

ISSUE / NGĀ TAKE 57
SPRING / KŌANGA
2024

communication
matters



E koekoe te tūī, e ketekete te kākā, e kūkū te kererū

Celebrating diversity for Speech-language Therapy Awareness Week 2024 • Championing our profession

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Cover image: E koekoe te tūi, e ketekete te kākā, e kūkū te kererū – The whakataukī for this year's Speech-Language Therapy Awareness Week celebrated different voices. Credit: Marc Daalder, Instagram: @mdaalderphotography

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

ISSN 2324-2302 (Print)

ISSN 2324-2310 (Online)

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NZSTA upcoming events

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



OCT

NZSTA 2024 Symposium – Ngā Hononga
21–22 October

Te Wānanga o Raukawa,
Ōtaki campus



NOV

International Allied Health Conference 2024
1–5 November


Singapore Expo, Singapore
iahc2024.com/programme-overview



NOV

Functional and Affirming Intervention Practices in Paediatric Speech Pathology
7 November (Session 1)
14 November (Session 2)

Online
skillbuildersslt.com/training



NOV

Hanen More than Words®: A Flexible Parent Coaching Intervention
19 November


Online
events.humanitix.com/hanen-more-than-words-r-a-flexible-parent-coaching-intervention-webinar



DEC

Allied Professionals Forum – International Alliance of ALS/ MND Professionals
4–5 December

Online and in-person in Montréal, Canada
als-mnd.org/events-programs/allied-professionals-forum



JAN 2025

Minimising Bullying for Children Who Stutter
31 January, 2025

Online
skillbuildersslt.com/training



FEB 2025

Learning Language and Loving It™: The Hanen Program® for Early Childhood Educators
19 February, 2025

Online
events.humanitix.com/empowering-educators-to-create-language-rich-interactions-webinar



MAR 2025

Traumatic Brain Injury Conference, NZ
12–13 March, 2025

Te Pae Christchurch Convention Centre
In partnership with the Laura Fergusson Brain Injury Trust
braininjuryconference.nz



AUG 2025

33rd World Congress of the IALP
10–14 August, 2025

Malta
Registrations and call for abstracts accessible at ialpmalta2025.org

Championing our profession: The need for advocacy

Juhy Paily • NZSTA Emerging Practitioner 2024

Tihei mauri ora
Nō Īnia ōku tūpuna
Kei te Whanganui-a-Tara ahau
e noho ana
Ko Juhy Paily tōku ingoa
Kei te ako ahau i te Whare
Wānanga o Waitaha
Tēnā koutou katoa

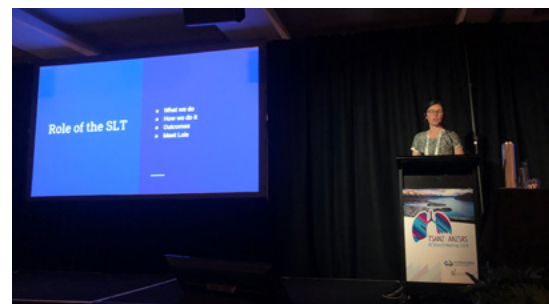


I am Juhy Paily. I trained as both a speech-language therapist and audiologist in India before moving to Aotearoa New Zealand to pursue postgraduate studies and professional practice experience. Before sharing my research mahi, I want to reflect on what led me to this incredible profession. To me, speech-language therapists are more than clinicians; we are specialists in human communication. As social beings,

communication is central to how we connect with each other. This helps to make the work we do to support those who face communication challenges both challenging and fulfilling.

When I introduce myself to others I often hear, 'What is a speech therapist? What exactly do you do?' This is frequently followed by, 'Is it just about helping children speak?' This curiosity is not unique to any one place; I have heard it from people across different countries and cultures. When I moved to Aotearoa five years ago, I found this same question echoed here. This recurring query inspired me to investigate public awareness of speech-language therapy (SLT).

During the pandemic, as part of my Master's studies, I conducted an online survey which received over 800 responses. This research was the first in Aotearoa to attempt to understand the awareness of SLT profession/professionals among the members of the general public. The results were both revealing and concerning: public awareness of our profession remains low, mirroring trends observed internationally over the past four decades. Despite the incredible progress and innovations in our field, the fact that many people still do not understand our role poses



Raising awareness of the role of SLTs – Vocality director Samantha Read speaks about the role of SLT in chronic cough at the Thoracic Society of Australia and New Zealand / Australian and New Zealand Society of Respiratory Science annual branch meeting

Photo credit: Samantha Read

a significant challenge. A majority of participants indicated that they had never heard of or read anything about speech-language therapy and had never met a speech-language therapist. A significant proportion of participants did not perceive the need for an SLT consultation in clinical cases of language and voice disorders, despite these being core areas of practice for SLTs. This lack of awareness is not ideal for the provision of services to individuals with diverse speech, language, and communication needs. The general public should be supported in understanding the SLT profession, so they know when and how to seek SLT



The acute team at Dunedin Hospital celebrates SLT Awareness Week

Photo credit: Angela Oswald

services. Implementing strategies to improve awareness of SLTs may also support the growth of the profession internationally and help mitigate the challenges associated with meeting future workforce needs.

How can we ensure that those who need our support know where or who to turn if they do not fully understand who we are and what we offer? It also raises an important point for us as professionals: advocacy should be something woven

“

Let us celebrate our mahi every day. If we do not advocate for our profession, no one else will.

into our everyday practice as well as our annual awareness campaign.

Each of us plays a vital role in raising the profile of our profession. Whether through daily conversations with our clients, interactions with colleagues from other fields, or public engagements, we need to take every opportunity to highlight the value of what we do. These activities will help to ensure our profession thrives and the work we do is understood, valued, and accessible to those who need it.

Let us celebrate our mahi every day. If we do not advocate for our profession, no one else will. Together, we can ensure that speech-language therapy continues to be recognised for its essential role in supporting humans to communicate and connect. ●

I invite you to explore the full article on my research for a deeper look at these important findings. Together, we can reflect on ways to raise public awareness and advocate for our profession. Read the full article [here](#).

I would like to thank Associate Professor Dean Sutherland and Tika Ormond from the University of Canterbury for their valuable advice and guidance on this research.

Celebrating diversity for Speech-language Therapy Awareness Week 2024

Amy Scott • NZSTA Communications portfolio

Speech-language Therapy Awareness Week 2024 wrapped up on September 29th. This year we built our week around the inspiring theme of “Celebrating Difference,” capturing the essence of the whakataukī: *E koekoe te tūi, e ketekete te kākā, e kūkū te kererū* – a reminder that just as every bird sings its own song, every person communicates in their own unique way.

The week was packed with activities, both online and in communities across the country, aimed at raising awareness of different communication needs and celebrating individuality.

Raising awareness online

Throughout the week, NZSTA rolled out a daily online campaign, featuring people, communities and resources who celebrated communication difference. We heard from individuals with apraxia of speech, aphasia, and a stutter, and also learnt about the value of voice banking and using core boards to communicate.

Submissions from our student reps highlighted the communication challenges of those with Aphasia, and how to be a good communication partner.

A special initiative, *Share Your Story: Celebrating Difference*, showcased the impact speech-language therapy can have on peoples’ lives, both as a consumer and practitioner. We are always grateful to those people who take the time to share their stories. A special thanks to Ruth, Matt and Yuchen for their contributions.

Storytelling event in Christchurch

One of the standout events of the week was the Te Reo o Aotearoa storytelling session at Tūranga Library in Christchurch. Held on Tuesday, 24th September, the session saw whānau, tamariki and kaiako gather to enjoy stories and songs in English, Te Reo Māori, and New Zealand Sign Language. The stories were a vibrant celebration of the different ways people express themselves. Children were treated to stickers and a colouring competition, and two lucky listeners took home the books that were read, adding to the joy of the day.

Colouring competition for kids

In keeping with the theme of celebrating difference, a colouring competition encouraged children under 12 to submit their artwork featuring our whakataukī for the week, and native New Zealand birds. By incorporating birds like the tūi and kākā, kids were invited to creatively express the idea that communication, like birdsong, comes in many beautiful forms. We loved seeing the creative expression from tamariki, highlighting our theme!

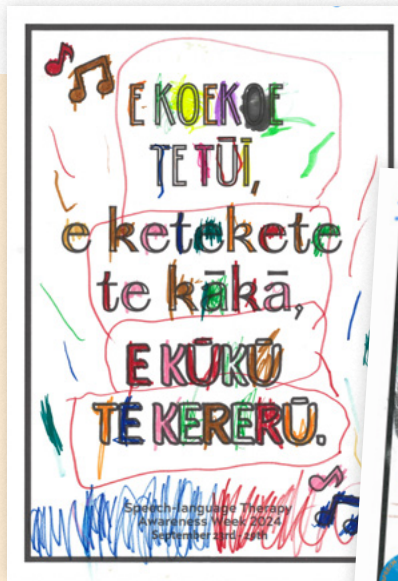
“

The week was packed with activities, both online and in communities across the country, aimed at raising awareness of different communication needs and celebrating individuality.

Resources to keep the message alive

To ensure the message of inclusion and communication diversity continued beyond the week, NZSTA provided digital resources to schools, libraries, and workplaces. Posters and stickers were displayed in a variety of community spaces, reminding everyone that communication comes in many forms and deserves to be celebrated.

As Speech-language Therapy Awareness Week 2024 came to a close, participants were left with a strong message: our unique ways of communicating are what make our communities rich and vibrant. ●



The Speech-language Therapy Awareness Week 2024 colouring in competition was very popular
Credit: Amy Scott



We're in this together!

Attending the WDSC 2024 in Brisbane

Tracy Kendall • SLT

Down syndrome, trisomy 21, it has interested me for my entire career.



Tracy Kendall attending the World Down Syndrome Congress 2024 in Brisbane

Thanks to a grant from NZSTA I was eager to learn all that I could at the Health Professionals & Researchers Day at the World Down Syndrome Congress in Brisbane. Around one thousand people were in attendance between 9–12 July for this event, which takes place every 3 years. The Health Professionals & Researchers Day was packed with new research results. But what struck me most about all of the speakers was the personal connection they had with Down syndrome. A sibling, a child, an uncle; without exception they had been connected early in their lives with Down syndrome, and were dedicated to making a difference to the lives of those with this extra chromosome.

The foundations for my interest in Down syndrome were laid down early. We had family friends whose child was born with Down syndrome. My mum explained that Andrea would need to be 'put away' because she was not 'quite right'. In the 1960s the thinking was that parents should place their Down syndrome child in an institution. If they chose to take their child home, there was very little support. I was 4 years old when I met 2-year-old Andrea, and although she did not speak any words, we engaged while she communicated playfully with her eyes.

In the mid-1970s, as a teenager, I volunteered at a 'sheltered workshop.' Here I would support Down syndrome adults who undertook contract work, completing menial jobs such as putting matches in match boxes. Later in my speech-language therapy training, I gained experience in special school placements at Allenvale and Ferndale special schools in Christchurch. Once qualified, with some general experience working in Ministry of Education jobs, I accepted a role at Templeton Hospital, a residential home to about 400 people with intellectual difficulties, working mostly with Down syndrome young adults. Thankfully, change was in the air, and for some a life beyond the world of institutionalism became possible.

At the World Down Syndrome Congress there was an atmosphere of excitement, as the Down syndrome community gathered from 45 countries. The WDSC seemed to represent the crest of a positive, progressive wave of empowerment. 300 young people with Down syndrome were in a space for connecting, learning, making friends, and having fun. But they were also there to challenge themselves, and be inspired by the many speakers with Down syndrome, who weren't letting one extra chromosome stop them from reaching for the stars!

One of those speaking was Gabrielle, with whom I do weekly teletherapy. Gabs (as she prefers), a rhythmic gymnast who has travelled the world competing, is not afraid of public speaking. In fact, she is quite the veteran, speaking out at her workplace, Alvarium as a front of house receptionist, to educate her colleagues on Down syndrome. Gabs, who has completed the two-year course for skills and living at Unitec, has recently appeared on TV in a documentary on

Down syndrome, made by Borderless, who seek to create change through digital storytelling. The documentary aims to help create a positive shift in the way people see Down syndrome, especially targeting prospective employers, and can be viewed on the NZDSA website.

Gabs is one of those go-getters, blessed with a supportive whānau, who believe in the merits of mahi pakeke. She's a self-advocate, helping to break down

community barriers, and challenging people to cease thinking of Down syndrome as a 'disability.'

After the Congress was over, I asked Gabs' mum, Rachael, what some of the take-homes from the Congress in Brisbane were.

"I saw many twenty to thirty-year-old attendees with DS and lots of communication capability. I always love the research, all the information regarding new learnings about epigenetics, and how we can help Gabrielle make the most of her body and brain, lessening the incidence of autoimmune diseases and Alzheimer's, or dementia."

If I could speak to Andrea now back in the 1960s, I'd tell her about Gabs, who dreams big, and has a wonderful life. I'd say that we got it wrong, because her right to a great life should not have been based on the 1960s concept of 'normal.'

The theme for the Brisbane World Down Syndrome Congress was **'Together we can.'** The key word being **together**. You see, it's not **us** and **them** anymore, it's **all of us** in this life, together, and together we can! ●



Gabrielle delivering her talk at WDSC 2024

Photo credit: Tracy Kendall

CyberAbility: How can we help people with brain injury stay safe online?

Jao Carminati • PhD Candidate;
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Colin Brokenshire •
CyberAbilityAmbassador;
Dr Kate Rachel Gould • Senior
Research Fellow and Clinical
Neuropsychologist

Monash-Epworth Rehabilitation
Research Centre, School of
Psychological Sciences, Monash
University, Melbourne, Australia



A CyberAbility support group

Photo credit: James McPherson Photography

Cyberscams are rife, and cost trillions of dollars to the world's economy. Colin is an acquired brain injury (ABI) survivor who was victimised by an online romance scam in 2014.

The lack of resources to help people with ABI who have been scammed catalysed Colin and his Neuropsychologist, Dr Kate Gould, to create the CyberAbility Project at Monash University. This body of pioneering work brings together the ABI and cybersecurity sectors to help people identify, avoid, and recover from being scammed.

Although anyone can be scammed, people with ABI are thought to be particularly vulnerable due to increased difficulty spotting, avoiding, and recovering from cyberscams. The impacts of brain injury likely interfere with the cognitive skills required to recognise fraudulent offers, and social isolation may increase the likelihood that those with ABI will pursue and respond to potential online social connections. Despite being identified as a vulnerable group, to date there remains limited research examining how to reduce risk and improve recovery outcomes for people with ABI. CyberAbility has involved strong community education, including presenters with lived experience of scams and ABI providing workshops to disability and industry groups, conferences, and clinicians.

The need for neurorehabilitation clinicians to upskill in cybersafety was underscored by our research finding that in a survey of over 100 clinicians,

over half had a client with ABI who had been scammed. In-depth interviews with cyberscam survivors with and without ABI, their family members, carers, and clinicians revealed that the scam journey was complicated with denial, shame, and profound emotional impacts. Importantly, cyberscam survivors and their family members identified a need for tailored prevention and support resources for people with ABI.

Increasing scam awareness

Drawing from our learnings, we co-designed tailored cyberscam education resources for people with ABI, with funding from Victoria's Transport Accident Commission. Working together with people with ABI and carers, we developed a free online training program on how to identify and avoid scams (cyberability.org.au). The training includes interactive cybersafety tips and videos of people with ABI sharing their real-life cyberscam stories. Consumer co-design added to the relevance and quality of training, and contributors reported on the personal benefits of being part of this project, allowing them to share their cyberscam stories and connect with others with similar experiences. From this project stemmed a living experience cyberscam Scambassador group.



Enabling early identification

Clinicians wanted a way to identify people at risk of being scammed, and understand their specific vulnerabilities to enable targeted intervention. We co-designed The CyberAbility Scale as a brief, validated and evidence-based measure to identify those more susceptible of being scammed, (funded by the auDA Foundation). The scale is available for free at cyberability.org.au and includes self-rated questions about safe and risky online behaviours as well as a practical scam identification task. The scale has been validated in over 300 people with and without ABI. It can be used by anyone to check their level of online risk and receive a tailored online safety profile with individualised strategies. This will help in early identification of at-risk individuals, tracking cybersafety progress over time, and evaluation of supports and interventions.

“Smooth Sailing After Scams”: Beyond financial impacts

Raising scam awareness is only one part of this complex issue. Whilst the term ‘scam’ has long been associated with implications of financial loss, the true cost of this crime is hidden just beneath the surface, manifesting itself socially and psychologically. Although a staggering \$1.026 trillion USD (1.05% of the global GDP) was lost to worldwide scams in 2023 (Global Anti-Scam Alliance, 2023), scam survivors have consistently reported that the psychosocial impacts of cyberscam victimisation are just as, if not more debilitating, than their significant monetary losses. We interviewed clinicians and service providers who support people with ABI who have been scammed to explore the current treatment landscape. They highlighted a multifaceted range of scam vulnerabilities and impacts on their clients. An individualised, flexible, and holistic approach was recommended to enable appropriate coping and adjustment to the impacts after the scam.

With additional funding from the Transport Accident Commission, in 2023, our group collaboratively designed a cyberscam psychosocial adjustment intervention with people with ABI, close others, and a team of multidisciplinary allied health clinicians. Fifteen stakeholders were involved in comprehensive co-design and focus groups to develop the framework, content, measurement and promotion of a novel program to help scam survivors.

As a result, a world-first cyberscam psychosocial adjustment program called “Smooth Sailing After Scams” was developed. The program involves 10 weekly sessions delivered by an allied health clinician, covering cybersafety and adjusting to the impact of the scam on finances, emotions, relationships, and lifestyle. CyberAbility ambassadors, including people with lived experience, and family members will be involved in the intervention sessions. While our intervention working group highlighted the complexities of co-designing interventions, their experiences were largely positive and validating. New members for our CyberAbility scambassadors team were born out of these groups, alongside committed allied health clinicians who shared their continued support for our work. The “Smooth Sailing After Scams” programme is now being piloted for people with ABI affected by cyberscams, with recruitment ongoing. ●

For more information, to access The CyberAbility resources, and keep up to date with our research and resources, visit cyberability.org.au, or contact us at cyberability@monash.edu

Find our research publications at: cyberability.org.au/research.

And to find out more about the support program: cyberability.org.au/support

The Safe and Sound Protocol: A revolutionary approach to well-being

Toni Pakula • Safe and Sound Protocol practitioner

What is the Safe and Sound Protocol?

The Safe and Sound Protocol (SSP) is an evidence-based, non-invasive sound therapy designed to stimulate the vagus nerve through its branches in the ear. Developed by Dr. Stephen Porges, a neuroscientist based in Florida, this protocol is grounded in polyvagal theory. The SSP aims to tone and strengthen the nervous system, facilitating better regulation of various bodily systems and improving overall wellbeing.

Dr. Stephen Porges and neuroception

Dr. Stephen Porges introduced the concept of neuroception, which describes how our senses detect cues of safety or threat and send these messages to the thalamus. When the thalamus perceives a threat, it signals the amygdala, which then activates either the sympathetic or the parasympathetic nervous system. The sympathetic nervous system triggers the “fight or flight” response, increasing heart rate, blood pressure, and the release of stress hormones like adrenaline and cortisol. If the threat cannot be escaped, the amygdala signals the parasympathetic

nervous system, leading to a “freeze” response, causing immobility and a shutdown state. Once the threat passes, the nervous system ideally returns to a regulated state, promoting rest, digestion, social engagement, and relaxation.

Modern life and nervous system dysregulation

In today’s fast-paced world, many people struggle to achieve a regulated parasympathetic state due to constant stressors such as work, family commitments, health issues, financial pressures, and social expectations. This chronic state of dysregulation can lead to hypervigilance (increased heart rate, stress, and an inability to relax) or hypovigilance (a slow, immobilised state where simple tasks become challenging). Chronic stress affects the hippocampus, shrinking it, and enlarging the amygdala, which hampers our executive functioning and decision-making abilities. It can also lead to digestive issues and disrupt the gut-brain axis, where the gut and vagus nerve maintain a dynamic relationship.



Polyvagal theory

To understand how the SSP works, it’s essential to grasp the basics of polyvagal theory and understand the interconnectedness of our nervous system with our social engagement system, sensory system, digestive system, immunity, and hormonal system. This includes understanding the eight senses: sight, sound, taste, touch, smell, interoception, proprioception, and the vestibular system. The vagus nerve, also known as the “wandering nerve,” plays a critical role within these systems. It is the longest nerve in the body, connecting the brain to the heart, lungs, digestive tract, and more through 500 million neurons in the gut. It also connects to the muscles in our face, throat, larynx, and pharynx, as well as the trigeminal nerve, which runs past our ears and along our jaw.

The Safe and Sound Protocol: Toning the vagus nerve

Like physical exercise for our bodies, we can also tone our vagus nerve. The SSP provides a safe and effective modality to stimulate the nervous system, exercising the pathways, toning the nerve, and promoting neuronal growth and neuroplasticity. Since its introduction in 2017, the SSP has shown remarkable results in helping people with various challenges, including digestive issues, emotional dysregulation, trauma, anxiety, depression, functional neurological disorders, fibromyalgia, selective mutism, autism, ADHD, and OCD.

Personal experience and professional practice

As a practitioner of the Safe and Sound Protocol (SSP) since its release, I have witnessed firsthand its transformative power. At the 2023 Trauma Conference in Christchurch, Canterbury, I had the privilege of personally thanking Dr. Porges for his work. My children were the first in New Zealand to benefit from the SSP, and after completing the five-hour protocol, they showed significant improvements in relaxation and social engagement. Inspired by these results, I delved deeper into understanding the nervous system and the vagus nerve, eventually becoming a holistic integrated practitioner, and setting up my own private practice called Voice.



The SSP uses filtered music to train the neural network associated with listening

Credit: Unyte iLs Safe & Sound Protocol

Over the past year, I have assisted numerous clients with diverse issues using the SSP. Watching clients transition from a state of struggle to one of calm regulation is incredibly rewarding. One notable case involved a client with long COVID, suffering from a persistently high heart rate and severe anxiety. Through regular SSP sessions and additional techniques like mindfulness and Emotional Freedom Technique (EFT), he experienced profound improvements in his heart rate, memory, anxiety levels, and overall well-being, enabling him to return to work.

I also supported a parent and child with the SSP, addressing the child's selective mutism and the parent's anxiety from advocating for and supporting her child. The mother reported feeling significantly calmer and more regulated after the sessions, realising how dysregulated she had been. She noted, "Wow, is this how everyone else feels?" Her child made remarkable progress, displaying more spontaneous speech at home and at school, even participating on stage during assemblies.



Watching clients transition from a state of struggle to one of calm regulation is incredibly rewarding.

Another client came to me with trauma, hoping to improve his sleep and anxiety. After undergoing the SSP, he was able to plan and organize better, process past traumas, and feel more present.

One more client sought help for low mood, nostalgia, and feeling stuck. After three weeks of working together, she felt more regulated, less depressed, and more excited about each day. She became more present with her family and finally began working on old projects she had set aside due to a lack of time.

These are just a few examples of the people I have worked with. There are countless more case studies on the Unyte website (integratedlistening.com) showcasing amazing improvements recorded by other practitioners in a variety of issues people have struggled with.

SSP playlists and benefits

The SSP offers four playlists: Classical music, Original music (80s and 90s songs), Wonder (fun songs like “Frozen” and “Happy”), and Freely (ambient music). This variety ensures there’s a playlist suitable for everyone. The protocol has shown dramatic changes in trauma survivors, helping to re-regulate

the nervous system, strengthen the vagus nerve, and process trauma, leading to a happier, more regulated life.

Accessibility and impact

The SSP is suitable for all ages, making it a fun modality for children, especially when paired with art and sensory games. It also aids in language and speech development by exercising the nerves and stimulating neuroplasticity, improving stress response, emotional regulation, social connection, and relationships. The specially filtered music cues the nervous system towards safety, fostering awareness, embodiment, and resilience.

A holistic approach to health

Incorporating SSP with trauma-informed health and nutrition coaching, I offer clients a holistic, integrated approach to well-being. Vagal stimulation, combined with micronutrients, gut health strategies, and top-down modalities like resilience and behavioural modification, creates a powerful approach to health, viewed through a biopsychosocial lens. This comprehensive approach is effective for autoimmune diseases, long COVID, gut issues, severe anxiety, and more.

Future prospects

The SSP’s potential continues to grow, with more practitioners integrating it into their practices. Research is emerging to support its benefits, and Dr. Porges is working on expanding the protocol with new playlists, including indigenous music. His Polyvagal Theory, with 38,000 citations, is reshaping our understanding of mental health and well-being, emphasizing the connection between body, mind, and spirit.

Conclusion

The Safe and Sound Protocol has profoundly impacted my life and practice, offering a transformative approach to health and well-being. I invite you to explore the SSP, whether as a practitioner seeking to enhance your practice or an individual looking to improve your vagal tone and overall health. By incorporating the SSP, we can respond to life’s challenges with resilience and calm, enjoying a future of well-being and happiness. ●

To learn more about this amazing modality you can visit whatisthessp.com

References available from the author at toni.pakula@me.com



Returning to work after babies

Christa Grbin • Community Aphasia Advisor, AphasiaNZ

In March 2013 I finished up work as an SLT at Waikato Hospital. My first daughter, Ania, was born early April, 2013.

Prior to starting my maternity leave my work week involved getting up at 6am, leaving home at 7am, driving from Raglan to Hamilton and starting my workday at 8am. I then left the hospital at 4.30pm to be home by 5.30pm. I loved my job at Waikato DHB, doing a combination of inpatient and outpatient work, but the days were long and I enjoyed a few quiet weeks at home before Ania arrived.

Less than two years later my second daughter, Monique, came along. At this point my mind was so full of night-time feeds, nappies, baby reflux and

Mainly Music sessions, that my previous life as an SLT was a blur.

However, two years later, with two little girls in kindy, I started to think about getting back into work. I was excited about the idea of working again, getting out of the house and away from the tower of laundry. I was looking forward to putting my SLT hat back on. But getting back into work with young children at home is a challenge. I remembered my previous work life, leaving the house early, coming home late. There was the long commute and busy days on my feet.

I knew I wouldn't be able to go back to the work I had done before. As much as I had loved my job pre-children, I couldn't go back to it at this stage of my life. I knew I had to rethink what "work life" meant and find a way to have a satisfying and stimulating job while being Mum to my young children.

This was my internal state when, one evening, an email appeared in my inbox. An old colleague of mine had forwarded an advertisement from AphasiaNZ. They were looking for a Community Aphasia Advisor (CAA) to cover the Waikato area. The job description was for part-time, flexible contract work. I remember reading the job description and thinking to myself, "but this is perfect for me!".

That was back in 2018. Fast forward six years and the role is still perfect for me. I no longer have pre-schoolers, but two schoolgirls. The role has grown with me and as my girls got older, the hours available to me have increased. I still appreciate the flexibility of the contract, which allows me to ease off during school holidays and plan my work around my family's needs. I find the Community Aphasia Role to be interesting and rewarding. I love that I have the freedom to put my own spin on the role.

There are currently CAA opportunities in various parts of NZ, including across Auckland. I would encourage any mums at home, on maternity leave from their SLT roles, wondering if it's time to get back into work, to consider taking a contract with AphasiaNZ. ●

Some thoughts on professional supervision

Nancy Wright • Professional supervisor and supervision educator

I am a professional supervisor and supervision educator and a registered kaiwhakaora ngangahau (occupational therapist). Professional supervision has supported my occupational therapy practice for decades. It has provided solace, support, challenge, and learning. It has not always been comfortable, but always rewarding.



Now, my career is focused on providing professional supervision for a range of people, online and in person. I also facilitate group supervision and provide professional supervision training workshops and webinars. I came to Aotearoa from the United Kingdom in 1999 and I live in Tāmaki Makaurau, Auckland.

Supervision and the New Zealand Speech-language Therapists' Association (NZSTA)

Participating in professional supervision is a mandatory component of the NZSTA's competence assurance process. All members must engage in supervision throughout their careers.

The NZSTA's Continuing Professional Development Framework expects all speech-language therapists to reflect on their practice and to complete a learning reflection for all professional development activities. There are specific expectations around supervision. To help you with this, the association provides some helpful resources to support your supervision practice. The 'Supervision in Aotearoa for Speech-language Therapists: NZSTA Position Statement and Principles of Supervision' provides clear guidance on the association's expectations of professional supervision. There is also a recording of a webinar, 'An Introduction

to Professional Supervision,' that I presented with Mel Street, formerly the NZSTA professional development portfolio holder.

What is professional supervision?

Professional supervision is a reflective learning professional development activity within a contractual, collaborative relationship between two or more people in which the supervisee is facilitated to *critically reflect* on their practice. The NZSTA requires supervision to focus on the supervisees' "development and well-being, their safe, ethical and evidence-based practice and ensuring the upholding of professional and workplace standards". All supervision aims to ensure ethical, quality service provision to service users and tangata whaiora who access health services.

Developing the supervision agreement

All supervision relationships, whether individual, group or peer, must be based on a negotiated agreement, and the first key task is to meet, discuss, and agree on what and how your supervision relationship will be conducted. Discussing what you want to include in your supervision agreement is the foundation for developing a written,

signed and agreed contract. Baird et al. (2023) suggest the benefits of a negotiated *written* agreement are that it reflects the value placed on the supervision relationship, helps to reduce the potential for miscommunication and misunderstanding, is helpful if issues arise later in the supervision relationship, and provides a basis for regular review and evaluation of supervision. In a nutshell, the agreement serves to clarify roles and expectations. NZSTA recommends using a workplace template, if one is available, to record your agreement. If you do not have access to an organisational template, there are many examples of supervision agreements available on the internet that you may download and adapt. Reviewing other contract templates before you consider creating your own is helpful, as they may include essential information you have not considered. If you choose to use a template, it is essential to personalise this by discussing the content and ensuring that you both understand and agree on your interpretation of the words in the contract and how you will apply it to your supervision relationship. Discussing your agreement is a powerful way for you to connect, create trust, and set the tone for your supervision relationship and shared journey together that honours the concept of whanaungatanga.



Lake Alexandrina is a beautiful metaphor for the reflective qualities of supervision

Photo credit: Nancy Wright



Professional supervision and NZSTA values

The four association values are based on concepts from Te Ao Māori.

Whanaungatanga

NZSTA describes whanaungatanga as “being person and whānau-centred, focusing on connection and relationship”. The quality of the co-created relationship predicts the success of supervision. It is essential to spend time initially creating the relationship and continuing to nurture it, as it is the relationship that will carry you throughout your supervision journey together.

Rangatiratanga

NZSTA describes this as “the sharing of expertise and the support of lifelong learning”. Sharing your knowledge and expertise to support your supervisee is one tool in the supervisor’s kete. It is particularly helpful if you have specialist expertise or if your supervisee is new to the profession or in a new and unfamiliar role, as providing advice and

instruction can reassure you both! However, it is important to be aware of any tendency to be a problem solver. A supervisor who can limit advice-giving and instead use reflective prompts and questions will practice with **aroha** and empower their supervisee to develop the ability to internalise conscious critical reflection. This is a skill that supports lifelong learning.

Kotahitanga

NZSTA describes this value as “working in partnership with integrity, respect and humility”. Humility is an attribute well-suited to supervision, and understanding and practising cultural humility enhances partnership and respect between supervisor and supervisee for the ultimate benefit of the service users.

Cultural humility in supervision

Hook et al. (2016) describe cultural humility as an interpersonal way of being with people with an open, transparent, respectful curiosity about cultural differences combined with an awareness of one's cultural limitations or biases that arise from one's socialisation. Cultural humility includes acknowledging and accepting that having explicit and implicit bias is part of being human, and working to identify these biases to help promote positive change. An additional feature of cultural humility is recognising and acknowledging power dynamics and being alert to the effects these may have on our supervision practice.

A brief word on power in supervision

Because critical reflective learning often requires us to examine our most vulnerable moments in our work, the professional supervision space must be professionally and emotionally safe. For this reason, it is inadvisable to be supervised by someone in a position of authority or power over you (such as your manager), as the inherent power discrepancy in the managerial relationship may limit what you wish to discuss with your manager and the relationship may feel unsafe. Having a supervisor outside your immediate practice area or team is recommended, as many of our challenges at work are

associated with team dynamics, and the dual relationships inherent in being a team member and a supervisor may be inhibiting. If being supervised by your line manager or a team member is unavoidable, then good practice is to discuss and make transparent how the dual relationship will be managed and record this in your supervision agreement.

Preparing for reflective supervision

In our busy working lives, finding time for supervision is often very difficult, and one aspect that we may neglect is preparing for our supervision. In my own supervision and my practice as a supervisor, I often find that topics and issues need to be 'untangled' before they can be examined. There are three questions that I ask myself as part of my preparation for my supervision that help me do this. These questions are also valuable to me in helping guide and structure a session with my supervisees. They help to refine the topic, identify the goal for supervision, and establish my role as supervisor for the session. The supervisees' answers provide clarification for us both and provide an outcome measure to evaluate the session. They are deceptively simple and so effective in promoting reflective thinking and learning that I call them the "three golden questions".



Golden question one: "What would you/I like to talk about today?"

As a supervisor, this question invites the supervisee to set the agenda for the session and positions the supervisor as an engaged and 'curious listener'. At times, the supervisee may have multiple topics to discuss, and it is the supervisor's responsibility to help establish the priority by asking which topic the supervisee would like to address first.

One of the challenges when asking this question is that the supervisee may begin to describe the details or background of the topic immediately. However, there are two more questions that I like to ask before we begin the exploration of the topic.

Golden question two: "Why do you/I want to talk about this today?"

Many supervisees know *what* they want to talk about but haven't considered *why* they want to bring it to supervision. This question encourages a critically reflective stance towards the topic. Asking this question or similar ones like "How

would you like to feel at the end of supervision today?” or “What is the purpose for you of discussing this today?” encourages the supervisee to progress from *describing* the event or issue to beginning to *reflect* on it. It also reminds us that supervision is a conversation with a purpose, and it helps the supervisee to identify their goal for the supervision session. At the end of supervision, I refer back to the supervisee’s goal and check that this has been met, or if not, that the supervisee feels comfortable with the outcome that we have achieved. We can identify if we need to “park” any issues for next time. Evaluating whether the supervision has been successful is a fundamental part of my supervisory process. Asking for feedback about what I did and inviting corrective feedback is an expression of humility that helps me improve my practice.

Although identifying the session goal is a very helpful strategy, often during supervision, an issue is revealed that the supervisee was not aware of. If this subsequent issue or topic becomes the focus of the session, then it’s important to ask this second question again to establish the goal for the new topic.

**Golden question three:
“How may I help you best today?”
or “How may my supervisor help
me best today?”**

As a supervisor, asking this indicates my willingness to be led by the supervisee, respect their autonomy, and practise *aroha* and *rangatiratanga*. Often, the words and the tone of the response give me an indication of the initial focus of the session. Supervision is a place to acknowledge and unpack uncomfortable feelings about work to help the supervisee resolve these. For example, the supervisee saying, “I want you to listen to me,” may indicate that they feel unsupported and not heard in the situation they want to explore in supervision. The help a supervisee expects – or wants – is shaped by their previous experience and understanding of supervision. The supervision agreement you have previously discussed, negotiated, and agreed upon will include details about how the supervision process will be conducted.

In conclusion

Practising safe, beneficial, and effective professional supervision is the responsibility of both the supervisee and supervisor. This article has focused on professional supervision as a co-created relational reflective learning activity. I have suggested some ways in which the relationship may be established and nurtured and how the NZSTA values of *whanaungatanga*, *rangatiratanga*, *aroha*, and *kotahitanga* may be used to frame and evaluate your supervision relationship and practice. I hope you will also try using the “three golden questions”. I will be interested to hear how useful you find them. I wish you all the best in your supervision practice and journey. ●

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Working with your voice: A peer-to-peer resource by and for trans and gender-diverse people

Reviewed by **Fiona Dominick** • SLT, Whakatāne Hospital

At our last Gender Affirming Voice Coaching Special Interest Group, we were fortunate to have guest speaker Dr David Azul from La Trobe University join us. Establishing a relationship with such a prolific Speech-language pathologist and academic in the world of gender studies (just google David Azul bio and be prepared to be blown away!) has already proved invaluable to our rōpū. We are so grateful that in addition to their recent kōrero with us, Dr Azul shared this resource that I'd like to summarise for everyone – and highlight that it is available as a PDF to be emailed out to anyone who is interested. I have already shared it with our local Rainbow group and Gender Dynamix in addition to our SLT whānau.

The content was developed by

- David Azul, Speech-Language Therapist
- Jack Riley, Music Therapist and Director of a TGD Choir
- Niall Taylor, Speech-Language Therapist
- Sterling Quinn, Speech-Language Therapist

It is the result of the questions, experiences, ideas, and wishes expressed by transgender and gender-diverse (TGD) people gathered via conversations and surveys.

Following an Acknowledgement of Country, with respects being paid to the knowledge and practices held by first people, and a welcome and introduction, the topics of each section are as follows.

Understanding yourself, your voice, and your communication practice

This section discusses how voice becomes meaningful through listeners (ourselves or others) interpreting things like language, dialect, gender and more through the sounds that our brains process. This is influenced by our experiences and bias.

The chapter empowers TGD people to ask conversation partners to change how they refer to, address and treat them if they are misrepresented.

Taking care of your wellbeing

This section highlights that the gender-related distress experienced by TGD people can be viewed as minority stress. Voice can be the focus of minority stress as we feel the need to “fit in” with the

majority. TGD people can have minority stress from what they feel internally about themselves and from the expectations and behaviours of external people.

Before you change your voice

This encourages TGD people to reflect on how they feel about voice and communication, consider challenges and resources that may hinder or help voice change, and think about what they would like to change and what their goals may be.

Voice changes you can make on your own

Areas covered in this section include; creating a good environment for voice, consideration of posture and body tension, diaphragmatic breathing, education on how the voice works, tips for changing pitch, tips for efficient voice production, influencing voice by changing the shape and size of the vocal tract, making the voice brighter and/or darker, taking care of the voice and using other self presentation resources.

Information about a TGD choir

There are suggestions of other community based options that increase knowledge on voice and opportunities for voice practice including; local theatre, acting classes, singing lessons, comedy improvisation groups, circus, music therapy, volunteering for local radio, debating clubs and joining a band. There are tips on how to decide whether or not it will be helpful for an individual.

Voice and communication training

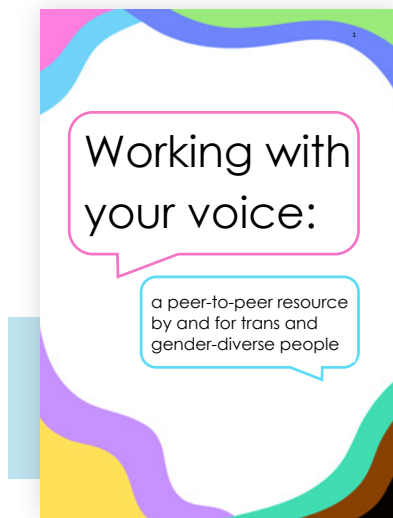
This section addresses how to access voice and communication training, what to expect, and what to ask for in voice and communication training sessions. It answers questions such as 'does it work and how fast?', including advice on being prepared for setbacks, the importance of home practice, adapting expectations for how much change can be achieved, and acknowledgement that goals can change over time. It discusses how voice and communication training participants can get the best results, including having trusted people prompt home practice, practising one's own needs, wants, and wishes instead of focusing on the expectations of others, and developing resilience and self-compassion for dealing with difficult experiences outside of one's own control.

Medical and surgical approaches to changing voice and communication

Here there is mention of:

- Puberty and blockers
- Testosterone
- Estrogen
- Impacts of hormone Tx on voice
- Binders and guidance on their use
- Voice Box Surgery.

The resource finishes off with a glossary, resources (websites, Youtube videos and books), and references.



Overall I learnt a lot reading through this resource, and I think it would be beneficial to send out to any new referrals and TGD people on your waitlists so they can begin to formulate their thoughts, goals and desires for voice coaching and increase their knowledge of voice. It will also give them useful tips to ensure they are more prepared for voice coaching. My favourite aspects of this resource included:

- The regular quotes from TGD people describing their own journey and experience with voice
- The practical tips in every section
- The "take away points" summarised at the end of each section
- The way it addresses the behaviours of other people that is outside our control
- The fact that this is a tool that empowers TGD people with more knowledge and the ability to direct their own voice journey. ●

Please don't hesitate to contact me at **Fiona.Dominick@bopdhb.govt.nz** if you would like a copy!

BOOK REVIEW

Ultimate Speech Sounds: Eliciting Sounds Using 3D Animation by Kate Beckett

Reviewed by **Polly Newton**

Kate Beckett has a vision of a platform dedicated to Speech Therapy: like Teachers Pay Teachers, but for SLTs. In 2020, she developed visual articulation pictures, as clinical tools to use in her private practice. She realised that these could be useful to others as a teaching tool, so developed them into videos and released them onto YouTube for free. You can find these videos covering each speech sound found in English, on her YouTube channel **@resourceible**. She has children from New Zealand, Australia, South Africa, England, Ireland, the USA, and Canada giving spoken examples of all the phonemes. For some local interest, our very own Emma Nahna's daughter is the actor behind the New Zealand child's voice!

There are plans for an all-inclusive tech platform aimed at SLTs, parents, and teachers. It will contain speech sound assessments and treatments for articulation and phonological disorders. This will include an app containing digital animations of articulation of speech sounds, using a non-binary child avatar: the Digitised Automated Realistic Articulator (DARA).

You can sign up on the Resourceible website to be a tester for the DARA app. I have signed up and will be interested to see it, once it's available, as another tool in my toolbox for helping children visualise and make the speech sounds we're working on.

In the meantime, there are lots of resources on the Resourceible website, including free word lists for specific phonemes (all positions), and downloadable pdf speech sound resources to purchase.

The *Ultimate Speech Sounds* book is a great resource to have on the bookshelf for speech-language therapists and teachers. It includes photocopiable pages that can be used as teaching resources with children and given to parents.

I will be watching with interest the future developments of a SLT TPT and visual articulation app.

It has information on making all the speech sounds: both consonants and vowels, with child-friendly anatomical pictures of placement, plus word lists containing target sounds.

I would recommend this resource for speech-language therapists who are new to this field, and teachers interested in knowing more about working on speech sounds. ●



Purchase the book from:
**[resourcecentre.routledge.com/
books/9781032512693](https://resourcecentre.routledge.com/books/9781032512693)**

Website:
resourceible.com

Tech platform:
ultimatespeechsounds.com

YouTube Channel:
youtube.com/@resourceible

An illustration featuring several hands in various colors (orange, yellow, purple) and office supplies like a pen and a paper airplane. The background is a mix of green, purple, and blue geometric shapes.

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