

communication

AUTUMN 2015

# matters



**VOLUNTEERING IN NAIROBI**

**AUTISM NZ**

**UC ROSE CENTRE**

**WORLD VOICE DAY**



New Zealand  
Speech-language  
Therapists' Association

*Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa*

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## Editorial – Marja Steur

editor@speechtherapy.org.nz

### KIA ORA KOUTOU

What do you know about the history of the NZSTA? Do you know when it was founded? What issues the founding members faced? What the Association has achieved over the years? If you have some stories to tell, or some old documents to share, please get in touch with me [editor@speechtherapy.org.nz](mailto:editor@speechtherapy.org.nz) or Elisa Mynen [elisa@speechie.co.nz](mailto:elisa@speechie.co.nz). We intend to document the history of the NZSTA, who we are and where we came from, and publish instalments in CM.

In this issue, Natalie Myles shares a few lessons she learnt during her two-year stint volunteering in Nairobi, Kenya.

The support organisation we feature this time is Autism NZ; Shannon Hennig describes her role as outreach coordinator. We also hear from Michelle O'Donoghue about *tips for autism*, a course for teams who support students with ASD.

Sally Kedge, Linda Hand and Clare McCann invite us to the launch of a new special interest group on communication and mental health or behaviour difficulties.

Charlene Smart describes the new Rose Centre for Stroke Recovery and Research in Christchurch, headed by Associate Professor Maggie-Lee Huckabee. The Centre also houses the Evaluation and Treatment of Swallowing (EATS) Clinic, with Sara Moore as Clinical Director.

Intensive Interaction is an approach for pre-intentional communicators. Brynlea Stone and Sarah Spence explain how empowering this approach is for their students.

Also on the topic of intensity, Joanne Richardson examines the efficacy of intensive intervention for pre-school children with speech disorders.

In 'Making it happen', Libby Coates and Naomi Seow show how they went about organising a successful local PD event.

World Voice Day is on 16 April this year. Sylvia Leão reminds us what it is all about and has lots of ideas for activities you could organise.

Also in this issue, a little snippet about the report from an Australian Senate inquiry into the availability and adequacy of speech pathology services. The NZSTA Executive Council is seeking some members to review this report and comment on the implications for NZ. Please contact Annette Rotherham [communications@speechtherapy.org.nz](mailto:communications@speechtherapy.org.nz)

See you in June at the symposium in Christchurch.

Noho ora mai  
Marja





Helen McLauchlan  
President

president@speechtherapy.org.nz

The start of 2015 has been quite a delightful and busy one for me and my family. I am very pleased to let you know that Fergus McLauchlan arrived in the early hours of 14th January. We are all quite besotted, particularly his two big sisters!

I would like to thank Brigid McNeill – Professional Standards, who stepped up to cover some of my president responsibilities in recent months, and the whole executive council who supported both of us during this time.

As an association we have an exciting 2015 ahead. A great deal of energy over the past 12 - 18 months went into establishing appropriate and consistent operational support for the NZSTA. With BPS Ltd on board as part of the team we are starting to see the benefits to the whole organisation as the executive is able to move away from operational management and focus on the strategic direction.

I look forward to seeing many of you at the Professional Development symposium in Christchurch in June. It is exciting to be back in Christchurch for a national NZSTA event and I am sure it will be well supported by members. Our AGM will be held during the symposium and as always I encourage you to attend.

The International Communication Project (ICP) also continues in 2015 after its launch year in 2014. This year in addition to the joint activities internationally we plan to focus on NZ's unique context and our contribution in countries without formal SLT services.

As always we welcome your comments, feedback and contributions. Please get in touch on [president@speechtherapy.org.nz](mailto:president@speechtherapy.org.nz)



Fergus McLauchlan

## Volunteering in Nairobi

WORDS: NATALIE MYLES

I HAVE JUST RETURNED TO NZ FROM A TWO-YEAR STINT WORKING AS AN SLT IN NAIROBI, KENYA, WHERE I HAD A VOLUNTARY SERVICE OVERSEAS (VSO) PLACEMENT WITH A LOCAL ORGANISATION CALLED SPECIAL EDUCATION PROFESSIONALS (SEP). SEP'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN WITH SPECIAL NEEDS LIVING IN THE LOW INCOME AREAS OF NAIROBI THROUGH FAMILY CENTRED TRANS-DISCIPLINARY INTERVENTION. MY COLLEAGUES WERE OCCUPATIONAL THERAPISTS, PHYSIOTHERAPISTS AND SPECIAL NEEDS TEACHERS.

There is no Speech and Language Therapy training available in Kenya and only a handful of foreign trained SLTs, most of whom are working in private practice. I found myself one of 12 in the entire country (population of Kenya is 44 million!) and in very high demand! My role with SEP was to share my SLT skills with my colleagues in the SEP projects, though I also delivered lots of training in other community projects, parent groups, schools and centres around Nairobi (and sometimes further afield).

The children presenting for therapy had a huge range of needs, but the majority had cerebral palsy and/or severe-profound learning disabilities, sometimes with visual/hearing impairment as well.

This placement was not the first time I had worked as an SLT in Africa, having spent a couple of years in Ghana in 2008-10. Working in a developing country is hugely rewarding and although of course it has its challenges, I would encourage anyone thinking about it to go for it! Here are a few lessons that I have learnt along the way...

Take the time to observe what is already happening and build on this before trying to change things.

*"Toys and adapted equipment can be made out of almost anything!"*



Try to find out (this also takes time and depends very much on number 3) what people are actually expecting from a SLT... I discovered that many families and professionals were expecting me to come and give medicine or a gadget or to do something to the tongue that would make the child talk...so I think I was a bit of a disappointment initially!

Building relationships with colleagues and the local community is VERY important. This can take time – lots of it!

Learn to speak some of the local language. Although I certainly did not become fluent in Kiswahili, learning the basics made it a whole lot easier to communicate with the families and their children and my neighbours!

Don't expect to be able to fix everything. It's easy to be overwhelmed by the poverty, the lack of resources, the disabilities that wouldn't have occurred in the first place had the mothers had access to better health care... BUT it's best not to dwell on these things and to focus on what you can do to make a difference.

Be VERY flexible with time.... actually be very flexible with everything!

Toys and adapted equipment can be made out of almost anything!

Always keep an open mind and realise that you are going to learn just as much (if not more) than you teach/leave behind!



# tips for autism

**WORDS: MICHELLE O'DONOGHUE, Speech Language Therapist with the Ministry of Education, Southland**

Three years ago I applied to become a facilitator for *tips for autism*. I am passionate about working with children with autism spectrum disorder (ASD), so I was delighted to be selected to join the *tips* team. After observing a course and three days of collaborative training with three other new facilitators, I started co-facilitating courses.

## WHAT IS *TIPS*?

*tips for autism* is a 3-day course for teams who support students aged 5 to 12 with ASD. The course is team based; both a parent and a teacher from the child's school (preferably the classroom teacher) must be present. Other team members include specialists such as speech language therapists and people from home, school and community settings who know the child well. The average team size is about 5.

The course is free to participants as it is jointly funded by the Ministries of Health and Education. Some funding is also available to contribute to team members' expenses, for example, as a contribution to fund teacher release time.

At the course, teams learn more about the key characteristics of ASD and evidence-based strategies and how to apply this information to individually plan for the child they support, at school and at home.

The course is based on up-to-date international evidence, adapted to meet the needs of New Zealand children, curriculum, teachers and classrooms. It is consistent with The New Zealand Autism Spectrum Disorder Guidelines. The course is continually evolving to reflect the most recent research.

Each course is facilitated by a special education professional (Ministry of Education, Special Education staff or Resource Teacher: Learning and Behaviour or similar) and a parent, who is also qualified as a teacher (or similar). Facilitators use real life examples to make the theory practical.

*"They leave with a written plan they can implement the next day at school"*

## MY EXPERIENCE AS A *TIPS* FACILITATOR

This is my third year as a *tips* facilitator and I really enjoy being part of this course. All teams, and individual team members, are at a different stage in their knowledge and understanding of ASD. We support teams to work together to come up with the most effective interventions for their child. The aim is for them to understand the theory and research and figure out what that can mean for the child they are supporting.

Feedback from participants on the course is overwhelmingly positive. People really value the time they spend together and the fact that they leave with a written plan they can implement the next day at school.

I have met some amazing people since being involved in *tips*. I learn so much from my co-facilitators and I love being kept up-to-date with recent research and discussion on our facilitator blog.

To find out more about *tips*, you can visit [www.tipsforautism.org.nz](http://www.tipsforautism.org.nz). This year, the *tips* team is recruiting. If you are interested please contact Keryn Mells – [k.mells@tipsforautism.co.nz](mailto:k.mells@tipsforautism.co.nz) for further details.



# Autism New Zealand

SUPPORT AND SERVICES FOR PEOPLE WITH AUTISM, THEIR FAMILIES, AND THE PROFESSIONALS WHO WORK WITH THEM

**WORDS: SHANNON HENNIG, Wellington Outreach Coordinator, Autism New Zealand**

Autism New Zealand provides support and services for people with autism, their families, and the professionals who work with them. The experience of having a child diagnosed with Autism Spectrum Disorder (ASD) can be a time of confusion and grief, and can present many challenges. One of my roles as an Autism New Zealand Outreach Coordinator is to support families at this time – so we can navigate the complexities of the health and education systems together.

Autism New Zealand also runs education and training programmes for professionals and families; we offer general courses, as well as ones specific to parents, teachers and professionals supporting children at different ages and stages. These courses often make a dramatic difference to a parent's confidence and relationship with their child, and add knowledge and strategies to the toolbox of people working with a child or adult with ASD.

I am also a SLT, and always enjoy finding ways of using my training to support people with autism and their families. As part of my outreach role, I recently visited an 11 year-old boy who is learning to navigate his anxiety around school. This bright and articulate student is excelling in his school work, however finds the dynamic nature of school to cause intense anxiety. Although his New Year's resolution was perfect attendance, the reality is that he has bravely attended school only a dozen times this term. When I met him, I found myself relying on much of my training as a SLT. His speech clarity was impeccable and his grammar and vocabulary were impressive, however it was clear that he might become anxious talking to me without support. I drew on my knowledge of visual supports and how we can use writing to make spoken conversation more tangible. As we were talking I wrote down all the key points, and when I wanted input from him, I wrote down the questions and appropriate sample



Demonstrating kits for the LEGO club we are hoping to launch in Wellington later in the year.

answers. In the end, by adapting the conversational structure to better suit his way of thinking and interacting, we were able to outline several things he loves about school, and what accommodations school might consider to make it easier for him to thrive there. So far he has been back four times. It was very rewarding to help in some small ways – being part of the journey for a boy who so clearly wants to attend school, but is struggling to find a way that works for his disability.

## TIPS FOR WORKING WITH PEOPLE WITH ASD

- Think about the physical environment. People on the autism spectrum can be hyper-sensitive to sounds and lighting.
- Explore the many technologies for working with people with autism, iPad apps, etc. Visual aids can be a great help, as can demonstrations and video-modelling.
- Use areas of special interest for focus, exploration and extension – give permission for the client to use their special interests.
- Remember echolalia has communication value – it can be a good prognostic sign and can be used as a stepping stone.
- Share your strategies and the thinking behind them with parents/whānau – we find families are keen to learn from you!
- Be patient with yourself, as well as with your client. At Autism New Zealand, we often remind ourselves: 'if you've met one person with autism, you've met one person with autism'. It can take time to build rapport and work out which of your tools will work best!

## New Special Interest Group

VULNERABLE CHILDREN AND YOUNG PEOPLE: FOR THOSE WITH EMOTIONAL, BEHAVIOURAL, MENTAL HEALTH DIFFICULTIES OR THOSE INVOLVED WITH CARE AND PROTECTION OR YOUTH JUSTICE SERVICES.

**FIRST MEETING 21 APRIL 2015**

**WORDS: Sally Kedge, Linda Hand and Clare McCann, Talking Trouble Aotearoa NZ**

We are delighted to host the inaugural meeting of this special interest group. We hope you can attend in person or via Skype.

**When:** Tuesday, 21 April 4.30 - 6pm

**Where:** Tamaki Campus, The University of Auckland in Room building 721, room 324.

There is plenty of free parking available. There is information about how to get to the campus, including a map, on the website: <http://www.tamaki.auckland.ac.nz/content/tamaki-innovation-campus/en/about/tamaki-innovation-campus/map-and-location.html>

**Skype:** if you cannot attend in person, and would like to join us by Skype, please email us so we can set this up. Please RSVP by 10 April 2015 to: [talkingtroublenz@gmail.com](mailto:talkingtroublenz@gmail.com)

We're looking forward to getting together those interested in the language and communication needs of some of our most vulnerable children and young people. Please feel free to pass on this invitation to your colleagues.

Nga mihi  
Sally, Linda and Clare

# Rose Centre for Stroke Recovery and Research

WORDS: CHARLENE SMART, University of Canterbury



A new University of Canterbury-led research centre dedicated to improving the treatment of swallowing disorders among those who have suffered a stroke has opened at St George's hospital in Christchurch.

The University of Canterbury Rose Centre for Stroke Recovery and Research was established in 2014 in a state-of-the-art facility and is headed by UC's 2014 Innovation Medal winner, Associate Professor Maggie-Lee Huckabee.

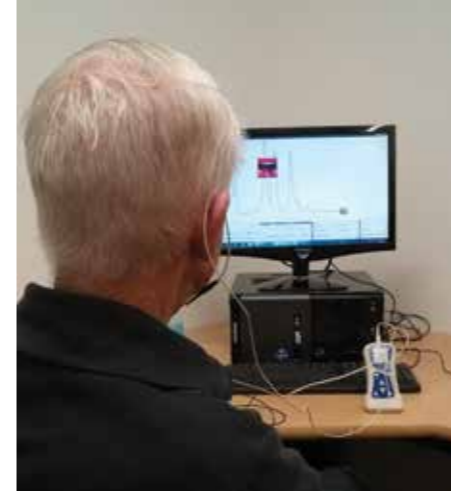
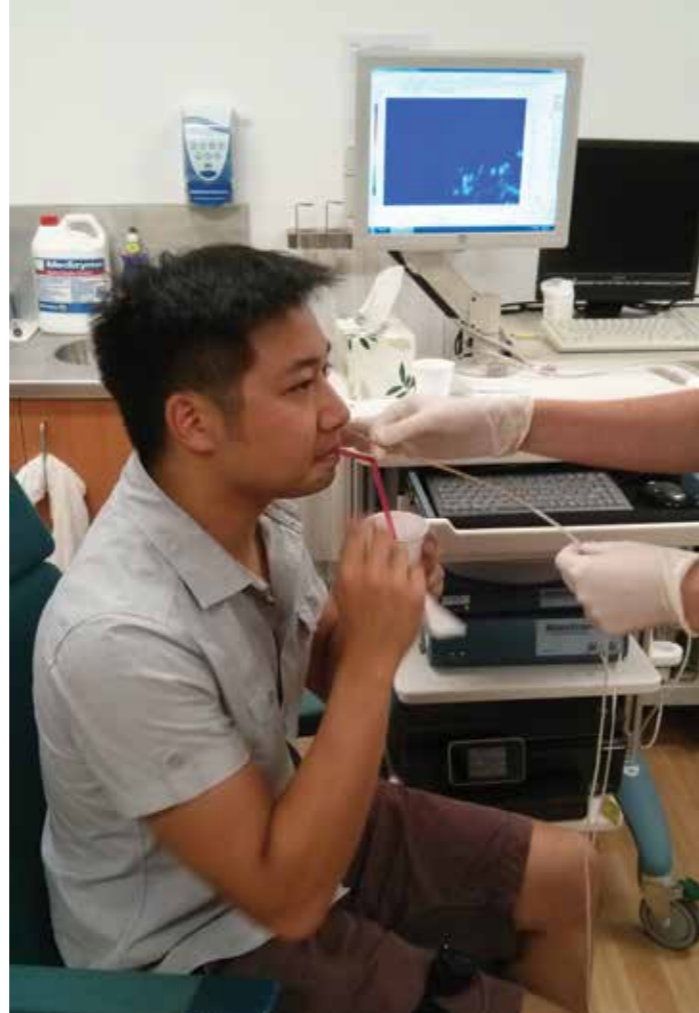
The centre is a clinically based stroke research and rehabilitation facility aiming to develop new standards of best practice for stroke patients across all ages.

The centre was made possible by a donation from the Rose family through the Canterbury Medical Research Foundation and has been set up in recognition of Professor Huckabee's stroke research programme run through her Swallowing Rehabilitation Research Laboratory.

"The donations have allowed us to move into our current facilities and will accommodate short-term future growth. In the next 18 months we will focus on neuropathology and neuro-rehabilitation of swallowing impairment or dysphagia, with particular emphasis on development of bioengineering applications for rehabilitation. Ultimately we hope to include therapies such as communication, physical and occupational therapies," says Huckabee.

"The centre is equipped with the latest biomedical and neural technologies for understanding and visualising swallowing processes. These technologies, when applied to rehabilitation, enable the capacity for change in swallowing function."

UC Rose Centre houses the Evaluation and Treatment of Swallowing (EATS) Clinic. Sara Moore, Clinical Director, says



clinic by their speech pathologist or GP for either assessment or treatment sessions."

Stroke is the second most common cause of death worldwide and a common cause of disability in adults in developed countries. The incidence of stroke in New Zealand is high compared to other developed countries with more than 6000 new stroke events each year and more than 2000 deaths attributable to this condition.

At any point in time, there will be more than 32,000 New Zealanders who have survived a stroke but are living with the disabilities arising from it.

Moore says that the clinic offers specific, effective and innovative diagnostic and rehabilitative procedures that are driven by the latest research.

"We offer specialist diagnostic assessments, with an in-house fluoroscopy suite, that we can pair with manometry for manofluoroscopy. Additionally, high resolution manometry is available to examine the sequencing and pressures in the throat."

Moore says that as an example, these two assessments

"we specialise in intensive rehabilitation programmes that maximise recovery of function in both the sub-acute and chronic patient. In a typical day we would see patients from across New Zealand and further afield from Australia and the USA who have often been referred to our

demonstrate the philosophy that the most efficient way to rehabilitate a patient's swallowing function is to be guided by robust and specific diagnostics.

"Stroke recovery research is critical, and the area of swallowing rehabilitation research is still in its infancy compared to other disciplines. The research wing of the Rose Centre is set to make waves in the stroke research world with its strong relationship with international and national hospitals that assist with data collection.

"We are the only clinic in New Zealand offering such in-depth assessment of swallowing pathophysiology and our patients really stand to benefit from the EATS Clinic, she says.

Moore says that the centre has plans to broaden and develop further in the coming years.

"We are a brand new centre and, as such, we are beginning with one specialty —swallowing disorders. But we have plans to broaden our scope to include language and motor speech therapy services to encompass all elements of speech and language therapy and stroke.

"We also plan to continue and expand into a multi-disciplinary rehabilitation research centre, expanding our clinical treatment again guided by the most current evidence and research," she says.

To mark their inaugural year the Rose Centre present 'Stroke Rehab: from no-tech to go-tech'. The Christchurch conference will run from May 10-12 and features Professor Jay Rosenbek, Professor Jeffrey Kleim, Professor Simon Gandevia, Professor Marco Pang, and Associate Professor Maggie-Lee Huckabee.

Visit <http://www.science.canterbury.ac.nz/stroke-rehab/> to register or find out more. This year, the UC Dysphagia Intensive Course will be paired with this conference to offer clinicians expanded opportunities for professional development.

To find out more about the Rose Centre or the EATS Clinic, or to make a referral, visit:

[www.science.canterbury.ac.nz/rosecentre.shtml](http://www.science.canterbury.ac.nz/rosecentre.shtml) and [www.eatsclinic.co.nz](http://www.eatsclinic.co.nz) or email [recovery@eatsclinic.co.nz](mailto:recovery@eatsclinic.co.nz)



# Exploring Intensive Interaction

**WORDS: BRYNLEA STONE AND SARAH SPENCE, Kimi Ora School (Naenae)**

AT KIMI ORA SCHOOL WE HAVE BEEN WORKING HARD WITH OUR STUDENTS TO FORMALIZE OUR APPROACH TO INTENSIVE INTERACTION. INTENSIVE INTERACTION IS USED WITH PRE-INTENTIONAL COMMUNICATORS TO HELP THEM LEARN THE BASICS OF COMMUNICATION. WE SLOW DOWN AND LET THEM LEAD US, SHARING THEIR INTERESTS AND RESPONDING IN THEIR OWN LANGUAGE. IT IS ALSO A WAY TO LEARN TO PLAY AND ENJOY BEING WITH OTHERS.

We use this approach with students with a range of physical and communication needs. Brynlea is developing a class approach to Intensive Interaction with students with Profound and Multiple Learning Disabilities. This is a group of pre-intentional communicators who love interactions with adults. The whole class team is working to help students understand that they can

initiate a 'chat' and control our responses. This is empowering for the students, who have started laughing and using their voices more. The smiles they produce when we respond to them are worth occasional minutes of sitting together in silence. For example, one of the students loves that Brynlea pulls a face and yells "squeeze!" when she squeezes her hands.

Sarah is working individually with some older students who are pre-intentional communicators. These young women have not yet developed many of the pre-communication skills essential for making sense of the world and others and for enjoying being part of interactions. One of the students has become very good at indicating she is ready for Intensive Interaction by moving her head from side to side and vocalizing. Another has become much more aware of what is happening around her and has begun to watch others.

When planning for students' IEPs, we have found it difficult to set goals and measure change due to the student-led nature of Intensive Interaction. We plan to use the framework created by Intensive Interaction Australia/BSDS (Dr Mark Barber et al.) to evaluate change over time for the students involved. This approach looks at different stages of communication. Three baseline videos have been taken for each student to map their initial stage. Yearly, the school team will review a ten-minute video of a typical session with that student, each member

indicating what stage they would place the student on the framework and discussing until we reach consensus. Hopefully this will show us development over time. We also video sessions as often as possible and record duration, interaction partner and magic moments.

It can be challenging as a therapist to slow down, clear tasks from our minds, and wait to be led. But we are finding that the students are very pleased to lead us! Another challenge is sharing our knowledge about the approach; teachers and teacher aides are keen to help and we are learning to guide them. It is a good opportunity to learn and experiment together as an education team.

We have noticed increases in peer-peer interactions, participation in group activities, initiation, and awareness of others and the environment. Students are more ready to engage with us and each other. We are really looking forward to where this will take us all!

# Efficacy of Intensive Intervention for Pre-School Children with Speech Sound Disorders

WORDS: JOANNE RICHARDSON, SLT Early Intervention

*“Research is growing and demonstrating positive outcomes for intervening early, and intervening as intensively as possible.”*

While carrying out post-graduate study I looked at differential diagnosis and recognition of early indicators for speech sound disorders (SSDs) and childhood apraxia of speech (CAS) in very young children.

I eventually drew up an Evidence Based Literature Review examining the efficacy of intensive intervention for pre-school children with speech disorders, including those under three years of age.

An initial difficulty is that despite the evidence of prevalence of Speech Language & Communication Needs (SLCNs), the diagnosis of SSDs and CAS in pre-school children is not exact. As SLTs know, this is because diagnosis cannot be confirmed in children until around school-age, and can only be provisional in those aged under 3, when communication skills and language are the priority.

Then there is need for more evidence that, given the provisional nature of a diagnosis, specific assessment and intervention for toddlers and pre-schoolers is advisable. There are a number of reviews, evaluative studies, case studies, and qualitative studies, particularly on early language intervention, for children under five or six years of age; however, few quantitative studies and few studying under three years of age. Despite the limited historical evidence into efficacy of interventions, in recent years research is growing and demonstrating positive outcomes for intervening early, and intervening as intensively as possible.

Children with delays will develop with no or general support. Children with disorders require specific support. This group has singular needs with considerable negative impact on education

and life if those needs are not addressed. The term ‘intervention’ can encompass many forms of support including therapy, advice and guidance, parent or teacher training, individual work, group work, in-class or centre programmes, and other models. International and NZ guidelines (from employing bodies and professional associations) informed by this research recommend culturally sensitive interventions with parent engagement beginning as soon as a difficulty is apparent, and use of a range of interventions which may include individual therapy.

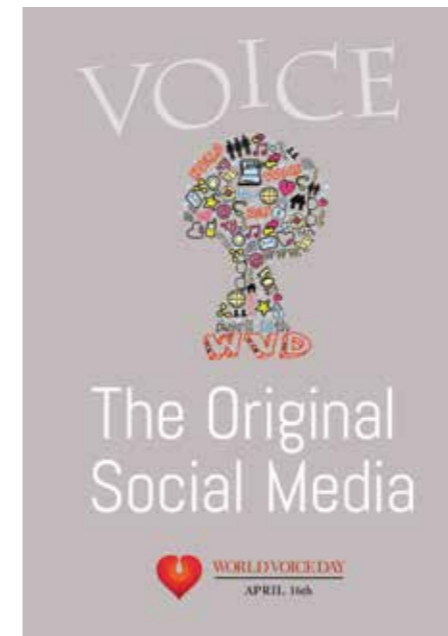
Outside the scope of my review, I do not see any conflict between any of the models of intervention; however, careful decisions and intensity are key. Decisions are affected by the skills and knowledge of each family. Generally however, we need to see clients more frequently and effectively in order to have an impact on their lives.

My review also considered the economics of early intervention for pre-school children with SSDs and CAS in a climate where referral rates outweigh the ability of services to provide, and cost is a key consideration governing support or treatment decisions made by employing agencies. This often results in services that are more advisory and less individually targeted. There is need for evidence that service provided has both efficacy and cost effectiveness. I found evidence for the need to support funders and managers in understanding the impact of decisions influenced by cost, workload or employer policy on outcomes for children.

If you are interested in my references, more detail on my research, or debate on this topic, I’d love to hear from you: [Joanne.richardson@paradise.net.nz](mailto:Joanne.richardson@paradise.net.nz)

# World Voice Day – 16th April

WORDS: SYLVIA LEÃO (Speech Language Therapist, PhD candidate, Research Assistant and Guest Lecturer – Speech Science, The University of Auckland)



WORLD VOICE DAY IS JUST AROUND THE CORNER - LET'S PROMOTE THIS DAY!

The global celebration of WVD aims to show the general public that voice matters. The 2015 motto is 'VOICE, The Original Social Media'. The WVD strategy is “to arrange a global celebration in terms of an impressive multitude of voice and vocal events on April 16, 2015 in as many countries as possible, from New Zealand all the way to America and Hawaii” (WVD, 2015). In recognising the significance of the global WVD celebration, we, as SLTs and health professionals, should also take the responsibility to inform the community about the importance of having a healthy voice and possible risks of having a voice problem.

Several events will take place around the world. In NZ, in 2013 we had two events, in 2014 we had five activities and we hope this number will increase this year! The challenge is to mark the WVD celebration in NZ in 2015 (and following years) in a big way. It would be wonderful if you could organise any activity at your clinic/school/hospital/university/public places. It does not need to be a big event, just some activity to celebrate the importance of the voice.

A variety of voice-related activities can be organised such as an open house at the clinic with free voice screening, seminars (e.g. on vocal hygiene, voice education, singing voice), a voice

booth in a public area, distribution of pamphlets with voice care tips, quizzes, making a Youtube video, vocal performances in universities and other public areas (e.g. choral and/or solo concerts performed by students or professionals), open rehearsals, radio and/or TV interviews, or any other voice-related event (be creative!). These events can occur on any day during April, it does not need to be on the 16th. The benefits of this campaign are not solely observed in the community, this promotes the profession in different areas of voice. If you do not have time to organise anything for this year, it would be great if you think about an activity for 2016!

Please contact Sylvia Leão ([s.leao@auckland.ac.nz](mailto:s.leao@auckland.ac.nz)), NZ WVD national coordinator, to report an activity you are planning so it can be announced on the WVD webpage. Alternatively, you can also fill out the form directly on the WVD website, but please report it to Sylvia as well. Further information is available on the WVD website: <http://world-voice-day.org/>

Let's celebrate the voice phenomenon and raise population awareness regarding vocal health!





*“When you can’t find the PD opportunity you’re looking for, create it!”*

# Making it happen

THE BEGINNER’S GUIDE TO CREATING PD OPPORTUNITIES NEAR YOU

WORDS: LIBBY COATES AND NAOMI SEOW



A hearty discussion about psycholinguistics at our local aphasia SIG, where we all realised this was an area we knew a little about, but probably not as much as we should, was the starting point for the Impairment Based Aphasia Therapy workshop held in Wellington in September of last year.

Though we had all received teaching on this subject in our undergraduate programmes, all of us agreed that in many ways this subject can only be understood and applied with sufficient depth after a therapist has had time to see aphasia in the flesh – to get a feel for what a semantic or phonemic paraphasia actually looks like, and to be able to appreciate the subtleties of where dyspraxia of speech ends and a phonological language breakdown begins.

Whilst there is often education available on new innovations, and developing practices in our field, it was clear that there was a lack of this sort of highly specific, targeted teaching about a core skill here in NZ, and so we set to work organising our workshop. This followed recent initiatives and learning from within our department to provide PD to a specialised group – such as the Paediatric Dysphagia Study Day and the Head and Neck Study Day, both held in Wellington. We knew this session would need to be cost-effective, and easy to access for clinicians all over the country.

Naomi had had the pleasure of being lectured by Associate Professor Libby Cardell during her undergraduate training in Brisbane, and had attended a workshop similar to the one we

were looking to run during her time working in Queensland. As with most academics in our profession, Libby was only too happy to hop across the Tasman to share her knowledge with our eager audience. Splitting the two days across a Friday/Saturday both made it easier for Libby to attend, and meant applying for study leave was an easier sell for many clinicians. We were able to offer an early bird registration price of just \$200, providing excellent value for money, and again helping plead the case to employers in DHBs where financial constraints continue to be a challenge.

There were a couple of initial hurdles, namely ensuring the workshop wouldn't clash with other PD events on the NZSTA calendar in order to maximise attendance, and working out the logistics of how we would process both in-coming and outgoing payments (in an organisation as large as our DHB this is no mean feat!). For a couple of Speech-Language Therapists, entering the world of accounting (figuring out the costing, working out hypotheticals of numbers we might be able to attract, and how many people we would need to register in order to break even) was a drastic departure from our usual daily dalliances in the physiology of swallowing and the subtleties of sentence construction, and in this area the support of Murray from accounts became invaluable.

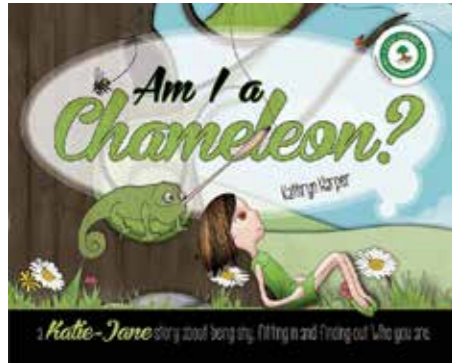
Once the registrations began rolling in however, we were on easy street to the finish line, and we reached capacity with 46 therapists attending. While there were a few small housekeeping changes we would make in the future, the general feedback was that this was an easily accessible workshop that provided great value for money, with a truly expert lecturer with a clear passion for teaching. I know my practice for this population has drastically changed since September, and I have no doubt my patients are better off for it.

It was a liberating experience being surrounded by a room full of SLTs willing to acknowledge that we don't know enough about an aspect of our profession that is considered to be our bread and butter, and passionate about extending their knowledge to provide a better service to their patients and clients. Following feedback from this session, we are now looking to offer a future series of workshops where we go back to basics for some core elements of our work. At this stage we are planning for a biennial programme, so stay tuned for 2016.

All in all the workshop was a relatively straightforward, super cost-effective, and completely enjoyable experience that we would highly recommend. For anyone working clinically and seeing a gap in your education needs we would suggest you consider whether you can orchestrate something similar – and we're only too happy to help answer any logistical questions if your accounting team lacks a Murray.

## TOP TIPS:

- When you can't find the PD opportunity you're looking for, create it! Chances are there are others who are in search of the same thing.
- Our profession is full of exceptionally talented and generous teachers who are happy to share their knowledge – where there is a need, they will come!
- Find someone in your accounting team who can help you with the financial aspects
- Don't forget to factor in a good contingency – you don't want to run the risk of having to cancel a workshop because you forgot to factor in GST to your budget (trust us on this one!)
- Contact Libby or Naomi for assistance: libby.coates@ccdhb.org.nz, or Naomi.seow@ccdhb.org.nz



## The Katie-Jane series

A TRIO OF STORIES FOR CHILDREN TO ENCOURAGE SELF-BELIEF AND PERSONAL POWER

**WORDS:** SUSAN HELMORE, Speech Language Therapist, Communicate Speech Language Therapy

The Katie-Jane series is a trio of incredible stories for children to encourage self-belief and personal power. They are written by Kathryn Harper, mother of two, who was a selective mute for many years. Her journey through daily struggles of being understood and expressing herself have culminated in her wish to help children understand important aspects of childhood that can often be overlooked or misinterpreted.

Kathryn's first story 'Am I a Chameleon?' is about fitting in and finding out who you are. Her second book 'Have you seen my Tail?' is about embracing change, and her most recent and third book in a series of six is 'The Cat Got My Tongue'. Katie-

Jane finds herself speechless when asked a question in class, and she wonders if maybe the cat took her tongue. She goes on an adventure, amazingly illustrated by Kathryn with beautiful colours and detail, to understand what this means. She meets a rabbit, a hive of bees, and a bird who, she realizes, each communicate in different ways.

These books would be ideal for helping children understand more about feelings and communication. They would be a useful resource for Paediatric Speech Language Therapists to share with parents and teachers. To find out more about Katie-Jane and Kathryn Harper visit [www.kathrynharper.net](http://www.kathrynharper.net)

## Tongue Thrust

INFORMAL ASSESSMENT AND REMEDIATION PROGRAM - MARIA DEL DUCA, M.S. CCC-SLP

**WORDS:** KAREN BLUNDELL, Speech and Language Therapist, MRCSLT, MNZSTA

A 17 year old female called A was referred by her mother, with tongue thrust which was identified by the orthodontist when A sought treatment to have her front teeth re-aligned. The orthodontist stated that she needed input from a Speech and Language Therapist to teach her the correct tongue position prior to considering orthodontic treatment: until her tongue thrust is resolved, orthodontic treatment will not be successful as any work the fitted appliance will do would be undone.

Having never worked with tongue thrust per se, I researched the internet and discovered Maria Del Duca's Tongue Thrust Informal Assessment and Remediation Program. This is instantly downloadable and costs \$20 USD (\$26.72 NZD approx) [www.communicationstationspeech.com](http://www.communicationstationspeech.com)

### POSITIVES OF THE ASSESSMENT AND PROGRAM

- Assessment protocol is easy to understand and follow
- Assessment questionnaire is quick and user friendly
- The 5-session remediation program is straightforward to implement
- Weekly homework tasks are included

### NEGATIVES OF THE ASSESSMENT AND PROGRAM

- Assessor needs to provide the materials for the oral Dysphagia section of the assessment. However, the materials required are listed.
- Assessor needs to provide the picture/word stimuli to observe client's production of velars, alveolars, fricatives and affricates.
- Therapist needs to be familiar and confident with delivering the program.
- Client has to be able to achieve the exercises worked on before the next one can be introduced.

Overall, I would rate this off the shelf program as 9/10. My client is half way through the program and is more aware of where her tongue should be at rest. She is remembering to produce alveolar consonants in the correct position and her speech is sounding less dentalized.



## Area Updates from Summer 2014

### NORTHLAND AREA

Vacancy

### AUCKLAND AREA

#### Fern Jones

- Kia Ora, we had a fantastic start to the year with a very successful area meeting back in February. It was fantastic to see so many members again and enjoy the great discussion around the CPD log and assessment – formal Vs informal.
- Thank you to all the area members who completed the survey monkey around times and locations of meetings. It has been really helpful to try and accommodate the need of as many people as possible.
- Talking Trouble Aotearoa NZ are planning to launch a SIG for those interested in vulnerable children and young people with behavioural difficulties or involved with the law. This is an exciting and developing area in SLT, it will be great to hear about updates from the SIG.
- Auckland University students have offered to share some research they are carrying out at the next area meeting as a topic of discussion.

- Brain Day is taking place on 28 March, which looks to cover a wide range of exciting and interesting research. The theme is “Your life, your brain”. There is also a Centre for Brain Research seminar at Grafton Campus, Auckland University focussing on “Singing medicine: sharing best practice in the field of arts in the health care setting” on 2 April.

### CANTERBURY/WESTLAND AREA

#### Megan Chinnery

- Regional meetings continue to be well supported which is fantastic! For the Summer area meeting we trialed a lunch time meeting, it was very well attended. We will continue to have lunch time meetings alternating with breakfast meetings to continue to engage with as many therapists as possible.
- Local SLTs are looking forward to the NZSTA Professional Development Symposium in June this year being held in Christchurch.
- Pariya Behnami will be going on parental leave shortly.
- The Southern Cochlear Implant Programme (based in Christchurch) has opened a second clinic in Wellington where 2 SLTs are now based.

### CENTRAL AREA

#### Emma Irvine

- There was record attendance at the most recent Area meeting.
- Central Area welcomes Marja Steur to its region – now living in Palmerston North.
- Palmerston North Hospital – now practising FEES on each other.
- Palmerston North Ministry of Education – have a new Acting District Manager. Welcome two new staff members.
- Hawkes Bay – Congratulations to Alicia who got married this month.
- Gisborne Ministry of Education – Pleased to have a team leader who is a SLT by trade. Currently doing LLI training
- New Plymouth – Just getting on top of everything after a busy end of 2014.
- Wanganui Hospital – welcomes Ashleigh Cave to the team.
- All areas appear to be fully staffed, are having a somewhat quiet start to the new year and are business as usual

### WAIKATO-BAY OF PLENTY AREA

#### Hazel Gray

- Kaka St Special School have a new SLT assistant; she was trained as a teacher aide and is proficient in NZ Sign Language.

- Cough reflex training has been rolled out in Tauranga Hospital as a new standard for stroke dysphagia screen for nurses in the acute stroke unit.
- Position created at Gisborne Hospital for a new SLT, Brooke Hamilton.

### WELLINGTON AREA

#### Libby Coates

- The arrival of Cyclone Pam outside my office as I type this suggests that Summer is officially drawing to a close!
- This quarter was a busy one for PD in our region, with many members attending things both locally and overseas – including some therapists accessing PD in the States via online resources.
- We are sad to farewell Gay Williamson from NZSTA membership this quarter. Gay has been a stalwart of the Association and an active contributor during her long career as an SLT here in Wellington. We wish her all the best in her retirement.
- This is my last quarter as Area Rep, as my three-year term comes to a close and I make way for some fresh energy and enthusiasm in the AR space. Stay tuned to the next edition of CM to meet your new Wellington/Nelson Representative.

# Prevalence of different types of speech, language and communication disorders and speech pathology services in Australia

COMMUNITY AFFAIRS REFERENCES COMMITTEE - SENATE INQUIRY REPORT - 2014

**WORDS: MARJA STEUR ON BEHALF OF EC**

This inquiry highlights significant benefits to both the individual and society from early intervention of speech and language disorders. It also highlights the costs to the individual and to society from delays in intervention and failure to treat conditions.

On both fronts—the benefits and the costs—the evidence that the committee has gathered during this inquiry is compelling.

It is the first time that a federal parliamentary committee has focused on the issue of the availability and adequacy of speech pathology services in Australia. Speech Pathology Australia

proposed this inquiry in 2011.

The report is based on submissions, public hearings, and site visits. It concludes with a number of recommendations.

## What are the implications for NZ?

The NZSTA Executive Council is seeking members to review this report and comment on the implications for NZ. Please contact Annette Rotherham [communications@speechtherapy.org.nz](mailto:communications@speechtherapy.org.nz). The full report is available from [www.apf.gov.au/senate\\_ca](http://www.apf.gov.au/senate_ca) or email Marja to request a copy.



## Annette Rotherham – Communications

[communications@speechtherapy.org.nz](mailto:communications@speechtherapy.org.nz)

WELCOME TO 2015. I HOPE YOU ALL HAVE BEEN BASKING IN THE GLORIOUS SUNSHINE AND TRYING TO KEEP YOUR GARDENS FROM SIZZLING AWAY TO NOTHING.

This year promises to be a busy one and we look forward to catching up with members in Christchurch for the NZSTA Professional Development Event and AGM in June (11-12).

**The International Communication Project** will continue in 2015 and beyond. In 2014, the goal was around raising awareness and advocating for people with communication disabilities. This year, the international strategic committee have been having monthly teleconferences with the aim to define the goal of the project going forward and to define realistic activities in participating countries that will continue to raise awareness and bring a focus to service providers of the importance of communication disability. The current overarching goal for the ICP is to “Ensure global health policy explicitly recognises, covers, informs, and addresses communication disabilities”. The ICP strategic committee are currently looking into developing a one-page position statement to use with international organisations such as WHO to achieve this goal in international policies. Within our own countries it is hoped that awareness activities will continue and in particular we want to highlight the work that our own kiwi SLTs have carried out in developing

countries. It has been excellent to have some of these stories shared in Communication Matters over the past 12 months. You may hear from me to participate in an ICP flavoured stand at the June PD event.

**Awareness Week 2015** will occur in September (14-19).

The theme this year will be “Access for All”. It may be idealistic, but we want to raise the point that there is a wide need for services for people with communication and swallowing disabilities, all ages, all cultures, and genders. Communication and swallowing are life essentials. I urge you to start to think about clients who may have an interesting or pertinent story for the media, ideas for activities and ways to raise the profile of the profession.

It is with some sadness that I wish Susan McDonald farewell from Christchurch. She is looking to move to Central Otago and start a new career with a more spiritual flare. I have tremendous admiration for Susan as a clinician and mentor. She has been a wonderful resource and has always contributed widely to networking with NZSTA members in Canterbury. She leaves a legacy with the “Cantabrainers” choir that she co-founded. It has taken off with great gusto. So thank you Susan for all you have contributed to our profession in Canterbury and the people whose lives you have touched.

Annette Rotherham

## Events

### APRIL

*Friendship and Aphasia. Two one-day workshops with Carole Pound: 23-24 April 2015, Christchurch*

*23 April: for people with aphasia and their families*

*24 April: for health professionals and SLT students:*

*Relationship focused intervention*

#### Contacts

Emma Castle (AphasiaNZ Charitable Trust) 0508 274 274 or [info@aphasia.org.nz](mailto:info@aphasia.org.nz)

Annette Rotherham at [Annette.Rotherham@cdhb.health.nz](mailto:Annette.Rotherham@cdhb.health.nz)

To register: <http://aphasiaworkshop.weebly.com>

### MAY

*‘Stroke Rehab: From No-Tech to Go-Tech’: 10-12 May 2015, Christchurch. [www.science.canterbury.ac.nz/stroke-rehab/](http://www.science.canterbury.ac.nz/stroke-rehab/)*

### JUNE

*NZSTA Professional Development Symposium: 11-12 June 2015, Christchurch.*

*The AGM will be at lunchtime on Friday the 12th.*

Register on the website [www.speechtherapy.org.nz/conference-registration/](http://www.speechtherapy.org.nz/conference-registration/)

### AUGUST

*National Allied Health Assistant Conference: 6-7 August 2015, Christchurch*

[www.sialliance.health.nz/our-priorities/regional-training-hub/ahaconference2015/](http://www.sialliance.health.nz/our-priorities/regional-training-hub/ahaconference2015/)

### OCTOBER

*Asia Pacific Conference of Speech, Language and Hearing 2015 (APCSLH 2015) 9-11 October 2015, Guangzhou, China.*

[www.apsslh.org](http://www.apsslh.org)

*68th Annual General & Scientific Meeting of the New Zealand Society of Otolaryngology Head & Neck Surgery: 20 – 23*

*October 2015, Nelson, NZ.*

[www.orl2015.org.nz](http://www.orl2015.org.nz)



## Karen Brewer – Maori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

### TĒNĀ KOUTOU KATOĀ. NGĀ MIHI NUI.

As I write this we have just had the first meeting of the group set up to support the Māori and Cultural Development portfolio. The main focus of this group is biculturalism and cultural safety within the NZSTA and the SLT profession in New Zealand. Discussions at our first meeting included the need to focus on reducing SLTs' fears related to Te Tiriti o Waitangi, practices and meeting cultural needs. Our focus should not be on protocols and what to do or not do, but on being aware and working holistically. The group is in the process of coming up with a name, defining our vision and purpose, and planning how to move forward. We will introduce ourselves and our plan in a later edition of Communication Matters. I am very grateful to Isla Emery-Whittington (OT) and Waimirangi Andrews (SLT) who helped me set up the group and to Waimirangi for facilitating the first meeting. Thank you also to everyone who has shown interest in this group and the 10 SLTs who have come on board.

I'd like to use the rest of this column for a quote from Professor Claire Penn, an SLT in South Africa. Professor Penn is director of The Health Communication Research Unit at University of the Witwatersrand in Johannesburg. This multidisciplinary research group is concerned with the unique challenges of cross-cultural, cross-linguistic communication in health care contexts and the provision of culturally and linguistically appropriate services.

#### Professor Penn wrote:

An understanding of cultural diversity and flexibility is an asset and strength in this modern world. It helps us to challenge traditional methods of service delivery and to interrogate the relevance of our own approaches and explanations, even with monolingual individuals. It has the potential to generate new multidisciplinary directions and should ideally be always guided by the principle of cultural safety. Cultural competence is not a discrete endpoint, but a lifelong process framed by attitudes of humility and reflexivity or an understanding of one's own values and beliefs, attitudes, prejudices and awareness of the differences in power and privilege and the inequities that are embedded in social relationships (p.303)

I look forward to some discussions on topics such as this at the PD event in Christchurch in June.

Ngā mihi nui  
Karen

#### References:

The Health Communication Research Unit: [http://www.wits.ac.za/academic/humanities/umthombo/emthonjenicentre/ecprojects/7551/health\\_communication\\_project.html](http://www.wits.ac.za/academic/humanities/umthombo/emthonjenicentre/ecprojects/7551/health_communication_project.html)  
Penn, C. (2012). Towards Cultural Aphasiology: Contextual Models of Service Delivery in Aphasia. In M. R. Gitterman, & M. Goral (Eds.), *Communication Disorders Across Languages, Volume 8: Aspects of Multilingual Aphasia* (pp. 292-306). Clevedon, GBR: Multilingual Matters.



## Jodi White – Member Networks

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### HELLO TO EVERYONE

I hope you have all enjoyed the summer period and were able to take some well deserved time off. In the lead up to the upcoming AGM on June 12 there will be a number of calls for nominations to various Area Rep positions including Northland (currently vacant), Wellington, and Otago/Southland. If you have interest in any of these positions or would like to find out more please feel free to contact either myself (membernetworks@speechtherapy.org.nz) or your local rep if you have one.

Being an Area Rep provides great opportunities to develop networks with other SLTs in your region and to find out more about how NZSTA works behind the scenes.

We have had a number of queries about the new Return to Practice Guideline and Provisional Member New Graduate Guideline. I am happy to report that these documents are in the final stages of review and should be available for discussion by the time of your next area meeting. Once you have had an opportunity to read these I will be happy to answer any further questions.

Please keep up the questions that you bring to area meetings, we take all questions seriously and attempt to respond to each. The responses can be found on the NZSTA website under the area meetings headline once we have had a chance to formulate our response and have these uploaded.

I hope to see many of you at the upcoming Professional Development Symposium in Christchurch in June.

All the best  
Jodi



## Philippa Friary – Professional Development

professionaldevelopment@speechtherapy.org.nz

With 2015 well and truly under way, how are you getting on with those New Year's resolutions? What goals have you set yourself for this year? To take on a leadership role at work or with the association? To consider further study, or a new job? Or maybe, to have more balance in your life? Having recently moved house out to West Auckland and into the bush, I now have a slightly longer commute. I have just this week swapped the radio for podcasts. They are not only free and informative but it feels like I am creating some space to learn and think. I recommend downloading the series of podcasts titled 'Women's Leadership' with Sabrina Braham. Reawaken the leader within you.

### NZSTA Professional Development Symposium 11 & 12 June 2015 Christchurch

The NZSTA Professional Development Symposium will be on 11 & 12 June 2015 at The Chateau on the Park in Christchurch. Our two keynotes will be Prof Gail Gillon, College of Education, University of Canterbury, and Stella Ward, Executive Director of Allied Health, CDHB and WCDHB. With over 25 presentations that promise to be inspiring and challenging, this is building into a great two days. Visit the website to register <http://www.speechtherapy.org.nz/conference-registration/>

### Expert Advisor Role

The role of these Expert Advisors to the NZSTA is to represent the Association and its membership on matters of a professional and clinical nature related to their area of expertise. We are interested in nominations for child speech and language, and adult speech and language. If you or your colleague would be suitable for this role, please send through a nomination form and CV. Refer to our website for further details <http://www.speechtherapy.org.nz/page/info-for-slts/expert-advisor-info/>

### CPD Audit

Thank you for your emails regarding the framework and the discussions at the AR meetings. Please continue to send these through as it helps us update our information. The next 10% of members to be audited will be contacted via email in April. Remember that you should all be working with the new online framework for all your 2014 and 2015 CPD activity.

### Online CPD Opportunities for NZSTA Members

The NZSTA has partnered with CLAD (Collaborative Learning and Development Services) to enable easy access for NZSTA members to ongoing professional development. Content for the online courses is collated by a facilitator and sent to CLAD who create this into an online course for members to access.

The Expert Advisors to the NZSTA are creating the first online courses. These will soon be available to NZSTA members at a nominal cost. Members are able to visit the CLAD website, create an account and then start browsing the courses available. NZSTA members are able to purchase and access all courses on this site, not just speech-language therapy specific courses.

<http://www.clad.co.nz/online-cpd-2/>

If you know of a topic you would like a course on, or a facilitator you would like to nominate to compile a course, or if you would like to compile your own course, please let me know.

### NZSTA Awards and Grants

Refer to the website for details and closing dates. These will all be awarded at the NZSTA Professional Development Symposium in June 2015.

@PhilippaFriary

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### SUBMISSION DEADLINES FOR COMMUNICATION MATTERS

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New Zealand  
Speech-language  
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