Communication Matters

Confidence
Experience
Pressure
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Interprofessional Health Team Challenge
Early Feeding Interactions
Optimising Community SLT Waiting Times
The Vulnerable Children Act

New Zealand Speech-language Therapists’ Association
Te Kāhui Kaiwhakatikatika Reo Kārera o Aotearoa
The end of the year is nearly here. I am sure some of you have already finalised your holiday plans—or are close to doing so—and hope that you’ll all have a fun and relaxing time over the summer break in preparation for a fruitful 2016.

I would like to take this opportunity to thank all the contributors to Communication Matters for sharing their experiences, knowledge, and insights, and also the members of the Executive Council for the great support they have provided while putting together the magazine.

In this issue, we have some wonderful contributions from our Speech-language Therapy students: Caroline Bartholomew shares her inspiring experiences of learning about what it’s like to be a paediatric Speech-language Therapist at Starship Children’s Hospital (p. 7), and Felicity Johnston and Novita Stokes tell us about taking part in the Interprofessional Health Team Challenge (p. 4). It is great to hear about the increasing collaboration across healthcare disciplines, as well as the diverse range of healthcare models—especially Māori models of health—employed by the teams. Congratulations to the University of Auckland Paddlers team, the overall winner of the challenge.

Congratulations are also in order for the recipients of the NZSTA Awards and Grants (p. 9). These awards highlight some of the fantastic Speech-language Therapy work that goes on around the country, both in clinical practice and in research. Janelle Irvine from Stuttering Treatment and Research Trust (START) summarises the research for which START received the Marion Saunders award (p. 14).

Stella Karaman shares with us a summary of her research about mother-infant bonding and communicative development during early feeding interactions (pp. 12-13). This study is the result of both Stella’s hard work and the mothers involved generously giving their time to be interviewed.

Speech-language Therapists at Canterbury DHB are leading the way with an initiative to reduce waiting times; Jo Tipping and Annette Howard describe this initiative and its successes (p. 17). Other community healthcare disciplines are following in their footsteps and implementing initiatives to reduce their own waitlists.

The Vulnerable Children Act 2014 is important for those working with children and young people, and I have been pleased to notice a growing awareness of the legislation across a variety of disciplines. Rachel Patrick and Sally Kedge discuss the implications of this legislation for Speech-language Therapists (p. 16).

We also take a look at the history of Speech-language Therapy in New Zealand. Thanks to Marja Steur, we present a document from the NZSTA archives about the beginnings of Speech Therapy (as it was then known) in New Zealand (pp. 20-21). Their reminiscences about Speech-language Therapy training in 1965 remind us how much the profession has grown!
We are drawing near to the end of a productive year for the New Zealand Speech-language Therapists’ Association. From the discussions I have had at area meetings and at the Annual General Meeting, as well as what we see via our Social Media platforms, I know this has been a great year for our members too. I wish to start by saying thank you to the Executive Council members: Annette, Jodi, Karen, Claire, and Anna. It is a privilege to work alongside such wonderful women, who spend time away from family and friends to serve our membership, and who continue to craft the NZSTA into an even greater association. Thank you to our Area Reps and Student Reps, Expert Advisors, SIG Leaders, and the Conference Planning Committee for the hours you have volunteered to strengthen our association and create great opportunities for our members. Thank you to those who have been involved in working parties that have developed necessary association documents, and to Anne and the Programme Accreditation Committee, who work hard to ensure a robust accreditation process for our three universities’ programmes. This year has seen record numbers at area meetings and involved in NZSTA projects. We are an association for you, our members. The more members engage, the more complex needs, we are being challenged to think about the populations that may not be receiving the services they need.

My third highlight for 2015 has to be representing our members on the International Communication Project. This is a global advocacy project, where we sit alongside the Royal College of Speech & Language Therapists, the American Speech-Language-Hearing Association, Speech Pathology College of Speech & Language Therapists, the American Irish Association of Speech & Language Therapists, and work together on the following project aims:

• Increasing the understanding of communication disabilities amongst world health bodies and policy makers.
• Ensuring that future global health policy recognises and addresses communication disabilities and the vital issue of access to care.
• Strongening advocacy that engages key individuals, organisations, and events involved in world health policy.
• Increasing funding for local professional capacity building and training, especially in developing countries, to strengthen access to Speech-language Pathologists / Therapists, Audiologists, and Communication Health Providers.

For an update on this project, please visit http://www.internationalcommunicationproject.com/the-international-communication-project-an-update/ (or http://tx0.org/7u).

The Executive Council looks forward to launching our strategic plan ‘twenty twenty’ (2016-2020) in the new year.

Thank you to everyone who has provided input for this process. Whether this festive period finds you chilling; at the beach, or with a great book... enjoy, have fun, and go well.
Interprofessional Health Team Challenge

WORDS: FELICITY JOHNSTON AND NOVITA STOKES, MASTER OF SPEECH LANGUAGE THERAPY PRACTICE STUDENTS, THE UNIVERSITY OF AUCKLAND

“The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don’t play together, the club won’t be worth a dime.” --Babe Ruth

Five interprofessional health teams, made up of allied health students from different areas, worked together for a month on a clinical case, and then presented their interprofessional plan, and answered questions under pressure in front of an audience. Teams represented Christchurch and Waitakaruru DHB new graduates, and students from AUT University, Massey University, and The University of Auckland. We represented The University of Auckland Master of Speech Language Therapy Practice programme in two of the student teams.

The client for our case, Jessie, was a seven-year-old girl who fell off her bike, which unfortunately resulted in broken bones and a TBI. Our task was to collaborate with our team members from disciplines such as Nursing, Social Work, Clinical Psychology, Occupational Therapy, Physiotherapy, Medicine, and Pharmacy to create a management plan which covered both short and long term aspects. We had only five minutes to present this plan, so fitting in all points of view from all disciplines was a struggle at times. We were encouraged to be creative in how we presented, and some teams even came dressed as fairies.

Jessie and her family identified as Māori, and so we ensured that our management was culturally responsive to this. Many Māori models of health were used, such as Te Wheke and Te Moana. The role of Behaviour Support Specialists at Explore specialist Advice is to provide safety plans and behaviour support plans, and to advise clients, their families, and residential care facilities on ways of implementing Positive Behaviour Supports (PBS) to meet the needs of each individual client.

This competition gave us the opportunity to be exposed to the scope of practice of all the professions involved. It allowed us to understand how several professions can work together towards better outcomes for a patient. The question and answer session after the competition revealed how much everyone had benefited, and how this will help them become better professionals as they move into placements and new graduate roles.

We are often told about the importance of collaboration with other disciplines in graduate work. It is great that interprofessional education is becoming increasingly prevalent within clinical education. It is clear that even if you have the best and most experienced professionals in the world, without teamwork and collaboration, the efforts fall short.

It is well known that a person’s communication, or lack thereof, can significantly influence their behaviour towards others. Many clients with limited communication, regardless of the reason, can exhibit problem behaviours as a form of communication. Problem behaviours tend to persist as a means of communication because they will often get a response from others, which reinforces the behaviour. Therefore, when looking at reducing problem behaviours in both children and adults with limited communication, providing an appropriate means of communication is essential.

It is generally assumed that behaviour support advice is provided by those with a psychology background. However, many behaviour support providers are moving towards a multi-disciplinary approach by hiring specialists from a variety of backgrounds, such as Speech-language Therapy, Occupational Therapy, Social Work, as well as Service Managers from other disability sectors. The value of having a diverse team is that each team member’s background knowledge can be applied to meet the needs of each individual client.

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The underlying principles of PBS are similar to those of Applied Behaviour Analysis, and focus on the effects of antecedent stimuli on behaviour. PBS is designed to provide people with disabilities support through environmental and lifestyle adaptations, skill development, positive reinforcement for appropriate behaviour, and to promote independence. The goal of implementing PBS is to enhance individuals’ quality of life and to minimise problem behaviour.

Speech-language Therapists can provide valuable knowledge towards implementing PBS by providing strategies for enhancing communication between individuals with disabilities and their carers or support workers. If an individual with a disability has an effective way to communicate with others which results in the person having their needs met, then the need to use problem behaviours decreases. Speech-language Therapists are also able to assess the individual’s communication strengths and needs, and advise on appropriate forms of communication support.

Working in Behaviour Support provides Speech-language Therapists with the opportunity to broaden their skill base while continuing to use and develop their expertise in communication. It allows us to work across fields in a multi-disciplinary setting, to work closely with individuals and their families, and to make a difference in their overall quality of life.
Meet Your Expert Advisors

SIX OF THE NZSTA’S EXPERT ADVISORS WERE INTRODUCED IN THE PREVIOUS ISSUE OF COMMUNICATION MATTERS. IN THIS ISSUE, WE PRESENT TWO MORE EXPERT ADVISORS. WE WELCOME ANNETTE TO HER ROLE AS EXPERT ADVISOR FOR APHASIA.

TURID PETERS, PAEDIATRIC FEEDING AND DYSPHAGIA
Turid graduated from The University of Canterbury in the 1990s. Since graduation, she has worked primarily with children, including over a decade at Starship Children’s Hospital. While working at Starship, with roles including Practice Supervisor and acting Professional Leader, Turid developed her interests in Paediatric Dysphagia and Feeding, and in particular in growing this developing field in New Zealand. Presently living in Central Otago and working in a rural community setting, Turid remains committed to this field, and is working with Dr. Anna Miles on a number of research topics, as well as maintaining involvement in a variety of relevant groups associated with the field.

ANNETTE ROTHERHAM, APHASIA
Over the past 18 years, Annette has developed clinical skills in aphasia by gaining in-depth knowledge of the entire aphasia pathway, from acute hospital admission, through rehabilitation, to community re-integration. She is currently working as the Christchurch Aphasia Advisor for AphasiaNZ and in the Community Stroke Rehabilitation Service for Canterbury DHB. Annette has also formed the Aphasia SIG in Christchurch to enable clinicians to share research and case studies, and generally keep up to date in the area of aphasia. Over the past 18 years, Annette has developed clinical skills in aphasia by gaining in-depth knowledge of the entire aphasia pathway, from acute hospital admission, through rehabilitation, to community re-integration. She is currently working as the Christchurch Aphasia Advisor for AphasiaNZ and in the Community Stroke Rehabilitation Service for Canterbury DHB. Annette has also formed the Aphasia SIG in Christchurch to enable clinicians to share research and case studies, and generally keep up to date in the area of aphasia.

One Starship Afternoon:
Paediatric Speech-language Therapy at Starship Hospital

WORDS: CAROLINE BARTHOLOMEW, MASTER OF SPEECH LANGUAGE THERAPY PRACTICE STUDENT, THE UNIVERSITY OF AUCKLAND

Stepping into Starship Hospital is awe-inspiring. You get a feeling of rejuvenation when you see the colourful walls that spiral up to the skylights, which spill sunshine into the playground below.

The main aspects of Speech-language Therapy at Starship are dysphagia and communication. During our tour of the hospital, the cohesion within the entire team of medical and allied healthcare workers was evident, especially when Alex was discussing a client’s needs with a senior surgeon and a doctor. The team environment is very encouraging.

I was lucky enough to have permission from a family to observe one of the patients interacting with Alex. This experience motivated me to stop procrastinating and begin my Modified Barium Swallow Impairment Profile website study. I want to achieve a level of expertise where I can instantly assess a client’s swallow, just like these Speech-language Therapists can.

I would like to thank Madeleine Sands from the Child Development Team for passing my details on to Mandy, allowing me to organise this visit. Thank you to Mandy and Alex for taking the time to give me a tour of a ‘day in the life’ of a Starship paediatric Speech-language Therapist. The support that I continue to receive from The University of Auckland, as well as within the wider community of practising Speech-language Therapists is very encouraging, and endorses the fact that I have chosen the right career.

If you would like to know more about my enjoyable visit, please send me an email at cbar166@aucklanduni.ac.nz.
The very first New Zealand Aphasia Conference that was involved a wonderful collaborative effort from Danielle. Through Singing Finding a Voice and Social Connection interactive presentation focusing on recovery, and asked some big questions around her research into early stroke provided some incredible insights. Associate Professor Cathy Stinear keynote speakers. Neuroplasticity and these gigs.

An exceptional two days, and I left the Waipuna Conference Centre, was both people living with aphasia, and their families and friends. New Zealand: both people living with aphasia, and their families and friends. This year’s conference, held at the Waipuna Conference Centre, was an exceptional two days, and I left with a buzz from the atmosphere, and especially the sense of an audience who have experienced stroke had quite a lot of questions for her. A presentation by Dr. Amy Rodriguez from Atlanta, United States, followed Cathy’s and provided further research findings around intensity of rehabilitation and the principles of neuroplasticity. She highlighted a new therapy approach known as LIFT. This was followed by the story of a man form Dunedin who had participated in the LIFT programme and how he felt this had assisted him. The rest of the aphasia-friendly programme over the two days had presentations from people living with aphasia—everyday heroes who have overcome their disabilities. Richard Bird, aged 37, was a highlight, with his speech Exercising your Body, Exercising your Brain. Other speakers covered a wide range of topics, including the effect of aphasia on relationships, reconnecting with family and positive and funny tales. The calibre of presentations was high, as we now have Gavel clubs popping up all over the country, and a conference presentation which was a fantastic goal for many people with aphasia to work towards.

Day two started with a memorable, interactive presentation focusing on Finding a Voice and Social Connection Through Singing from Danielle Waterhouse and Alison Takahashi. This involved a wonderful collaborative effort from the Auckland and Christchurch neurological choir, with touching video footage and plenty of audience participation. I truly urge anyone working in the area of stroke and aphasia to attend one of these conferences in the future and to encourage your patients to go too. I promise that it will change not only your clinical practice, but your whole outlook as a therapist.

AphasiaNZ reconnected Conference 2015

Words: Annette Retherham

[Image]

NZSTA Award and Grant recipients for 2014

Words: Philippa Friary

Please join the Executive Council in congratulating the recipients of the following NZSTA Awards and Grants for 2014. These were awarded at the AGM in Christchurch in June, 2015.

Student Achievement Awards

For significant improvement and excellence in all areas of clinical practice.

The University of Auckland — Shrutir Morar, “for the significant progress, both clinical and professional, that [she has] made during this programme and how [she is] a strong ambassador for the speech-language therapy profession.”

Massey University — Ruth Polpaga, for her “excellent planning and time management skills. [Ruth] works well with families, patients and with the other members in her team. She has been a very valued member of our team.”

The University of Canterbury — Ruth Price, “for demonstrated strong clinical and academic skills across client groups and also has been proactive in seeking ongoing professional education and opportunities beyond her university professional preparation.”

The field educator award

For excellence in clinical education.

Claire-Ellen Roberts, Speech-language Therapist at Kimbledon School.

This award is sponsored by Stella Ward.

NZSTA funding grants

For support in professional study, clinical study, and / or research.

Stuttering treatment and research trust — to attend the International Fluency Association World Congress in Portugal in July 2015.

Jane Musgrave — to support dissemination of the initiative Success for all — Every school, every child to an international audience at the next Speech Pathology Australia conference in 2016.

The Sir Don Bevan Memorial Award

Given in the memory of Sir Don Bevan, for postgraduate study.

Sarah Davies, PhD student at The University of Canterbury — for her research project Examining factors which may reduce the incidence of aspiration pneumonia in patients with acute stroke and dysphagia.

The NZSTA research excellence award

This prestigious award was presented to Molly Kallesen for her research on the Recovery of cough following extubation after coronary artery bypass grafting: A prospective study. This award is generously sponsored by Stella Ward.

The marion Saunders excellence in speech-language therapy practice award

This award is open to all NZSTA members who have had a presentation accepted at the NZSTA professional development Symposium. The award is given every two years for an innovative project that has clinical or practice application and impact within the New Zealand context. This year, the Marion Saunders Trustees presented the Stuttering treatment and research trust with this award for their project Pilot mentoring programme for people who stutter by people who stutter.

To read more about research by the Stuttering Treatment and Research Trust, see p. 14.

For more information on the NZSTA Awards and Grants, and how you can be a potential award recipient for 2015, please visit the NZSTA website http://www.speechtherapy.org.nz/page/information-for-sites/awards/ (or http://nzo.org.nz/).
COMMUNICATION MATTERS
ISSUE 21

Area Updates

NORTHLAND AREA
Lucy Schumacher

- Lucy Schumacher has taken over as Northland Area Representative. Thanks to Brooklyn Davis who ran two meetings during the year while the position was vacant.
- The recent area meeting had good attendance from DHB, MOE, and private practice therapists.
- Eleanor Rubio has started at the DHB on a maternity leave contract.
- The Stroke Unit at Whangarei Hospital has expanded to 6-8 beds (up from four), which is providing improved service to patients.
- Successful Awareness Week activities were completed at Whangarei Hospital and Kindergartens, including a modified texture morning tea for hospital staff.

AUCKLAND AREA
Jessamy Amm

There was a fantastic turnout for the final Auckland Area meeting for 2015. We had a great discussion about Social Media, and how we can protect ourselves and our clients, as well as how we can utilise Social Media to promote our profession, raise awareness, and provide access to resources and information which can support our clients and their whānau.

- Members have sent several documents, guidelines, articles, and other resources to be reviewed by the Executive Council, who will discuss whether the NZSTA should produce a Social Media guidelines document.
- Members are keen to have access to video or audio conferencing options for area meetings in 2016.

WAIKATO / BAY OF PLENTY AREA
Hazel Gray

- There has been local-level agreement between the MOE and Bay of Plenty DHB regarding eating, drinking, and swallow safety—the template has been signed off for use. This guides the roles and responsibilities of Speech-language Therapists based at the DHB and MOE regarding dysphagia management in children under two and then beyond age two.
- Billie Hampton-Edwards has started at Kaka St Special School.
- Michele Cunningham is leaving her outpatient position at Waikato Hospital and is taking up a role in Nelson.
- Hazel Gray is leaving her outpatient / rehabilitation position at Tauranga Hospital and is going to London to locum.

CENTRAL AREA
Emma Irvine

Another wonderful attendance at this quarter’s meeting. Plenty of members joined us at the Child Development Service in Palmerston North and we had a large number contribute via teleconference.

- Members were busy during Awareness Week with the Stewart Centre in Palmerston North having a silent morning tea where all who attended had to use AAC devices to communicate. Both Explore and Hawkes Bay DHB sent a daily quiz to all staff. Hawkes Bay DHB also presented at Grand Round on FEES and VFSS. Taranaki DHB held a modified diet afternoon tea for all their dysphagia-trained nurses, using trifle for minced moist, sponge for soft, biscuits for normal, and smoothies for thickened fluids—what a wonderful idea!
- All and all a fairly quiet quarter for most. Taranaki DHB has had two nebulisers arrive for cough reflex testing, and is hoping to start using them after Christmas. Wanganui Hospital therapists are heading to Wellington for training in cough reflex testing. There have been a few staffing changes across the district with a number of members due to go on maternity leave—we wish these members all the best with the safe arrival of the newest additions to their families!

CANTERBURY / WESTLAND AREA
Megan Chinnery

- The Cantabrainers Therapeutic Choir has its Christmas Concert on December 16th at 10am at the Hohepa Hall, 23 Barrington Street, Beckenham, Christchurch. Entry $10 per person.
- The AAC SIG has been meeting each term with good attendance. We have discussed all matters AAC and are currently looking at encouraging the use of AAC in the playground.
- Kirsten Drayton has joined the Burwood Hospital team.
- Sach Summerlee and Emma Daly have joined the Christchurch Public Hospital team.
- It was great to have lots of Bachelors and Masters students on placement in the region and attending the area meeting.

OTAGO / SOUTHLAND AREA
Eleanor Jackson

- Sharon Collins has left Dunedin and has taken up a position in Auckland. She has therefore stepped down from her role as joint Area Representative for Otago / Southland.
- We welcome to the area Shannon Emerson, who is working part-time for Shout SLT in Invercargill.
- MOE Dunedin has hired two new graduates to commence work in the new year; they will replace two therapists who are both moving overseas.
- We trialled the use of Skype at the Spring area meeting in the hope of better audio quality for the members in Invercargill and Central Otago who join the meetings by teleconference. This was a great success and we will continue to use Skype for future meetings!
Describing the Lived Experiences of Mothers Interacting with their Infant

Early feeding interactions are important for communication skills to develop in infants, and for caregivers and infants to bond (Ainsworth, 1969; Hodgins, Hughes, Hopkinson, & Fisher, 2008). Bonding is not simply a consequence of the act of feeding and of providing nutrition and nutrition; rather, the way these acts are carried out has an influence on development (World Health Organisation, 2004). Shin, Park, Ryu, and Seo mun (2008) listed positive and negative factors affecting infant development: Social influence on development (World Health Organisation, 2004). Shin, Park, Ryu, and Seo mun (2008) listed positive and negative factors affecting infant development: Social support, maternal-infant attachment, and high self-esteem were listed as positive factors, while maternal depression, stress, and anxiety had negative impacts.

Mothers are typically acutely aware of the importance of providing the nourishment needed for their infant to grow and flourish, and this knowledge influences early interactions with their infant (Franklin & Rodger, 2005; Jordan et al., 2014). Parents of premature infants may feel anxious and concerned about the growth and weight gain of their children, which adds stressors to the feeding relationship and to the mother-infant bond (Franklin & Rodger, 2003; Jordan et al., 2014). The risk of “growth failure in infancy” (World Health Organisation, 2012, p. 17) adds pressure to parents of preterm infants to provide the right amount of food for the healthy development of their premature baby. With these added stressors, a mother’s ability to respond to her infant’s communicative attempts may be altered (Franklin & Rodger, 2003). Researchers into early mother-infant interactions and its impact on later development have focussed on analysis of these interactions (Forcada-Guex, Pierrehumbert, Borghini, Moesinger, & Muller-Nix, 2006; Hodges et al., 2008). However, there have been few studies involving preterm infants, and fewer have included either infants with significant feeding difficulties, or mothers’ experiences of their own responsiveness to such infants (Amankwaa, Pickler, & Boonmé, 2007; Hodges et al., 2008). It takes a village to raise a child.

References


Pilot Mentoring Programme for People Who Stutter

WORDS: JANELLE IRVINE, MANAGER / SPEECH LANGUAGE THERAPIST, STUTTERING TREATMENT AND RESEARCH TRUST

Stuttering Treatment and Research Trust (START) is delighted to have received the Marion Saunders Award for our Pilot Mentoring Programme for People Who Stutter (PWS). It is well recognised that the psychosocial aspects of stuttering are as important as speech itself. Stuttering can negatively impact self-esteem, reduce educational opportunities, and limit occupational progress. Research suggests that people who stutter have lower levels of social support than others (Blumgart, Tran, & Craig, 2014).

Being aware that many of our adult clients would benefit from a supportive learning relationship, we joined forces with Wendy Baker from the New Zealand Coaching and Mentoring Centre to develop a programme specific to PWS. The START Mentoring Programme was created in early 2014.

As this is a new concept with limited clinical evidence, we established a pilot project to monitor and review the effectiveness and potential benefits of a mentoring relationship for six pairs of people who stutter. The people mentored were all males in their 20s who were at transition points in their lives. The mentors were all older males who were identified as having lived well with their stutter. The mentoring pairs met every 3–4 weeks over a six-month period in the second half of 2014, and used their sessions to discuss a range of topics, including leadership and goal setting.

One donor voice may Quesal, 2001), was recorded by the six recipients of mentoring over a six-month period in the second half of 2014, and used their sessions to discuss a range of topics, including leadership and goal setting. "Semi-structured interviews and three questionnaires—Overall Assessment of Speaker’s Experience of Stuttering (OASES; Yaruss & Quesal, 2001), Locus of Control of Behaviour Scale (LCB; Craig, Franklin, & Andrews, 1984), and New General Self-Efficacy Scale (NGSE; Chen, Gully, & Eden, 2001)—were completed by the six recipients of mentoring before and after the mentoring period. Although not yielding statistically significant results, the data collected from each of the questionnaires showed that the participants experienced a changed perspective on stuttering. Further research is warranted.

The current 2015 Mentoring Programme has eight pairs of PWS and will finish at the end of this year. START plans to present the results of this year’s programme at the 2016 NZSTA Conference. References


Voice Banking

WORDS: JACKIE HANCOCK, SPEECH-LANGUAGE THERAPIST, TALKLINK TRUST

WHAT IS VOICE BANKING?

Voice banking is the recording of one’s natural voice for the possibility of eventually losing the use of one’s voice. These recordings are then used in a speech-generating device or computer programme so that the user can communicate using their own voice. A donor voice involves someone recording their voice and donating these recordings to be used by someone else. Ideally, the donor is a person of a similar demographic group to the intended user of the voice, but not a family member or close friend.

One of the key benefits of voice banking is being able to use a natural, rather than computer-generated voice with speech-generating communication device.

TYPES OF VOICE BANKING

Currently, when we talk about voice banking, we are generally referring to phrase banking. This is the most commonly encountered type of voice banking. When doing phrase banking, you think of particular phrases you may wish to say in the future—such as ‘I love you’—and record them in their entirety for later use with a communication app or programme.

With advances in technology, other voice banking options are now starting to surface, including phonemic banking, which is very similar to phrase banking as ModelTalker, ModelTalker, which is still in its infancy, is designed to allow a person to use their own voice (or a donor voice) for all speech within a communication app. This is achieved by collecting a large speech sample, consisting of 1600 sentences, and then adding each phrase to the bank to develop a complete, individualised voice. At this stage in development, ModelTalker has limited applications and the whole process is time-intensive.

Phonemic banking is therefore not routinely recommended while the technology is still being developed. Predictable 4 and ChatAble 2 will be the first iOS apps to utilise ModelTalker voices for AAC.

VocalID is a similar system, but rather than banking one’s own voice, it is designed as a tool for the creation of individualised voices. The developers of VocalID are currently recording many donor voices from around the world. Samples from people with disordered speech will then be blended with a donor voice to create an intelligible voice which is still uniquely theirs.

Voice banking provides a valuable method of retaining one’s personal voice and identity.

WHO IS USING VOICE BANKING?

People are now able to do voice banking on many kinds of device, such as mobile phones, computers, iPads, or voice recorders. Data requirements for voice banking vary depending on how much is recorded. As a general guideline, a minimum of 1 GB of storage space is recommended. As long as the recordings are in MP3 (preferred), WMA, WAV, or AAC audio format, they can later be used in a speech generating device. It is advisable, however, to ensure that the device is suitable for voice banking before beginning recording.

Types of phrases you may wish to have in a phrase bank include greetings and social comments, general likes and dislikes, feelings, names of people and places, questions, commands to pets, X-rated words, specialist language, and phrases in languages other than your dominant language.

Janelle Irvine at the NZSTA Professional Development Symposium.

Voice Banking provides a valuable method of retaining one’s personal voice and identity.
The Vulnerable Children Act and Children’s Teams: How do these Impact Speech-language Therapists?

WORDS: RACHEL PATRICK AND SALLY KEDGE

The Vulnerable Children Act and related legislation were passed into law in July, 2014. The five agencies who are predominantly responsible for vulnerable children, namely the Ministry of Education, Ministry of Health, Ministry of Social Development, Ministry of Justice, and the New Zealand Police, are now required to work together. Children’s Teams are a key part of the Government’s Children’s Action Plan (CAP), and are being established throughout New Zealand to co-ordinate this cross-agency work. There are currently five Children’s Teams established in New Zealand, in Whangarei, Hamilton, Rotorua, Horowhenua / Otaki, and Marlborough.

Dr. Lorraine Eade leads the Marlborough Children’s Team in Blenheim, which is operating for 10 months. They have accepted 51 referrals in this time, and have three full-time equivalent staff in their team. Dr. Eade reports that the framework for Children’s Teams is the same nationwide, but delivery and service models differ depending upon the local area and the agencies involved. The main role of the teams is to shift the child and family to a different space by dealing with the root causes of the difficulties that children or young people face. The Children’s Teams have no funding, but rely on their local agencies to cover the child or young person. The Children’s Teams have no direct funding, but can call on a wide range of professionals who are identified as key people who can help produce the outcomes required.

How does this impact upon Speech-language Therapists?

Speech-language Therapists who are employed or contracted by central government, and who work with vulnerable children, will need to be ‘safety checked’. A Lead Professional (LP) from one of these agencies, who is trained by the Children’s Team, is assigned to each child or young person, and is the family’s ‘go to’ person. A Child Action Network (CAN) is established through consultation with the LP and family. The CAN for each child includes a range of professionals who are identified as key people who can help produce the outcomes required.

The Vulnerable Children Act and Children’s Teams: How do these Impact Speech-language Therapists?

WORDS: RACHEL PATRICK AND SALLY KEDGE

A Lead Professional (LP) from one of these agencies, who is trained by the Children’s Team, is assigned to each child or young person, and is the family’s ‘go to’ person. A Child Action Network (CAN) is established through consultation with the LP and family. The CAN for each child includes a range of professionals who are identified as key people who can help produce the outcomes required.

A multitude of meetings, complex statistical analysis, time in motion studies, and lots of coffee(!) led to the instigation of improvements in lean processing and removal of waste and duplication in five whole-of-system areas. We are proud to say that at the completion of the project the wait time was down to two weeks, with only 15 clients waiting.

We developed HealthPathways information for acquired language and swallowing difficulties. By defining what the specialist services needed to be, we were able to reduce the waiting list from 124 to 28 clients. A multitude of meetings, complex statistical analysis, time in motion studies, and lots of coffee(!) led to the instigation of improvements in lean processing and removal of waste and duplication in five whole-of-system areas. We are proud to say that at the completion of the project the wait time was down to two weeks, with only 15 clients waiting.

A SUMMARY OF THE IMPROVEMENTS

We developed HealthPathways information for acquired communication and swallowing difficulties. By defining what the specialist services needed to be, we were able to reduce the waiting list from 124 to 28 clients. We redesigned the triage process in order to improve efficiency and appropriateness of referrals. The single point of entry now has triage workflows which have clear acceptance criteria and guidelines for accurately triaging Speech-language Therapy referrals.

The Speech-language Therapy team also identified a set of clients from the vast waitlist that could be seen equally well in a clinic. A community clinic was trialled, based once a month out of two library centres. Librarians were given training in working with people with communication issues and in supporting clients accessing the HealthInfo system from library computers.

Finally, we were given laptops to use during our sessions. These have been very effective in making clinical information available to us and to the client, reducing the need for pre-visit preparation. We were able to write clinical notes in a more timely manner—everyone in the car before departure—and we were able to show VFSs, introduce the client to HealthInfo, and obtain information for the client immediately. We all agree that this initiative has been most effective in making our consultations more efficient. Being able to implement these initiatives has contributed to overall job satisfaction and some up-skill for staff. We wouldn’t have been able to do this without support from the wider Speech-language Therapy team, our managers, and each other. We are extremely appreciative of this. Other disciplines within the community teams are already implementing some of the initiatives, to address their waitlists, and we look forward to working with them to improve services as a whole for our community clients.
A young woman with Down’s syndrome—prone to angry outbursts—and who rarely looks at others, reaches up with a long-handled fishing net and tenderly ‘catches’ the outstretched fingers of her peers, chanting, “starfish.” A young man with autism makes eye contact and co-tells one of his favourite tales. His interaction amazes his key worker. A teenager with cerebral palsy articulates but frustrated, and loath to communicate with her co-students—a hags a young man who is non-verbal as they are reunited in the room and Sita. In inner-city London, children with language delays, whose parents usually gave up coming to Speech-language Therapy groups, start to attend regularly; the children’s attention and vocabulary levels rise accordingly. Adolescents in a unit for language disorders start to generate their own ideas, something that their Speech-language Therapist, working with children with hearing impairment and with speech and language disorders. My storytelling skills were born. “…the teller tells it as he sees it, and it might be different from some other teller.”

—Witi Ihimaera, The Matriarch

I also worked for the National Health Service as a Speech-language Therapist, working with children with hearing impairment and with speech and language disorders. My storytelling skills were born. “…the teller tells it as he sees it, and it might be different from some other teller.”

—I was asked when I started evaluating Lis’n Tell with the postgraduate research department at Brighton Sussex Medical School in 2006. Two years later, I was invited to share the results at an autism special interest group for Speech-language Therapists in London. By that point, I was running school-wide Lis’n Tell projects in co-operation with teachers and a Music Therapist. I was also being invited to train Speech-language Therapy teams in the United Kingdom and abroad. Government organisations and Educational Therapy organisations in Scotland, Canada, Greece, Malta, Singapore, Australia, Ireland, and Germany have invited Lis’n Tell to hold workshops, and Lis’n Tell is on the Speech-language Therapy training curricula of three universities in the United Kingdom. Lis’n Tell promotes spontaneous intentional participation. Speech, language, and communication needs are then addressed. Social skills, literacy skills, and educational topics are supported. The key storyteller uses the five R: rhythm, role, rhyme, repetition, and ritual. There are many roles, both verbal and non-verbal, to be taken by participants. Although storytelling is creative, this does not imply a chaotic free-for-all. The work is backed by ethical standards and principles, and increasingly supported by contemporary research in Speech Pathology, Education, and Neuroscience, including topics such as iconic gesture and semantic development, the role of rhythm in memory, and the role of storytelling in the development of literacy. The training is interactive and dynamic—admittedly not everyone’s way of working. Three of the four teams of paediatric Speech-language Therapists that I have trained at the National Health Service reported that results exceeded their aims. So, another column has been added to the progress forms: Unexpected Outcomes. For details of Lis’n Tell’s research, learning objectives, workshop structures, or demonstrations of school storytelling projects, please contact Louise Coigley lfc@lisntell.com.

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Our Speech-language Therapy class of 1965 recently met in Auckland for a reunion. We had a wonderful lunch at Jan Donovan’s house and spent the afternoon catching up on 50 years. We exchanged our various experiences of working both in New Zealand and overseas, in education and health. In 1965, we were a small class of only 13, some of whom were recruited on completion of their teacher training and others who had not teaching for some years. The Speech Therapy department was housed in Purchas House, an old house in Park Terrace, opposite the Avon River. Lectures were held in the dining room!”

Dr. Jean Seabrook, who had returned from the United Kingdom after completing her PhD, was the course director. We were students during her first full year as Director of Speech-language Training. We remembered Dr. Seabrook as a supportive, forward-thinking, kind, empathic, and very supportive of us. She had tremendous energy and very high standards, and we all tried to do our best for her.

Dr. Seabrook provided and presented all the course material, and we were enrolled in psychology lectures at The University of Canterbury in what is now the Arts Centre. Dr. Seabrook also took our class to the Dunedin Medical School for neurology lectures. It was a very intensive year.

On graduation, many of us worked in very isolated locations, and, unless you were based in one of the main cities, professional support was minimal. If working in education in a rural location, you could be responsible for more than 30 schools spread over a large geographic area. Dr. Seabrook maintained contact after we graduated, and visited us in our first clinics around New Zealand.

Renny Tatchell and Sonia Heeney, who were both in our 1965 class, now live overseas and were unable to attend our reunion, but sent their good wishes. Kathy Wrolstad came from Oregon, United States.

For details of Lis’n Tell’s research, learning objectives, workshop structures, or demonstrations of school storytelling projects, please contact Louise Coigley lfc@lisntell.com.

Fifty Years On... The Class of ‘65

WORDS: MARILYN HEINE

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Hearing and the Education Department.

The joint auspices of the New Zealand League for the Hard of hearing teachers had followed a course in Auckland conducted under the old name ‘speech class’ was retained until 1942. For two or three years previously a few young teachers sent to assist Miss Saunders were trained by her. Young teachers sent to assist Miss Saunders were trained by her. Miss Marion E. Saunders was appointed to establish one at the Normal School. She, too, came from the School for the Deaf in Christchurch when Miss M. Wakelin was appointed speech therapist to the recently formed school for the cerebral palsied. The Christchurch Clinic is still in the Normal School buildings – a site handy to Training College for student-training purposes. The staff of six therapists occupy six rooms and there are about 200 children on the roll. Well over 2,000 have been helped since the clinic was established in 1930. Here students gain their practical experience in speech therapy and members of the staff deliver lectures. There are clinics also in Timaru (1945 – first therapist, Miss Kaveney) and in Greymouth (1949 – Main School, Mr. D. B. Holdgate). He has also opened a small clinic in Hokitika which he visits twice weekly.

This year (1951) another clinic was established in Christchurch which Miss M. Wakelin was appointed speech therapist to the recently formed school for the cerebral palsied. This is the first appointment of its kind in New Zealand. In 1945 – first therapist, Miss Kaveney) and in Greymouth (1949 – Main School, Mr. D. B. Holdgate). He has also opened a small clinic in Hokitika which he visits twice weekly. This year (1951) another clinic was established in Christchurch when Miss M. Wakelin was appointed speech therapist to the recently formed school for the cerebral palsied. This is the first appointment of its kind in New Zealand.

For some, speech therapy is necessary at a pre-school age. In school age (primary and secondary) are eligible for admission. Children of normal intelligence who have defects of speech or voice due to many causes – cleft palates, impaired hearing, stammering, general unintelligibility and so on. Children of school age (primary and secondary) are eligible for admission. For some, speech therapy is necessary at a pre-school age. In Christchurch many specialists (e.g. in plastic surgery, otology, psychology, orthodontistry) are available to co-operate with the speech therapists in the diagnosis of, and therapy for the more complicated cases of speech defect.

There are ten students in training, bringing up to 74 the total number of therapists trained in Christchurch since 1942. As in the past, before entering on their speech therapy training, students must have successfully completed their course for a trained therapist’s certificate. As well as the more practical subjects their professional training includes the study of anatomy and physiology, neurology, elementary orthodontics, experimental education and psychology.

The New Zealand Therapists’ Journal is a professional journal, with a circulation in New Zealand and overseas, founded in May 1946, and has continued to appear twice annually. A practical supplement of value to parents and teachers accompanies each issue. The New Zealand Speech Therapists’ Association was formed in Christchurch in August 1946, during the first conference of therapists to be held in this country. These conferences are now held annually in each main centre in turn. They do much to assist the therapists in isolated clinics and to promote the interests of the profession.

From: ‘Centennial History of Education in Canterbury’ by A. G. Butchers, O.B.E.

**Early Identification of Speech and Language Difficulties in the United Kingdom**

**WORDS:** POLLY KHUSHAL, SPEECH-LANGUAGE THERAPIST, TALKLINK TRUST

In the United Kingdom, there is lots of great information for parents available in early years centres to raise awareness of typical language development and when you might want to refer to Speech-language Therapy services. In the preschool setting in which I worked, health promotion was a large part of our role. We did lots of work in the local community to raise awareness of our services and to help parents and staff working with young children in identifying communication difficulties early on.

We put up ‘Can posters in preschool centres, provided leaflets, and presented every few months to post-natal parents’ groups about typical language development, Speech-language Therapy services, and how they can support their babies with their communication development from birth. The Talking Point website (http://www.talkingpoint.org.uk/) is great, as parents can use it themselves to check on their child’s progress from birth up to age 17.

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For some people, it is difficult to understand rules for social interactions, to deal with change, or to understand activities with many steps. Social Stories can support people with these difficulties.

Social Stories model appropriate social interactions by describing a situation and then suggesting appropriate responses or actions. Clear, accurate, and individualised stories break situations down into understandable steps using a consistent style and format. The Social Story philosophy was developed in 1991 by Carol Gray, who has published many resources to support their development.

Social Stories can be used successfully with people of all ages. Although Social Stories were originally developed for use with individuals with autism spectrum disorder, they have been used effectively to support people with many different language and learning difficulties. You can vary the length and complexity of the language used in the story depending on the person's language and attention levels. You can also ensure that the visuals used in the story are age-appropriate and understandable for the person you are writing the story for.

Social Stories can be created using software like Microsoft Word or PowerPoint, or on a tablet computer using one of many storytelling apps. They can then be printed out or viewed directly on a computer or tablet, or of course drawn by hand—especially useful when you're on the go and need to explain a change or a new social situation. Being able to read the story using a variety of either high or low-tech methods means that you can choose the medium that will best engage the person you are writing it for.

**CASE STUDY**

Bob (pseudonym) is a nine-year-old boy with a diagnosis of global developmental delay and a severe anxiety disorder. He attends a special school and has used a core board and other visual communication systems for several years. Bob requires warning before activities or events, and struggles with sharing his possessions. Before trialling a high-tech communication device, the team felt worried that Bob would not cope with having to give the communication device back at the end of the two-week trial, especially if the trial went well and he was using the device effectively.

I adapted the Social Story shown below using photos of Bob, his classroom, peers, school staff, and the actual device he was going to trial. Bob's teacher and teacher aide read the story to him in paper form each day for a week before the trial, and then each day during the trial. They also had a calendar, which they used to show the passing of time and to help Bob understand when the trial would end. Bob did have some anxiety when I came to take the communication device away at the end of the trial, but the team used the calendar and Social Story to remind him and reassured him that he could still use his core boards and would trial another device in a few weeks’ time. For more information about Social Stories, including how to create one yourself, you can read the TalkLink Tip of the Month at http://www.talklink.org.nz/index.php/2015/08/11/august-tip-of-the-month-social-stories/ (or http://tx0.org/74).

For more information about Social Stories, including how to create one yourself, you can read the TalkLink Tip of the Month at http://www.talklink.org.nz/index.php/2015/08/11/august-tip-of-the-month-social-stories/ (or http://tx0.org/74).
The teleconferences are also an excellent opportunity to bring together people from across the globe to discuss and share ideas. This provides for networking and for contributing to the project on an international level. The ICP Strategic Group aims to meet in 2016 as part of the International Association of Logopedics and Phoniatrics conference, as well as to have a presence at the conference and host an event there.

As well as the Strategic Group, the ICP Working Party has recently formed again, and we thank Alex Cave for representing the NZSTA on these calls. The agenda has been to ensure that supporting organisations have been acknowledged and kept up to date, and to try to build new momentum around Social Media and the ICP website, which is now at http://www.internationalcommunicationproject.com/. We will be needing to re-group the New Zealand working party in 2016, so if you are interested, do get in touch with me!

We recogni ce that it was quite a long survey that required a lot of thinking. We are thrilled with the number of responses, with 242 Speech-language Therapists starting the survey and 125 completing it. This large number of respondents will provide a very useful snapshot of the current thinking on cultural competence in our profession. It will take some time to analyse the responses, but we will keep you updated as we do so.

I have had a few conversations with Speech-language Therapists lately about how difficult it can be to apply one’s cultural knowledge and values in clinical practice, even when working with clients of the same background. This is something for employers to seriously consider. There is no benefit in training and employing an ethnically and culturally diverse Speech-language Therapy workforce if systems do not allow Speech-language Therapists to appropriately serve people who share their culture. I am still thinking about what we can do about this, but if anyone else has experienced this issue and would like to discuss it in confidence, please get in touch.

In October, Waimirirangi Andrews and Tracy Karanui represented the NZSTA at the Hui-a-Tau and AGM of Ngā Pou Mana (Māori Allied Health Professionals Association) at Te Wānanga o Raukawa in Otaki. While in Otaki, Tracy also attended the Toora Whānau Symposium 2015, the theme of which was looking at the world of supervision through Māori eyes with a focus on practice. I am grateful for the support of Waimirirangi, Tracy, and all members of He Kete Whanaungatanga for their ongoing support. It is invaluable for me to know that there is a group of people I can call on for advice at any time.

Ngā mihi nui, Karen Brewer
HELLO TO EVERYONE,

I hope you have all shaken off the winter blues and are enjoying the longer days.

We have had a couple of changes to our Area Representatives since the last edition of Communication Matters. I am very pleased to announce that Lucy Schumacher has stepped into the Area Rep role for Northland and I wish her all the best with this. Hazel Gray has stepped down from the Waikato / Bay of Plenty role and handed this role over to Annabelle Blue. I would like to thank Hazel for her enthusiastic input over the past couple of years, and wish her all the best for the future. I would also like to thank Jessamy Arm, who took over the Auckland Area Rep role for a few months while Fern Jones was on leave. Jessamy did a great job, as I am sure the Auckland members will agree. Sharon Collins has stood down from the shared role in Otago / Southland. She was sharing this role with Eleanor Jackson, who is kindly continuing on her own.

Thank you to everyone who contributed ideas and feedback regarding the ‘twenty twenty’ strategic plan. Your input is greatly appreciated, and we are actively working with all these ideas to formulate our plan. The area meetings in Autumn and Winter provided excellent interaction and great opportunities to provide your opinions. Meetings have been very well-supported this year, and it seems that many areas are having robust discussions. This is an excellent way to support the Association, and to keep making it stronger.

You can find the contact details for all your Area Representatives and Student Representatives on the inside back cover of Communication Matters, as well as on the NZSTA website.

KIA ORA KOUTOU,

Jodi White – Member Networks

membernetworks@speechtherapy.org.nz

Northland
Lucy Schumacher

Auckland
Fern Jones

Waikato / Bay of Plenty
Annabelle Blue

Central
Emma Irvine

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Jodi

All the best, and I hope you have a restful and enjoyable holiday break,

Northland
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2016 Conference – Enhancing Lives through Partnership

Planning for the 2016 NZSTA conference is now well under way, and the Conference Planning Committee is busy spreading the word, liaising with keynote speakers, and—most importantly—finalising the conference bag design. Now is the time think about submitting a paper or poster to the conference! I encourage you to get together with your colleagues and think about how you could best share the innovative work that you do with an audience of keen learners.

Expert Advisors

I am pleased to welcome Annette Rotherham to our growing network of Expert Advisors. As you can see from her biography (p. 6), Annette brings a huge wealth of skills and knowledge to the role, and we are extremely grateful to her for making her time available to support NZSTA members.

Many of you will already know Annette through her role as the NZSTA Communications Portfolio holder. If you would like more information, or need expert advice in the area of aphasia, please contact Annette directly at annette.rotherham@cdhb.health.nz.

CLAD – Online Continuing Professional Development

As part of her Expert Advisor role, Annette will be developing an online learning module in conjunction with CLAD, our online continuing professional development provider. We currently have three courses available, about which we have received great feedback from members. We are keen to look further at online professional development options, so if you have any ideas or requests for online courses, please let me know and we can talk further.

If you are interested in enrolling in an existing course, please see http://www.onlinecpd.co.nz/course-providers/speech-language-therapists (or http://txo.org/vi).

Resource Room

We had a spirited discussion about the future of the Resource Room at our Wellington area meeting last month. Thanks to Claire-Ellen for chairing—or, rather, refereeing—this discussion, and to everyone who attended for their contributions. Ideas ranged from investigating the possibility of a virtual Resource Room, to running the Resource Room from a garage in Lyall Bay! All agreed that the Resource Room is a valuable asset, but that there is room for improvement. This is certainly a topic that merits wider discussion. If anyone has any comments or suggestions, or would be interested in being involved in any future planning, please let me know. Right—I’m off to enhance my life through consuming a large cup of coffee. I leave you with the following thought:

Ko te manu e kai ana i te miro, nōna te ngahere. Engari, ko te manu e kai ana i te mātauranga, nōna te ao.

The bird that consumes the miro berry owns the forest.

Hei konei rā, Claire

KIA ORA KOUTOU,

Claire Winward – Professional Development

professionaldevelopment@speechtherapy.org.nz

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Jodi

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Hei konei rā, Claire
Wow—what a huge three months since the last issue of Communication Matters. Six months on the Council and I am even more proud to be a Speech-language Therapist than ever before.

Parliamentary Submission: Dyspraxia, Dyslexia, and Autism Spectrum Disorders

Thank you to everyone who contributed to the NZSTA parliamentary submission regarding identification and support for students with significant challenges of dyslexia, dyspraxia, and autism spectrum disorders in primary and secondary schools. I am aware of many members who also submitted individual reports or contributed to submissions on behalf of their organisation and/or other key associations.

Thank you everyone.

Thanks to the NZSTA Expert Advisors—Sally Kedge and Turid Peters—and to the support of all the NZSTA members, we were able to provide Parliament with a comprehensive report of the Education and Science Committee of the House of Representatives. The team received positive feedback from MPs and Committee members and was able to advocate for our profession and the children we work with. This is a great step forward for New Zealand Speech-language Therapists in our engagement with Parliament. Thank you very much for representing us in this daunting environment.

Professional Standards

We have had good feedback about the newer NZSTA Professional Standards documents, including the new Tracheostomy Position Paper, which is now available on the NZSTA website, along with the latest International Dysphagia Diet Standardisation. Please read this information if you work in this area. Terminology has been changed again based on international surveying of Speech-language Therapists, and we recommend following these international standards. Through our Qualification Approval role, I am beginning to see the New Graduate Framework being used. All graduates from 2016 onwards will be expected to use this new framework with their supervisors in order to gain full NZSTA membership. I hope you all get a good break over Summer and I look forward to working with you in 2016.

Anna

Early and accurate identification is crucial.
Consistent diagnostic guidelines are required.

On November 13th, Sally Kedge, Elizabeth Fairgry, and Professor Suzanne Pundy represented the NZSTA and the three Universities in a double-slot public oral submission to the Education and Science Committee of the House of Representatives. The team received positive feedback from MPs and Committee members and was able to advocate for our profession and the children we work with. This is a great step forward for New Zealand Speech-language Therapists in our engagement with Parliament. Thank you very much for representing us in this daunting environment.

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