

communication

WINTER 2016

matters

SLT IN VANUATU

COMMUNITY
APHASIA ADVISOR

ADULT AAC GROUPS

FUN FOOD GROUP



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

contents

01	EDITORIAL
02-03	PRESIDENT'S REPORT
03	NATIONAL AWARENESS CAMPAIGN UPDATE
04	A NEW DIRECTION: COMMUNITY APHASIA ADVISOR
05	KAKAE! SPEECH-LANGUAGE THERAPY IN VANUATU
06-07	CAGS: RUNNING AN ADULT AAC GROUP
08-09	INTERVIEW WITH ANNA MILES
10-11	AREA UPDATES
12	GETTING A TASTE OF DYSPHAGIA RESEARCH
13	MASHED BANANA, COLD SPAGHETTI: A FUN FOOD GROUP
14	NATURAL SPEECH RESTORATION FOR VOICE IMPAIRED INDIVIDUALS
15	IMPROVING CONFIDENCE IN DYSPHAGIA MANAGEMENT
16	FAREWELL TO THE PRINCESS MARGARET HOSPITAL
17	PRIVATE PRACTISE SUPPORT GROUPS
18	FLYING THE FLAG FOR PALLIATIVE CARE
19	POTENTIAL SIG: HEALTH INFORMATICS
19	VACANCY: PAC MĀORI REPRESENTATIVE
20-24	EXECUTIVE COUNCIL REPORTS
25	CONTACT DETAILS

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Editorial –

R. Lucas van Ryn

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I trust you are all surviving the colder weather.

As we build up to the launch of our national awareness campaign in September, this is an exciting time to be a part of the NZSTA. There are many ways you can be involved: attending area meetings, getting in touch with your Area Reps or Student Reps, joining a Special Interest Group, sharing your experiences and insights in Communication Matters, and, of course, attending the NZSTA Conference this September.

In this issue of Communication Matters, we hear about how a stroke led Stephen Gibbs to become Community Aphasia Advisor for the Wellington region, supporting other people with aphasia (p. 4); his optimism finds him a new viewpoint and a new direction.

We have some great contributions from students: Sammy Hickson shares with us her rewarding experiences of modelling communication with a boy with Down syndrome in Vanuatu (p. 5). Closer to home, Michelle Westley tells us about conducting research in dysphagia management at the Rose Centre (p. 12) and shares a participant's way of describing living with motor neurone disease.

West CDS has established a Fun Feeding Group for children with feeding difficulties (p. 13). The interdisciplinary team of Speech-language Therapists, occupational therapists, dietitians, and a psychologist made use of the Sequential Oral Sensory approach and ran education sessions for parents alongside the feeding sessions; feedback was highly positive and all the

children in the group made progress towards their feeding goals.

The Communication Abilities Group is a group for adults who use AAC devices, hosted at The TalkLink Trust; Hannah Barnes and Chris Lemmers, Speech-language Therapy students at Massey University, stepped up to the role of facilitating the group, which gave them insight into both the challenges that users of AAC devices face and the breadth of communication strategies they use (pp. 6-7).

Our series of interviews with the Executive Council continues: This time we hear from Anna Miles, Professional Standards, about the Mutual Recognition Agreement, running the Swallowing Research Laboratory, and why Speech-language Therapists should move into management (pp. 8-9). If you are interested in contributing to the development of policies and standards, Anna is the person to talk to.

Working on your own in private practice can often feel isolating compared to being part of a team. Polly Khushal took the initiative to set up a support group for private clinicians in Auckland (p. 17)—a group like this is a great way not only to keep in touch, but to share ideas and resources.

If you're wondering how to keep busy while you're inside over the winter, I encourage you to check out the new online professional development opportunities available to NZSTA members, such as the course on Palliative Care available through CLAD (p. 18).



President's Report –

Philippa Friary

president@speechtherapy.org.nz

This year, the New Zealand Speech-language Therapists' Association is reaching a great milestone: On Thursday, September 8, during our national conference, we are having our 65th Annual General Meeting. The NZSTA has reached retirement age! Yet, like many 65-year-olds I know, we are far from retiring, and reading through the portfolio reports in this issue of Communication Matters is evidence of that.

Our 65th year marks the launch of our national year-long campaign Giving Voice Aotearoa. Despite our age, we believe we have the endurance for a year-long awareness and advocacy campaign. But before we launch into our communities with our awareness slogans, we need to work out what our message is. What is it that we want our communities, our local ministers, our Prime Minister to do after we raise their awareness? What are the key issues facing the populations we work with today? What can we do to help? What are the success stories or projects that demonstrate the difference we can make?

If you were in an elevator with John Key, Hekia Parata, or Jonathan Coleman, and they asked, "What are the key issues for Speech-language Therapists in New Zealand and your communities, and what are the solutions?" what are you going to say? Do we need to talk about our ageing population living longer with chronic conditions? What about our vulnerable children? Are we concerned about our role with people with mental health conditions? What are the critical issues? How do we create a message that moves ministers and gets a conversation going in parliament? How do we influence policy and make a change for our clients?

This leads us to phase one of our campaign: finding our voice and hearing their voice. This will start during the Winter

area meetings and continue with a workshop for members during our national conference in Auckland on September 7. This workshop will facilitate discussions around our key messages, our issues, and our solutions. We will further these discussions with our clients, whanau, and service users, so that we can hear and understand their voices too. This information will then be used to formulate our message to parliament and will form the key message for our advocacy campaign. Ways you can get involved at this stage are to attend your Winter area meeting, register for the Giving Voice Aotearoa workshop in September, or provide comments in response to communications we will be sending out as the campaign progresses. Another way to get involved is to submit a video to our Giving Voice Aotearoa video competition. Contact Amy Oughton at Amy.Oughton@cdhb.health.nz for further information about the video competition, or Annette Rotherham at communications@speechtherapy.org.nz for further information about our national campaign.

There has been a lot of international activity over the last few months. We continue to represent New Zealand and our membership on the International Communication Project, and are having discussions with Speech Pathology Australia in relation to forming a trans-Tasman agreement. We are also having conversations with Singapore and parts of the West Indies around opportunities for collaboration. Staying on an international theme, we are keen to understand the needs of our New Zealand-trained Speech-language Therapists working abroad using this survey: <https://productforums.google.com/forum/#!topic/docs/IF7f69XeV-M> (or <http://tx0.org/ac>), so please forward this to anyone you know who is abroad.



And finally, a time to celebrate. The NZSTA has submitted a bid to host the International Association of Logopedics and Phoniatrics Congress in 2022, and we have been successful in reaching the next round. Annette Rotherham and Anna Miles will be presenting our bid at the IALP Congress in Dublin this August together with Portugal, the Czech Republic, and Israel. If successful, we will be hosting this international conference here in Aotearoa in 2022.

All the best in dodging the Winter coughs and sniffles. I hope you have managed to find a long weekend or mini-break somewhere over the Winter months. I look forward to catching up in September for our conference and celebration of turning 65 years.

Mauri Ora,
Philippa

National Awareness Campaign Update

The vision of the upcoming NZSTA national campaign is that all New Zealanders will know about the challenges of people in our communities who are living with communication and swallowing difficulties, and that the needs of these people will be reflected in our government policies.

The key messages are that communication and swallowing disorders are invisible, that skills in these areas are life essentials, and that Speech-language Therapists enhance the lives of New Zealanders through creating opportunities and promoting well-being.

The campaign leadership team consists of Annette Rotherham, Philippa Friary, and Amy Oughton. The year-long campaign will be launched on September 8 at this year's national conference. It will include the national activities completed through the International Communication Project and will have four work streams: Policy, Public Relations, Resources, and the National Champions Working Group, each with their own teams. The latter group will comprise national champions across the country, under the guidance of the International Communication Project Working Party chair, and will promote public awareness activities throughout the country.

The campaign is currently seeking a key sponsor, ambassadors, and a patron. We plan to hold national awareness activities throughout the year, including a video competition and creation of a Social Media presence. Further objectives are to provide high-quality, accessible resources so that all NZSTA members can run awareness activities in their area, to initiate a New Zealand enquiry into the communication and swallowing needs of our population, and to showcase stories of successful projects.

Our potential partners are: the New Zealand Audiological Society, Be. Accessible, the NZ Leadership Institute, and Leadership NZ. Potential sponsors are telecommunications and Genesis Energy.

A New Direction: Community Aphasia Advisor

WORDS: **STEPHEN GIBBS**

I have been a teacher of maths and music, a musician, a musical director, a composer, a journalist, a marketing coordinator for SOUNZ, the Centre of NZ Music, and an event coordinator for Te Kōkī New Zealand School of Music at Victoria University.

On Wednesday, January 21, 2015, at 6:40 am, I had a stroke. A clot lodged in the left hemisphere of my brain, and I was completely paralysed on my right side. My wife, a nurse, recognised the symptoms immediately and rang for an ambulance. We are a hop and a skip from Wellington Regional Hospital, and within 40 minutes I had a CT scan. The clot-busting injection meant that my paralysis was almost removed—thankfully, because I am a cellist—but my speech, reading, and writing abilities were lost.

I used to be a ‘communications person’. If I were pessimistic, I could say my life has been derailed—but I choose an optimistic viewpoint. Instead, I have a new direction.

The team working on my rehabilitation was excellent. My wife was marvellous, and my children (and grandchild) and my siblings were immensely supportive. My youngest son is a chef, and he took a fortnight off work to cater for my meals in the hospital (eat your heart out, Dunedin!).

I had a lot of professional help: three Speech-language Therapists from

“There is nothing like returning to a place that remains unchanged to find the ways in which you yourself have altered.”
-- Nelson Mandela



Stephen Gibbs.

Capital Coast District Health Board (Vicky Ryan, Melissa Brazier, and Naomi Seow), a Registered Music Therapist (Andrea Robinson), a Curative Eurythmy Therapist (Janet Thomson), and an Anthroposophical Doctor (Rob Maunsell).

I joined AphasiaNZ and went along to the Wellington Young Stroke Group (I’m not sure what the cut-off for ‘young’ is, but apparently I qualified!). I went along to the Gavel Club organised by the Speech-language Therapists—it was (and still is) brilliant; I can meet others with the language difficulties I have, and it encourages me to have the courage to improve my speaking. I participated in the ORA Workshop at Ewart House (Paul Taylor): Now I have a thumb piano, a Zen sand garden, two gavels (for the Gavel Clubs), a sizeable picture frame, and two toast platters. More importantly, I was able to converse—haltingly but improvingly—with ‘normal’ people.

Now, AphasiaNZ has given me the opportunity to make a difference. As an aphasiac myself, I have a privileged position to understand what people challenged with aphasia, and their support people, are going through. As the Community Aphasia Advisor in the Wellington region, I will support these people in meeting their peers at coffee mornings, guest speeches, field trips, and activities, and I will be an advocate and a resource for people who are new to aphasia.

Fifteen months ago, I was sorting the 200 plus yearly events for the NZ School of Music. I have been ‘altered’, but now I have a new perspective and a new direction.

Kakae!

WORDS: **SAMMY HICKSON, SPEECH-LANGUAGE THERAPY STUDENT, THE UNIVERSITY OF CANTERBURY**

I spent the last two summers with a team of medical (and not-so-medical) volunteers in Lamap, Vanuatu. Troppodoc, a non-governmental organisation, travels to this village each summer to provide free medicine, medical care, and training to the locals and those in surrounding villages.

On my first trip, as a second-year Speech-language Therapy student, I wondered how helpful I would be as part of this team. But I was kept busy. My first trip consisted mainly of telling people with headaches that one cup of water a day isn’t enough, dressing countless infected bites, helping deliver babies, and trying to figure out what the patients were telling us was wrong, then directing them to the appropriate person (nurse, doctor, midwife, etc.) with a description of their symptoms.

On my second trip, about to enter the fourth year of my degree, I had the

absolute pleasure of working with a boy called Joseph (pseudonym). Joseph was a six-year-old who always had a mango in his hand and who had Down syndrome. Joseph was completely non-verbal, but used gestures and grunting very effectively. He loved to swim, to dance, to find food, and to eat.

However, whilst the village understood that Joseph was different, they did not understand why, or how to help him. Because of this, he was often treated badly and was largely ignored. I made it my aim for the trip to try and teach him words. First, I talked to Joseph’s parents about him. I found a translator and tried as best as I could to explain why he might have difficulties the other children don’t have.

With no pop-up pirate, no white board for a visual schedule, and no quiet clinic room, I quickly had to adapt more than I ever had. The first thing I did was select two words, the words for ‘food’ and ‘more’. I told my team that each time Joseph went in to our kitchen and pointed for food (which was about

every 3 minutes), we would model the word *kakae* for him. To begin with, if he made any attempt at the word, he would get what he pointed at. Although edible reinforcement is unconventional in New Zealand, this environment was very different. A week later, Joseph marched from hut to hut happily asking everyone, “Kakae? Kakae? Kakae?” I continued to educate the team and his family about ways to model language and how to foster an environment where Joseph needs to speak, rather than others speaking for him or making assumptions.

At the end of summer, Joseph was using about a dozen words and becoming increasingly fast at learning them. The skills I had learnt in the first three years of my degree enabled me to create an environment where Joseph could learn to speak. It was truly the most rewarding experience I have ever had. The reward of seeing someone who was overlooked by society because of communication difficulties start to have his own voice was indescribable, as was everything else on these trips!



CAGs: Running an Adult AAC Group

WORDS: HANNAH BARNES AND CHRIS LEMMERS, SPEECH-LANGUAGE THERAPY STUDENTS, MASSEY UNIVERSITY

As Speech-language Therapy students at Massey University, we were given the opportunity to participate in CAGs at The TalkLink Trust. CAGs stands for Communication Abilities Group; the group includes adults of all of ages and backgrounds who use augmentative and alternative communication (AAC) systems, as speech and/or language is difficult for them. The group comes together to socialise and use their communication devices to discuss a variety of topics. CAGs takes place every six weeks, at the TalkLink office in Auckland.

As with any new experience, we were a little nervous, but excited for our first CAGs. The TalkLink team and all members of the group were very friendly and relaxed, and made us feel welcome and part of the group. On the first day, we helped group members in participating; this was a great opportunity to have one-on-one conversations with the different members and to learn how the group was run. The next three CAGs mornings were up to us to organize and facilitate, with the support of the Speech-language Therapy team at TalkLink.

Meeting new clients always gives you the opportunity to learn a whole new range of creative communication skills, for instance sounding the alarm on a wheelchair to gain attention. It never ceases to amaze us how much can be communicated through facial expression and intonation. One of the surprises

was the number of technical difficulties AAC users experience, and how frustrating these can be.

One of the challenges has been catering to all the different needs in the group so that the activities can be engaging and stimulating for everyone despite diverse interests and communication abilities. We have had to learn how to give people time to create a message on their device, while maintaining the flow of the conversation and ensuring everyone has the opportunity to share what they want. Although facilitating the group has been challenging, it has also provided us with the opportunity to learn from more clients than we could have seen in individual sessions.

We have found this a great opportunity to gain the hands-on experience that you cannot get from learning theory in class. The group members have been very welcoming and it's been a lot of fun getting to know them. We are excited for our final session in June; we will miss this funny, charismatic group once we are finished! We would like to thank the TalkLink team for this experience and for all the valuable feedback, which will help us with our placements and future work as Speech-language Therapists.

Thanks, CAGs members and the TalkLink team!





Interview with Anna Miles

R. LUCAS VAN RYN TALKS TO NZSTA PROFESSIONAL STANDARDS OFFICER ANNA MILES.

PHOTO: **FREESTYLE EVENT PHOTOGRAPHY**

How did you first become involved in Speech-language Therapy?

My dad is a neuro-paediatrician, and my mum is a community social worker, so I really got brought up in a hospital. I knew the Speech-language Therapist who worked there, and I liked what their role in the group looked like. The ability to allow people to participate in a worthwhile life—that just seemed so motivating. So I'm one of those unique people who decided to be a Speech-language Therapist at 14 years old.

Did it turn out to be what you expected?

No, because I ended up researching in swallowing. My first job was in special needs, but I went on to do 10 years at Auckland Hospital in the neurosurgical unit. All those special needs skills were coming in there, for people with significant brain injury, physical and cognitive needs, swallowing, and augmentative communication.

The best thing about Speech-language Therapy is that our core skills are so transferable. We've got schools, clinics, hospitals, rehabilitation centres, the youth justice system... It allows you to reinvent yourself at any point. You don't need to stay in Speech-language Therapy, either; you could go in to

management, you're still going to use your communication skills all the same.

What does your work in the Professional Standards portfolio involve?

That's one of my really fun roles, in Professional Standards. It's a great portfolio. One of my responsibilities is to sit on the mutual recognition agreement group. This is a fabulous agreement we have across the world, where we've checked the regulations and the training of the therapists and therapy programmes in each of the countries involved and agreed that they're equal, which means that we can travel and work in those countries with much less difficulty.

I'm also involved with the programme accreditation group, which is responsible for monitoring and accrediting the programmes at the three universities. We meet once a year with the heads of the universities. The accreditation is robust and high quality but it's done in such a respectful and collegiate way; it makes it an incredibly enjoyable group to be part of.

We're encouraging more policies and procedures and standards to be developed, especially in areas where clinicians are concerned they don't have a lot of guidance or support.

At the moment there's a project on paediatric dysphagia guidelines, which has been really enjoyable to work on. I'm really encouraging members to approach me if they're interested in having new standards, policies, or guidelines, so that I can provide them with structure and support. I've got a lot of resources I've been developing that will make guideline development easier.

How do you feel Speech-language Therapy in New Zealand compares to overseas?

New Zealand is really unique in the world of Speech-language Therapy. Organisations overseas have all these financial support systems, and the power of membership is huge. Yet here we sit in New Zealand, and our standards are just as good, if not better. Our principles of ethics, our professional development opportunities, our Expert Advisors are all at an international level, and this is something for every single member of the NZSTA to be proud of.

Can you tell me briefly about your research at the Swallowing Research Laboratory?

The University of Auckland Swallowing Research Laboratory sits within the Centre of Brain Research and it's led by me. It's so much fun; I absolutely love it. It's the best thing I could have chosen to move into in my career. I now have this lovely magical opportunity to answer the questions that I had clinically, and to answer the questions of the clinicians who come to me.

Most of the work's done in the hospitals with the support of therapists around the country. The primary focus of the lab is acute dysphagia care and dysphagia education. We've developed an awesome database of video fluoroscopies that we're using to answer a lot of questions about dysphagia care and recovery. We also have a great strand of research looking at the use of virtual patients in education.

What changes would you like to see for Speech-language Therapy in New Zealand?

Not everybody we want to treat we can treat as well as we would like to. There are kids that just don't fit criteria, but should be seen. We've got teachers off school every term because they've lost their voice again. There's economic and health and educational repercussions for our whole country. We need

Speech-language Therapists to move into management, into strategy, and into government, to start advocating higher up.

Southern Cross have a code that allows us to do Speech-language Therapy for voice only after surgery. There's no code that allows us to prevent surgery, yet we actually have lots of skills that would have good outcomes, and are also much cheaper than putting someone through surgery. We need to be advocating for things like that, and we need to start getting smart about money saving.

We've already got our great work with Talking Trouble, looking at increased scope of Speech-language Therapy in the youth justice system. We've got great research coming out from the University of Auckland on the awful prevalence of voice problems in teachers. Therefore we could strongly advocate the Ministry of Education for mandatory voice training for all teachers who go into primary school. We need to be looking at what else should we be doing and how to fight for the rights for those things to occur. We need to start advocating with insurance companies and government organisations that have the power to make change. The Executive Council's there to support people to do these things.

What made you decide to join the Executive Council?

I just felt it was a good time for me to join. I was settled in my full-time faculty position, and I'd had periods of time where I was doing my PhD and then working towards getting that full-time permanent job, and so now was a good time to be able to give back. It's given me a completely new insight and a lot more knowledge of how the organisation as a whole runs. And it's given me a huge respect for what the portfolio holders do in their own time.

I'd love to say I joined because I had loads more time on my hands, but that would be a lie. Most Speech-language Therapists are doing far more hours and achieving far more than they probably healthily should—a common trait of Speech-language Therapists is to work hard and be passionate. I guess it's also what makes us such respectable professionals and so well-liked by those we work with. We're reliable, we work hard, we're passionate about what we do, we advocate for our patients. Who wouldn't want a Speech-language Therapist on their team?



Area Updates

NORTHLAND AREA

Lucy Schumacher

- Suanna Smith has started back at the Ministry of Education in Whangarei.
- The DHB and Blomfield School are enjoying having Massey students on placement.

AUCKLAND AREA

Fern Maxwell (née Jones)

Auckland area meetings continue to be well-attended and the Autumn meeting was our first videoconferencing meeting, which went very well. Discussion focused around AAC across different clinical contexts, including Communication Assistive Technology Level 1 accreditation and ways to become accredited. There is a wealth of professional development coming to Auckland covering AAC, which includes a visit from Linda Burkhart in September, run by ATANZ. Members are beginning to get excited about Awareness Week this year and the upcoming NZSTA conference. I look forward to seeing everyone for the Winter meeting later this year.

WAIKATO / BAY OF PLENTY AREA

Annabelle Blue

We had another successful area meeting, with great attendance from clinicians calling in from all over the region. A number of people have been involved in some interesting professional development events recently, which we all enjoyed learning about.

- Congratulations to Helen Liddall, who has returned to Tauranga Hospital from her maternity leave.
- Sara Jodache and Eleanor Rubio have both recently joined the Tauranga Hospital team.
- Jacinta Parsons has left Waikato Hospital to go and work in the United Kingdom—we wish her all the best!

CENTRAL AREA

Emma Horsburgh (née Irvine)

Well, another quarter has flown by and I can't believe we are halfway through the year already!

There have been a number of staff changes across the region since our previous meeting, so we welcome all our new

members to the Central area. We also sadly say goodbye to a number of members—we wish you well in your new adventures. Most areas are business as usual.

- Elisa Mynen at Speechie is continuing to get busier and is looking at the possibility of expanding.
- Taranaki DHB is continuing to work on getting cough reflex testing up and going. They are currently running into issues around the citric acid supplier.
- Kowhai Special School in Hawkes Bay is fully staffed and has a growing role. This means the Speech-language Therapy workload is increasing.
- Gisborne MOE is fully staffed and looking to meet with the DHB staff in the near future due to staff changes at the hospital.

WELLINGTON

Claire-Ellen Roberts

It was great to see so many members continuing to take part in the meetings this quarter. There continue to be some changes in the teams, with Jessica Hunter-Wilson moving to the Ministry of Education from The TalkLink Trust. Also moving within the area is Rosanna Tilyard, who has moved to The TalkLink Trust Wellington team full-time.

There has been a request in the area to improve the face-to-face meetings to take advantage of the Professional Development section by having someone share an article or some information with the group. We would like to thank Shannon Hennig for stepping forward and discussing with the group Stiegler, L. N. (2015) Examining the echolalia literature: Where do speech-language pathologists stand? *American Journal of Speech-Language Pathology*, 24, 750-762. http://dx.doi.org/10.1044/2015_AJSLP-14-0166

We will also be looking at moving teleconferences to be held after face-to-face meetings to improve information sharing between the meetings.

CANTERBURY / WESTLAND AREA

Ruth Ramsay and Kate Cook

We had an excellent turnout for the Autumn breakfast meeting.

It was good to catch up with therapists from a wide range of workplaces.

- The multidisciplinary paediatric team that runs the Food School for feeding intervention has relocated from Christchurch Public Hospital to Montreal House. They received a warm welcome from the staff there. All other Speech-language Therapy paediatric services remain based at Christchurch Public Hospital.
- The Princess Margaret Hospital has closed. The staff are now located at the new Burwood Hospital in Parklands, Christchurch. You can have a brief look at the new facility by visiting <http://www.stuff.co.nz/national/health/81006293/christchurch-hospital-patients-get-five-star-treatment-at-new-digs> (or <http://tx0.org/ad>). They have hired a new graduate from Canterbury, Vanessa Absalom-Mueller. *For more about The Princess Margaret Hospital, see p. 16.*
- The CELF-5 standardisation process for gaining New Zealand norms continues across Canterbury and the country, with the clinical staff at The University of Canterbury being heavily involved. It's exciting to be gaining these data to support children through future language assessments across New Zealand. Examiners are still needed. If you'd like to get involved, please contact Pearson at research@pearson.com.au.

OTAGO / SOUTHLAND AREA

Eleanor Jackson

- We had a great turnout at the Autumn meeting, with several members in Invercargill joining us via Skype.
- The Otago / Southland area has had a few recent changes in staffing. We welcome Kathryn Palmer to CARA in Dunedin, Ange Lee to Shout Speech Therapy in Queenstown, Maria Ryan to Shout Speech Therapy in Invercargill, and Ellie Bloxham to the Ministry of Education in Invercargill. Laura Fuller has resigned from her position at the hospital in Invercargill, and Vanessa Jerome and her family are relocating to Christchurch.
- Otherwise, business as usual as we brace ourselves for the winter months!

Getting a Taste of Dysphagia Research

WORDS: MICHELLE WESTLEY, SPEECH-LANGUAGE THERAPY STUDENT, THE UNIVERSITY OF CANTERBURY

During my honours year, I had the opportunity to be involved in doing research as part of a clinical placement at The University of Canterbury's Rose Centre for Stroke Recovery and Research in collaboration with Paige Thomas and Professor Maggie-Lee Huckabee. I would like to share some of my experiences in getting a taste of research and working with the clinical population who were involved in the study.

Dysphagia management for people with motor neurone disease (MND) is generally focused on supporting the ability to eat for as long as possible through behavioural strategies, airway protection, and dietary management, including early percutaneous endoscopic gastrostomy (PEG) tube insertion. Exercise for people with MND is somewhat controversial, because it is believed that it may exacerbate impairments through overuse of muscles, leading to fatigue and an increased rate of decline. Dr. Emily Plowman and colleagues (2016) have however conducted preliminary research which suggests that there may be benefits from exercise for swallowing in the MND population. In collaboration with Dr. Plowman, researchers at the Rose

Centre are continuing to evaluate the potential for improved swallowing function and improved quality of life through dysphagia exercise.

Through this research and clinical placement at the Rose Centre, I had the privilege of meeting many inspiring people. One of the participants shared with me his way of comprehending and living with MND. Allowing the complexity of this disease to be described using visual analogy was a fascinating insight:

I discovered that this disease is like a body full of post-it notes. Every day that I reverse into this coma one post-it note comes off . . . but I discovered that post-it notes can be put back on . . . the Rose Centre is one . . . It was uplifting to realise that the post-it notes can be added . . . each day I come in here one comes on . . . but then post-it notes come off too . . . one day they will all be gone but that's the way I handle it . . . even though there is not a great outcome, there are a lot of good things that can happen.

Working with both the research participants and the clinical patients at Rose Centre has been an invaluable experience. I have found it interesting learning about the stages of the research protocol and being able to collaborate with others working on the research. It has been great to be involved in a small part of research for the MND population, and it was humbling to share time with the people involved.

The honours project is a small-scale project, with Paige Thomas continuing and expanding on this research for her PhD. She is currently looking for participants who have a diagnosis of MND and early indications of swallowing impairment. For more information, or to express interest in being a part of this research, please contact Paige Thomas, (03) 364 2307 or paige.thomas@pg.canterbury.ac.nz, or Professor Huckabee, (03) 364 2042 or maggie-lee.huckabee@canterbury.ac.nz.

Reference

Plowman, E. K., Watts, S. A., Tabor, L., Robison, R., Gaziano, J., Domer, A. S., . . . Gooch, C. (2016). Impact of expiratory strength training in amyotrophic lateral sclerosis. *Muscle & Nerve*, 54, 48-53. <http://dx.doi.org/10.1002/mus.24990>

Mashed Banana, Cold Spaghetti: A Fun Food Group at West CDS

WORDS: TARYN HASLETT AND KRISTI EXLEY

Earlier this year, two of our team members, Kristi Exley (Speech-language Therapist) and Nicola Parkin (Psychologist), were fortunate to attend the Sequential Oral Sensory Training Programme in Brisbane. Freshly equipped with the latest knowledge and resources, we were able to run a Fun Food Group for 12 children in our service.

We had two participant groups, the first with children ranging in developmental ages from 8 months to 18 months, and the second with children from 24 months to 6 years developmental age. All children had a history of feeding difficulties in addition to other medical issues, most were enterally fed, and all were currently receiving input from a Speech-language Therapist, dietitian, or psychologist.

Our group ran for 12 consecutive weeks, with one-hour sessions including sensory warm-up activities, the feeding session itself, and parallel parent education sessions behind the one-way mirror. We also ran an evening parent education session for additional education and for partners who were unable to attend the group to learn the basics of how to complete therapy meals at home.

The parent education sessions included resources and handouts discussing the developmental food continuum, teaching children how to

chew, and various developmentally appropriate foods, as well as the desensitisation approach and how to implement family therapy meals.

The majority of children attended between six and eight of the 11 therapy sessions, and all demonstrated some progress towards their individual goals, including participating, sitting at the table, or engaging in the sensory warm-up, in addition to working their way up the Steps to Eating hierarchy. Two children did not complete the group due to medical issues. Three children went from being unable to sit at the table to swallowing some foods offered. One child with visual impairment went from no touching of foods to touching all



Child Development Team (from left to right): Sarah McKenzie (Dietitian), Lindy Fowler (Occupational Therapist), Taryn Haslett (Speech-language Therapist), Karen Fisk (Therapy Assistant), Kristi Exley (Speech-language Therapist), Jane Carmine (Dietitian), and Nicola Parkin (Psychologist).

foods presented. One child ate a similar number of foods at the first session and the final session; however, she began eating new foods at home. Three children went from touching to eating at least half of the foods presented. One child went from tasting a few foods to swallowing one third of the foods presented. One child went from chewing and swallowing around half of foods presented to chewing and swallowing two thirds of foods presented.

The feedback from parents was extremely positive, especially around the education component. Parents reported several improvements with feeding at home, such as children attempting new foods or accepting a wider variety of foods, reduced gagging, and remaining at the table.

The team felt that the addition of our psychologist, Nicola Parkin, to the team was invaluable, as she was able to provide education and support for the parents. The evening education session, which included having parents attempt the oral motor steps to eating, helped parents understand the complexity of learning to chew and the next steps to teach their child.

The team will be running another feeding group in September, as the gains seen for our children were well worth the time and effort.

Bionic Voice: Natural Speech Restoration for Voice Impaired Individuals

WORDS: HAMID SHARIFZADEH, UNITEC INSTITUTE OF TECHNOLOGY

The human voice is the most magnificent instrument for communication, capable of expressing deep emotions, conveying oral history through generations, or of starting a war. However, those who suffer from aphonia (no voice) and dysphonia (voice disorders) are unable to make use of this critical form of communication. They are typically unable to project anything more than hoarse whispers.

Whispered speech, as we know, can be useful for quiet and private communications in daily life, but is the primary communicative mechanism for many people experiencing voice box difficulties. Such situations can occur with normal physiological blocking of vocal cord vibrations or, in pathological cases, when vocal cords are blocked due to disease of the vocal system or are excluded by an operation. Typically, in such cases, the pitch generation mechanism within these patients' vocal apparatus is either lacking or otherwise unusable.

Oesophageal speech, tracheoesophageal puncture (TEP), and electrolarynx devices are rehabilitation methods employed to enable patients who have undergone laryngectomy to acquire oral communication, although none generate natural-sounding speech, and each suffers from some kind of complexity, including difficulty in learning their use, clumsy usage, and increased risk of infection due to surgical operation. Furthermore, all produce speech that is at best monotonous, and which can be robot-like.

This research aims to develop novel algorithms for creating a new rehabilitative method to restore natural-sounding speech for patients who have undergone laryngectomy and those with significant dysphonia, through a speech processing framework. The new method would be non-invasive, non-surgical, and capable of turning whisper-like voice into normal speech. We intend to use auditory information coupled with machine

learning techniques, signal analysis, and spectral enhancement to deliver natural speech regeneration.

Through a collaboration with Dr. Jacqui Allen, a laryngologist and surgeon at WDH and The University of Auckland, we are collecting experimental data based on sound recordings from patients with voice impairment (approval for the data collection granted by the Health and Disability Ethics Committee). We will use the data to develop superior spectral enhancement algorithms for restoring distorted speech. The ultimate aim of the research is to design, build, and evaluate a prototype of a basic natural voice regeneration system, leading to a potential rehabilitative product that can be used by otorhinolaryngology departments in New Zealand and worldwide.

BIOGRAPHY

Hamid Sharifzadeh is a lecturer in the Department of Computer Science at Unitec Institute of Technology, New Zealand. Hamid completed his PhD at Nanyang Technological University, Singapore in 2011. During his doctorate studies, he spent time at the University of Birmingham, United Kingdom as a visiting researcher. Following the completion of his studies, he undertook two postdoctoral fellowships at Nanyang Technological University focussing on the areas of speech and image processing before joining Unitec as a lecturer in 2014. His research interests lie in the fields of speech processing and image processing. In recent years, he has focused on regeneration of natural speech from whispers. Hamid has been awarded a United States patent and is winner of the best paper award for his vocal reconstruction work. He is currently collaborating with Auckland Voice and Swallow Centre for natural speech reconstruction for voice-impaired individuals.

Improving Confidence in Dysphagia Management

WORDS: JESSICA GARDINER, MAEGAN VANSOLKEMA, NICK JACOBS, AND LAURA SILCOCK, ABI REHABILITATION NEW ZEALAND

Originally presented as a poster at the New Zealand Rehabilitation Association and Australasian Faculty of Rehabilitation Medicine conference in Wellington in 2015.

Providing swallowing education to staff at ABI Rehabilitation was historically done on an individual basis and did not involve formal training to prevent aspiration in clients with dysphagia. As a result of a serious incident occurring around feeding whilst the client was unable to safely participate, a formal swallowing training programme was created for all staff on orientation and on a yearly basis. This training programme involves components of adult learning principles (Bryan, Kreuter, & Brownson, 2009), as shown in Figure 1. The aim was to increase overall confidence of all staff involved in feeding clients.

The training programme started in May 2014. Staff members take part in this training, run by the Speech-language Therapy team, once a year. A survey was provided to all staff that completed the training, asking about their level of confidence in dealing with eating and swallowing difficulties before and after the training. The survey used a 7-point Likert scale and was completed retrospectively. There was also a space for further comments from the staff.

Twenty-seven surveys were returned, and a *t* test was conducted to determine the statistical significance of the difference between the confidence before

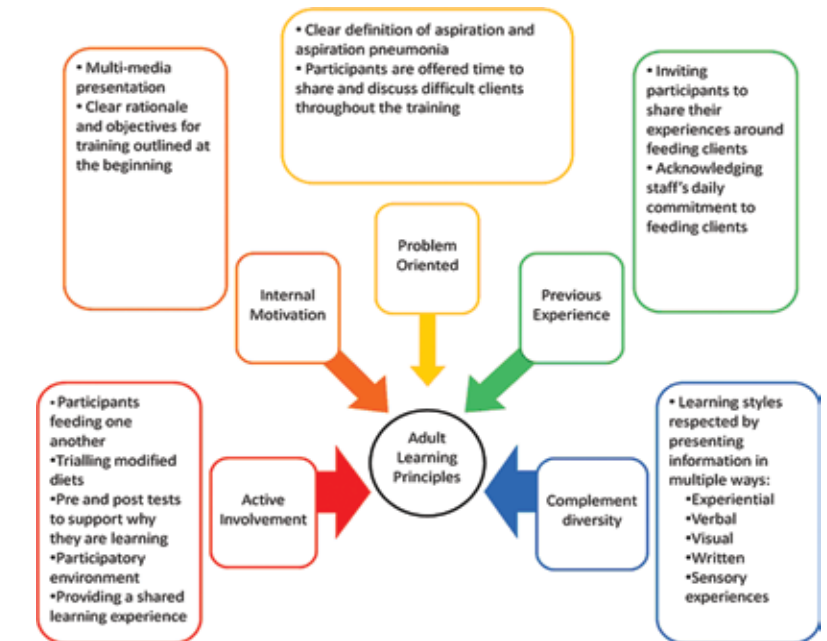


Figure 1. Components of Adult Learning Principles.

and after the swallowing training. The difference was found to be statistically significant ($p < .001$).

The overall increased confidence of staff members following the swallowing training can be attributed to the various training methods making use of the five adult learning principles. For example, adults were actively involved in the learning process, with staff participating in feeding other staff members to empathize with clients who have dysphagia.

Since the training began, there has been an overall increase in the number of reports of swallowing and feeding incidents. This has enabled the Speech-language Therapy team to respond to incidents in a timely manner, as well as to improve overall risk management of these clients.

Reference

Bryan, R. L., Kreuter, M. W., & Brownson, R. C. (2009). Integrating adult learning principles into training for public health practice. *Health Promotion Practice, 10*, 557-563. <http://dx.doi.org/10.1177/1524839907308117>



Farewell to the Princess Margaret Hospital

WORDS: **KIRSTIE KOLLER**

Goodbye the Princess Margaret Hospital from all of the Speech-language Therapists who have been lucky enough to work within your walls.

As part of the hospital redevelopment in the Canterbury region, the inpatient wards for older persons' health in Christchurch have been moved from their long-term home at the Princess Margaret Hospital to newly built facilities at Burwood Hospital. This move has been planned by the Canterbury District Health Board for many years, and was completed over the week of June 13–17, 2016. Other services at the Princess Margaret Hospital (including community therapists) will move from the site over the next 3–5 years.

For many years, the Princess Margaret Hospital has been home to a staff of inpatient, outpatient, and community Speech-language Therapists. Many New Zealand Speech-language Therapists will recall student placements and videofluoroscopy training at the hospital. The move of the inpatient wards to Burwood Hospital marks the end of a significant era.

On June 1, 2016, past and present 'PMH Speechies' gathered to share memories over morning tea and to officially say goodbye to the lovely 1950s building. Representatives from



every decade since the 1980s were present, and stories were shared of friendships formed, student learning, innovative trans-disciplinary work, client-focused rehabilitation, and affection for the sylvan, warm, and welcoming rehabilitation environment. The legacy of the Princess Margaret Hospital will travel to Burwood with its staff and patients.

Support Groups for Therapists Working in Private Practice

WORDS: **POLLY KHUSHAL, CHATTERBOX THERAPY**

Speech-language Therapists in private practice in the United Kingdom are required to be members of the Association of Speech and Language Therapists in Private Practice. The Association sends all new members the details of local groups of other members in their region, and encourages you to join one of these groups. As a private therapist in the United Kingdom, I found the clinical support from my local group invaluable. We met four times a year, and were often in contact between meetings by email or phone to discuss difficult cases, share resources, or refer clients on to other therapists when we were unable to take them on ourselves.

When I moved to New Zealand and set up my private practice, Chatterbox, I was keen to set up a similar support group to the one I had joined in the United Kingdom. Through the NZSTA website, I contacted a number of private therapists working in Auckland to see if they were interested in joining a supervision group. We started with just a small group of three

therapists, but gradually grew, and, within a year, we had nine members in our group. At each meeting, our agenda includes a case study, a professional development slot, a chance to share new resources, and discussions around upcoming Speech-language Therapy events and study days. We have a list of the assessments each therapist owns, and we are all happy to share these amongst the group. As well as sharing resources, we also contact other therapists in our group to pass on referrals for clients we can't take on ourselves. We meet four times each year and also have a social around Christmas. Our meetings last between one and a half and two hours and are held at one of our members' houses.

I would encourage other private practitioners to set up their own supervision groups. Working privately can make you feel very isolated clinically, but supervision groups a great way to keep up to date with the profession.

"Extremely supportive group of practitioners with a wealth of experience and knowledge. Very useful to be part of such a group when practising as a private SLT and being in a new country!"
--Karen Blundell

"Our private therapy group is an essential part of my practice as an SLT. We share therapy ideas, techniques and skills. We support each other with best practice, but at the same time respect each other's independent approaches."
--Claire Bugg, Talking Point Speech Language Therapy



Fiona Hewerdine at the Allied Health Conference.

Flying the Flag for Palliative Care

WORDS: FIONA HEWERDINE

A few months ago, the NZSTA initiated services for their members for education opportunities using the Collaborative Learning and Development (CLAD) platform. This learning platform has been adopted by a number of allied health professionals. The NZSTA took the opportunity to launch a variety of *Moodle* learning activities for their members to access.

This benefits the organisation in that it is self-sustaining: The membership pays a nominal fee for access to the Moodle courses. It also ensures a broad base of knowledge across the membership, and provides the opportunity to inform allied health more generally. Another benefit of this model for NZSTA members is that they can dip in and out of a Moodle learning event at their own convenience with a nice glass of wine and some Chinese takeaways. It is an approved form of CPD, so it is a way to achieve points that fits in with your availability.

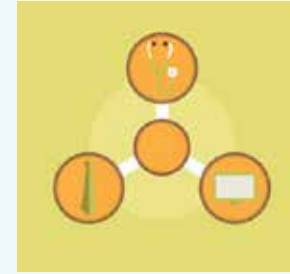
At the recent biannual allied health conference Leading the Change, we were really pleased to have the opportunity to represent Speech-language Therapy. Fiona Hewerdine, Expert Advisor for Palliative Care and Neuro-degenerative Disease, took the opportunity to showcase the CLAD platform, promote Speech-language Therapy within allied health, and wave the flag

for palliative care.

Speech-language Therapists are excellent advocates for palliative care for our patient groups, whether these be young children with a life-shortening condition, people with brain tumours, motor neurone disease, multiple sclerosis, Friedreich's ataxia, multiple systems atrophy, or dementia. Some excellent principles of palliative care according to international documents were showcased, and also linked with our current Ministry of Health recommendations and our Advance Care and Future Care Planning documents.

The Palliative Care Moodle course reminds us of the skills we already have as clinicians, such as amazing listening skills, attention to non-verbal cues, the ability to pace and time consultations, and the ability to capitalise on the moment for having difficult-to-have conversations.

This article is to take pride in Speech-language Therapy's flag-waving amongst the allied health team in leading the change. It is also a little reminder that those Moodle courses are available for you, and the Palliative Care one may just be what you're looking for. So get on to the NZSTA website, and book yourself a glass of wine and your Palliative Care Moodle.



Potential Special Interest Group: Health Informatics

WORDS: JO TIPPING

Ever wondered what health informatics is? Have you ever used a Fitbit? Have you ever searched for a symptom on Google? Then you're already a health informatician! Health informatics is where healthcare, technology, and business combine. As health professionals, we already collect data, but then what do we do with the data? Is there a simple piece of technology or *app* that could make one small part of your job easier? The public now have higher expectations of access to their health information. What can we do to support this change?

I'm seeking other clinicians who may be interested in forming a SIG or forum to discuss ideas and new initiatives that could be used nationwide. Health informatics is reportedly the fastest growing area in healthcare, and there is a growing national network of allied health clinicians, so let's combine to drive forward allied health initiatives.

If you are interested, please contact me via email at jo.tipping@cdhb.health.nz. I will also be attending the NZSTA conference in September, so feel free to make contact then. More information on health informatics is available at www.hinz.org.nz.



New Zealand
Speech-language
Therapists' Association
Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

Vacancy: NZSTA Programme Accreditation Committee Māori Representative

We are looking for an NZSTA member to join this vital and progressive committee as Māori Representative. The Programme Accreditation Committee is responsible for providing the framework and accreditation of all New Zealand Speech-language Therapy programmes.

We are seeking someone with a minimum of three years' experience as a Speech-language Therapist, who has experience in committee processes, and is keen to contribute to the profession. The ideal candidate should demonstrate knowledge of tikanga Māori, understand the university curriculum in terms of the Treaty of Waitangi and cultural responsiveness, and understand the issues and skills required when working with Māori whānau. For all enquires, please contact Anne van Bysterveldt at anne.vanbysterveldt@canterbury.ac.nz.



Annette Rotherham – Communications

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KIA ORA AND WELCOME TO THE WINTER ISSUE OF COMMUNICATION MATTERS.

I have had a busy three months on the Executive Council as things are ramping up for our Awareness Campaign. Our strategic team includes Philippa Friary, Amy Oughton, Sally Kedge, Suzanne Purdy, and myself. We will be launching Giving Voice Aotearoa in September and we are so grateful to have some enthusiastic champions on board to aid the campaign.

Phase one of the campaign is to engage our members in feedback to assist with the key messages of the campaign. At the Winter area meetings, we will be asking for your thoughts and feedback. Some questions might include:

- What are key issues experienced by people with communication and swallowing disabilities in New Zealand?
- What in your workplace affects your ability to deliver the services you think people should receive?
- What changes should the NZSTA ask for at a government level?

Another current project is the revamp of the NZSTA website. Technology moves quickly these days and we are wanting to

move with the times. We are aiming for a more responsive and functional site that will adapt to whatever device you are using. We also aim to make the site user-friendly and to make it easier to find information. We welcome ideas and feedback while we are in the early development phase.

We also encourage you to like the NZSTA Facebook page; please encourage your networks to follow us too. It is an active and informative page with followers from all over the globe.

I also want to remind you to nominate outstanding colleagues for the NZSTA Ambassador award, which will be presented as part of the awards and grants ceremony at the NZSTA conference dinner in September. Nominations close July 31.

Conference season will soon be upon us and I look forward to seeing many of you at our NZSTA conference in Auckland this September.

Ngā mihi nui,
Annette



Karen Brewer – Māori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

KIA ORA KOUTOU,

It has been a busy few months. In May I went to Perth again. This time I presented at the Speech Pathology Australia conference. During the conference, Philippa and I enjoyed participating in a workshop called Speech Pathology 2030: A Vision to Aspire to. This was the final consultation process for a major strategic planning project of Speech Pathology Australia. It was inspiring to see how the project had been undertaken, and we brought back some new ideas for the NZSTA.

Linda Hand and I have been working on revising the *Accreditation Standard for the Aotearoa/New Zealand Context*. This is one of four standards that the university Speech-language Therapy programmes need to show that they meet to achieve NZSTA accreditation. The draft is currently with the Programme Accreditation Committee and the Executive Council. It will be finalised by the end of the year.

He Kete Whanaungatanga continues to meet quarterly in support of the Māori and Cultural Development portfolio. We are currently preparing a poster about who we are and what we do. Look out for it at the NZSTA conference in September.

I am in the process of setting up a peer support group for Māori Speech-language Therapists and Māori Speech-language Therapy students. If any Māori Speech-language Therapists or students are interested in being part of this group, please get in touch. The group will be independent of the NZSTA and of my role on the Executive Council, but it is in line with the NZSTA's strategic goals: "Māori speech-language therapists are valued and supported to practise as Māori" and "NZSTA supports and promotes a culturally and ethnically diverse workforce."

I envisage this becoming an example that Speech-language Therapists from many ethnic or cultural groups could look to and set up their own groups over time.

My colleagues and I recently published an article in the *New Zealand Medical Journal*: Brewer, K. M., McCann, C. M., & Harwood, M. L. N. (2016). The complexities of designing therapy for Māori living with stroke-related communication disorders. *New Zealand Medical Journal*, 129(1435), 75-82.

This article includes the content of the presentation I gave at the NZSTA professional development event in Christchurch last year. It will be freely available online after six months, but if you would like to read it before then, please let me know.

A few people have asked me for the te reo Māori translations of *Speech-language Therapist* and *Speech-language Therapy*. There are several translations of *Speech-language Therapist*, but for consistency I recommend using *Kaiwhakatikatika Reo Korero*, the term used by the NZSTA. I do not know the term for *Speech-language Therapy*. I hear that at Palmerston North Hospital, the term is *Haumanu Reo Kōrero*. What term does your workplace use? Please email me and let me know.

I recently had the pleasure of watching the video "My World My View", made by Attitude TV and the Ministry of Education (<http://attitudelive.com/documentary/my-world-my-view> or <http://tx0.org/a7>). This highly-recommended video features some students from Kelston Deaf Education Centre using New Zealand Sign Language.

Noho ora mai,
Karen Brewer



Jodi White – Member Networks

membernetworks@speechtherapy.org.nz

HI EVERYONE,

I hope you have all been managing to see some sunshine during these shorter days.

All Executive Council members, Student Reps, and Area Reps now have new email addresses. Please refer to the inside back page of Communication Matters for the addresses. These new addresses should make it easier to get in touch with the correct people and will make handover of portfolios and roles easier in the future.

The Executive Council had a very productive meeting this month, where we consolidated some of our plans. I have a few projects in the pipeline and would like to request any member with information relating to the history of the NZSTA to get in touch—if you have archival material, information about former members, photos, or any other relevant information. I will be looking to develop a timeline of the NZSTA and am hoping to get in touch with some key members who may hold some of this valuable historical information.

Excellent attendance at area meetings has continued, and I would encourage all of you who attend to contribute your opinions, comments, and questions. The Executive Council is happy to receive all queries, and we try to provide full responses to be included as part of the national collated meeting minutes. The minutes, with Executive Council responses included, are now available on the NZSTA website at <http://www.speechtherapy.org.nz/pages-after-login/exec-documents/exec-minutes> (login required, or <http://tx0.org/9m>).

There have been some queries recently around how to access the *Speech, Language and Hearing* journal and other

publications. The NZSTA subscribes to a number of online publications, and you can find links to them on the website in the members' only section at <http://www.speechtherapy.org.nz/pages-after-login/resources/journals/> (or <http://tx0.org/a8>). Please take a look at this page to find something of interest to you.

Members are often asking about how they can gain CPD points when they work part-time or are not working currently. There are a number of low-cost and no-cost ways to gain CPD points. Over the next few months, I will try to provide some examples of these. This month, I would encourage you to have a look at the e-learning courses that have been uploaded to <http://www.speechtherapy.org.nz/page/info-for-slts/e-learning-platform/> (or <http://tx0.org/a9>). These online courses have been developed by our Expert Advisors and are a low-cost way of undertaking professional development and gaining CPD points from the comfort of your home. You can dip in and out of the course as many times as you want over a three-month period. Further courses will be added as more Expert Advisors are nominated across the breadth of Speech-language Therapy roles.

Please continue to engage with your Area Reps and area meetings; it really does help the whole association. I look forward to interacting with you all again soon and hopefully seeing many of you at the conference in September.

Ngā mihi,
Jodi



Claire Winward – Professional Development

professionaldevelopment@speechtherapy.org.nz

KIA ORA KOUTOU,

Winter appears to be sneaking up on Wellington—I'm sitting here in front of the fire contemplating another busy few months in the Professional Development world. Here's what's been taking up my time:

Online Learning

We are pleased to announce another new online learning opportunity:

Radiation Training for Speech-Language Therapists - Dr. Anna Miles, New Zealand Speech-language Therapists' Association - Clinical Expert, Adult Dysphagia

This course will be useful for all Speech-Language Therapists participating in VFSS, and is only \$25 for NZSTA members. For more details, please see: <http://www.onlinecpd.co.nz/course-providers/speech-language-therapists/show/31> (or <http://tx0.org/ab>). Please share this with your networks.

Expert Advisors

I am delighted to welcome two new Expert Advisors:

Ann Smill, Augmentative and Alternative Communication
Ann has 25 years' experience working as a Speech-language Therapist specialising in Communicative Assistive Technology / AAC. She currently works as General Manager for The TalkLink Trust, and contributes to the AAC content in the Canterbury, Massey, and Auckland university Speech-language Therapy programmes. You can contact Ann at ann.smill@talklink.org.nz.

Carlene Perris, Voice

Carlene has worked as a specialist in the area of voice since 2002, and has extensive experience in both New Zealand and the United Kingdom. She currently works as Professional Lead for Speech-language Therapy at Auckland DHB and is involved in the training and supervision of students in the field of voice at both Massey University and The University of Auckland. You can contact Carlene at cperris@adhb.govt.nz.

Many thanks to Carlene and Ann for agreeing to share their time and expertise with us. We look forward to working with you!

New SIGs

We are looking at setting up a SIG for Speech-language Therapists working with children and/or adults who are Deaf or hearing impaired. The aim of this SIG is for Speech-language Therapists working in this field to get together to discuss ideas, share new research, share skills, and so on. We are looking at holding a meeting once a term with a guest speaker each time. If you are interested in joining, please contact Lydia O'Connor at lydia.oconnor@education.govt.nz.

The Speech-language Therapists at Christchurch Hospital are considering setting up a Head and Neck Cancer SIG, and would like to hear from anyone who might be interested. For more information, please contact Alexandra Smedley at alexandra.smedley@cdhb.health.nz.

See also p. 19 for information on a potential Health Informatics SIG.

If anyone else is interested in setting up a SIG, please let me know so I can help spread the word.

Hei konā mai i roto i ngā mihi,
Claire



Anna Miles – Professional Standards

professionalstandards@speechtherapy.org.nz

It is a busy time for the NZSTA. This week, the 2016 NZSTA conference Enhancing Lives Through Partnership will go live and registrations will open. I look forward to seeing many of you in September for a great programme.

Professional Standards

There is plenty happening in Professional Standards. Check out the website for our current standards: <http://www.speechtherapy.org.nz/pages-after-login/exec-documents/position-papers/> (login required, or <http://tx0.org/aa>).

We have a number of new guidelines in preparation: Supervision, Risk Feeding, and a call for a working party to develop a Paediatric Feeding Guideline.

Sally Kedge and I sent a letter to the “A good start in life: Develop policy options to improve government supports for parents, family and whānau of disabled children aged 0-6 years” working group to offer the support of the NZSTA and its members. We received a quick and positive response, so we are now looking into the best options for membership involvement in this important piece of work.

Programme Accreditation Committee

The Programme Accreditation Committee (PAC) is vital to the NZSTA's international Mutual Recognition Agreement and is a critical component of self-regulation. The Committee is

comprised of members from all sectors: health, education, private practice, and academia. The PAC is responsible for ensuring New Zealand-trained Speech-language Therapists receive world-class academic and clinical education. The PAC requires each Speech-language Therapy programme in New Zealand to provide an annual report and to complete accreditation every seven years.

This year, we are excited to be preparing for accreditation of the new Massey honours programme. This involves all PAC members, but also a Site Visit Panel. All programmes are accredited against the NZSTA Programme Accreditation Framework. Thanks to Karen Brewer and Linda Hand, the New Zealand Context standards are being revised and will be presented to the Heads of Programmes at the end of the year.

We are always looking for new PAC members if you are interested in joining this valuable committee. Currently, we need a Māori Representative for the PAC. *For more information, please see p. 19.* If anyone comes to mind, please contact me.

Next time, I shall focus on the Mutual Recognition Agreement and the NZSTA's self-regulating process for qualification approval.

Stay warm!
Anna

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SUBMISSION DEADLINES FOR COMMUNICATION MATTERS

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