ISSUE / NGĀ TAKE 53
SPRING / KŌANGA
2023

communication matters

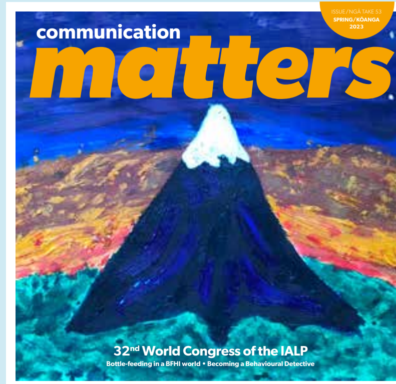
32nd World Congress of the IALP

Bottle-feeding in a BFHI world • Becoming a Behavioural Detective

Artist statement – *'Maunga'*

Greg Burd

I was looking at the hills on the other side of the highway out of my window and saw morning light hitting the gorse-laden hills. It gave me an idea, and my nurse said I should try to paint it. But I thought that might be a bit out of my skill range. But I remembered an old painting looking at Parihaka with an odd shaped Taranaki (Egmont) in the background with a shooting star passing over it. As I slowly painted it from my foggy memory I thought to add the Matariki star formation and the Southern Cross one. I added smoky steam coming from the crater to give the mountain an alive appeal, which it really is. I would like to thank ABI for encouraging me to do this project. I have done a couple more for family and friends, and orders are still coming (laughing out silently). ●



Cover artist Greg Burd paints the activity room table at ABI.

Contents
Rārangi upoko kōrero

2 Artist statement – Greg Burd

4 NZSTA happenings and upcoming events

5 32nd World Congress of the IALP

10 Tracheostomy practices in New Zealand

12 Bottle-feeding in a BFHI world

15 We have to talk about Perinatal Distress (PND)

18 Zooming around our world

20 Nature's classroom: The W.I.L.D. Child Initiative and the power of outdoor learning

22 Becoming a Behavioural Detective

24 Contact details

Cover artist: Greg Burd

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

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

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

NZSTA happenings and upcoming events

5–6 DEC

Irish Association of Speech & Language Therapists (IASLT) Biennial Conference 2023

Online

Register at
iaslt.ie/learning-centre

14–16 DEC

Asia Pacific Society of Speech, Language, and Hearing (APSSLH) Conference 2023

Ho Chi Minh City, Vietnam

More information available at
apsslhconference.net

2024

77th Annual General and Scientific Meeting of the New Zealand Society of Otolaryngology – Head and Neck Surgery (NZSOHNS)

Kirikiriroa Hamilton – Claudelands Convention Centre

15–18 October, 2024

More information available from
conferences@w4u.co.nz

14–15 DEC

Becoming a Behavioural Detective: Understanding and Supporting Complex Behaviour

Penang, Malaysia

More information available at
pacificspeechtx.my

2024

8th International In Sickness and In Health (ISIH) Conference

Tāmaki Makaurau Auckland

13–15 February, 2024

More information available at
isihconference.com

2025

33rd World Congress of the IALP

Tel Aviv, Israel

10–14 August, 2025

Registrations and call for abstracts accessible at
ialptelaviv2025.org

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

32nd World Congress of the IALP
Together towards tomorrow

The 32nd World Congress of the IALP (International Association of Communication Sciences and Disorders), hosted at Tāmaki Makaurau's Aotea Centre from August 20–24, featured a strong presence from Aotearoa-based researchers and delegates.

Here are just a few photos of the many impressive presentations from New Zealand-based researchers, research teams, and invited guests, and their highlights and memorable moments from the event.

Throughout the four days of the conference, delegates were invited to add their thumbprints to the 'Together Towards Tomorrow' artwork reflecting the theme of the Congress.

The Green Party's Hon Marama Davidson speaks at the mihi whakatau.

> "We need to build a world that assumes diverse ways of communicating."
>
> Hon Marama Davidson

IALP 2023 by the numbers

1,000
delegates (including exhibitors)

48
countries

568
abstracts received

Over 150
posters

120
sessions

30
exhibitors

10
invited speakers

IALP World Congress Local Organising Committee Co-Chairs Karen Pullar and Philippa Friary spoke about their highlights from the Congress during the poroporoaki on day four:

Karen Pullar

- We are delighted that 1,000 delegates from 41 countries registered for IALP Auckland 2023.
- Technology will change the way we deliver services tomorrow, with the potential to offer equity of accessibility in hearing health care.
- It was really special to see the front of the Aotea Centre, a New Zealand icon, decorated with IALP signage.

Philippa Friary

- I am proud of the indigenous equity lens as a strong point of the scientific programme, and the collaboration and connection with Ngāti Whātua.
- This year's IALP felt like a book I didn't want to finish – the collaboration between SLT and audiology benefited both disciplines.
- Friendship is the essence of IALP, me mahi tahi tātou mō te oranga o te katoa.

Left to right:

The IALP 2023 World Congress Local Organising Committee: Mel Street, Committee Member; Helen Sullivan, Committee Member; Holly Teagle, Scientific Co-Chair; Selena Donaldson, Communications; Karen Pullar, Co-Chair; Philippa Friary, Co-Chair; Annette Rotherham; Anna Miles, Scientific Co-Chair.

Left to right:

Grace Allen and Tika Ormond, Clinical educators/ SLTs, University of Canterbury.

"A highlight for me was to hear all the research and work going on in the Rainbow community and that we were part of that!"

Tika Ormond

"Highlights for me were listening to and learning from those with a wealth of knowledge and experience in both the Rainbow community and the wider SLT scope. A memorable moment was meeting the author of a textbook I use in both my research and clinical practice every day, and having the opportunity to chat to her about my poster and work in NZ!"

Grace Allen

Sally Kedge (Talking Trouble) presents *Enabling communication rights in high stakes contexts with children, youth and adults*

"Having the IALP Congress here in Aotearoa was an incredible opportunity to meet and learn from delegates from so many countries, all sharing their passion for speech, language and hearing. I'm still digesting what I heard and will be for some time. The final keynote about technology relating to hearing assessment and interventions blew my mind! Hats off to Philippa Friary and colleagues for organising this amazing experience. I really appreciated Mātua Rukingi's manaakitanga and contributions to sessions and was also very proud of all the NZ SLTs who presented."

Left:

Jennifer Smith (Ngāti Whātua, Ngāpuhi, University of Canterbury) presents *Applying culturally responsive practices to enhance early literacy success*.

"I was blown away by the world leading researchers from Aotearoa and their commitment to our indigenous people. Their research aims to address 180 years of colonial harm and goes further to ensure Māori flourish. As a hard of hearing and tangata whenua person I felt seen and respected. As a junior researcher I felt inspired. Mā pango, mā whero, ka oti ai te mahi."

Left to right:

NZSTA co-president Emma Quigan, Tracy Karanui-Golf (Te Rarawa, Ngāti Kuri, Massey University), Mershen Pillay (Massey University, University of KwaZulu-Natal), Professor Harsha Kathard (University of Cape Town) introduce delegates to the concept of 'main character syndrome' at their presentation, *WICKed (Whiteness, Indigeneity, Coloniality and Knowledge in education) Games for the global speech, language, swallowing and hearing professions*.

In a breakfast seminar sponsored by The Hearing House and Cochlear, Jaime, Katie and Holly shared an overview of the Cochlear Implant for Adults Living Guidelines, which include consensus-based recommendations on cochlear implant referral and management. Over 80 conference attendees were present to learn about the evidence-based statements that are meant to guide audiologists and rehabilitations with CI recipient management.

Left to right:

Katie Neal (The Shepherd Centre), Simon Wilson (Cochlear), Jaime Leigh (Royal Victorian Eye and Ear Hospital), Associate Professor Holly Teagle (University of Auckland, The Hearing House).

NZSTA Kaumātua Rukingi Haupapa led waiata to open and close each day of the Congress, introducing many delegates to pūmoana.

"It was absolutely fantastic to have this international congress held in NZ and being able to attend and present. I enjoyed meeting and networking with local and international colleagues and it was an amazing opportunity to hear first hand about studies and research which are happening across the world in our field. A huge thank you to NZSTA and all of the organising committee."

Right:

Kristina Pinto (Ministry of Education) presents *The journey of English and Te Reo Māori coreboards in public places in Te Tairāwhiti/Gisborne*.

"I was really impressed with the equity focus of the conference, and the really wide distribution of countries that the delegates and speakers came from."

Professor Greg O'Beirne

Professor Greg O'Beirne (Te Whare Wānanga o Waitaha / University of Canterbury) presents his response to Main Report 3, *Towards equitable hearing health care: Innovations in technology and service-delivery*.

Left:

IALP delegates gather in front of the Aotea Centre.

Top:

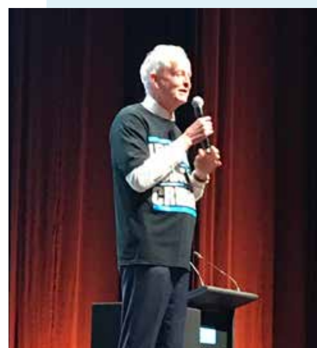
IALP signage featured on the front of the Aotea Centre in Tāmaki Makaurau.

Bottom:

IALP student volunteers were present throughout the Congress to answer pātai and support delegates.

"Speech therapists opened the door for me… you are the ultimate crime fighters, the earliest front line crime fighting work that we have."

Judge Andrew Becroft



Judge Andrew Becroft, NZSTA Patron, discusses Professor Gail Gillon (University of Canterbury's) main report, *Supporting Children who are English Language Learners Succeed in Their Early Literacy Development.*

Email Emma Wollum at **editor@speechtherapy.org.nz** if you have any reflections from the IALP Congress that you would like to share in a future edition of *Communication Matters*!

Tracheostomy practices in New Zealand

New Zealand Tracheostomy Working Group

It is the position of the NZSTA that tracheostomy management is within the scope of practice for Speech-language Therapists (SLTs).

Tracheostomy management should only be carried out by SLTs specifically trained to do so. In 2021, the New Zealand Tracheostomy Working Group was formed to re-vamp the New Zealand support for SLTs working with people with a tracheostomy across the lifespan.

The NZSTA, with the support of this group, has achieved many things in three years and there are now a range of supports for those working in this area:

1

NZSTA Position Paper on Tracheostomy
(login to **speechtherapy.org.nz/assets/Uploads/7bf91bfe9e/NZSTA-Tracheostomy.-Practice-Guideline-2021.pdf**)

2

Special Interest Groups (SIG)
4 annually.

3

NZSTA Competency Framework
including a process for grandparenting SLTs from overseas
(login to **speechtherapy.org.nz/assets/Tracheostomy-Competency-Framework-FINAL-July-2022.pdf**)

4

NZSTA Registry where all trained SLTs are listed to allow others to find support from locally trained members – updated annually.

5

Free to access the **New Zealand Tracheostomy Resource – canvas.auckland.ac.nz/courses/85486**

6

The Level 6 Advisory Group to provide national guidance and support Level 5 Trainers nationally.

7

The Level 5-6 Working Group
to support further quality initiatives and SIG coordination.

Working Group (2021–2023)

Becky Lantzos
Louise Bax
Gwen Kerrison
Lara Klee
Naomi McLellan
Annabelle Hastings
Mandy Henderson
Anna Miles
Melissa Keesing
Kelly Davis
Jess Zivkovic
Jessica Tranter
Sacha Allnatt

Quarterly Tracheostomy Special Interest Group (SIG)

The New Zealand Tracheostomy SIG is run by the New Zealand Working Group (Level 5–6 SLTs). The SIG hosts approximately four events per year and anyone is welcome.

If you are not on the mailing list, please contact:

Rebecca.Lantzos@middlemore.co.nz or **gwen.kerrison@waikatodhb.health.nz**

This year, SIGs have included:

- Industry Talks from tracheostomy tube providers including Shiley, Trachoe Twist, Bivona and Portex
- Complex case presentations
- International Speakers – Zelda Greene, Tracheostomy Speaking Valves in Children.

New Zealand Simulation Workshop

There is also a not-for-profit annual New Zealand Tracheostomy Simulation Workshop held in the University of Auckland Simulation Centre – **fmhs.auckland.ac.nz/scps**.

This is a training programme including both online learning and a fully immersive workshop. The workshop is facilitated by Anna Miles (**a.miles@auckland.ac.nz**), Lucy Greig and Louise Bax. The workshop covers both paediatric and adult tracheostomy management.

The outcomes of this workshop have been published: Evaluation of a tracheostomy education programme for speech-language therapist – **onlinelibrary.wiley.com/doi/full/10.1111/1460-6984.12504**

What will the future bring?

The Level 6 Advisory Group will continue to support tracheostomy practice across New Zealand by coordinating the annual review of the Tracheostomy Registry with the Health Leaders Group and NZSTA. The Level 5–6 Working Group will continue to facilitate the quarterly Tracheostomy Special Interest Group (SIG) Meetings. They also continue their work leading Quality Improvement Initiatives. They have identified five priority areas for 2024. •

Below:
Roleplaying tracheostomy situations with actors.

See right for how to get involved.

Photo: Anna Miles

Call for working group volunteers!

We would like to establish five working groups to work on the prioritised areas for development in 2024:

- Above cuff vocalisation – developing a New Zealand policy. Lead SLT Jessica Tranter: **jessica.tranter@waitematadhb.govt.nz**
- Tracheostomy suctioning for SLTs – Do we want it? Who should do it? What should credentialing look like? Lead SLT Lara Klee: **lara.klee@ccdhb.org.nz**
- Speaking valve use in children – How can we do it better? Lead SLT Melissa Keesing: **melissa.keesing@nmdhb.govt.nz**
- Grandparenting – how can we support managers in grandparenting overseas SLTs better? Lead SLT Kelly Davis: **kelly.davis@middlemore.co.nz**
- Working with ventilators – competencies / guidance / education. Lead SLT Sacha Allnatt: **sacha.Allnatt@ccdhb.org.nz**

We are looking for volunteers to join these groups. If you are interested, please let the lead SLT directly. We'd love your input whether you are experienced in tracheostomy or just starting out!

Bottle-feeding in a BFHI world

Working alongside lactation consultants for successful oral feeding

Dr Lise Bakker, Paediatric Speech-Language Therapist, Te Pae Hauora o Ruahine o Tararua MidCentral

The Baby Friendly Hospital Initiative (BFHI) places emphasis on breastfeeding promotion and support, while limiting promotion of bottles and artificial feeding.

This is great for whānau who choose to breastfeed; however, we know that many whānau choose to bottle-feed expressed breast milk or formula for a variety of reasons, especially in neonatal units where the pēpi's journey has been far from simple. The World Health Organisation's International Code of Marketing of Breastmilk Substitutes (the Code) and the WHO / UNICEF's Ten Steps to Successful Breastfeeding allow for the input of SLTs. Over-interpretation of the principles contained in these frameworks, for example by enthusiastic lactation consultants (LCs) and nursing staff, can limit SLT input.

It can be difficult and frustrating to advocate for our SLT profession and skills in this environment, and we have limited time to spend with neonates. Here are some of the arguments used to restrict artificial feeding education, and the requirements under the BFHI, from both the WHO Code and the NZ Baby Alliance (NZBA) resources for BFHI accreditation. My hope is that this knowledge will help you work with your LCs and nurses to create robust resources for bottle-feeding that also fit the BFHI.

Left:
Picture courtesy of a Palmerston North Neonatal Unit māmā, who kindly agreed to her pēpi's photo being used for educational purposes.

“We can’t use *bottle type* here, we’re not allowed to show bottle/ brand preference”

> *Code Principle 9.1: There is no* ***promotion*** *of feeding bottles, teats, or pacifiers in any part of the service or by any staff.*

Specific brands may be mentioned to enable whānau to become fully informed about bottle feeding their infant, without entering the realm of promotion. In our unit, we talk about characteristics of bottles, e.g. teat length and shape, milk flow, ease of latching. If asked to recommend a bottle, we say we use a particular brand clinically because they are consistent, have lots of teat sizes available, and are overall good-quality bottles. However, we also explain that teats for this specific brand are interchangeable with generic narrow-neck bottles. There is no restriction on mentioning or using specifically-branded bottles, as long as we adhere to advising on risks of bottle/formula feeding and to the principles of informed decision-making.

“We can’t provide bottle feeding education / we can only provide verbal information, we can’t use handouts, pictures, or videos to show bottle feeding techniques”

> *Code Principle 4.2: Informational and educational materials, whether* ***written, audio, or visual****, dealing with the feeding of infants… should include clear information on… c) the negative effect on breastfeeding of introducing partial bottle-feeding; d) the difficulty of reversing the decision not to breastfeed; and e)* ***where needed, the proper use of infant formula****.*

The BFHI recognises that verbal information is only one form of education, and specifically includes other forms in the requirement to provide information about risks of bottle-feeding. A handout with pictures of bottle-feeding positions, information on bottles, and infant stress cues, for example, should include a brief statement about the BFHI and acknowledgement that breastfeeding is easier, cheaper, and better for the baby. This handout would be appropriate for use in neonatal units (when given to whānau who have already decided to bottle-feed). We also know that verbal information is the least-retained by stressed whānau!

We aren’t allowed to provide group education on bottle-feeding, so no information seminars or gathering whānau together to give the information – we do need to do it individually.

“Having a bottle-feeding guideline/ bottle feeding score resource is against the ‘no group education’ policy of the BFHI”

> *NZBA Principle 13.7: Artificial feeding policy including safe preparation and handling of formula,* ***responsive feeding, paced feeding****.*
>
> *NZBA Principle 13.9: Process to ensure* ***artificial feeding written materials*** *are appropriate, separate from BF information, contain implications of feeding formula, Code compliant, and free from promotion.*

Commencing bottle feeds

Bottle feeding code: See expanded description to confirm code & strategies

1. Baby is not stable; too sleepy or not interested
2. Briefly interested in oral feeding, but not able to achieve an alert state for feeding
3. Interested in feeding but difficulty coordinating suck/swallow/breathe AND/OR difficulty maintaining an alert state
4. Mild difficulty coordinating AND/OR reduced energy/alertness for feeding
5. Engaged and coordinated for majority of feed
6. Engaged and coordinated for entire feed

Left: Bottle Feeding Code example from Wellington NICU – taken from my research visit in 2020.

A bottle-feeding guideline for nursing staff is actually in line with the BFHI/NZBA requirements, which state that Level 3 Specialist staff are required to ensure their knowledge about artificial feeding is current and correct. It's also best practice to ensure we're all on the same page! A bottle-feeding score (similar to the ten-step or six-step breastfeeding scores) is a bit trickier. However, if the score is provided individually, with nursing staff all educated on how to use it and when to introduce it, this isn't group education for whānau. Again, it's best practice – we want to ensure that feeders know their pēpē's ability, and can judge when to pull back from feeding.

SLTs and LCs should always be working in partnership – we have different skill sets that complement each other. I often simplify this partnership to whānau, saying LCs work with the māmā-baby dyad, while SLTs look at infant-specific issues (which is a massive oversimplification, but does help).

I have developed a feeding plan template, a bottle-feeding resource document, and a presentation on infant stress cues for our Breastfeeding Study Days. It's not a quick or easy endeavour, but it really does decrease our community workload long-term! If you would like to see resources, I'm happy to share them around.

We have to talk about Perinatal Distress (PND)

Alison Bruce, SLT, Te Whatu Ora – Nelson Marlborough

A newsletter came into my inbox recently that got me thinking.

It was from a mental health organisation in New Zealand (Whāraurau – a national centre for infant, child, and adolescent Mental Health workforce development) stating that around 20% of people giving birth in New Zealand experience mental health distress during the perinatal period (before, during, and after the birth of a baby). It referenced a 2021 'stock take' document published by the Ministry of Health[1] which states that twelve to eighteen per cent of mothers and ten per cent of fathers will develop depression, anxiety, or other mental health difficulties during the perinatal period. The MoH reports that specific demographic groups (such as Māori, Pasifika, and Asian tāngata) experience higher rates of perinatal mental health difficulties. Research involving pregnant people with diverse gender identities is more scant, especially in New Zealand, but we do know that people who belong to the Rainbow community are more likely to experience mental distress generally. With that in mind, and the knowledge that our birthing systems are not currently designed to accommodate diverse forms of gender identity, it is quite possible that pregnant people who identify as a gender other than female experience a higher rate of perinatal depression.

Perinatal distress (PND) should be important to SLTs and the NZSTA for two reasons. One reason is that many SLTs or their partners will experience PND at some point in their lives. Second, many of us work with parents during the perinatal period. If we don't talk about it, then our members, colleagues, and the whānau we work with won't get the support they need.

In 2020 we plunged into lockdown on the date that my baby was due, I gave birth to my son a week later. Looking back, my symptoms of anxiety started simmering early on. I dismissed it as normal. Despite my job working as a paediatric SLT with an interest in infant mental health, and despite all the education I had received around postnatal depression, I had never heard of postnatal anxiety!

Alison Bruce and her son Magnus.
Credit: Alison Bruce

Despite the simmering anxiety, I can say that I mostly loved my first few months as a new mother. I felt like I was acing it – just before four months, my son slept for seven hours straight, and I thought that was how it was going to keep going! Oh how wrong I was. From four to eighteen months old, my baby decided he needed to wake at least four times a night, and he persistently resisted sleeping anywhere but next to me. By this time, out of the newborn phase, there was an expectation from myself and from my partner that I would taking on more and more of the household and property tasks that had fallen to him. These two things added fuel to my anxiety.

My anxiety peaked at 10–12 months after my baby's birth, with moments of anxiety's friend depression thrown in. At this point, life was throwing in a return to work three days per week, including the prospect of handing my baby over to someone I didn't know for two (very long) days a week. I broke down when staying with family, starting with the simple question to my sister "when will I feel normal again?"

1 Ministry of Health. 2021. Maternal Mental Health Service Provision in New Zealand: Stocktake of district health board services. Wellington: Ministry of Health.

Alison and Magnus enjoy a day by the moana. Credit: Alison Bruce

My mum and sister advised me to see my GP once I got back home. My GP was great, referring me to their mental health nurse as well as to several services that did help. Please see the resources listed at the end of this article if you are also seeking support.

How did all this impact me at work? The impacts of sleep deprivation and my postnatal distress were profound. These were on top of becoming a working mum for the first time in my life, juggling expressing milk at work, frequent illness, and an ongoing pandemic. My first day back at work was awful, I cried every time someone asked how I was doing. My baby was with his dad, but one hour's drive away seemed like a very very long way away. I lacked motivation at work, I was incredibly distracted, I was struggling to stay awake on my one hour commutes. I was probably moody towards my colleagues. I struggled with completing big tasks, and reports could take me days to complete.

I struggled to focus on professional development. I didn't feel good at my job. I had moments of extreme panic. I learned that when you are having a hard time, it's not easy to make steps to improving your situation.

This has been a hard story to tell, and difficult knowing that colleagues who know my name around the motu will be reading this. So why write about it? Firstly, to build some awareness – although I knew about postnatal depression, I had no idea about postnatal anxiety and the wider term 'postnatal distress'. In my journey with my midwife, Plunket, and the GP in the early days, I was never formally screened for PND. I don't remember being asked specific questions about my mental state – just "How are you?" Secondly, I want to create some discussion around what we can do as a profession to increase awareness and access to support for our kiritaki and our colleagues. •

So what can we do? What could be our next steps as an organisation?

1

Learn about perinatal mental health.

There are some great New Zealand websites where you can find information on postnatal distress such as:

- **Postnatal depression » Whānau Āwhina Plunket**
- **Postnatal depression | Mental Health Foundation**
- **PADA – Perinatal Anxiety & Depression Aotearoa**
- Whāraurau and PADA – Perinatal Anxiety & Depression Aotearoa presented a 'lunchtime learning' e-learning course on 28 July, the recording is available **here**.

2

Find out about the organisations in your area that provide PND services or social support services for parents in the perinatal period.

In my area (Nelson-Marlborough), we have an NGO focussed on this and can also refer families to Bellyful – Filling Kiwi Bellies. If you are concerned about someone, talk to them, find out if you can help, suggest that they contact their GP, midwife, or Plunket nurse, and continue to check in on them.

3

Ask specific questions.

We all know that if you say "how are you?" many people will say "fine/good". More specific questions include: "Do you feel anxious or depressed?" "Tell me what becoming a parent has been like for you?", "did you experience anxiety or depression after you had your first child?". One evidenced based tool is The Edinburgh postnatal depression scale (EPDS), an online version is available **here**. The scoring is automatic and the advice is given on screen, so it is very quick and easy to complete.

4

Ask the question, "how can we better prepare SLTs for re-entry to the workforce after their parental leave, or while their partner is on parental leave?"

If you are in this position, Plunket offers some valuable **advice**. I also recommend watching this **thought-provoking video** by a speech-language pathologist on how it was for her returning back to work.

5

Know that you are not alone.

If you are currently pregnant or had a baby in the last couple of years and worry that you might have postnatal distress, know that you are not alone! There is information in the links above that might help you. It's ok if you are struggling to tell someone how you feel, or to tell someone that you are struggling to take steps to get support. Today, just try and take one step to feeling better.

I am happy to be contacted by anyone who needs the support of someone who has been there! You can contact me on 0212119725, find me on Facebook and send a message, or send me an email at **yourpotentialslt@gmail.com**.

If you need immediate assistance, there are some links below:

- Anxiety New Zealand: 0800 ANXIETY (0800 269 4389)
- depression.org.nz: 0800 111 757 or text 4202
- Lifeline: 0800 543 354
- Mental Health Foundation: 09 623 4812, click here to access its free resource and information service
- Rural Support Trust: 0800 787 254
- Samaritans: 0800 726 666
- Suicide Crisis Helpline: 0508 828 865 (0508 TAUTOKO)
- Yellow Brick Road: 0800 732 825
- thelowdown.co.nz: Web chat, email chat or free text 5626

In a life-threatening situation, call 111.

Zooming around our world

Tracy Kendall, Telehealth Speech-Language Therapist

It's Wednesday 8:45 am in NZ, but it's Tuesday 1:30 pm in Peru. I'm on the Coromandel Peninsula in front of a screen.

Outside there's a sea view, and the sound of native birdsong. Stuie (5-and-a-half) years is in his bedroom, in the bustling city of Lima. Kiwi Dad, Stuart is beside him, and the clatter of his Mum Katy's extended Peruvian family can be heard. Stuie is neurodivergent (he is Autistic), and English is his second language.

Covid was the catalyst for us to leave Auckland before the lockdowns in March 2020. It was a steep learning curve when I changed to working exclusively via Zoom. Twenty-nine cases weekly throughout the pandemic kept me occupied. So, in January 2022 when I received an enquiry from a Stuart and Katy to work with their son, I was prepared to try. Covid taught me to 'never say never.'

Stuie's therapies and schooling in Lima are in a Spanish mainstream classroom, with a teacher aide for a few hours per day. Stuie's parents want to accelerate his English skills for a possible move to NZ. There is a high incidence of violent crime in Peru, and they worry for their two older daughters' safety.

After 18 months of working with Stuie, his family visited me in NZ. It's a strange experience to meet a child you only know virtually. After a fun face-to-face session playing language enhancing games, we communed in our home. Learning about Peruvian culture over recent months, I know that food is centre stage.

> "The iPad is an important tool, without distractions. It's just a screen, that also leaves a workspace in front of Stuie on his desk to do the practical worksheets. The hands free, no keyboard works well."
>
> **Stuart:** On Zoom

We shared a lamb roast, and Katy brought a Peruvian desert of *arroz con leche* (rice with milk,) and an Inca purple-corn dessert, named *mazamorra*.

“It’s an easy thing to limit yourself because of your kids’ condition. We never think of Autism as a disability, we always think of it as a characteristic, because Stuie has never stopped surprising us. Every time we’ve thought, well that’s going to be difficult, we just did it! And even if he didn’t do it perfectly, he achieved to a degree, and learned something. The idea of thinking, well, it’s going to be difficult for him to do virtual speech therapy, we still went ahead and did it. So never be afraid to try. Doesn’t matter who, where, when, what, how. It’s about giving Stuie the next challenges and steps. You’ve got to be confident to try.”

Katy: On Autism – *Sage advice for us all*

From left to right:
Tracy Kendall, Stuart with Stuie, Katy, Ngaire, and Urpi.

Article and photo published with the permission of the Family.

Nature's classroom: The W.I.L.D. Child Initiative and the power of outdoor learning

Tara Roehl, SpeechyKeen SLP

Having been inspired by the rich history of outdoor learning in the United Kingdom, dating back to the 19th century, I found myself captivated by the idea of nature as a classroom early in my career.

The evolution of outdoor learning centers, which emerged as a refreshing alternative to the outcome-driven traditional schooling of the 1990s, has seen a global expansion. Yet, its roots in the United States are still budding.

Upon embarking on the journey of motherhood, the allure of this learning environment for my children was undeniable. Nestled in the picturesque Rocky Mountains of Colorado, I chanced upon a programme that not only catered to my young children's minds but also ignited a professional spark within me. The potential of integrating such an environment with my practice as a Speech-Language Pathologist was too compelling to ignore.

While initiating this significant shift in practice would be monumental for many in my profession, it was a logical next step on my trajectory. Throughout my career, I've always been an advocate for therapy beyond the confines of the classroom. Whether it was the school playground, the local gym, or even field trips, I've always believed in the potency of natural environments for therapy. This belief only strengthened when I ventured into private practice, where therapy sessions often transformed into culinary adventures, geocaching escapades, or simple walks to the café.

My exploration into the realm of outdoor learning led me to the writings of Richard Louv. His profound insights into the dwindling connection between children and nature resonated deeply. He coined the term "Nature Deficit Disorder" to expand upon this disconnection. Combined with the startling research from Stanford Health News, which revealed that American children indulge in less than 10 minutes of unstructured outdoor play daily, further fueled my determination. And thus, in the summer of 2018, W.I.L.D. Child was conceived.

W.I.L.D. Child, or Wilderness Immersion for Learning and Development in Children, is not just a programme; it's a movement. Meeting once a week, regardless of the weather, this initiative engages homeschooled children from diverse backgrounds and abilities. Set against the backdrop of a local park, replete with woods, lakes, trails, and a waterfall, this program offers a sanctuary for both neurotypical children and those with diverse diagnoses including Autism, ADHD, anxiety, Down Syndrome, processing disorders, and stuttering.

The consistency of the location instills a sense of belonging among the children. My cart, brimming with an array of tools and materials, stands ready to cater to the whims and fancies of these young minds. While a significant portion of the programme revolves around

Left and below:
Learners enjoy the W.I.L.D. Child programme.

Photo credits: Tara Roehl

unstructured play, there are structured segments where we bond over literature, hot tea, and nature journaling. Parents are encouraged to follow the lead of their children, seeing the natural world through the wonder and awe of the youth. Children are encouraged to collaborate, communicate and coordinate. The diversity in abilities among the children, coupled with the unwavering support of their families, has been instrumental in fostering growth in every participant whether child or adult.

The ever-changing canvas of nature, with its seasonal shifts, offers myriad learning opportunities. Whether it's understanding the different states of water during winter or discussing local flora and fauna in spring, every season brings its own set of lessons. Cause and effect lessons are evoked by the fish in our frozen lakes and the wet shoes from a slip into the river. Language lessons evolve from discoveries deep in the woods and when the bald eagles swoop over our base camp.

Combining my passion, profession, and extensive research, W.I.L.D. Child has emerged as a beacon of hope in my community. It's not just a program; it's a revolution aimed at reshaping the future of these families. The profound impact it has had on each participant, my family included, stands testament to its transformative power.

Becoming a Behavioural Detective

Kim Barthel, OTR

When the NZ Speech-Language Therapists' Association invited me to write about my course "Becoming a Behavioural Detective" for its magazine *Communication Matters*, I was thrilled!

I am thrilled because it signifies that the interest in holistic clinical reasoning is expanding. This request means more and more professionals globally are seeing the benefits of thinking with wide open lenses about all the contributing factors that impact complex behaviour. The content of this course (offered in many cultures and contexts over time), continues to evolve as new exciting research comes to light and my own clinical experiences expand. I am passionate about understanding why people do what they do and sharing what I'm learning. There is always a reason for the behaviour, and this information is definitely not just for occupational therapists to understand.

The joy of this multi-disciplinary course is that its content, amassed over 40 years and counting, is evidence-informed from a wide-range of professions.

Likewise, the practitioners it has supported (including SLTs) are from a broad number of disciplines and cultures. While Becoming a Behavioural Detective (BABD) borrows primarily from neurobiology, the feedback we've received is that its applicability extends to anyone who works with complex humans. It integrates my knowledge of Sensory Processing, Movement, Attachment Theory, Trauma-Sensitive Practice and Mental Health, integrating information from each of these frames of reference and then applying interventions as individually warranted.

My core belief is that each individual is unique, valuable and whole, and except in extremely rare cases, our clients/students/children are always doing the best they can with what they have. I am nowhere alone in this mindset. Additionally, there are a growing number of professionals and disciplines who are convinced that we serve our clients more fully when we work together, learn from each other, and honour relationships all along the way. What we're all learning is to consider the neurobiological processes that occur within the brain, body and mind, which influence a person's development, mental health, behaviour and well-being. We are learning to dive deeper into analysing the overlapping contributions of challenging behaviour, and invest more time into holistic theories of sensory intervention, attunement, co-regulation, relationship-building skills and self-care.

How might SLTs benefit from taking such a course as BABD?

Observation and Assessment: BABD emphasizes the importance of keen observation skills to understand the underlying factors that influence behaviour. SLTs can apply this approach to assess the communication challenges of their clients more comprehensively. By observing nonverbal cues, sensory responses, and patterns of behaviour, SLTs can gain a deeper understanding of the individual's communication difficulties and tailor interventions accordingly.

Holistic Perspective: This approach encourages SLTs to view individuals holistically, considering not just their speech and language skills but also their sensory experiences, emotional well-being, and overall development. By taking a broader perspective, SLTs can identify underlying factors that may impact communication, such as sensory sensitivities, self-regulation difficulties, or social-emotional challenges. This holistic understanding enables SLTs to

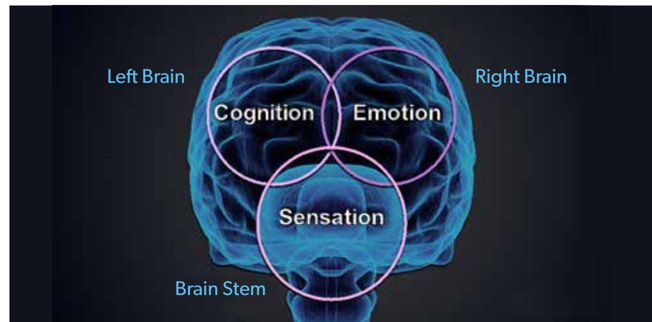
design more effective and individualized intervention plans.

Collaborative Approach: BABD promotes collaboration among professionals, families, and individuals themselves. SLTs can work alongside other healthcare providers, educators, and caregivers to gather information, share insights, and develop comprehensive strategies. By collaborating and pooling resources, SLTs can provide more holistic support to individuals with communication difficulties.

Relationship Building: This approach emphasizes the importance of building relationships with clients and establishing a safe and trusting therapeutic environment. By focusing on creating connection and attunement, SLTs can foster a positive therapeutic relationship that enhances engagement and supports communication development.

Supporting Self-Regulation: BABD recognizes the significance of self-regulation for optimal communication. SLTs can integrate strategies to support self-regulation skills, such as sensory integration techniques, mindfulness practices, or co-regulation strategies, into their therapy sessions. By addressing self-regulation challenges, SLTs can create a more conducive environment for communication development.

By incorporating the principles of “Becoming a Behavioural Detective” into their practice, SLTs can enhance their assessment process, develop more tailored interventions, promote holistic development, and foster meaningful therapeutic relationships with their clients.



Left:
3 factors influencing arousal levels (behaviour) are our emotions, sensations and cognition.

Photo credit: Relationship Matters / Kim Barthel

One concept we explore are the three ways that our regulation becomes impacted: through cognitive, sensory, and emotional input that is around us in our environment at any given moment. Safety needs to be felt in all three domains simultaneously in order for it to be experienced as such.

Neurodiversity, trauma experiences and adaptive attachment strategies are other topics that can immensely impact behaviour throughout the lifespan, and as such are featured with gentle unpacking. This course aims to be neurodiversity-affirming and trauma-sensitive in its delivery as well as its content. Trauma-sensitive practices can be applied in the field of speech-language therapy to create a safe and supportive environment for individuals who have experienced trauma, both known and unknown. This said, it is one of those courses that encourages self-reflection. As a caution to any who may consider joining the online on-demand series, you may come to help understand your clients or students but end up analysing your family and yourself. Self-compassion is a pre-requisite. Remember we’re all doing the best we can, and people do what they know until they know something different.

With anyone in the helping professions, self-care is a key ingredient to sustainable practice. Inevitably, in addition to a range of interventions to support our clients and students, this course offers a sideways look (indirectly) into our own complexities from a strength-based lens.

As an OT from Canada, sharing my professional passion with SLTs in New Zealand is an honour, so thank you. My belief is that behaviour is communication, something you all know a lot about. You are fully welcomed into the conversation about collectively trying to more deeply understand and support complex behaviour, and may our paths one day not only cross but converge. •

For more information about upcoming courses, please visit **kimbarthel.ca**

Contact details
Whakapā tangata

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

New Zealand Speech-language Therapists' Association
Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa
www.speechtherapy.org.nz

NZSTA Board Members

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

Communications • Amy Scott
communications@speechtherapy.org.nz

Member networks • Polly Newton
membernetworks@speechtherapy.org.nz

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

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

Māori and cultural development •
Hana Tuwhare
culturaldevelopment@speechtherapy.org.nz

Other contacts

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

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

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

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

***Communication Matters* editor** •
Emma Wollum editor@speechtherapy.org.nz

NZSTA 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 Intellectual Disability (Communication and Dysphagia) • Hannah Barnes
Hannah.Barnes@spectrumcare.org.nz

Adult Neurodegenerative Conditions and Palliative Care • Fiona Hewerdine
smokydine@gmail.com

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

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

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

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

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

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

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

Fluency • Tika Ormond
tika.ormond@canterbury.ac.nz

Head and Neck Cancer • Rebecca Lantzos
rebecca.lantzos@middlemore.co.nz

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

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

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

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

Voice • Carlene Perris cperris@adhb.govt.nz

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

Area representatives

Te Tai Tokerau • Ashley Dean
ar.northland@speechtherapy.org.nz

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

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

Central • Alicia Scott
ar.central@speechtherapy.org.nz

Wellington/Nelson • Catherine Campbell &
Tricia Mayuga ar.wellington@speechtherapy.org.nz

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

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

Student representatives

Massey University •
Tamanna Bhatia (Year 3) & Riya Bhatia (Year 4)
sr.massey@speechtherapy.org.nz

University of Auckland • Alycia McGray (Year 1),
Ben Twinn (Year 1) & Ashleigh Stove (Year 2)
sr.auckland@speechtherapy.org.nz

University of Canterbury • Kate Tyson (Year 3),
Abbie Low (Year 4) & Maggie Beggs (Master's)
sr.canterbury@speechtherapy.org.nz