

communication

WINTER 2014

matters



PERSPECTIVES ON CONFERENCE

CANTABRAINERS CHOIR

IMPROVING COMMUNICATION
PRACTICE IN DISABILITY
SERVICES

APHASIA IN THE NEIGHBOURHOOD



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

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Editorial – Marja Steur

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KIA ORA KOUTOU

Those of us who were unable to get away to attend the NZSTA conference this year will get a good impression from the different perspectives presented in this issue. All agree it was a stimulating and enjoyable event, and I certainly hope I can be part of it next time.

Christchurch features with the story of the successful choir for people with neurological conditions, and Katrina Aitken's achievement in securing a permanent position in her role in the Psychiatric Services for the Elderly community team working with people living with dementia.

Two students from Canterbury University share projects in swallowing assessments, and a new behaviour management tool.

Lisa Duff tells us how Spectrum Care in Auckland is embarking on a project to improve communication practice in disability services.

From the Wellington area, Melissa Brazier details her journey through the Career and Salary Progression Framework and her proposal for improving community services to people living with aphasia.

Hamilton's Rachel Emmitt is looking for people in the Midland DHBs area to be part of a Paediatric Dysphagia Special Interest Group.

Kerstin Schroeter, who visited from Germany, provides an interesting summary of her impressions of the different ways that speech language therapists train and work in Germany and NZ.

The Executive Council section includes contributions from our brand new EC members. Welcome! Keep your stories coming - it is wonderful to hear about your successes and plans.

Keep warm
Marja



Helen McLauchlan President

president@speechtherapy.org.nz

KIA ORA

I would like to start by saying a big thank you to the 2014 conference planning committee who organized a wonderful, interesting and challenging few days for us in Wellington during April. With stimulating keynote presentations from Professor Liz Ward and Marie Gascoigne, the Grace Gane lecture from Maggie Lee Huckabee, and many workshops and presentations, it was another fantastic NZSTA conference, which showcased the talent we have within the NZ speech language therapy profession. It was also wonderful to connect with so many members and to hear about the many innovations and developments happening across the nation.

The conference provided the opportunity to celebrate the launch of the New Zealand part of the International Communication Project. It was a great occasion and a unique event for the NZSTA. It was a wonderful way to raise awareness of communication impairment and to celebrate the lives and contributions of those living with communication impairment. I would like to express thanks on behalf of the NZSTA to those who attended as communication ambassadors and shared their stories with members and invited guests. The launch was truly a highlight of the conference. One of the comments that resonated with me was from a colleague who said "this is why I became a speech therapist; it reminded me about the value of what we do and why we do it".

The AGM was also held and I am delighted to welcome some new faces to our Executive Council. Karen Brewer (nee McLellan) joins as Maori and Cultural Development portfolio holder, Annette Rotherham takes over the Communications

portfolio, and Jodi White will oversee the Member Network portfolio. As always please get in touch if you have feedback or queries for any of the executive council members or area representatives, contact details can be found within Communication Matters.

There have also been changes within our administration team. Gretchen Wade who has been our primary administrator for several years has decided to take up another opportunity and has now completed her role with the NZSTA. We thank Gretchen for her work for the association and wish her the very best in her new role. The executive council are considering various options on how to meet the association's administration needs and will update members as we have more information. In the meantime we ask members to be patient with any queries during this time of transition.

I recently had the chance to travel to Melbourne to represent the association at the Speech Pathology Australia conference. The theme of the conference was Connections: Client, Clinician, Context. One of the highlights at the conference for me was attendance at the Ethics workshop and the launch of the SPA ethics education package. The focus of this workshop was of course SPA's code of ethics, which they view as a core document to be used and referred to often in the course of clinical practice. This was a timely topic for me as I look forward to being able to share with our members very soon the recommendations from our own ethics working party and new ethical principles and guidelines, which will update an essential foundation document for the association.

NZSTA Award and Grant Recipients 2013

WORDS: PHILIPPA FRIARY

One of the benefits of being an NZSTA member is the opportunity to apply for and be awarded an NZSTA award or grant. At the NZSTA conference dinner in April this year, the following awards and grants were awarded to these successful recipients.

STUDENT ACHIEVEMENT AWARDS *for significant improvement and excellence in all areas of clinical practice.*

The University of Auckland **Rosalinda Wong**: *'all round clinical excellence and leadership skills'*

Massey **Macarena Franco Gallardo**: *'achieving excellence in all areas of clinical practice in your final year of study and has consistently demonstrated significant competency development in clinical skills throughout your course of study'*

University of Canterbury **Jessica Hunter-Wilson**: *'her enthusiasm for the profession with other students and has always been willing to give additional time to clients, colleagues and the wider professional body'*

CLINICAL FIELD SUPERVISOR AWARD *part sponsored by the three university programmes and the NZSTA, is for providing a high quality of clinical education in the field and for demonstrating innovation and initiative in clinical teaching.*

This year we are pleased to announce that the award is going to **Cheryl Palmer** from MOE, Palmerston North, *for her tireless passion for and commitment to student learning and mentorship of student educators.*

FUNDING GRANTS *for support in professional and/or clinical study and/or research.*

Selena Donaldson – to attend the 2015 Croatian Stuttering Conference and The Centre for Adult Learning in London UK. This application stood out given the focus on fostering international relationships and continuing to develop New Zealand's knowledge and skills in stuttering through clinical teaching and future research.

Caralyn Purvis – to attend the Society for the Scientific Study of Reading conference in Santa Fe, New Mexico in July 2014 where she will present her research on literacy skills training for pre-service teachers.

SIR DON BEAVAN MEMORIAL AWARD *is an award given in the memory of Sir Don Beavan for postgraduate study.* There were no applications for this award in 2013.

RESEARCH EXCELLENCE AWARD *is an award that is generously sponsored by Stella Ward.*

In 2013 this award was presented to **Anna Miles** for her research titled: *Cough reflex testing in acute dysphagia management: validity, reliability and clinical application.*

Anna received this award given the contribution that her research has already made and will continue to make to our knowledge and skills around the assessment and management of clients with swallowing disorders.

THE GRACE GANE MEMORIAL LECTURE was awarded



this year to **Dr Maggie-Lee Huckabee** for her outstanding contribution to the field of speech-language therapy nationally and internationally.

Maggie-Lee engaged, informed, and challenged us during her Grace Gane Memorial Lecture at conference and left us with this quote *'Best practice is no longer good enough'*.

Congratulations to all our award recipients for 2013. Remember to look at the NZSTA website for details of these and other awards that will be awarded at the Professional Development Symposium in 2015.

Reflections from Conference Convener

WORDS: HELEN RIGBY

NZSTA conference 2014 saw the culmination of 14 months of planning for the conference planning committee. The main feeling, once the closing ceremony was over, was one of relief that there was so much positive chat amongst the delegates about the event and also that nothing of significance had gone wrong!

A huge factor in successful planning and running of the conference was the employment by the association of a conference manager – Pamela Richards. Pamela, from the outset, was able to steer the committee through the tasks and timelines that needed to be achieved. She had a very firm but fair approach in extracting the required pieces of work from us by deadline.

The committee itself was a virtual committee with Pamela in Melbourne, four members in Auckland and two of us in Wellington. This meant that meetings were by teleconference. Although I initially found this challenging, we became very quick and efficient in our meetings as we grew familiar with the protocol. Documented and designated roles amongst the committee meant that we were all very clear about our remits.

The greatest contributor to the success of the event overall was you, the membership. We were very impressed with the quality and quantity of the submissions for papers and workshops at this year's conference, the willingness of reviewers to assist with assessing submissions, the responsiveness of the membership when any feedback was requested and very importantly the number of you who signed up as delegates.

Please be assured that your conference feedback is read and considered and also passed on to the next planning committee. Feedback about the event was generally extremely positive. There were a lot of enthusiastic comments about the

keynote speakers and the Grace Gane presentation. There were very positive comments about the practical workshops and presentations that had a clear focus on clinical practice implications. There was concern from some that there were clashes of streams and/or not enough presentations in particular clinical areas and over-representation in others. In the end, the committee can only work with the submissions received and overall there was a great spread of clinical topics.

The cost of the conference also came up in the feedback and for many of our workplaces these are lean times with limited professional development budgets. Keeping the registration price as low as possible was certainly the aim of the committee, while also trying to break even. There were several feedback comments about the venue and whether we could have saved money on the registration by having a more humble venue. We can reassure delegates that there was vigilance around the choice of Te Papa. The conference manager was shown five possible venues and Te Papa actually had the most competitive pricing when venue hire and catering were both taken into account.

Being part of the excellent team of members on this conference committee was a great experience and I would recommend that you consider being part of the next conference planning committee. My understanding is that the location of NZSTA Conference 2016 is not yet decided, however, now that we are running 'virtual' committees, you can be anywhere in the country and still be involved.

Kia Kaha
Helen Rigby

Participants' perspectives

WORDS: YVONNE COPE, LIBBY FRENCH, AND CARLA KNOTT

Yvonne: With anticipation and enthusiasm we entered Te Papa Tongarewa on the first day of the Conference. Familiar faces and former colleagues greeted us at the registration desk, and continuing the chatter we made our way to the powhiri welcome and opening. The breezy winds in Wellington were predictors of a "good hui", according to the Kaumatua. Our President, Helen McLauchlan, led the opening address. The keynote presentation, *Improving Access to Dysphagia Services: the Evidence Base for Telerehabilitation*, was presented by Prof. Liz Ward, Queensland Health and University of Queensland. Liz informed us that the accepted term for this type of service is telepractice. Telepractice has arisen out of a demand to meet the increasing numbers of patients who have difficulty accessing services in their local communities. Liz has been involved in helping to improve access to both clinical and instrumental dysphagia assessment services and is in the initial stages of gathering evidence for the validity and reliability of this telepractice.

Over the lunch break I enjoyed catching up with other SLTs and discussed my poster with interested passers-by. My early afternoon session was Early Intervention topics. Dr. Liz Doell, Massey University, shared her most recent findings of a study she led with two Ministry of Education SLTs (Maryanne O'Hare and Cheryl Palmer) on the use of *It Takes Two to Talk* (ITTT) Hanen parent programmes in NZ context. The themes discussed were benefits for whanau support, strategies the parents learned, and ITTT's cultural relevance for NZ families. Sue Roulstone, University of West of England, Bristol, challenged us on how measuring outcomes that are valued by our clients might influence what we offer our clients, and the way we deliver it. Amy Collins, University of Canterbury, shared the findings of her study supporting the use of a seven-week intervention programme (*Growing Great Readers*) teaching young teenage parents how to engage their children with books and develop emergent literary skills. The last presentation in this section was by Bridget MacArthur, SHOUT Ltd. Bridget screened 60 children attending a kindergarten in Alexandra. Twenty-nine of them were identified as requiring intervention and assigned to one of three intervention groups (phonological awareness, language, speech). Only 15 children required ongoing communication support after the intervention period.



Libby: Thursday morning saw the always inspiring Grace Gane Memorial Lecture, with this year's recipient Dr Maggie-Lee Huckabee. Maggie-Lee is a household name for those of us working in dysphagia in New Zealand, and this lecture was a nice reminder of just how much she has contributed to the development of dysphagia practice and competent, evidence-based dysphagia practitioners in this country.

The themes of Dr Huckabee's presentation echoed those from Prof. Liz Ward's addresses the day before – notably, collaboration between academics and clinicians. Maggie-Lee talked about the implementation of a cough reflex testing protocol in NZ hospitals, and how the collaboration between her research and the clinicians on the shop floor not only significantly cut down the usual 17-year research-to-practice lag, but also helped to develop a network of clinical researchers undergoing PhD study, who will in turn take those skills back to their own workplaces. Dr Huckabee also laid down the challenge to continually think about 'what next', suggesting that 'Best Practice' is not enough: we should strive to think about what comes beyond that – where are the gaps in our knowledge, and how could research help fill those.

An Innovative Practice session followed - 90 minutes of some truly inspirational work from clinicians throughout the country, with collaboration again being a strong key message. Stella Ward presented around the work in the Canterbury Health System as the city begins to rebuild its infrastructure, including two new hospitals. Revolutionary collaboration is underway with many partners outside of health, such as consultation with Air New Zealand in redesigning beds, to truly take the best bits of a range of businesses to ensure a world class health system for the 21st century and beyond. Their motto is 'progress not perfection' and a key challenge for clinicians is not to just accept that things can't be done – but instead to ask why not?



Annabel Grant shared a collaboration between a local rest home, a primary school, and SLT students at Massey University. The children 'Adopt a Grandparent' from the dementia unit, with the SLT students supporting the communication between the pairs. This was a heartwarming presentation about using the resources in the community not only to challenge some of the stigma associated with dementia, but also to provide meaningful interaction for people with dementia.

Megan Chinnery presented about a pilot using Skype to provide therapy in her work as an SLT for the Southern Cochlear Implant Programme. A key driver for this initiative is the large geographical spread this programme services, and Skype means children can access therapy in their own homes, using their own environments, toys etc. It struck me that this model of service delivery has the added benefit of truly engaging the parent/caregiver, as they are essentially the one delivering the therapy – being in the child's space.

Fiona Hewerdine wrapped this session up with a soul-enriching presentation on her work with the Hospice, providing an art therapy programme based on the principles of interactive drawing therapy. I had the pleasure of being supervised by Fiona as a student so it was fabulous to see how her journey down this intriguing complimentary therapy route has progressed. Fiona talked about the opportunities this programme offered not only for her patients and their families to start having conversations that had previously been left untouched, but also about the benefits to 'topping up her wellness' as a clinician.

Carla: After lunch was a workshop by Nancy Thomas-Stonell, a speech-language pathologist from the Holland-Bloorview Kids Rehabilitation Hospital in Toronto, looking at the FOCUS – a tool that looks at outcomes for children under 6 years of age. Examples demonstrated how this tool works across the continuum of communication disorders and severities and has

shown to be reliable and valid when measuring change in real-world communication.

Libby: The 'Transform Yourself' themed conference dinner included a memorable night on the dance floor, thanks to some phenomenal 80s moves from our newly elected Member Networks Portfolio holder Jodi. It is said that an SPA is something to behold...I think it's fair to say NZSTA held their own on this occasion!

Carla: On Friday an early start was warranted to attend the Paediatric Dysphagia SIG. Therapists in both health and education looked at where we saw paediatric feeding in New Zealand into the future, and what was working now to help us get to that point. Innovation was clearly important here, and it was great to hear what was happening in other parts of the country.

The Keynote Presentation by Marie Gascoigne challenged some of our current service delivery models and pathways. Marie, a speech therapist from the UK, who later acquired her MBA, has an interest in policy development. She developed her "Balanced System" approach to look at outcomes, in particular the impact our intervention makes – not just with the individual, but at the population level. She challenged current thinking as reducing the flexibility of how we work with our clients, and encouraged us to think of implementing rolling programmes of targeted intervention. Systems-wide approaches were also reinforced.

In the "SLT education and professional development" session, Philippa Friary discussed Interprofessional Collaboration and the Interprofessional Education at the university level to give students these critical skills before moving into the working world. Claire Stasiewicz and Claire Winward presented their model for supporting SLTs in their

first year of practice, using an inquiry framework. They shared how the underlying philosophy of “innovate, and then become efficient” works best, and how their employer supported the supervisors and the supervisees in terms of time and funding to make it a success. Raman Kaur from Birmingham presented on the clinical placements offered by their organization and how collaboration between NZ and the UK was forming to allow students to participate in these opportunities. The session ended with Lucy Greig and Anna Miles sharing how they used simulator training to support experienced clinicians learn specialist skills, in this case in the area of tracheostomy.

Lunch was another opportunity to enjoy yummy food while networking with therapists from around the country. This is such an important part of every conference – that time to connect, find out what others are doing in their regions, share what you are doing, and informally take away great (and innovative!) ideas to share with your colleagues back home. More streamed sessions followed, and I sat in on the “Feeding” sessions. We listened to Stella Karaman and Bianca Gordon’s research on infant-caregiver communication during feeding time – and how pre-conceptions can impact on how this communication looks. Bianca and Brier Gillard then looked at infant-based vs mother-based cues for when parents feed their child. Emily Jones looked at programmes when transitioning children off tube feeds, as well as reviewing outcomes from the ACTIVEating group feeding programme at Massey University.

All delegates met at the end of the day in the Soundings Theatre, where it all began 3 days earlier. Unbeknownst to most, except those who attended the Vocology Stream earlier in the afternoon, we were about to be party to an amazing closing session for the Transforming Practice 2014 Conference. In addition to reminding us of all the wonderful speakers and events of the conference, University music students James and Emily performed a most amazing vocal duet that had a room full of speech therapists speechless. An incident of a lost shoe, and we all found our voices again, and our laughter. What an amazing note to end our 3-day conference on! As I am writing this, I am reflecting on the sessions I attended, sending emails to colleagues that I touched base with, looking up resources that were mentioned, and in so doing, I’m Transforming My Practice. A huge thank you to the organizers!



Students’ perspectives

WORDS: GEORGINA KEVANY (University of Auckland), and RUTH PRICE (4th year BSLP (Hons) Student and NZSTA Student Representative for Canterbury University)

Georgie: Karian and I were the fortunate students from the University of Auckland selected to attend the NZSTA conference on Transforming Practice. Learning is my passion, it always has been, and always will be. The NZSTA conference is a wonderful display of the passion, intellect, and drive of the individuals that make up the profession that I am excited to be a part of soon. From the compelling new research on telecommunication, to the need to be genuine with our clients (he ngakau pai), to the novel research on New Zealand teachers’ voices, we are always striving to give our best, and think in new ways.

Pam (our organiser-in-chief) had to handle all of us students vying to do as little ‘work’ as we could, so that we could watch as many presentations as possible!

I wanted to express my gratitude to the NZSTA for giving students the opportunity to attend. It has left me feeling energised, and certainly transformed the way I see our practice.

“The NZSTA conference is a wonderful display of the passion, intellect, and drive of the individuals that make up the profession that I am excited to be a part of soon.”

Ruth: As a student volunteer I was able to attend this event without fees, in exchange for assisting with the running of the conference. This was a tiring but worthwhile experience providing an opportunity to listen to talks on many aspects of speech therapy, from paediatric feeding, and language acquisition, to aphasia and telerehabilitation.

I learnt a lot about new research and practice from the high calibre and passionate speakers. It was reassuring to confirm that at university we are truly being taught about the most current and innovative research. Sitting through lectures it is often hard to know to what degree the things we are being taught actually apply in the real world. Seeing clinicians presenting was also beneficial in recognising how research can be conducted alongside practice.

Having conversations with SLTs working in a variety of positions around New Zealand was invaluable, although they might not seem like much to a working SLT. We learn so much from simply hearing about what working as an SLT is like ‘in the real world’ where you get paid; we treasure their wisdom and advice. Seeing so many SLTs participate at the conference certainly encouraged me to be a lifelong learner. Their example showed me that I should always strive to extend my professional skills and be willing not only to learn about new clinical techniques but also contemplate how to implement these in my practice.

I also attended the NZSTA AGM and the launch of the International Communication Project. The AGM gave me a better appreciation of the work done by our professional body, while the ICP launch allowed me to consider the interaction and connections between speech therapists worldwide.

And last but not least, I met speech therapy students from other parts of New Zealand. I would certainly encourage all students to make the effort to attend future professional development events, such as next year’s NZSTA Professional Development Seminar.



Cantabrainers Choir

WORDS: SUSAN MCDONALD, Speech Language Therapist, Therapy Professionals Ltd, SHONAGH O'HAGAN, Manager, Therapy Professionals Ltd

Some Christchurch people with neurological conditions such as Parkinson's disease and stroke are learning to use their voice effectively with a new initiative, run by Therapy Professionals Ltd, the Cantabrainers Choir.

This is a choir with a difference. Its purpose is not so much to create sweet music but to provide a safe environment in which members can rediscover their voice through singing and socialising.

Susan McDonald, Speech Language Therapist, specialises in the voice. She works for Therapy Professionals – a transdisciplinary private community practice of Physio, Speech Language, Music, Occupational Therapists and Dietitians. Since 1985 the practice has worked with people of all ages with disabilities; special interests are intellectual and physical disabilities and older person's health.

In September 2010 Kimberley Jones, Music Therapist, and Susan attended a presentation by a Music Therapist on a similar choir in Auckland, the CeleBRation Choir. This was the birth of Susan's vision to develop a Therapeutic Choir. Because

music and speech share many characteristics - pitch, rhythm, tone, pace and volume - she believed a choir run by a Music Therapist and Speech Language Therapist would be more effective.

The Music Therapist's expertise would be in using music and singing to promote positive change with the voice, ability to adapt songs, lead and accompany the choir. The Speech Language Therapist's expertise would be in understanding the relationship between ageing, disability, injury or illness, how these affect the voice, and communication strategies focusing on individual coaching during choir sessions.

Research shows that after trauma the brain may recover some abilities given effort and the right stimulation. Like getting fit, neural plasticity requires intensive exercise done accurately and regularly. Singing can be a route to overcoming some speaking difficulties by stretching and exaggerating targeted skills in different ways. Music is a motivating tool for practising repetitive exercises, while the group encourages experimentation.

Therapy Professionals Ltd started the choir In February 2012 as a 10-week pilot supported by Music Therapy New Zealand. At weeks one and ten, participants' voices were measured. The results showed an improvement in all areas for all but two people. Anecdotally those involved reported improvements in their voices and confidence – confidence that extended into their lives in general. To quote a choir member Lois James: "The music has been a real uplift and meeting new people has been wonderful and so much fun. I have a lot more confidence than I had. It's got me out of my cage".

The Cantabrainers Choir differs from other choirs: the singing is about learning to use the voice effectively, it is not about performance; the pace is slower; the repertoire is not as challenging as in community choirs; practice is in the morning when people are fresh.

Members' goals could be social, emotional, physical and communication specific. The use of familiar tunes, rounds, echo songs, and simple harmonies addresses breathing, projection, articulation, vocal range, volume and rhythm. The social support encourages members to take risks and challenge themselves through trying things like solos or duos, song writing, instrument playing, movement, and singing in different languages.

The choir runs for an hour and forty five minutes every Wednesday during school terms. Sessions start with body and vocal warm ups prior to singing. There is a morning tea break for rest and socialising. There are two concerts a year. Able participants contribute to the running of the choir by fund raising, assisting with musical arrangements and administration. Choir members are recruited through word of mouth, professional contacts, the media, voluntary organisations, talks to clubs and groups. About 45 people are enrolled, an average of 30 people attending each week. The age range is 30 to 90 years, with a wide range of socio economic backgrounds.

In conjunction with researchers at the University of Canterbury, we are researching the effect of choir participation on speech production and on participation in life. Therapy Professionals Ltd and the New Zealand Brain Research Institute have signed an agreement for the choir to run under their auspices. This will enable the choir to be eligible for philanthropic funds or grants. The aim is for the choir to be able to stand-alone in future.



WELCOME TO OUR CHOIR

Written by the members of the Cantabrainers 2012

Tune: *She'll be coming around the Mountain*

Verse 1:

*We forget we're in a wheelchair when we're here
Our wheels and problems disappear
All the friendship and fun, make us feel as one
And fills our hearts with good cheer*

Chorus:

*Singing Hi Hi Welcome to our choir
Singing Hi Hi Welcome to our choir
Singing Hi Hi Welcome
Hi Hi Welcome
Singing Hi Hi Welcome to our choir*

Verse 2:

*Singing lifts our spirits and our mood
We come to maintain and improve
Building confidence in speech, are our goals to reach.
Pitch, tone and volume we exude*



Improving Communication Practice in Disability Services: Spectrum Care's Communication Project

WORDS: LISA DUFF, Communication Practice Leader, Spectrum Care

SPECTRUM CARE IS AN AUCKLAND-BASED CHARITABLE TRUST WHICH PROVIDES A RANGE OF SUPPORT SERVICES TO PEOPLE WITH DISABILITIES. MANY OF THE PEOPLE WE SUPPORT CAME FROM INSTITUTIONAL BACKGROUNDS, WHERE COMMUNICATION NEEDS WERE RARELY ADDRESSED, NOR THERAPY PROVIDED.

Access to SLT services has long been a challenge for adults with disabilities. While some younger people have input from child development teams, Talklink, special schools and the Ministries of Health and Education, access to support becomes more challenging once they leave school and transition to a residential service. The result is that the communication needs (and fundamental right to communicate) of many people with disabilities are not being met.

This year, Spectrum Care has launched a pilot project that aims to:

- Assess the abilities of people with complex communication needs
- Create functional communication profiles and goals, in collaboration with staff and families
- Provide training, coaching and mentoring for staff
- Document the process for improving communication practices

There is significant heterogeneity in the communication abilities of the people we support, which presents a challenge for assessment and intervention. This project will include a survey of staff practices, an audit of the physical and social communication environments (including transactional analyses), and individual assessments focusing on the person's communication abilities. Intervention aims to address each of these layers by identifying personal goals, providing individualised support and encouraging changes to the physical environment. Staff training will focus on improving the social environment and improving their skills as communication partners.

Preliminary results from the staff survey indicate that just 20% have had communication training in the past 12 months. Of the remaining 80%, only half reported ever having such training. One third of staff reported that people's communication needs were written down and there was no consistency regarding how this was documented. While around a third of staff reported having resources available to support communication, less than half of this group felt they knew how to use them. Less than a third knew how to access SLT services.

On the more positive side, 80% of staff reported that they had 1:1 time with the people they support on a daily basis, and 93% were keen to improve their communication skills. It was interesting to note that staff who reported using a greater number of communication strategies on a daily basis rated their overall communication skills lower than those who used fewer strategies. This could suggest some staff lack confidence in their abilities and may also indicate a poor understanding of communication.

Six residential facilities (comprising approximately 30 people and 30 staff) will be involved in this pilot over the next 12-15 months.

We hope to raise awareness of speech and language difficulties across people's lives and, by strengthening external networks, provide better services to the people we support. It is timely that this project coincides with the launch of the International Communication Project and we will have further updates as the project continues.





“In Germany everyone has to have health insurance, which pays for roughly 90% of treatments..... Everyone who needs therapy gets it, also with a mild impairment.”

Speech Language Therapy in Germany and New Zealand

DIFFERENCES AND SIMILARITIES

WORDS: KERSTIN SCHROETER

For three months (January to March 2014) I was lucky enough to visit New Zealand on a scholarship to learn about the training of SLTs, as well as the job front.

Background is that Germany is about to change the education system for SLTs to have a more academic focus. By learning about another system I hope to get ideas how to support this change without losing any values of the old system.

The association of speech language therapy in Germany (DBL – Deutscher Bund für Logopäden) and most of the SLTs themselves wish for an education with a greater academic content and research to enable better interdisciplinary team work; to get the degree widely recognised; to get more research and standardised assessments; and last but not least better pay. The fear of many is the loss of therapeutic values.

Right now most of the training schools are not part of a university, they are individual schools, supported by clinics and/or universities. The degree is not a Bachelor degree, but a government-recognised degree. In NZ terms that would be comparable to a diploma qualification.

The length of study is 3 years full time (8-10 hours a day), including theory, practice, internships and exams. The content has been compared to other countries' systems and is virtually the same; however, despite that, few countries, one of those NZ, recognise our degree.

Differences in the education now between Germany and New Zealand are, as already said, a limited amount of research work on the German side, without any teaching about, for example, statistics. The focus is more on getting to know

yourself, by having individual therapy sessions and lots of practice with your own voice; learning to cope with difficult situations, and learning counselling techniques.

This leads to another important comment, namely the purpose of Speech Language Therapy in both countries. I would say in Germany the emphasis lies more on the Therapy, whilst in NZ it lies more on Speech Language. I might be wrong and I suggest it varies strongly between different disorders. Especially in voice and fluency disorders, speech language therapy in Germany sometimes is not very different from counselling therapy. I understand in NZ therapists are asked to divide those components.

Some German private universities already offer a three-year Bachelor degree in speech therapy. The theoretic part has mostly been well improved, but the clinical part is completely transferred to internships outside the uni, supervised by SLTs barely in connection with the uni. That doesn't provide a satisfying result, and the key to success lies in an improvement to this lack.

It's very interesting how NZ copes with that. During my project I got to know the compass assessment tool that ensures SLT students here in NZ have a wide ranged clinical training. I could imagine this as a solution for Germany as well.

The second part of my project was to get to know how SLTs work in NZ, especially where you can find therapists and who covers the costs.

In Germany everyone has to have health insurance, which pays for roughly 90% of treatments. The other 10% are covered by special funds of the government, for example for special education. Very few cases pay privately.

This is very different from the NZ system, where treatments are either paid by the ministries of education and health or ACC, in few cases by health insurance or privately. So most of the pay here is by government.

To receive a treatment in Germany the client has to visit a doctor, who writes a prescription with the diagnosis, number of therapy sessions and the length of therapy (usually 10 times 45 minutes). The client then has to look for a private practice to receive a treatment. About 70% of Germany's SLTs work in

private practices, the rest in hospitals or schools/ kindergartens for special education.

An adult usually has to pay 10% of the costs for all the therapies. Children are always free of charge. The doctors decide who gets therapy and who not. Of course different doctors have different views and most doctors take the SLTs advice. There are a few guidelines on how much therapy a client is allowed to receive, before having to take a 3-month break, but those guidelines are negotiable if there is a strong need to keep the therapy up.

Everyone who needs therapy gets it, also with a mild impairment.

The private practices usually take every client. There are specialisations, but usually every SLT can take any client. As a SLT it is nice not having to choose between adults and children, but in subjects.

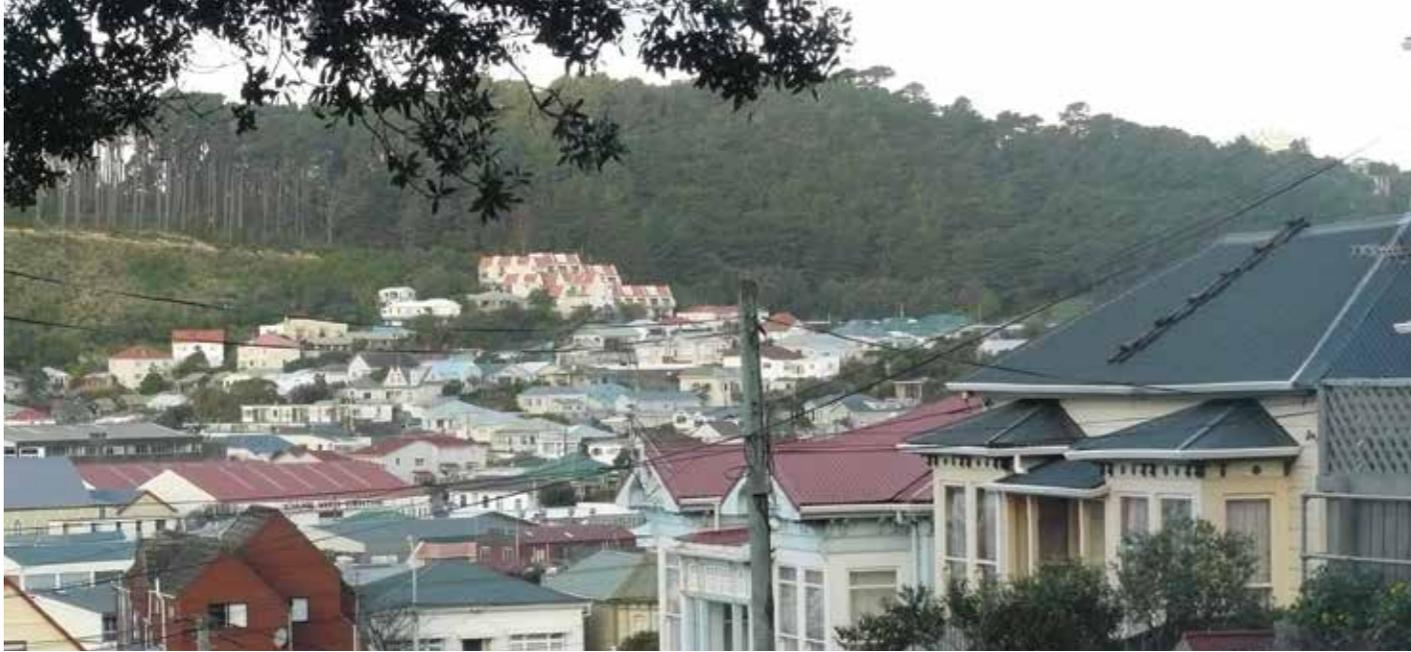
There is an expectation to see many clients without much time for reports or preparations. Accordingly, some therapies lose in quality.

The fact that doctors decide who gets therapy leads to an unnecessary hierarchy. Doctors are also the ones who need to ask for treatments like a video fluoroscopy.

A strong plus side for the NZ system is that school children are treated in their school, in arrangement with the teacher, unlike having the parents to get their tired children after school to a private practice, from where it's way harder for the SLT to make arrangements with the teacher.

I found it very interesting getting to know a different system for SLTs and getting to know so many people involved in this area whom I had great talks with. I hope I can influence Germany's change a little to get a good education for our SLTs and a profitable work front.

I'm very thankful for meeting so many people of all three universities, who helped me a lot by realising my project, especially I want to thank Gina Tillard and Philippa Friary, who opened all the doors for me to get a very good insight in the clinical parts of the education as well as the theoretical part to complete off my studies.



Aphasia In the Neighbourhood

REVIEWING COMMUNITY SERVICES... A CASP JOURNEY.

WORDS: MELISSA BRAZIER, Capital & Coast District Health Board

CASP is the Career and Salary Progression Framework established by the DHBs for allied health practitioners who have reached the top of their incremental career steps, and wish to progress further. CASP is the Holy Grail that you need to embark on to continue your career climb.

The clinician identifies 6 SMART objectives, one from the compulsory domain of clinical & professional practice, and another from the compulsory domain of demonstrating Māori responsiveness. The other four objectives are chosen from the non-compulsory domains. It has been great to see that responding to the needs of Māori has been incorporated throughout the CASP framework.

The CASP process can be a long and arduous journey at times, and you sometimes wonder if you will ever reach the end! But I'm here to tell you that it's worth the blood, sweat and tears, and to share with you my journey.

“Are we providing the best service we can for people with aphasia?”

THE IDEA...

My CASP objectives were born from a long term passion for working with people with aphasia in the community, and marrying that with the DHB driver “The Triple Aim”, which is the best care, for the whole population, at the right cost.

This led me to my initial question. Are we providing the best service we can for people with aphasia within our means?

THE OBJECTIVES...

From this I developed my overall CASP objective.

“To design a service development plan of community aphasia services based on a model of service provision that people with aphasia need and want that can be applied across the Wellington, Kenepuru and Kapiti community areas.”

Brazier, M (2011), pregnant at the time with baby number 2!

Hmmm... so not too much to cover then! Out of the six objectives that were established, I'd like to share the following compulsory domain objectives with you.

1. Scoping community aphasia services across New Zealand... (professional & clinical practice domain)

First of all, a massive thank you to all you wonderful therapists who completed my survey. You told me about your current services, and also your dreams. There were many common themes including the desire to provide more groups, recognition of the need for long term support for people with aphasia, and to increase your use of technology. Many touched on the frustrations of not being able to provide the long term or systemic support that they would like to for people with aphasia (such as community training).

This objective gave me something to measure our services against in Wellington, and to analyse themes around current and desired service provision. It also gave me some names of people providing some amazing services out there, and I will be in touch shortly to pick your brains!

2. Interviewing Māori with aphasia: (professional & clinical practice domain demonstrating Māori Responsiveness)

The purpose of this objective was to give a voice to Māori people living with aphasia within our catchment area: to give

voice to their personal experiences, and for myself and my team to learn from their experiences. This was then related back to the Te Whare Tapa Wha model.

I conducted 3 interviews with some wonderful women about their experiences of aphasia. I owe these women a debt of thanks for sharing their experiences so candidly. Themes of reciprocity, engagement, trust, routine and purposeful activity came out. My most favourite quote was about engagement:

“The support was there...it was a matter of me opening my mouth... I just say ‘everything is all right’...’oh yeah, not a problem’... I was one of those. I am very much so. It’s taken me a long time to say ‘yes please’, and ooh... that was hard! ‘Yes please’ and then ‘thank you very much’.”

OUTCOMES, REFLECTIONS AND THE FUTURE...

Many things came out of my CASP research which will be impacting on how we deliver community aphasia services here in the Wellington region. This includes increased use of groups (both therapeutic and social), technology use, and consideration of aphasia clinics as a model of practice.

But what about the bigger picture? My work has led me to the following conclusion, that what we need is...

THE PROPOSAL:

To establish an Aphasia Field Officer Position for the CCDHB catchment area.

This idea is borrowed from the role of the Stroke Foundation Field Officers, and the long term primary care support they give for people following stroke. The time has come where a long term primary care model needs to be in place for people living with aphasia.

THE FUTURE... WHERE TO FROM HERE?

So, where to now? The proposal has been submitted to my team leader, and we are currently in the process of working through how to take this forward and exploring funding options. So watch this space.

And as for me... well I'm off to pour myself a rather deserved large glass of wine!

Interventions for dementia

WORDS: MARJA STEUR

“WHAT I LIKE ABOUT WORKING WITH OLDER PEOPLE IS THE STORIES AND THE ADVICE THEY ENJOY SHARING WITH ME. FOR EXAMPLE, IF YOU’VE GOT THINGS YOU WANT TO DO: DO IT! THEIR WORDS OF WISDOM SOMETIMES MAKE YOU SAD, BUT THEY’VE ACCOMPLISHED SO MUCH, IT’S REALLY INTERESTING.”



Katrina Aitken is the speech language therapist integrated in the psychiatric services for the elderly community team at the Canterbury District Health Board. Every day starts with the interdisciplinary team meeting, which the consultants take

turns chairing. As well as Katrina, the team includes nurses, psychologists, old age psychiatrists, social workers, and occupational therapists. Every team member can present clients to the team for advice, or to report discharge.

Because Katrina is part of the team, those useful corridor conversations can take place. As one team member said: “It was great to have informal education on the spot.”

Katrina provides analysis of language disorders, contributes to early diagnosis of dementia, facilitates effective treatment and management of dysphagia, and provides individual advice to clients’ communication partners. Her half-time position became permanent at the beginning of 2014, after a two-year pilot indicating how much her role is valued.

Katrina receives referrals via the single point of entry (SPOE), and offers a home visit (in their own home or in a facility) within 6-12 weeks to meet the client and family or caregivers. One of the sources of referrals is the memory assessment clinic where clients are seen in the early stages of dementia, allowing them to make the most of Katrina’s advice. Depending on the

person and family’s goals, Katrina may practice strategies, use spaced retrieval training, develop a memory book, or provide ideas for family or professional carers to promote communication.

As the wife of a person with dementia said: “I was unsure what exactly a speech pathologist could do for my husband, my thoughts were there was nothing wrong with his speech... Of course it wasn’t about his speech, but about communicating and prompting. I found [the SLP] to be so helpful in suggesting strategies that I could use...”

As assessment tools Katrina has the Functional Linguistic Communication Inventory and the Arizona Battery of Communication in Dementia. However, most of the assessment is done informally. Can the person initiate conversation? Maintain a topic? What prompts do they need? How does the person respond to open ended, multiple choice, forced choice, or yes/no questions?

An example of successful intervention is support provided to a woman with Alzheimer’s Dementia, enabling her to become involved with a volunteer organization for refugees, despite initial reservation from the organization because of her diagnosis. Drawing on her experience of teaching English and living in Vietnam, she was able to work as a conversation facilitator, helping new immigrants.

The message Katrina would like to spread is that people with dementia have the capacity to learn strategies, or to benefit from the people who care for them to have strategies.

Swallowing assessments

WORDS: LAURA FULLER

I am currently in my third professional year of the BSLP program at the University of Canterbury. Over the summer I had the opportunity to work with Dr Maggie-Lee Huckabee in developing an android application to support swallowing assessment. The application is designed to follow Dr Huckabee’s textbook, ‘Dysphagia following Stroke’. There are two main pathways through the application. The first, for working clinicians, travels through clinical and instrumental examinations, storing information so you can review and change it later to report writing. There is also a patient education component to the clinical pathway, which has diagrams and definitions to help explain concepts to patients and their families. The second branch of the application is a learning pathway. It tests the student on the material in Dr Huckabee’s book through fill in the blanks and labelling tasks while also teaching. I think this application is a very useful prompt for clinicians and an extremely useful learning tool for students as it presents material in a visual and dynamic way. The application is still in the programming stages and will hopefully be completed for peer review soon.

I am also working on an honours project based on the Test of Mastication and Swallowing Solids (TOMASS). This bedside assessment is similar to the Timed Water Swallow test. It involves instructing a patient to eat a quarter of an Arnott’s ‘Salada’ cracker as “quickly as comfortably possible” while counting the number of bites, swallows, chews and noting the total time. This examines swallowing in a quantitative way and provides valuable information for assessment by challenging the oral phase. The aim of my project is to see if the normal data from the American ‘Saltine’ cracker is similar enough to be included in the same database as the ‘Salada’ to have a wider normative database. I am still collecting data in healthy controls and hope to have analysis and write-up ready for publishing in the next few months.

So far this year has been full of exciting developments and hopefully soon some exciting publications.





Tool for Behavior Management: Traffic Light System

WORDS: KYRA PORTIS, 4th year BSLP (Hons) student at Canterbury University

During my placement this semester at the University of Canterbury Speech and Hearing Clinic, my peer, Samantha Malcolm, and I were faced with some problem solving around behavior management for a client receiving treatment for Auditory Processing Disorder. We decided to test a traffic light system, which we hoped would assist by providing some structured reinforcement to our somewhat disrupted sessions. This required refining over the weeks; however, it became an essential aspect of achieving successful sessions with our client.

The tool is simple and easy to produce, but most importantly, it was something that was extremely motivating for our client. It included a laminated picture of a traffic light, and three origami boxes made of the corresponding colors, with colored blocks as tokens. At the beginning of each session, we introduced the traffic light to ensure the client was clear about expectations. It was explained that blocks would be awarded for their corresponding levels of behavior. Good behavior would earn a green block, slightly unfocused behavior would earn a yellow, and disruptive behavior would earn a red block. The client was aware that if he received more colored blocks in the green box than the red and yellow, he would receive a prize at the end of the session. We used this to target concentration and sustained attention to therapy tasks; however, the tool can be adapted to a variety of needs. The simple visual reinforcement helped us to manage behavior within our sessions, allowing us to spend more focused and effective time to target therapy goals. I envision that this type of resource could be used in a variety of settings and be motivating for a range of clients. I believe this is a true example of the phrase: Simple, yet effective.

Midland DHBs Paediatric Dysphagia SIG to be established.

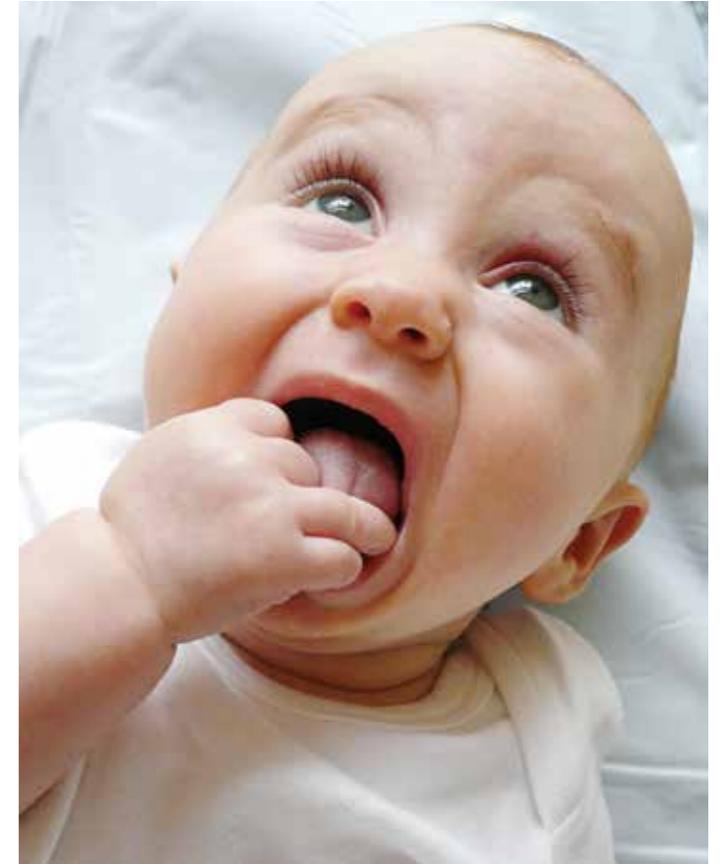
WORDS: RACHEL EMMITT

Rachel Emmitt is currently investigating the possibility of establishing a paediatric dysphagia special interest group for Speech Language Therapists working for Midland Region District Health Boards. While this group will predominantly be focussed on the needs of SLTs working in the health arena, it will be open to speech language therapists from the Ministry of Education, special schools or private practices to attend where possible.

The initial priority of the SIG will be to support the establishment / maintenance of paediatric dysphagia competency packages within DHBs and to support SLTs working in this area to achieve and maintain their competencies in the following areas: acute paediatric dysphagia assessment and management (including competencies specific to neonatal intensive care) and community / clinic based paediatric dysphagia assessment and management. Paediatric videofluoroscopic swallowing studies and their interpretation will also be an initial focus of the group.

Terms of Reference will be established in consultation with SLTs working in Midland Region DHBs. It is likely that this will include a focus on peer review / reflective practice and journal article reviews. Case presentations will likely be a regular feature of the group.

You can email rachel.emmitt@waikatodhb.health.nz for further information or to signal your interest in being part of the SIG.





Area Updates from Autumn 2014

NORTHLAND/TAI TOKERAU

Alexandra Cave, Area Rep

- Northland MOE therapists are finding the Kiwihat days with Talklink very successful.
- The Talklink SIGs in Northland have started and have been received well from Speech-Language Therapists as well as other disciplines.
- AAC Inservice: Fern Jones from Talklink recently presented to SLTs in the area on AAC and options available. This was received very well and was found to be valuable.
- The Dysphagia training for Ministry of Education therapists has started in Northland and has positive feedback. Blomfield therapist Kathy Arlidge is also completing training. The online training so far is good revision and time well spent. The recommended time was two hours however general feedback is that it takes up to five hours to complete. One aspect of the training includes reviews of Videofluoroscopic swallow studies.

WAIKATO/ BAY OF PLENTY

Hazel Gray, Area Rep

- Cough reflex testing has begun at Waikato hospital and will soon include nurses administering CRT as part of a stroke screen.
- Rachel Emmitt from Waikato hospital is initiating a paediatric dysphagia SIG.
- Natasha Fitzpatrick is working with the International Communication Project working group to coordinate an event possibly between Waikato, BoP and Lakes DHBs.
- Whakatane Special Education is offering termly workshops to parents focusing on phonological awareness, titled Sound Awareness Workshops. Anecdotal results to date are indicating that some families only require this support to help their child progress.
- BoP, Waikato, and Lakes DHB held a regional study day in April where representatives from TalkLink presented.
- In Whakatane, Special Education SLTs are joining forces with Child Development Services Occupational Therapists to run SOS feeding programmes or “Food School”.
- Three Ministry of Education SLTs from Whakatane/Tauranga will be attending the Dysphagia Level 1 Training developed for Ministry of Education SLTs.

CENTRAL AREA

Emma Irvine, Area Rep

- There was record attendance at the most recent Area meeting. Jodi White stepped down as our Area Representative and Emma Irvine has taken over this role. Palmerston North Hospital is at a halt with their FEES competencies due to scope sterilisation issues.
- Palmerston North MoE has an ‘It Takes Two to Talk’ programme about to start, and have recently completed the online awareness level paediatric dysphagia course.
- Explore have received a National contract to deliver behavioural services to all ages through Ministry of Health.

WELLINGTON/NELSON AREA

Libby French

- This was a busy quarter in our area, with a highlight being Wellington playing host to both Transforming Practice: Making Space for Innovation and the NZ launch of the International Communication Project in April. Our Autumn Area Meeting saw our best turnout in the last 2 years, with many therapists taking the opportunity to dial in via teleconference. We are set to continue hosting later this year, with the team at Wellington Hospital planning an impairment based workshop in aphasia therapy, as well as a head and neck study day, scheduled for September and November respectively.

CANTERBURY/WESTLAND AREA

Megan Chinnery, Area Rep

- Members really enjoyed attending the 2014 NZSTA conference in April.
- CDBH SLTs are now meeting with SLTs in special schools around Christchurch to enhance communication between the two groups.
- Elyse Andrews joins Ruth Price as the new student rep. from UC, thank-you to Danielle Murray, outgoing third year student rep., for her contributions.
- Members are excited about the International Communication Project (ICP) this year and are really getting behind it with lots of ideas and activities brainstormed at our last area meeting. Amy Eastwood is going to set up a Canterbury/Westland ICP volunteer/working party, if you are interested in helping out please email Amy on amy.eastwood@cdhb.health.nz
- TalkLink SLTs have started running quizzes at UC, increasing BSLT students’ knowledge regarding AAC communication. They are providing four 3-hour sessions to year 4 students currently; however, this initiative will be integrated into all year levels in the future.
- Radio NZ conducted an interview regarding the Christchurch Neurological Choir on World Voice Day held on 16th April.



Karen Brewer – Maori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

TENĀ KOUTOU KATOĀ

Ko wai au?

Who am I?

Ko Tauranga te moana

My harbour is Tauranga

Ko Mauao, ko Tarakeha ngā maunga

My mountains are Tarakeha and Mauao [Mt Maunganui]

Ko Opepe te awa

My river is Opepe

Ko Opape te marae

My marae is Opape [in Opōtiki]

Ko Ngaiterangi, ko Whakatōhea ngā iwi

My tribes are Ngaiterangi and Whakatōhea

Ko Ngai Tamahaua, ko Tauwhao ngā hapu

My subtribes are Ngai Tamahaua and Tauwhao

No Ahuriri ahau

I am from Napier

Kei Manurewa taku kainga inaianei

Now I live in Manurewa

Ko Gavin Brewer toku hoa tāne

My husband is Gavin Brewer

Ko Karen Brewer taku ingoa

My name is Karen Brewer

I am pleased to introduce myself to you as your new “Māori and Cultural Development” portfolio holder. As an SLT I have worked at Waikato Hospital and in the community for Counties Manukau Health. I am now enjoying a postdoctoral research fellowship in Te Kupenga Hauora Māori, at The University of Auckland. My interest is in acquired communication disorders, particularly those caused

by stroke. Having just completed a PhD titled “The experiences of Māori with aphasia, their whānau members and speech-language therapists”, I also have an interest in Māori health and in cultural safety within the SLT profession. If you’re interested to learn more about what I do, here is a link to a video of a seminar I gave recently, summing up the PhD and future directions of the research: https://www.fmhs.auckland.ac.nz/en/faculty/tkxm/tomaioara/what-we-do-mahi/t_maioara-seminars/t_maioara-seminars-2014.html

The Executive Council portfolio is called “Māori and Cultural Development”. Over time I’d like to consider what the words “Māori” and “Cultural” mean in that title. I think it has to start with “Māori” and an in-depth look at what Te Tiriti o Waitangi really means for NZSTA governance and our practice as SLTs. The way I see it, if SLTs in New Zealand can “get it right” for our own Indigenous peoples, we will have a much better chance of “getting it right” for the New Zealanders of many different cultures who now enrich our society. SLTs in New Zealand need to be culturally safe no matter who they are working with, but there needs to be a kind of special cultural safety for Māori. For people who have migrated to New Zealand, migration is usually a choice and there is a home country where the person’s language and customs are still the “norm” or dominant culture. There is nowhere in the world where Māori language and customs are the “norm” and if they are not protected in New Zealand they are not safe anywhere. Of course that doesn’t mean we ignore migrant cultures, or think they are unimportant to SLT in NZ.

I look forward to developing these ideas further. I would love to hear from you if you have any comments or suggestions. You can email me (culturaldevelopment@speechtherapy.org.nz) or join the Cultural and Linguistic Diversity SIG website to continue the discussion with a wider group of SLTs (email taiying.lee@minedu.govt.nz to join).



Jodi White – Member Networks

membernetworks@speechtherapy.org.nz

Kia ora to all NZSTA members. This is my first official report for communication matters so I would like to take the opportunity to introduce myself a little bit. I am employed full-time at MidCentral DHB in Palmerston North and have been the Central Area Rep for the past six years and really enjoyed my time in that role. It was an excellent way to meet and interact with a broader range of SLTs than I come across in my everyday working life. As my time in that role came to an end, I really felt that I would like to keep contributing to the profession and NZSTA in some way. So, when Lucy Greig announced she would be stepping down from the Member Networks portfolio at this year’s AGM, it seemed like the perfect opportunity to step up to a role with more responsibility and with it, hopefully, the chance to continue to develop our association in the same positive way that the last Executive Council group has done. I am looking forward to working with the EC and Area Reps and am working hard to get my head around this role to ensure I can try to live up to the example set by Lucy over the past four years.

There are a number of projects underway that were commenced by the previous EC group including Return to Practice, Private Practitioners, Provisional Member New Graduate framework, and Dysphagia Competency. As I have not been directly involved in these projects to date, my aim is to become involved as required.

One of the aims for the membership this year is to get behind the International Communication Project, we have been discussing ideas at area and student meetings, so please put these ideas into practice and let us know about it.

I am looking forward to being a part of the ongoing planning for the NZSTA over the next three years and hope that I will be able to make a positive contribution. Please feel free to get in contact with me if you have any feedback

Arohanui

Jodi



Philippa Friary – Professional Development

professionaldevelopment@speechtherapy.org.nz

Just last week, a group of students I have been working with organised the final celebratory session of our Gavel Club for people with Parkinson's – The Movers and Shakers. During this session, the wife of one of our clients said that this group has been a real highlight for them on a journey that has been very negative. This comment made me reflect on why I love this job so much but also the complexity of the lives of the people we are working with every day. To use a quote from a colleague of mine, Peter Huggard, this highlights the fact that 'the 't' in SLT is for Therapist not Technician'. With this comes the need to take care of ourselves and our colleagues. Caring fatigue or burnout are occupational hazards in this field and need to be proactively managed. This leads me to highlight the importance of clinical and professional supervision, no matter what level you are at. The NZSTA currently has a working group tasked to develop a document for the membership on the importance of this professional development activity. Keep an eye out for this piece of work.

Here follows an update of activity within the professional development portfolio over the last few months:

NZSTA 2014 CONFERENCE

It was great to catch up with so many of you during the conference and AGM in Wellington last month. A huge 'thank you' must go out to Helen Rigby and the Conference Planning Committee (Sally Kedge, Clare McCann, Sam Scott, Claire Winward) and Pam Richards (Conference Manager), for coordinating such a diverse and stimulating conference this year. Thank you to our student volunteers (Karian Antoine,

Annabelle Blue, Laura Fuller, Georgina Kevany, Ruth Price, Sidney Wong) who took time out of their busy university schedules to ensure the smooth running of the conference.

Transforming Practice – making space for creativity, Te Papa, Wellington, will go down as a conference that had a high calibre of research and clinical presentations, covered a great range of topics, where student researchers presented side by side with expert clinicians and researchers, and where SLTs mixed and mingled over a wonderful dinner at MACs Brew Bar wearing an assortment of wigs, platform shoes, false eyelashes and fish nets. Simply stunning!

Thank you to everyone who completed the post conference survey: a total of 197 people complete this survey. This feedback will be compiled into a report for the 2016 Conference Planning Committee. A couple of points to clarify for those who asked – Te Papa was one of the cheaper conference packages in Wellington (yes surprising I know given it is such a great venue) and the cost of the registration has only gone up \$40 since last conference two years ago.

Congratulations to Lynley Kerr who won a free registration to the 2015 Professional Development Symposium being the first person to complete the conference survey. Congratulations Lynley!

EXPERT ADVISOR ROLES

Nominations for the roles of Expert Advisors to the NZSTA have been opened. Thank you to those who have already submitted their nominations. We will be providing profiles of these successful candidates in the next Communication Matters

magazine and on the NZSTA website. Further details can be found on the website.

CPD AUDIT

The CPD Audit has commenced, with 10% of membership being randomly selected to submit their CPD logs by the end of September 2014. Given that this is the first year of using the new CPD framework, members are welcome to either submit their 2013 activity using the new format or to submit their CPD cycle using the old format. 2014 is the year in which we all move over to the new online framework.

Thank you for your emails regarding the framework and the discussion at the area meetings. From these discussions I have compiled a list of FAQs.

CPD FRAMEWORK FAQs

Do I need to use the new framework for 2013?

No you are welcome to enter your 2013 activity into the old log and then start 2014 entering your data onto the online version.

If I am working part time should I only have to gather CPD points pro rata (ie if half time, half the CPD points)?

This point has been carefully discussed. The position of the NZSTA is that the minimum points set outlines the minimum standard, and that we want anyone who is practicing to meet this, whether you are part time or full time.

What happens if I take a year off for maternity leave or sick leave?

In this situation, we ask that you inform the office and that you can take a year off CPD. In effect, you can use two years to collect the minimum points required for one year.

What happens if I can't get all the points needed?

We have provided examples of the types of CPD activities and want to allow you to log all the great professional development that you are completing in your roles every day. If you don't

think you will be able to gather the minimum points in one area please email or call the office to discuss this as we may be able to support you to find other examples of activity that can be included in the category.

What happens if I am audited?

We are moving to an audit system whereby 10% of our membership will be asked to allow the NZSTA to view their logs annually. If you are a part of the 10% audited you will have been alerted by now and have until the end of September to have your log ready for viewing. We will ask to see your related evidence only if there are questions around the online log. Please remember that ongoing professional development is a part of our Code of Ethics and a requirement to be eligible to be a member of the NZSTA.

I find it hard to get to NZSTA area rep meetings, what else contributes towards 'Contribution to NZSTA?'

You may be able to skype or phone into the conference or submit your comments via email in advance. Other examples of contribution to the profession could be involvement in International Communication Project activity in your area, involvement in SLT Awareness Week, submission of an article to Communication Matters, involvement in any professional development events for NZSTA, providing comments on a document for NZSTA.

Please email the office if you have any further queries and we will do our best to help you with these.

PROFESSIONAL DEVELOPMENT IDEAS FOR 2014

Please send through your ideas, thoughts and requests for professional development for 2014. Topics, workshops, or speakers you wish to hear, please send these through to me by email or join me on Twitter and let's start a conversation.

@PhilippaFriary PD2014 #learning #health #education



Annette Rotherham – Communications

communications@speechtherapy.org.nz

This is my first executive report for the Communications portfolio and I am very excited to be elected to this role, however daunting the election process turned out to be! I am really looking forward to working with the rest of the committee who have been supportive in welcoming Jodi, Karen and me onto the team.

It is hard to believe the year is half way through and some of you may be feeling like hibernating for winter, however, in this technical age we live in you can snuggle up by the fire with a hot chocolate or mulled wine and still be connected and keep up to date with what is happening in the NZSTA.

INTERNATIONAL COMMUNICATION PROJECT 2014

The ICP2014 was launched with a bang in Wellington at the NZSTA conference in April. This was a very moving and entertaining evening with personal stories and performances by an amazing group of young people living with communication disability. I hope many of you have gone online and signed the pledge! The ICP aims to raise awareness, advocate for the rights of people with communication impairments, and highlight the importance of early intervention. You can keep up with events in your area via the ICP website which also has plenty of ideas for ways to raise awareness and plan activities in your workplace or local community. If you want to get more involved, Libby French is representing the NZSTA and is a good port of call for assisting with ideas in your areas, I am sure she would be happy to hear from you and point you in the right direction.

NZSTA WEBSITE

The website was revamped in 2013. We are receiving feedback for changes and updates and I will endeavour to work with the rest of the executive committee to ensure we keep making the website user friendly and accessible for therapists and consumers. So please keep the ideas and feedback coming!

AWARENESS WEEK 15 -19 SEPTEMBER 2014

The theme this year will take a communication focus: "Speech Language Therapy - making the connection". I think this encompasses the many ways communication of all forms enables people to connect with others, form networks and have a sense of social connectedness. It also can acknowledge the significant role SLTs have in ensuring people maintain this despite disability. If you have any ideas related to this theme at a local or national level please get in touch with me: communications@speechtherapy.org.nz.

You will hear more from me about Awareness Week following our first Executive Meeting with the new committee later this month.

The role is new to me, so bear with me as I get acquainted. One of my thoughts is around how the communications portfolio is closely tied to member networks and I am very keen to have any thoughts and ideas on the best way to keep the lines of communication open for NZSTA members.

Take care and keep warm!
Best Wishes
Annette

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