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communication **matters**



Thriving in Challenging Times: members share

Contents

Rārangi upoko kōrero

1 From the president	2 NZSTA Happenings	4 Tips and tricks for telehealth	5 Clinical placement opportunities	5 NZSTA Conference 2020 – Postponed	6 Enhancing well-being: our members share
7 Loud for Life online companionship	8 Ten Top tips for Telehealth	10 Oral Language and Literacy Initiative	11 No Sugar Coating Covid	12 Zooming High	14 An Awe-some telepractice session
15 Postcard from New York	16 Big Country Innovation	18 Clinical Practice Guideline for Paediatric Dysphagia	19 New Expert Advisors	20 Te reo o te Kaumātua	21 Week of connection

Cover: Finn's online learning. *Photo credit: Sara Richardson*

Please contact the editor with your ideas at any time and we will endeavour to accommodate them in the next edition.

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From the president Nā te tumuaki

Annette Rotherham president@speechtherapy.org.nz



Reflecting on the big P.

The big **P – Pandemic**. I had never really contemplated such an event or thought about it.

I juggle a range of 'P's in my life – **P**resident, **P**hD, **P**arenting, **P**aid work...so COVID-19 comes along and the juggling act is turned on its head. Life throws many things at us to prove we are not always in control. I lived through 20,000 plus earthquakes in 2010–2012 and fellow Cantabrians relate knuckling down and getting on with a new way of life, while our amygdala prepares for fight or flight. We add some new vocabulary to our daily conversations – Isolation versus quarantine, antibodies versus vaccines, PPE and physical distancing.

Feeling quite overwhelmed with worry and change in the first couple of weeks of level four, the best thing for me to do was hang out with my girls. **P**arenting is a nonstop role and my most important one. We prepped for homeschooling but preferred the early school holidays, baking, arranging zoom catch ups, board games, movies, cleaning out some cupboards, weeding the garden

and staying home. It felt crazy to put life on hold but actually, nothing like a global crisis to help you get a fresh **P**erspective – another important **P** word.

One by one, I picked up those balls again, starting with the NZSTA Board and our response to COVID-19. I'm really proud to be able to work with such a dedicated crew, and crisis management has brought us closer together. Many laughs were had on our WhatsApp group chat and Friday morning coffee zoom sessions have become a nice way to offer each other support. So there was a **P**ositive out of the negative: Connection, whānaungatanga. The next ball was getting back into **P**aid work, locuming at our local DHB. Telehealth under level 3 and 4 was a new way of life. I love a challenge and it has been a fun learning curve and an opportunity for some creativity. The majority of my clients really enjoyed the challenge of using new skills and participating in online therapy.

My final **P** – PhD took some stamina to get back into – my main stress trigger. Emails had been overwhelming so I took a couple of weeks leave and with support from my advisory team, lovely peers and a VLOG guru –

Tara Brabazon, I've been able to turn my focus back to a scoping review.

A huge thank you to all the speech-language therapy community for your support of each other, for your encouraging feedback to the NZSTA Board as we have banded together. We are making this plan up as we go, but we are getting through this time together.

Stay safe, keep connected.

Kia Kaha •

Annette



Above: Briar Rotherham homeschooling

Photo credit: Annette Rotherham

NZSTA Happenings

Some of our recent Association happenings at a glance...



Left to right: Rukingi Haupara, Katrina McGurr, Annette Rotherham, Shannon Hennig, Anna Miles, Jodi White, Claire Winward.



APR

Shannon Hennig and Sally Kedge made a **remote submission** regarding proposed changes to education law.



17 APR

NZSTA **Infection Control Standards** were launched



17 MAY

TVNZ's Waka Huia featured **Kaumatua Rukingi** and those who attended the Māori stroke conference last Oct in Ohinemutu. The programme discussed the impact of stroke, and how many Māori stroke survivors have been able to move forward and develop a future with a lot of hands helping. Watch this fantastic programme on **tvnz online**.



2 MAY

NZSTA **COVID-19 Level 3 Guidance for Health and Community SLTs** launched

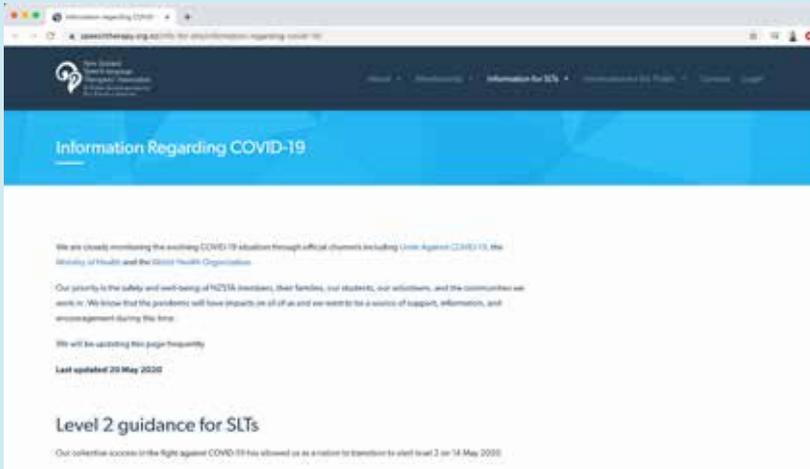


14 MAY

NZSTA **COVID-19 Level 2 Guidance for Health and Community SLTs** launched

CURRENT

Launch of **COVID-19 webpage on NZSTA website**
– members are urged to check this out



Above:

Shannon works on phonics on her deck with chalk and the hose

FORTNIGHTLY



Fortnightly Attendance at Ministry of Health **update for Allied Health Sector**, with Martin Chadwick, Chief Allied Health Officer

MONTHLY



Monthly **Head of Programme meetings** with Canterbury University, Massey University and University of Auckland about **clinical placements**.

APR-JUN



Development of Ministry of Health **COVID-19 Rehabilitation Guideline for Allied Health**



Communication Matters' Autumn Edition is available to **view on our website**, as we were unable to go to print due to lockdown. Feedback and suggestions for Communication Matters is always welcome, and we will include some in the Spring Edition. Contributions are also always warmly welcomed! Please **contact Selena:** editor@speechtherapy.org.nz

Tips and tricks for Telehealth

– our members share



Instagram for Aphasia Therapy

Kate Hedworth, SLT, Waitematā DHB

Over the past few weeks of remote-therapy, I've been on the hunt for resources that my patients can access easily from home. That is when I remembered my good friend Instagram!

Search for 'nameandtag' or 'nameandtagverbs', and you'll find streams of picture stimuli that can be used inventively for various aphasia therapy tasks (a little bit of basic picture naming? How about some semantic feature analysis? Or treat yourself to a game of 'taboo'!).



Using YouTube for visual explanations

Kate Hedworth, SLT, Waitematā DHB

Video demonstrations can be really useful for visual prompting or verbal explanation (instead of written). Videos can also help whānau to support their loved-ones by showing them what exercises, or diet modifications to do at home. I've been making short, patient-specific videos in addition to telehealth sessions and to include whānau at a distance. Videos recorded on your phone or device can be immediately uploaded to YouTube and a link sent via text or email to the intended audience. YouTube settings can be easily changed so the video is private and only viewed by those you choose.

Speech Pathology Australia has published a fantastic array of webisodes on tele-practice on the professional development tab of their website. These supplement our specialist skills by examining practice more generally, such as Family-Centred work and risk-management.



Every "challenge" offers an opportunity for learning!

Karen Muller, Ministry of Education

Working in the Ministry of Education, learning support, I have had to shift my mindset from working in a private practice framework (1:1 sessions) to a more collaborative and upskilling approach. Therefore, the notion of working from home, away from our daily interactions with teachers and parents, was a really stressful and uncertain idea. I reached out to colleagues and we navigated the first week together. Zoom quickly became our platform for team meetings and it was fun to see my colleagues in a more relaxed setting.

Some helpful websites are toy theatre, boom learning and teacherspayteachers, with great resources for tele therapy. There are also demos in tele therapy on Youtube. In addition, I have viewed some webinars through the company "voyager sopris learning". Their website is really interesting, especially for dyslexia and reading development.



Techno Free Telehealth for Preschool and Early Schoolers

**Liz Fairgray, The
University of Auckland**

Technofree telehealth is a great way to deliver therapy, presenting children and parents with thematically organized, creative language enriched activities. My sessions have a phonological or articulation focus but without toys or apps.

I use household and garden materials and follow a theme appropriate to the family. All session themes are checked in advance with families. All materials are set up in advance, photographed on my phone and then emailed to family. ●

NZSTA Conference 2020 – Postponed

Unfortunately, due to the COVID-19 pandemic, we have had to take the decision to postpone our conference for a year. With the uncertainty around ongoing travel restrictions and physical distancing, we could not be sure that restrictions would be lifted in time for our conference or that people would feel confident travelling.

Further information will be provided for those who have already submitted abstracts and planning for NZSTA 2021 will resume in early 2021. Thank you for your understanding of this. The great news is that our Keynote speakers have accepted the decision to postpone and have confirmed they will be available to present in 2021.



Clinical Placement Opportunities

All three universities are collaborating to seek and set up placements for SLT students. They are in discussion with MoE, DHBs, Boards of Trustees, not-for-profit and private practitioners, and are working to support the ongoing development of students through their courses.

They are seeking eighty five placements over the period of September to December this year. SLTs around the country are strongly encouraged to support the universities. They are very open to providing upskilling in clinical education (via Zoom) and seeking creative ways of supporting students in workplace placements during these extraordinary times, e.g. telepractice and telesupervision with a virtual caseload. More information to be shared in the near future.

Many thanks,

Gina: gina.tillard@canterbury.ac.nz

Yvonne: y.cope@massey.ac.nz

Philippa: philippa.friary@auckland.ac.nz

Enhancing wellbeing

Our members share links to wellbeing resources



www.calm.com/blog/take-a-deep-breath

Susan Roe

This beautiful blog has tools that can be shared in sessions with clients who are working on areas such as breathing, relaxation and stress management. Relaxing breath, visualisation, calm music, and desktop backgrounds are great for voice therapy in person, in the Telehealth space, and for home programme/ generalisation, as well as for clinicians to use for their own resiliency in these times of challenge and isolation.



Speech in a Sec videos by Sophia Cormack (NZ SLT)

Grace Eriksen

These are great easy-to-understand short animated videos for families on AAC, language stimulation and speech work.

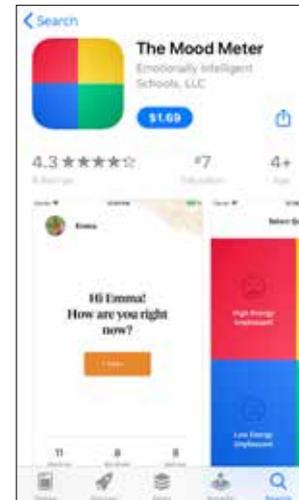


5 ways to wellbeing at work

Susie Mole

At the Auckland Regional Meeting, Susie Mole from Wilson Special School recommended – “5 ways to wellbeing at work” from the Mental Health Foundation and Health Promotion Agency. This is an extensive workplace toolkit for fostering and prioritising mental well-being in the workplace, with practical tools and templates which make it highly accessible.

<https://bit.ly/36tFhV>



moodmeterapp.com

Mascha Hoexum-Moeremburg

This app is helpful for looking and teaching feelings with kids.

Loud for Life online companionship

Karen Spray, Loud and Clear Speech Therapy

I had been working on establishing speech exercise classes for people with Parkinson's Disease who had previously completed LSVT LOUD treatment. I completed online training with LSVT Global at the beginning of the year to allow me to run LOUD for LIFE classes and had already set up a small group on Auckland's North Shore with our first meeting all booked for the end of March in a local church hall.

Then came Level 4 and everything was cancelled.

The wife of one of my clients told me her husband was so disappointed and would I consider holding the classes anyway via Zoom. I agreed and set up Loud for Life Zoom classes starting in the middle of April. We have just had our fourth class today. The numbers are small, with typically 5 or 6 people attending, but these classes have quickly become the highlight of my week.

Feedback from group members and their partners/families has been overwhelmingly positive and encouraging. Seeing these people beginning to connect with one another and supporting each other to produce their best LOUD speech is hugely rewarding. Despite not being able to sit together in one room, the group is bonding and offering much that is denied to people in all walks currently...companionship, laughter and a feeling that we really are all in this together! ●

*Loud for Life Classes are currently held weekly on Wednesdays. If you know of anyone who might be interested, please ask them to contact me at **LoudandClear16@outlook.com** or on **021 266 6191**.

COVID-19

When COVID-19 required us to stay home and be kind,

The Community SLTs at Waitematā DHB had patients on their mind.

How to see people now we had no choice,

How to keep them safe, to give them a voice.

We'd learned about telehealth but could we presume,

That patients at home would welcome Zoom?

*We learned that with a bit of enthusiasm,
a leap of faith and strong WiFi,*

*Patients of all ages and backgrounds
were willing to try.*

We zoomed with those who were over 80,

The conversations had, some were quite weighty.

We found we could be surprisingly creative,

Be it digital immigrant or digital native.

Speech, language and swallow assessed no trouble,

Who needs to invade a patient's bubble?

Though times may be tough

There's no point in wallowing.

In WiFi we trust,

To save Speech-Language and Swallowing!

Becca Hammond, Caroline Leakey,
Cathy Masterton, Ellen Fallow,
Louise Hume, Carolien Clemens

Top 10 tips for telehealth

Brooke Dibley, Speech Language Therapist and Designer of Digital Speech Resources at Simply Speaking SLT



SLTs up and down the country delighted in Brooke's generous teleconferenced "how to" guides for teletherapy when lockdown was announced. So we asked her to give us her "top tips".

1

Trust yourself. You are still a great clinician, even with a screen between you and your clients/patients. That screen has not taken away your clinical reasoning and experience. When you dive into teletherapy you are not re-learning how to be an SLT, you are an experienced SLT who is learning new technology. Don't be afraid to reach out to other SLTs who are in the same boat. Working from home can be very isolating and it's important to stay connected and support each other as we all learn together.

2

You don't need to be a tech wizz to do teletherapy! Even if you never open screen share, or a digital game, you can still do great therapy! If you only have the time and energy to learn one new thing, learn how your teletherapy platform works. Then take those tools and add your SLT creativity to it, whatever that looks like for you.

3

If able, offer your first session as a tech set up session. Work with the client and/or their caregiver so they understand how to mute and unmute the microphone, how to turn on and off their camera, and also how to change the view on their end so your video feed isn't tiny. If you don't know the answer to these things, practise with a friend or family member first to learn the ropes.

4

Stay hydrated! You will be talking way more than ever! Keep a drink bottle of water nearby and don't be ashamed to guzzle that thing during a session.

5

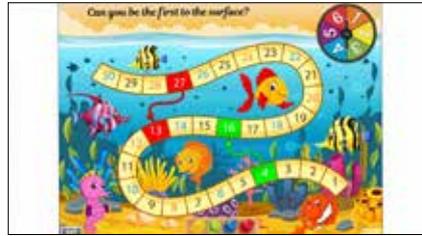
Don't schedule your sessions back to back! You need time to have a snack, go to the bathroom (because you are guzzling all that water!), and take a break from the screen. This type of therapy can be exhausting at first, especially if you are learning as you go.

Bottom line: Give yourself grace and trust yourself."



Above: Pirate Pop Teletherapy Game

Photo credit: Brooke Dibley



6

It's ok to do shorter sessions sometimes, when appropriate. For example, with some of my clients I can get a lot more done in teletherapy than when I go visit them at school. At school there is a lot of added fluff involved before we can finally get stuck into the work. For this reason, most of my teletherapy sessions are shorter than my in-person sessions, and I still see the same gains! I am still getting the same amount of therapy done, it just doesn't take as long.

7

Slow down! You don't need all your files and all your browser tabs open before you start therapy. You wouldn't apologise in-person for taking a few moments to get out a pen, or a board game, or an assessment book. So don't feel guilty about taking a few moments to open that website you want to screen share.

8

Take the time to organise your computer files in a way that makes sense to you and how you plan therapy, you will be very thankful you did. It makes planning so much easier!

9

Tech issues will happen and they happen to all of us. Just like unexpected things happen during in-person sessions. The only advice I have is to take them as they come. Once I had a student move to sit on the floor in the hallway so they could be close to the wifi route. Another time I had to call the parent and have them talk through what was happening on their end. Other times we have just had to reschedule. These things happen.

10

"Sometimes less is more."

Don't let all the bright and shiny digital resources, websites, games and green screens overwhelm you.

"Do what is most comfortable for you."

The less stress your session plan brings you, the better your session will go. It's ok to hold flash cards up to the webcam, read a physical book, or work with a physical white board you show the camera. Do what's best for you and your client/patient. For me, a tech loving SLT, that's digital games and websites, but that doesn't have to be you.

"The tech isn't what makes a good SLT."

Oral Language and Literacy initiative

Carla Knott, Oral Language and Literacy initiative Facilitator,
Bay of Plenty-Waiariki

When your days are normally spent visiting early childcare centres, working alongside kaiako as they develop Universal Level inquiries on how to support oral language and emergent literacy, running Hanen “ABC and Beyond” workshops, and video-coaching during face-to-face interactions with tamariki, what does this now look like during the current COVID-19 event?

ZOOM to the rescue

After touching base with participants in the Bay Of Plenty-Waiariki, I was amazed at the enthusiasm to link up via Zoom...even when kaiako (and I) had never used it before! It was great fun learning about the white board, sharing slide shows, figuring out break-out rooms, and wondering why videos couldn't be heard!

The 1st Zoom hui took place one week after going into Level 4. Kaiako discussed life in their bubbles, shared their initial priority of connecting with families to retain a sense of community, and problem-solved how their centres' online platforms could be used to share activities with whānau. Kaiako left the hui with thoughts on how to link these activities with ways to

intentionally share oral language and emergent literacy strategies they knew.

We had a National OLLi zoom hui the following week, “On-line Shared Book Reading”, and was attended by 40 kaiako from around New Zealand. Positive outcomes included the sharing of ideas amongst educators who came from a variety of centre philosophies, regions and practices. These local and national zoom hui continued weekly throughout Alert Levels 4 and 3 with consistent participation.

OLLi Facebook Group

OLLi received approval from the Ministry of Education Social Media Team to use FB to support kaiako who had previously completed OLLi. The FB group had just been set up when the lockdown was announced.

These kaiako have shared exciting ways that they are keeping oral language in their centres alive in this new on-line world. One kaiako has been sharing book reading strategies with whānau, and recorded one story a day throughout the lockdown, with guidance notes. He reports: “...it took a while to get used to reading without children in front (of me). I am asking



OLLi (Oral Language and Literacy initiative) enhances teacher knowledge, practices and confidence to successfully support children's oral language and early literacy development. There are 11 SLT's across 8 Ministry of Education regions involved in this initiative.

questions, making comments and leaving space for children to respond (when I remember!).” He also reported that the feedback from the children has been great, and they have received many comments from whānau online.

The Future

What will our work look like into the future? There is so much scope for new ways of working, increasing efficiency, reducing travel time (and subsequent emissions into the atmosphere), while balancing this with the importance of face-to-face communication and connection. It is amazing that a challenging international crisis may lead to new and potentially better ways of supporting our early learning centres, kaiako and their whānau.

No Sugar Coating COVID

Marg Sharpe Speech-language therapist in private practice

For those in private practice COVID-19 has demonstrated just how vulnerable private practitioners are. Every billable hour is important.

ACC experienced a drop of 60% in referrals and this rolled on to private SLTs. We worry “will I get paid for the work I do?”, “will this business survive?” Many private clients are vulnerable to the economic impact; will they prioritise private SLT sessions?

One question from a young therapist who had not experienced the effects of the Global Financial Crisis in 2008 or any other financial crisis in her business, was “will it ever get better?” I reinforced that it will, but as my mother always said, “you will have to tighten your belt”. As a young person I never understood this phrase, but perhaps now I do, even as, thanks to my sourdough obsessed husband, my “sourdough roll”, makes tightening my belt a difficult proposition!

But how do you do that in private practice?

- 1 I urged private practitioner colleagues to access the government subsidy. Remain focussed on the Budget and any news from MBIE re assistance. This is an ever changing landscape with assistance to small to medium enterprises (SMEs).
- 2 Embrace telehealth, innovate and actively promote on social media. Promote, promote, promote!
- 3 “Value” your practice, make it easy for clients to pay, whether by weekly automatic payments, disability benefits from WINZ, or funding from private charities and trusts.
- 4 Look at those areas of your business, (and you do need to view your private practice as a business) that can be trimmed. Do you really need to print those resources or can you use online resources – boy there are heaps out there!
- 5 Talk with the landlord, seek a rent holiday or rent relief? Approach your creditors and organize reduced automatic payments. Likewise chase all debtors – even small regular payments help – set up auto payments for them.
- 6 Look at all overheads, what can be dropped, do you really need to rent your photocopier, is there another therapist who could share rooms with you? Are you paying for a car but not charging the client travel time? Are you undercharging on report writing, admin etc?
- 7 If you have employees you may have to look at redundancies or reduced hours. This is your last resort and not something to be taken lightly, but there is a legal employment process to follow so to protect yourself and your employees. The Employers Association or your accountant/ lawyer is a good place to start.
- 8 Lastly, be kind to yourself. Monitor yourself, are you snapping at the children or partner? Check how you are reacting – are you sleeping, eating, sipping more wines than usual? If your business fails, it does not mean you are a failure. Reach out, seek support.

COVID-19 is beyond our control. The only thing you can control are the things that are in your life...believe in yourself, value the simple things in your life. Everything that is in your circle that you can control, prioritise and value them. Covid is outside of your circle and therefore you cannot control what happens.

SLTs, and by nature those of you who are in private practice have a unique set of skills, adaptability, ability to take risks and the opportunity to embrace change.

Anyway lovely people, take a walk...breathe...it will get better.

“hūrihia to aroara ki te ra tukuna to atarangi kia taka ki muri i a koe”

“turn your face to the sun and the shadows fall behind you”

Zooming High with the CBR More than Words Gavel Club for People with Aphasia

C. Moore, S. Leão, Gloria Guara Tavares and Suzanne Purdy

Members from the Centre for Brain Research (CBR) More than Words Gavel Club (GC) for People with Aphasia have been “zooming high” at weekly virtual meetings during the pandemic. Led by Sylvia Leão, this has brought people with aphasia (PWA) together online and given them a chance to connect outside their bubble. Many were in ‘bubbles’ by themselves and this helped decrease feelings of immense social and physical isolation.

The GC has been successfully running for over eight years with over 30 members. Members meet weekly to engage in novel group activities that develop public speaking and leadership skills using a Toastmasters International format. Participation in GC supports improved communication, confidence and leadership in a safe and friendly environment. It has helped PWA rejoin life’s conversations with family and friends and to re-engage in their community and in turn lower the risk of depression and social isolation. Members have built new friendships,

taken up volunteering roles and returned to paid work. CBR funded a research speech-language therapist to investigate GC benefits. This research has been published and shows that GC improves communication, confidence, community participation and quality of life.

Members have discovered that Zooming is fun and a relatively tech-easy way to connect. For some who couldn’t physically attend the meetings at the

University campus prior to lockdown, they can now join them from home. Approximately half of the members are attending these meetings. The members learned how to connect to Zoom through a 45-minute group tutorial session with Sylvia and volunteers. Sylvia reported “Members seem to speak more and everyone has a turn. I thought it would be a bit tough but the members and volunteers have been doing an exceptional job”. She noted that she needs to be in control of the mute button as members want to unmute themselves all the time to talk!

To facilitate comprehension, Sylvia and the volunteers use the “share screen” to post. During the week, Sylvia and the volunteers help members prepare speeches and Table Topics questions via Zoom meetings. Volunteers have received communication support training by Zoom, including hands-on sessions with a member supervised by Sylvia.



Members aim to give one prepared speech a week in the online forum. This allows extra time for any technical troubleshooting and to give members more time to share during the round-table check-in activity. For many members, these meetings are their only chance for human connection thus more time has been given for them to share their ups and downs of living through lockdown.

To make Zoom meetings even more fun everyone is encouraged to dress up according to the theme. One week was hats, the next week it was flowers! The members love using Zoom's "clapping" and "thumbs up" emoticons.

Most members have enjoyed the Zoom experience. Martin Nunn reported:

"I wasn't all that hopeful when the Zoom call was arranged but it has been a revolution. Zoom is very easy software and it is very easy to see everyone. It is not in person but comes close second. It would be a great way of giving access to the Gavel Club New Zealand wide."

Tony Petrasich, another member, added:

"I have seen friends in gavel club getting better with talk. I feel wonderful seeing this."



Sylvia recognised a dire need to help those members who were feeling isolated so she created a weekly "chat programme". This involves herself or a volunteer having an individual friendly 20–30 minute chat Zoom session during the week. Members report that the Zoom meetings and individual sessions have been a lifeline as they would otherwise have minimal or no interactions during the week.

The Aphasia Institute in Toronto Canada have reached out to Sylvia and the GC's leadership team to learn how to create their own virtual Gavel Club. They were impressed with how

quickly and efficiently we organised the Zoom meetings. We felt very privileged to help as the Aphasia Institute created the world's first Gavel Club for people with aphasia over 20 years ago. It was their Gavel Club that inspired the creation of our GC.

We are living in an unprecedented time but from this has sprung an innovative way of keeping our GC members socially connected despite the physical isolation. Thanks to Zoom, Sylvia and volunteers have been able to continue to make Fridays the day members leap out of bed to attend GC a place of hope, belonging and connection. ●

An awe-some telepractice session

Bianca Jackson, The University of Auckland

About thirty minutes into our telepractice session, five-year old Charlie deliberately missed a basketball shot, ran over to a bucket of rainwater and tipped it over his head. The calm, loving chuckles from his mum and the stoic faces of the SLT students, left me in both hysterics and awe.

Sessions with Charlie and his mum are always fun, but working out the game so he could penalise himself with a cold water bath was a violation of our normal understanding of the world – at least for the two students and me. We had to accommodate this new information. A sense of ‘wow’ and cognitive realignment are essential parts of awe.

Evidence so far suggests that feeling awe can lead to a host of physiological, psychological, and social effects. These range from goose bumps to an expansion of time to increased curiosity.

Awe happens when we witness the vastness of nature, people, ideas or experiences. It connects us to life. Research suggests that awe diminishes



a person’s sense of self in relation to others. Awe can expand the perception of time, by creating a sense of more time available. Awe has positive effects on our bodies. It increases vagal tone, decreases inflammation and decreases stress. Psychologically it increases levels of kindness and generosity, and can lead to humility and a stronger sense of connection with others.

Awe motivates us to seek meaning. By recognising when you experience awe, you can notice the things that are important to you, places where you can find purpose. The need for meaning

through purpose is one of our core needs as human beings. Collective awe, where we share a sense of awe with others, reduces stress. Awe diminishes self-criticism and opens up your sense of what you can do. Awe has similar impacts to meditation, spiritual practices and appreciation of nature and beauty.

This is an invitation to find awe in your day, in your work and with your people. ●

References available on request from
bianca.jackson@auckland.ac.nz

Postcard from New York

Selena Donaldson, Editor

Heather Jones, a Middlemore Hospital SLT who returned to work in her native New York, a year ago, got in touch during lockdown to share her experience. She works in a general facility providing inpatient and outpatient care to residents of a middle socio-economic county. It was in this hospital that New York's first covid case was discovered.

Heather described her workplace as "unrecognisable". With a usual capacity of 125 – 150 beds, at one point there were 198 covid positive patients in the hospital. On the day we spoke, there were 132. As well as the usual intensive care (ICU) space, three additional spaces had been altered to exist as make-shift ICUs. The hospital lobby is altered to act as a space for staff to change in and out of their personal protective gear.

The first case which presented at Heather's hospital was not recognised as having covid in time to prevent infection of many staff. Allergy season further confounded the picture.

Since then, three staff members have died from the virus, including a 26 year old carparking attendant, a nursing assistant and a radiology staff member. With severity of illness not always consistent with individuals' risk factors, Heather describes a feeling of "life being plucked" from people.

Heather continues to see patients, and SLT service to individuals continues in her facility. Supplies have run short and Heather has worn the same face shield for a week at a time. Seeing up to nine patients in a day is usual at present. Clinical work has diversified immensely as staff assist with nursing care, reassuring patients, communication with relatives, changing water jugs, or any jobs at all on the wards, as well as usual SLT care.

Heather describes an incredible learning curve wherein all previous expectations and algorithms for caring for patients have had to be abandoned. At times individuals expected to be taken by the virus, have made surprising outcomes, and others who seemed strong, experienced fatal heart and kidney failure. Heather reports that she has coped emotionally by focussing one one patient at a time, and drawing from survival strategies her and colleagues developed in the dark,



Photo credit: Heather Jones

fearful times after September 11 2001. Nevertheless, Heather reports keeping a sandalwood candle on her bedside table and repeatedly checking her sense of smell every evening after work.

To further assist Heather to flourish in her challenges of clinical work, she has devoted each day of work to people or communities who have inspired her, sharing this with her friends around the world via social media. In this manner, she has told the story of COVID-19 in New York, and we are privileged that a day of Heather's service was devoted to her former colleagues and friends here in Aotearoa. ●

Big Country Innovation

Bridget McArthur, Private Practice Members Representative (outgoing)

When we considered the theme of thriving amidst challenge for this issue, we also considered challenges around equity of service across Aotearoa. Bridget McArthur is well-accustomed to reaching clients in remote motu, and we asked her to share her experiences.

Our team at Shout is blessed with views that have long attracted people far and wide.

Sometimes our daily commutes are as long and wide as the big-country scenery of the South Island in which we travel.

We see the flat plains of Christchurch, the straights and bends of State Highway 1 along the eastern coastline; we wind through the rich soil of South Otago and past patchwork fields around Invercargill; we glimpse the mists of Fiordland and snow-clad peaks of the Wakatipu; we feel summer's heat reflecting from the schist and thyme-strewn hillsides of Central Otago, or witness the hoarfrost growing on the No. 8 wire fences up that way.

Yes, we take in these vistas as part of our workday. But they are a perk of a role that, we should all agree, is demanding, stimulating and rewarding.

The most rewarding perspectives come from our interactions with our many clients.

Because Shout operates a non-clinic-based therapy model, we support our clients in their own environments. We go to them.

Rewind a little, to March 26th, when the implications of dealing with a global pandemic, became glaringly real.

The view changed again. We had to look inwards.

So we re-evaluated our practices and processes, our modes of service delivery. As a small business of 11 staff and 3 contractors, we had to adapt quickly.

What did we do when we heard about this crazy virus called COVID-19?

We communicated.

Firstly, we communicated as a team.

Secondly, we made a plan.

Oh – and this is the really important part – we communicated with our clients, because any plan needs to be informed by our clients' requirements and personal



Photo credit: Bridget McArthur

situations, some of which had changed because of the COVID-19 lockdown.

So what was our plan?

“Business as Usual” – to a point.

Yes, in part we said, “we come to you, we always have and always will”. But fulfilling that pledge required a serious shake-up at our end.

And, again, I come back to the power and potential of effective communication.

As a team, we needed one another. We needed to support, listen and respect each other, to be generous and kind, and to show the same spirit of caring that we extend to all our clients was alive and kicking within our team.

Out of that wellspring came the ideas and energy that we harnessed to continue in those challenging weeks.

We also reached out – to the wider “speechie” community.



“ In recent times, our team members’ viewpoints have changed. We have had to look inwards in order to outwardly extend our expertise to our clients, colleagues and others”

Photo credit:
Bridget McArthur

We were lucky to have generosity in spades from a local hero, Brooke Dibley, who offered help for free on the “how-to” of delivering effective teletherapy.

We even shouted out (pun intended) across the ditch, contacting a former colleague from MOE days who has been doing telehealth while she jaunts around the Aussie Outback with her husband and kids. She helped us hold tight and think practically and reassured us all of our abilities as Speech Language Therapists. The private practice page also helped us take stock and know that we were not alone as we made this transition.

In short, we got to work.

Within 24 hours of Prime Minister Jacinda Ardern’s lockdown announcement on March 23rd we’d created magic. We mastered the world of teletherapy; we created easily read and accessible

resources for our clients; we kept in contact with our partner providers.

And, as mentioned, we kept in contact with our clients, most of whom said, “yes, we are here” and, “yes, we need you”.

Building on the strength and knowledge of our team, we developed several PD Webinars to support teachers and raise awareness of speech, language and communication needs within the education setting.

This offered a two-way benefit: it diversified our work-stream; and it diversified knowledge for teachers, who lapped up the chance to gain some expert insights and advice.

We sprinkled that gold dust far and wide, from teachers in the Deep South, to teachers in Australia. The feedback we have received shows that those short webinars have changed the perspectives

of more than 200 teachers on what Speech Language Therapy is and what they can do to assist communication.

I’ll end as I started.

Some views will always be spectacular. Others change for any number of reasons.

In recent times, our team members’ viewpoints have changed. We have had to look inwards in order to outwardly extend our expertise to our clients, colleagues and others.

To help others communicate, we’ve had to do the same.

And as we continue to grapple with the effects of a global pandemic, we need to remind ourselves that what we all do as Speech Language Therapists is so important, so essential to the lives and wellbeing of so many.

So let’s keep talking. ●

NZSTA Clinical Practice Guideline for Paediatric Dysphagia



Kristi Exley, Waitemata District Health Board, kristi.exley@waitematadhb.govt.nz

It has been over a year since the publication of the NZSTA Clinical Practice Guideline for Paediatric Dyphagia and we would like feedback and comments about how it has been received and used.

If you have not yet had a chance to read this publication, it provides broad clinical guidance on assessment and management for children with feeding and swallowing difficulties. Each section is supported by evidence from the literature and the consensus of clinical experts. This has been an incredibly long process which began in 2016 with a passionate working group. It is available on the NZSTA website with the position papers and guidelines.

Please continue to distribute it to people you supervise, colleagues you work with, and those who are managers. If your organisation wants to endorse it, that would be valuable as well. The purpose of the document is to

communicate with multiple stakeholders about our role and capabilities in regard to children with feeding difficulties, and the responsibilities of employers. Emily Jones is also promoting the document in her role as Expert Advisor in Paediatric Feeding and Swallowing.

As the working group below was from all over the country, we never had a chance to come together and toast to the completion of the NZSTA Clinical Practice Guideline for Paediatric Dysphagia.

Billie Hampton Edwards

Therapy Manager & Speech-language Therapist, *Tauranga Special School*

Turid Helier – Speech-language

Therapist, *Central Otago Healthcare Ltd.*

Bianca Jackson

Speech-language Therapist & Professional Teaching Fellow, Speech Science, *The University of Auckland.*

Stephanie Johnston

Speech-language Therapist, *Capital and Coast DHB.*

Melissa Keesing

Speech-language Therapist, Starship Children's Hospital, *Auckland DHB.*

Jenni Lyons

Speech-language Therapist, *The Mess Hall Feeding Clinic.*

Jane Musgrave

Speech-language Therapist, Practice & Implementation Advisor – *Otago & Southland, Ministry of Education.*

Maryanne O'Hare

Speech-language Therapist, *Specialist Service Lead, Ministry of Education.*

Zsafia Olah

Speech-language Therapy student at the time of publication, *The University of Auckland* (now Speech-language Therapist at *Arohanui Special School*).

Caroline Setchell

Speech-language Therapist, *Canterbury DHB.*

If you have any feedback on the publication, please email me as the members of the working group are very interested to hear your opinions and we will be reviewing the document in the future. ●

New Expert Advisers

Claire Winward, Professional Development portfolio holder



**Expert adviser for
Cleft Lip/Palate and
Velopharyngeal
Incompetence**

Introducing **Bryony Forde**,
Expert SLT for the Wellington
Region Cleft Palate Team

I have worked as an SLT since 2000, and have always had an interest in the area of cleft speech. I currently works as part of a multidisciplinary team providing specialist assessment and intervention for individuals with cleft lip and/or palate, and velopharyngeal incompetence.

The hospital team I work with is comprised of many different professions: plastic surgeons, orthodontists, paediatric dentists, audiologists, nurses, and radiologists. We aim to provide wraparound care in the hospital context. A primary component of the role is to provide support and education for SLT colleagues in Education who provide community based care for children with cleft/VPI. This involves advising community SLTs with their management of cleft/VPI cases. This has also involved attending and running national 2 day VPI seminars with Australasian colleagues.

You can contact Bryony at
bryony.forde@huttvalleydhb.org.nz



**Expert Adviser
for Child Fluency**

Introducing **Anna Hearne**,
Lecturer and Clinician at
Massey University

My special interest in the area of stuttering developed during my undergraduate studies and I have been specialising in the treatment of stuttering since commencing my PhD studies in 2000. My PhD topic related to the treatment of adolescents who stutter and their experiences of therapy. Since then I have worked in this area of speech language therapy both as a clinician, a lecturer and a researcher. I am continuing to work in all these capacities and am fully committed to staying up to date with research relating to the nature and treatment of stuttering.

You can contact Anna at
A.K.Hearne@massey.ac.nz



**Expert Adviser
for Adult Fluency**

Introducing **Tika Ormond**,
Clinical Educator and SLT at the
University of Canterbury

My special interest was sparked by my lecturer and clinical educator at University College of London, Renee Byrne who wrote the book 'Let's talk about stuttering.' She showed her passion and interest in people who stuttered and went far and beyond in her life to engage with students and clients alike. On graduation I went to Sydney to work and came across Mark Onslow, who at that time was just starting out in the field. Little did I know then in 1984–5 that I would go on to be trained by him and the Bankstown team in the art of Lidcombe.

I have worked at the University of Canterbury for over 30 years providing assessment and therapy for clients of all ages with fluency disorders. Over the years I have co taught the fluency course with Professor Mike Robb and currently provide lectures on clinical practice. One of my annual highlights is to co facilitate the Lidcombe training courses with my colleague Anna Hearne, which we have done for a number of years. I am committed to maintaining an evidence based practice to my clinical work and sharing that knowledge and experience with the field.

You can contact Tika at
tika.ormond@canterbury.ac.nz

Te Reo o Te Kaumatua Nā Rukingi Haupapa

Rukingi Haupapa, Kaumatua

Ngā mihi o te wā ki a tātou.

The 'Communication Matters' publication every three months is a good way for me to reflect on what has been achieved, what has not been achieved, and what can be planned for the next three months. However, none of us would ever have expected for our world to be turned so dramatically upside down and for our work and world be reduced to what we can do from inside our own home. Who would have believed that three months ago?

Our government leaders have guided us through this challenging time and we are now back out of our homes and returning to some kind of normalcy. The question is what can I/we do?

Before lockdown, the board were able to draft a NZSTA Strategic Plan for the next five years and within it were pieces connected to kaupapa Māori, that is, Māori topics and issues. As kaumatua I then began looking through Māori eyes and the first thing that appeared was Matariki, the cluster of stars that Māori have used and begun to re-use the knowledge today. With what we have just been through with the virus

attack, the level 4 and level 3 restrictions, and moving to level 2 – I can see that Matariki knowledge is perfect to reflect, plan, and do what is needed for kaupapa Māori in NZSTA activities.

One of my goals as kaumatua is communicating with SLTs who support kaupapa Māori within their work. YYYYYYYY...we had our first zoom hui recently and no doubt this will be a regular tool to ensure communication from one end of New Zealand to the other. We also now have a facebook page. If you are keen to join in please contact Katrina or myself.

Another goal as kaumatua is about supporting Māori events and activities. Some of us will be supporting Speech Language and Stroke activities during the September and October Awareness weeks. If you are interested in joining please contact Katrina McGarr and I. At the very least we can acknowledge and celebrate what you are doing.

Matariki is about potential and possibilities. Below is a proverb that acknowledges that many people see the same topic or object, but will have their own names, stories, and meanings.



Matariki hunga nui

Matariki has many admirers

The test is pulling it all together –

Tūtira mai, tātou tātou e.

(Stand, as one).

Nākū noa.

Rukingi ●

Our Kōanga (Spring) edition will feature a wonderful piece by Katrina McGurr: "What is Tikanga?". We would welcome any contributions on this theme (and any other!) for the next issue. Ngā mihi nui, Selena (editor).

Week of connection

7–13 September 2020

Georgia Holibar, Speech Language Therapist, TalkLink Trust,
Wahanga Tū Kōrero

It has been amazing how the saying 'you don't know what you've got till it's gone' applied to everyone across the world over the last few weeks. This experience showed just how crucial sharing kai, social interaction and communication is to our wellbeing.

While this has been difficult, the creativity of kiwis to persevere and continue being connected with others virtually or with physical distancing is something worth acknowledging. As a reflection of this, we will be celebrating with the Week of Connection 2020.

The Week of Connection has the overarching theme of 'Get Connected, Be Connected, Stay Connected'. This theme envisions everyone in Aotearoa being connected with no one left behind. The Week of Connection will be from the 7th to the 13th of September where our goal is to share stories and perspectives from the vast populations Speech-Language Therapists work with.

These stories will provide perspective of what living with swallowing or communication difficulties is like, encourage new people to simply give connection a go and provide us with a powerful resource. If you have a person who would like to share their story and educate others, please contact us.

In the lead up to the week, we encourage you to consider how you can be involved. This could be through talking to your local media to promote our client populations, you could present to your child's class about what we do or you could run connection activities within your workplace. There are so many ways to be involved so get creative and get connected!

<https://tinyurl.com/SLTweekNZ>

Elizabeth Knowles of www.speechlanguageillustrated.co.nz is kindly creating one of her beautiful illustrations for the cover for the Connection Week issue. We would like to create four portraits in a grid of SLTs working in different areas (such as hospital, Ministry of Education, private practice with adults or children, adult disability etc).



We would love to see your own "candid" shots from their work for Beth to illustrate. If clients are in the photos Beth can maintain their privacy by significantly changing what they look like, but keeping the integrity of their pose in the image. Please forward your images to editor@speechtherapy.org.nz.

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