

communication matters

SUMMER 2015/16

Confidence
Experience
Trust
Successful-feeding
Pressure
Fear
Relationships
Communication-breakdown
Disappointment
Control
Guilt

INTERPROFESSIONAL HEALTH
TEAM CHALLENGE

EARLY FEEDING INTERACTIONS

OPTIMISING COMMUNITY SLT
WAITING TIMES

THE VULNERABLE CHILDREN ACT



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaitiwhakatitika Reo Kōrero o Aotearoa

contents

01	EDITORIAL
02-03	PRESIDENT'S REPORT
04	INTERPROFESSIONAL HEALTH TEAM CHALLENGE
05	SPEECH-LANGUAGE THERAPISTS AS BEHAVIOUR SUPPORT SPECIALISTS
06	MEET YOUR EXPERT ADVISORS
07	ONE STARSHIP AFTERNOON
08	APHASIANZ RECONNECTED CONFERENCE 2015
09	NZSTA AWARD AND GRANT RECIPIENTS FOR 2014
10-11	AREA UPDATES
12-13	DESCRIBING THE LIVED EXPERIENCES OF MOTHERS INTERACTING WITH THEIR INFANT
14	PILOT MENTORING PROGRAMME FOR PEOPLE WHO STUTTER
15	VOICE BANKING
16	THE VULNERABLE CHILDREN ACT AND CHILDREN'S TEAMS
17	OPTIMISING COMMUNITY SPEECH-LANGUAGE THERAPY WAITING TIMES
18-19	LIS'N TELL LIVE INCLUSIVE STORYTELLING
19	FIFTY YEARS ON... THE CLASS OF '65
20-21	FROM THE ARCHIVES: HOW IT ALL STARTED
21	EARLY IDENTIFICATION OF SPEECH AND LANGUAGE DIFFICULTIES
22-23	SOCIAL STORIES
24-28	EXECUTIVE COUNCIL REPORTS
29	CONTACT DETAILS



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Editorial –

R. Lucas van Ryn

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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). Marilyn Heine and colleagues recently met for a reunion in Auckland (p. 19); their reminiscences about Speech-language Therapy training in 1965 remind us how much the profession has grown!



President's Report – Philippa Friary

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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 effective we can be. So thank you to our membership for working together to create a thriving profession.

In reflecting back on 2015, I wish to share my key highlights with you. My first has to be the Professional Development Symposium in Christchurch in June. We were fortunate to have Stella Ward (Executive Director of Allied Health, Canterbury DHB and West Coast DHB), Professor Gail Gillon (Pro Vice Chancellor, University of Canterbury, Education), and Professor Angus Macfarlane (University of Canterbury, Education) as our keynote speakers. Stella modelled her leadership

attributes through sharing the story of the transformation of the Canterbury and West Coast DHBs, their innovation over the past years, and their future visions. Gail Gillon and Angus Macfarlane shared their wisdom on the current literacy challenges we face in Aotearoa. They inspired us with their 10-year research plan *E Tipu E Rea*, and, through their close collaboration, highlighted the need for our profession to be working in partnership to meet the challenges we face.

Next has to be our successful Speech-language Therapy Awareness Week in September, which brought a surge of Social Media activity and widespread coverage in other media realms, including newspaper and radio. The message this year, 'Access For All, He Waka Eke Noa', challenged us 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 Australia, Speech-Language & Audiology Canada, and the 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.
- Strengthening advocacy that engages key individuals, organisations, and events involved in world health policy.
- Increasing funding for local professional capacity building and



NZSTA Professional Development Symposium in Christchurch, June, 2015.

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 new vision, values, and mission statements, together with our strategic plan 'twenty twenty' (2016-2020) in the new year. Thank you to everyone who has provided input for this process. The Executive Council has been really impressed with how engaged everyone has been.

I wish to finish up with a challenge for you all. The environments we are working in today are growing increasingly complex on many levels. We are working with more clients with more complex needs, we are being challenged to think about

more innovative solutions to new issues, and we need to keep up to speed with the technology, which is helping us work faster, yet is blurring our boundaries. In the rush of our day-to-day lives, we can forget about what is really important: ourselves and our whānau. As a caring profession, we can only be great for our clients if we are in a good space. Think about how you are going to work differently next year. How are you going to be strategic in how you use your skills to make a difference? Where are you going to put your energies for the best outcomes? How are you going to keep balance in your life between home and work? How are you going to continue to be that great researcher, therapist, mum, dad, partner, and friend?

Whether this festive period finds you chilling; at the beach, at the bach, or with a great book... enjoy, have fun, and go well.

Mauri ora,
Philippa

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 Waitemata 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 Waka Oranga. The overall winner was The University of Auckland Paddlers team, mentored by Philippa Friary. The Massey / Unitec team was the audience’s choice winner.

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.



The University of Auckland Paddlers (from left to right): Novita Stokes (Speech-language Therapy), Ursula Bach (Clinical Psychology), Philippa Friary (mentor), Mia Lee (Nursing), and Scott McLaughlin (Medicine).

Speech-language Therapists as Behaviour Support Specialists

WORDS: MICHELLE STEVENS, JESSICA FENWICK, AND ASHLEY ROLLASON, EXPLORE SPECIALIST ADVICE NZ

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, or 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.

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 the client.

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.

In 2012, Annette completed a Master's thesis on the benefits of groups for people with aphasia. This enabled her to become absorbed in the forefront of evidence-based best practice, not only in relation to rehabilitation, but also the psychosocial effects of aphasia and the role Speech-language Therapy has in supporting positive identities and empowering those affected, including families and friends. Annette continues to remain active in research, having published in the international journal *Aphasiology* this year.

Her current goal is to awaken our health services to the concept of aphasia access and to reduce communication barriers for people with aphasia and other communication disabilities.

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 team of three paediatric Speech-language Therapy practitioners is based in the Child Therapy Department. A multi-disciplinary approach is evident, with the Speech-language Therapists sharing their office space with Physiotherapists and other health professionals.

Mandy Beatson, Practice Supervisor, summarised for me the role of a Speech-language Therapist in a hospital environment. We then headed to the ENT nurses' station, where we read through the clinical notes for a new referral. This made me realise that I need to practise my handwriting, because all the notes were handwritten and scanned into the database. It also highlighted the need for making succinct, detailed notes about my clients, so that the next Speech-language Therapist, or other health professionals involved with them, can quickly grasp how to address their needs.

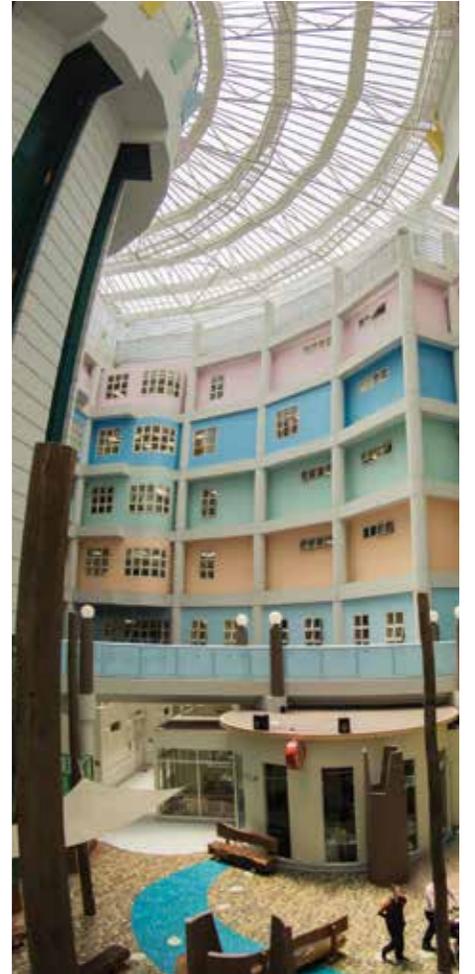
Alex Cave, Mandy's colleague, then informed me that their team is responsible for all patients within Starship Hospital and the Neonatal Intensive Care Unit. This vast client base allows them to interact with patients from a range of wards, including Oncology, Medical Specialties, General Paediatrics, Orthopaedics, Neurosurgery,

Neurology, Cardiac, and ENT. 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.



Starship Children's Hospital.
Photo credit: Freestyle Event Photography.

AphasiaNZ Reconnected Conference 2015

WORDS: ANNETTE ROTHERHAM

The very first New Zealand Aphasia Conference that targeted people affected by aphasia was held in Auckland in 2005. A bunch of fellow speechies with a passion for aphasia formed the committee. We held the conference at The University of Auckland at the Tāmaki campus on a real shoestring budget, and we were very fortunate to have the support of Professor Linda Worrall as our keynote speaker. She inspired us to form an association of our own in New Zealand, and, from that time on, the New Zealand Aphasia Association—now known as AphasiaNZ Charitable Trust—has continued to grow and support those affected by aphasia in 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, information, and especially the sense of empowerment that fills the room at these gigs.

We were fortunate to have two keynote speakers. Neuroplasticity and aphasia was the hot topic on day one. Associate Professor Cathy Stinear provided some incredible insights around her research into early stroke recovery, and asked some big questions about neuroplasticity and the role of rehabilitation. Her explanations were

excellent, and many members of the audience who have experienced stroke had plenty 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 from 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 *Exercise your Body, Exercise your Brain*. Other speakers covered a wide range of topics, including the effect of aphasia on relationships, reconnecting with culture, 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 is 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 Talmage. This involved a wonderful collaborative effort

from the Auckland and Christchurch neurological choirs, 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.



Photo credit: Emma Castle, Executive Officer, AphasiaNZ Charitable Trust.

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 — **Dhruvi 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 Pologa**, 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**, has “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 Kimiora School.

This award is sponsored by the three university programmes.

THE 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 BEAVAN MEMORIAL AWARD

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

Sarah Davies, PhD student at The University of Canterbury — for her research *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/info-for-slts/awards/> (or <http://tx0.org/7x>).



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.
- Sachi 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!

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Describing the Lived Experiences of Mothers Interacting with their Infant

WORDS: STELLA KARAMAN, BIANCA JACKSON, AND SUZANNE C. PURDY

Early feeding interactions are important for communication skills to develop in infants, and for caregivers and infants to bond (Ainsworth, 1969; Hodges, Hughes, Hopkinson, & Fisher, 2008). Bonding is not simply a consequence of the act of feeding and of providing enrichment and nutrition; rather, the way these acts are carried out has an influence on development (World Health Organisation, 2004). Shin, Park, Ryu, and Seomun (2008) listed positive and negative factors affecting infant development: Social support, maternal-foetal 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, 2003; 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 their premature infant’s communicative attempts may be altered (Franklin & Rodger, 2003). Research into early mother-infant interaction and its impact on later infant development has focussed on analysis of these interactions (Forcada-Guex, Pierrehumbert, Borghini, Moessinger, & 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, & Boonmee, 2007; Hodges, et al., 2008).

At The University of Auckland, research is ongoing, looking into mother-infant interactions and mothers’ lived experiences during the first months of their infants’ lives, and recording mothers’ perceptions of the support and information they received around feeding and interacting with their baby (Gillard, 2013; Karaman, 2014).

In the study conducted by Karaman (2014), 10 mothers of both term and preterm infants of up to three months corrected age participated in face-to-face, semi-structured, individual interviews. The interviews lasted between 45 minutes and 1.5 hours (Karaman, 2014). The study aimed to provide mothers with an opportunity



“It takes a village to raise a child.”

--proverb, origin unknown

to share their feelings and individual perspectives about interacting with their young infant, allowing a glimpse of what experiences New Zealand mothers have during these early months. The study also investigated how mothers felt about the information they received from healthcare providers, family, whānau, friends, and the media.

A snapshot of the themes that arose is shown in Figure 1. The results highlighted that, independent of their baby’s gestational age, not all mothers viewed feeding time as a time for interaction with their baby. The research provided an opportunity



Figure 1. A snapshot of themes.

for mothers to candidly discuss their feelings about the early stages of motherhood. Many mothers emphasised the struggles they had, with some comparing feeding to a “second birth.” Some mothers felt that there was inadequate early support for them. This resulted not only in them having to “find their own way” and trust their instincts around feeding and interacting with their baby, but also frequently in frustrations and negative experiences during the early months of their infants’ lives. All participants talked about the importance of individualised support for mothers, specifically around feeding.

Thank you to the wonderful mother who gifted her precious photos for use in this article. To read more about the research and acknowledgements, and to see the words of the women involved in the study, a copy of the thesis *Describing the Lived Experiences of Mothers Interacting with their Infant* (Karaman, 2014), including interview questions, is available from The University of Auckland Library. For further information, please contact Bianca Jackson bianca.jackson@auckland.ac.nz.

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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.

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 shifted in the direction expected. Themes that emerged from the qualitative analysis indicated that mentoring for PWS shows potentially important psychosocial benefits, including greater confidence, reduced anxiety, increased openness about stuttering, and, in some cases, 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.

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Janelle Irvine at the NZSTA Professional Development Symposium.

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 a copy of their 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 a 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 available in programmes such 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 phoneme to the bank to develop a complete, individualised voice. At this stage in development, *ModelTalker* has limited application and the banking 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?

The key group currently using phrase banking in New Zealand is people with progressive neurological conditions resulting in a motor speech disorder, such as motor neurone disease or progressive supranuclear palsy. Other groups, such as people with cerebral palsy, are also using this technology.

HOW CAN YOU DO VOICE BANKING?

People are now able to do voice banking on many kinds of device, such as mobile phones, computers, iPods, 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.

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 has now been 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, and their whānau, experience. Dr. Eade believes that the Children's Team is a mechanism for families to take ownership of change. The Children's Team uses the Tuituia assessment framework. Tuituia puts the child at the centre of a triangle, looking at mokopuna ora (holistic wellbeing of children or young people), kaitiaki mokopuna (caregiver capacity to nurture and develop the wellbeing of the child or young person), and te ao hurihuri (whānau, social, cultural, and environmental influences surrounding the child or young person). The Children's Teams have no extra resources per se, but rely on their local agencies to provide workforce resources and any required interventions.

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 can include a 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 working with vulnerable children could be trained and assigned as LPs, or asked to join a child's CAN.
- Speech-language Therapists who work for government-funded service providers (including contractors) need to ensure that they have a Child Protection Policy in place, so as to support better identification of child abuse and neglect.
- Speech-language Therapists who are employed or contracted by central government, and who work with children, will need to be 'safety checked'.

We are currently consulting with the CAP team to get clear guidelines around supporting Speech-language Therapists to comply with the new legislation, and will be putting information on the NZSTA website and in future issues of *Communication Matters* as this develops.

For more information, we encourage you to visit the following websites:

- <http://childrensactionplan.govt.nz/>
- <http://www.childrensactionplan.govt.nz/assets/CAP-Uploads/childrens-workforce/Safer-Organisations-safer-children.pdf> (or <http://tx0.org/75>)

Optimising Community Speech-language Therapy Waiting Times

WORDS: JO TIPPING AND ANNETTE HOWARD, SPEECH-LANGUAGE THERAPISTS, CANTERBURY DHB

It is a nice feeling when you ring to book in a client and can say, "We received a referral for you a couple of weeks ago. I'd like to arrange to come and see you," rather than having to apologise for the long wait since they were referred some months earlier. This example of improved staff morale is just one of the positive outcomes of a recent project completed by the Canterbury DHB Community Speech-language Therapists looking to address their waitlist.

The drive to complete the project emerged from the unfortunate fact that community Speech-language Therapy clients were waiting up to 10 months for a first appointment and there were 124 clients on the waitlist.

The long wait time led to carer stress, exacerbations of speech and language issues, and occasionally readmissions. 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 Speech-language Therapy specialist services needed to be, we could ensure that only those needing specialist interventions were referred, and non-complex issues could be managed by primary care. If symptoms did not resolve, there was a clear process for referral to specialist services.

HealthInfo pages for Speech-language Therapy resources were also developed. These help provide information to primary

care and the general public for support and self-management of communication and swallowing issues. Clients with computer access and knowledge were also directed to these sites by the community Speech-language Therapists following assessment to obtain handouts, reducing the need for Speech-language Therapists to provide hard copies of handouts, which took time to prepare before visits.

Subsequently, less time is now spent in preparing resources for clinical sessions, thus freeing up clinicians' time for client contact. Across the Canterbury DHB Speech-language Therapy services, discharge reports from inpatients now have links to HealthPathways and HealthInfo to support primary care in the ongoing management and support of the client.

We redesigned the triage process in order to improve efficiency and appropriateness of referrals. The single point of entry team now has triage flowcharts which have clear acceptance criteria and guidance 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 enabled us to have relevant clinical information while we were with the client, reducing the need for pre-visit preparation. We were able to write clinical notes in a more timely manner—even sitting in the car between visits—and were able to show VFSSs, introduce the client to HealthInfo, and obtain information for the client immediately. We all agree that this initiative has been most effective in making the daily work routine more efficient.

Being able to implement these initiatives has contributed to overall job satisfaction and some up-skilling for staff. We wouldn't have been able to do this without support from the wider Speech-language Therapy team, community teams, and management, and we are extremely appreciative of this. Other disciplines within the community teams are already implementing some of the initiatives so as to address their waitlists, and we look forward to working with them to improve services as a whole for our community clients.

Lis'n Tell Live Inclusive Storytelling: A Way of Communicating

WORDS: LOUISE COIGLEY

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—articulate but frustrated, and loath to communicate with her co-students—hugs a young man who is non-verbal as they are reunited in the story of Rama and Sita. In inner-city London, children with language delays, whose parents usually gave up on 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 had not witnessed before. These are instances of Lis'n Tell Live Inclusive Storytelling.

In my teen years, while I was lying flat following spinal surgery, a nurse gave me a copy of *The Lion, the Witch and the Wardrobe*. The cupboard of my consciousness opened to the power of story. I went on to unite my interests in medicine and language, and became qualified in Speech-language Pathology and Therapy. For eleven years, I worked as a volunteer with children and adults with learning disabilities in intentional

"... the teller tells it as he sees it, and it might be different from some other teller."

--Witi Ihimaera, *The Matriarch*

communities. 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.

"Is this a skill you can transfer to others?" 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 and 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 *Rs*: 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.



Lis'n Tell day: Postgraduate Speech-language Therapy training at Greenwich Medway University, 2015.

Fifty Years On... The Class of '65

WORDS: MARILYN HEINE

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 been 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 Therapy Training. We remembered Dr. Seabrook as a small, neat figure who was inspiring, kind, empathetic, 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.

A number of our group moved into related fields during their Speech-language Therapy careers. Some of us changed career entirely. But the connection with our fellow Speech-language Therapy trainees was easily rekindled at our recent 'Class of '65' Reunion!



Working with Speech, Language & Communication needs through Lis'n Tell: live inclusive storytelling - 2 day workshops
LOUISE COIGLEY
UK Speech and Language Therapist and Storyteller www.lisntell.com

Christchurch: 3-4 March 2016 Hawkes Bay : 17-18 March 2016
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ENQUIRIES AND EXPRESSIONS OF INTEREST TO:-
CONTACT: Judith or John Frost- Evans
TEL: (H) 04 239 8346 (M) 021 1121244 Email: judytravelling@hotmail.com



From the Archives: How it All Started

This double-sided sheet was in the NZSTA archives, among old bulletins, journals, and other papers. It was written in 1951 and describes the beginnings of Speech Therapy in New Zealand, how the Journal was founded, and the NZSTA formed. I have abridged it slightly by removing some sentences, but have not made any changes to those that were left, as I wanted to retain the distinctive language and tone of its time. --Marja Steur

SPEECH THERAPY

Speech therapy in New Zealand began in Christchurch – at the School for the Deaf. It was to this school in Sumner that a few speech defectives travelled from time to time to be given help with their speech, and it was from this school, in 1921 and 1922, that three teachers were sent to Dunedin, Wellington and Auckland to found the first speech classes in New Zealand. In Christchurch a speech class was not formed until 1930 when Miss Marion E. Saunders was appointed to establish one at the Normal School. She, too, came from the School for the Deaf where she had been one of those assisting with the cases of speech difficulty unassociated with deafness.

Miss Saunders proved to be a therapist of foresight and skill. Under her wise guidance the profession developed on sound lines. The school class composed of children with speech difficulties of many types she replaced by the more effective system of individual (and small group) appointments – although the old name ‘speech class’ was retained until 1942. Young teachers sent to assist Miss Saunders were trained by her in the work. In 1942, the Education Department, having decided to establish a training scheme of its own, made Christchurch the training centre. (For two or three years previously a few young teachers had followed a course in Auckland conducted under the joint auspices of the New Zealand League for the Hard of Hearing and the Education Department).

Miss Saunders retired in 1947. Her successor, Miss N. Caughley, was appointed in 1949 to the staff of the Training College where a new position carrying the responsibility for the speech work of all students had been created. This included the directing of the training of students in speech therapy. Miss G. M. Gane succeeded to the position of senior therapist, her Christchurch colleagues being Mesdames D. M. Gill and J. Cruickshank, Misses J. Ward and A. Goodman, and Mr. R. S. Stroobant.

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 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.

New Zealand Speech clinics are maintained by the education boards and staffed with therapists trained (by the Education Department) in Christchurch. They cater for 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

staff 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 teacher’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 *I 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.

Social Stories

WORDS: JESSAMY AMM, SPEECH-LANGUAGE THERAPIST, TALKLINK TRUST

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>).

Using my iPad to talk

Two week trial



I can touch the symbols on the screen.
They will speak.



I will try to take care of my iPad.
I will try not to hit it or throw it.
I will try to be gentle with my iPad.



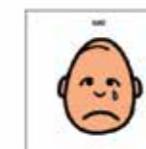
I will use this iPad for 2 weeks.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

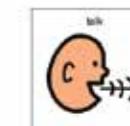
Other students in my class use devices to talk.



If I loose or break my iPad then I will not be able
to use it any more.
It will be sad.



I can use it to talk to people at school.



This iPad is like my core board.
It will help me to talk to people at school.



It is really cool to use an iPad to talk to
people!





Annette Rotherham – Communications

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KIA ORA KOUTOU,

Welcome to Summer and the lead-up to Christmas. I'm looking forward to our next Executive Council meeting in early December as we have a full agenda with all the enthusiastic feedback we have received around strategic planning. So thank you all; we have been really impressed by the attendance and amount of feedback at area meetings recently.

The past few months have seen progress with the International Communication Project (ICP). This year, the focus has been more strategic and about defining the future of the project. I have continued to represent the NZSTA along with Philippa, our president, at the ICP Strategic Group teleconferences. These are made up of representatives from the American Speech-Language-Hearing Association, Speech Pathology Australia, Speech-Language & Audiology Canada, the Royal College of Speech & Language Therapists, the Irish Association of Speech & Language Therapists, and the New Zealand Speech-language Therapists' Association. The latest news is that we have engaged a consultancy company to assist with researching and promoting the goals of the ICP.

The company is Weber Shandwick, based in the United Kingdom. Kamini Gadhock and Dereck Munn from the Royal College of Speech & Language Therapists will be working closely with Weber Shandwick to produce documentation that can be used to lobby international policy makers and local governments to make changes to have Communication Disability more globally recognised, and suitable therapy accessed. The teleconferences are also an excellent opportunity to discuss the latest happenings, conferences, and campaigns

that are occurring in our partner countries and within international organisations. As a small organisation (we have 720 members; the American Speech-Language-Hearing Association has 180,000), the NZSTA really values the opportunity that this provides for networking and for contributing to the project on an international level. The ICP Strategic Group aims to meet in Dublin 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!

Another area we wish to improve in 2016 is the NZSTA website, so watch this space as we look to ways to increase the efficiency and accessibility of our current site.

I am looking forward to 2016 and I am sure we will continue to thrive and move forward on our Executive Council projects. Once again, thank you all for your support as members, your ideas, and your incredible contribution to our profession. Wishing you all a very happy and festive holiday period!

Ngā mihi mahana,
Annette



Karen Brewer – Māori and Cultural Development

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TĒNĀ KOUTOU KATOĀ,

The Executive Council has been talking for many years about engaging a kaumātua to guide us in Māori cultural matters. Building up to the strategic planning meeting, He Kete Whanaungatanga put a lot of effort into writing a kaumātua proposal, and at the meeting the Executive Council agreed to include in the budget the costs associated with engaging a kaumātua. It is fantastic to finally be moving forward with this. The next challenge is to find the right person to walk with us. If anyone knows a kuia or kaumātua who might be suitable, please let me know. Ideally, this person would be knowledgeable in health and education issues and maybe even have a personal connection with Speech-language Therapy.

A big thankyou to everyone who completed the cultural competence survey that Clare McCann and I are undertaking. We recognise 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 own cultural values at work, even when working with clients of the same cultural or ethnic group. This got me thinking about how there is a recognised need to work towards making the ethnic and cultural make-up of the Speech-language Therapy

profession reflect the ethnic and cultural make-up of the populations it serves (including also gender and age balance). However, the systems we work within, and the resources we have available, mean that it is not always possible 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, Waimirangi 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 Toiora 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 Waimirangi, 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



Jodi White – Member Networks

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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 Amm, 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. Thanks to Sharon for her input, and also to Eleanor for agreeing to continue as Area Rep. Finally, I would also like to thank Brooklyn Davis, who kindly stepped in to the Northland role for some time earlier this year. Given the number of changes, I am including the full list of Area Reps below:

Northland	Lucy Schumacher
Auckland	Fern Jones
Waikato / Bay of Plenty	Annabelle Blue
Central	Emma Irvine
Wellington / Marlborough	Claire-Ellen Roberts
Canterbury / Westland	Megan Chinnery
Otago / Southland	Eleanor Jackson

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.

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.

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

Jodi



Claire Winward – Professional Development

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KIA ORA KOUTOU,

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://tx0.org/7v>).

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. However, the bird that consumes learning owns the world.

Hei konei rā,
Claire



Anna Miles – Professional Standards

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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 identification and support for these school-aged students from a Speech-language Therapist's point of view. We worked alongside the three New Zealand accredited Speech-language Therapy programmes, who also submitted a written report.

The key themes of our submission were:

- There is a critical role for Speech-language Therapists. Children, their families, and their schools need access to Speech-language Therapy for both diagnosis and continuing support.
- There needs to be educational support for all children identified with a learning need, irrespective of them having received a diagnosis.
- Increased services are needed, including continual services across the lifespan.

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

On November 13th, Sally Kedge, Elizabeth Fairgray, and Professor Suzanne Purdy 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.

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 my 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

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