, creative, continuous and focused on development. In practice, this means ordinary people creating their lives (and our conversations/communications) using *whatever is available*, including the ways we're stuck, hurting, ashamed, angry and more.

I was my mom's primary – and long-distance – care partner before she died of late stage dementia, and it was the most emotional time of my life. Our journey taught me 1) that soul-jarring emotion that I shared with everyone possible *is not* the same as tragedy and 2) the absence of holistic/creative/emotional environments makes the dementia experience so much more cruel than it needs to be.

As a Coalition member living with dementia recently told me, "I don't suffer from dementia, I suffer from the attitudes of those around me." And why would anyone thrive when condescended to/told to "go home and die"? Or related to as passive victims, with no meaningful say in issues of life, finances, death, sex, safety, and so many other life activities?

But then again, it's hard to grow in unhappy homes. Or in jobs we hate, or classrooms and other learning environments that are uncreative and boring. Or in conversations and relationships where no one listens and "becoming someone new" can be threatening. Or in places that limit or dismiss the ways we listen/hear, learn, communicate and/or navigate physically.

So yes, the environments we create (with others) matter. So I invite the speech-language therapeutic community to join with people in Aotearoa New Zealand and across the globe who are utilising creative practices and concepts that come from theater, improvisation, and embracing social therapeutics and other play-based approaches. We can collaborate in the construction of more holistic and creative environments, where everyone can thrive. ●

Mary can be contacted at
reimaginingdementia@gmail.com

www.reimaginingdementia.com

Reimagining Dementia
A Creative Coalition for Justice

> "I don't suffer from dementia, I suffer from the attitudes of those around me."

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

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

Member engagement • Amy Oughton
memberengagement@speechtherapy.org.nz

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

Professional development • Emily Jones
professionaldevelopment@speechtherapy.org.nz

Professional standards • Jane McKinnon
professionalstandards@speechtherapy.org.nz

Other contacts

National private practitioner members' representative • Elisa Mynen
privatepractice@speechtherapy.org.nz

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

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

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

***Communication Matters* editor** •
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
patty@star-space.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@mhmclinicalethics.co.nz

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

Head and Neck Cancer •
Liv Thompson-Williams liv.thompson@gmail.com

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 Newton
polly@speechteacher.co.nz

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

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

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

Area representatives

Te Tai Tokerau/Northland •
Suanna Smith & Anahera Lauterbach
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 Jamuar
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 •
sr.massey@speechtherapy.org.nz

University of Auckland •
Sania Nourbakhsh and Kirsty Henderson (Year 1)
Michelle Lau and Kylie Scott (Year 2)
sr.auckland@speechtherapy.org.nz

University of Canterbury •
sr.canterbury@speechtherapy.org.nz