

communication

WINTER 2017

matters



LIFE PARTICIPATION
APPROACH TO APHASIA

KIWICHAT SIBLING CAMP

EXPERIENCES OF A
NEW GRAD

FIXING ONE SMALL
SPEECH SOUND



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

contents

01	EDITORIAL
02	PRESIDENT'S REPORT
03	LIFE PARTICIPATION APPROACH TO APHASIA
04-05	KIWICHAT CAMP
06	EXPERIENCES OF A NEW GRAD
07	EATING & DRINKING SAFELY PROJECT
08-09	FIXING ONE SMALL SPEECH SOUND
09	INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE
10	AREA UPDATES
11	BOOK REVIEW: ECHOES OF A CLOSED DOOR
12-13	HE PAKU KŌRERO
13	IPADS FOR PEOPLE WITH APHASIA
14-15	UPCOMING PROFESSIONAL DEVELOPMENT WORKSHOPS
16	STARSHIP NATIONAL FEEDING ASSESSMENT CLINIC
17-20	EXECUTIVE COUNCIL REPORTS
21	CONTACT DETAILS

Cover photo: Stroke survivors, family, and friends from the Christchurch Aphasia Hub completed the Otago Rail Trail this Easter (p. 3).



COMMUNICATION MATTERS IS PRINTED ON RECYCLED PAPER USING VEGETABLE-BASED INKS



Editorial –

R. Lucas van Ryn

editor@speechtherapy.org.nz

Go Team Aphasia! A group of stroke survivors, family, and friends from the Christchurch Aphasia Hub set out to complete the Otago Rail Trail (p. 3). Despite the challenges of getting on a bike with hemiparesis, the team completed a successful training program, and undertook the Trail this Easter on a combination of electric bikes, tandems, and mountain bikes. The weather that weekend was perfect, making for a spectacular ride for everyone who went along.

The Speech-language Therapists at TalkLink, along with students from Massey University, have been busy again this year with another KiwiChat camp (pp. 4-5). As part of her Master's research, Jessamy Bell found there was a need for siblings of AAC users to receive specific training in using AAC devices and being communication partners for their siblings. This year's circus-themed KiwiChat Camp addressed this need: On the first day, siblings had the opportunity to become familiar with AAC devices, and everyone communicated using AAC for the whole day; on the second, their brothers and sisters who use AAC devices came along to join in the fun.

New graduate Gabi Iseli, now Speech-language Therapist at The TalkLink Trust, shares with us in a lovely article her experiences of her 'new grad' year (p. 6). Starting a new job is often nerve-racking, and Gabi found that many of her classmates shared these feelings. She says that the reflection skills she had gained at university, as well as the experience of clinical placements, had prepared her well for this challenge,

and the peer support and supervision she now receives is invaluable.

Waimirangi Andrews asks us in her paku kōrero to think about how we, as Kaiwhakatika i Te Reo Kōrero, can make a positive change to outcomes for Māori as a priority population (pp. 12-13). Research on cultural safety can inform our critical consciousness and enable us to actively advocate for prioritisation. Acknowledgement of rerekētanga is essential to be able to meet the unique needs of priority groups.

Sometimes a 'tiny' change can make all the difference. Tracy Kendall recently had such an experience with a young client who had difficulties pronouncing /s/ (pp. 8-9). Sophie (pseudonym) was in her final year at school and felt that it was 'now or never' to fix her speech sounds. After five months of therapy, she can produce /s/ accurately in conversation in all environments. Sophie is now applying to university to study law.

I'm sure you are all looking forward to our Symposium in Rotorua this September. In the mean time, don't forget to check out the other upcoming professional development opportunities. There are valuable workshops for anyone working with AAC coming up in Auckland and Christchurch (pp. 14-15).

Notice

Joan Gordon, former President of the NZSTA, passed away in Wellington this June. She was over 100 years old. An obituary for Joan will appear in the next issue of *Communication Matters*.



President's Report – Philippa Friary

president@speechtherapy.org.nz

KIA ORA KOUTOU,

While the Winter months may bring coughs, colds, and sniffles into our clinics, schools, and hospitals, it also appears to be a time when many of you get up, get on, and get active. Thank you to everyone who has been involved in our Giving Voice Aotearoa Campaign this year. In particular our national champions, the working group, the strategic group, and our Communications portfolio holder, Annette Rotherham. I am looking forward to seeing the videos submitted for our video competition during our Week of Action, September 10-16.

Another big kia ora goes out to everyone who has submitted abstracts for our Professional Development Symposium in Rotorua on September 7 and 8. I have had a look at the programme and it looks fantastic. Congratulations to Claire Winward and Anna Miles for pulling together a great programme and to everyone who has been a part of the mahi (work) that has contributed to these presentations. Our theme for this year's symposium, Communication Access, aligns with our campaign message.

In May, I was invited to participate in a panel discussion in Wellington with a range of speakers from the disability sector. This event was facilitated by the Access Alliance campaign group and was attended by disability sector groups, employers, and government and ministry representatives. I spoke on the topic of Communication Access for people with communication needs and introduced the draft Aotearoa Communication Access Principles. Our next piece of work in this area is to continue to support Access Alliance in campaigning for legislation that will make access easier for all New Zealanders. For more information on the work being carried out by this

campaign, please visit <http://www.accessalliance.org.nz/about.html> (or <http://tx0.org/bk>).

Also in May this year, I represented you all at the Speech Pathology Australia conference in Sydney. This was a great opportunity to meet with Gail Mulcair (SPA CEO) and Gaenor Dixon (SPA President), in addition to many other Board members and academic leaders in Australia. These meetings not only continue to build our relationship and connections with Australia but also allow for sharing of knowledge and experience. The NZSTA and SPA are in discussions around acknowledging our partnership and working philosophy more formally in the coming months. Later this year, I will be attending the ASHA Convention to speak on your behalf, on a panel with other international association chairs on the topic of quality. I will update you on this adventure in our next issue.

At our recent Executive Council meeting we reviewed our activity around our strategic plan. You will be pleased to hear that we are all making great progress with this. A key strategic direction is around leading the way in cultural responsiveness as an association. While we have a long journey ahead, we have come a long way. Today over lunch, I was fortunate to meet with a kaumātua and his whaea, who are considering how we could work together on this journey. We are just starting to build our relationship and I hope to have more news for you all when we meet at the AGM on September 7 in Rotorua.

Maa te waa,
Philippa

Life Participation Approach to Aphasia: To the Max!

WORDS: ANNETTE ROTHERHAM, COMMUNITY APHASIA ADVISOR, APHASIANZ CHRISTCHURCH

“Never ever ever give up.” As this is the motto of the Christchurch Aphasia Hub, I should not have been surprised when Junelle Robinson suggested to our Aphasia group in April 2016 that we all do the Otago Rail Trail together. She had completed the trail herself post stroke on a tandem and had told us all about it in an inspired Gavel Club prepared speech. I wondered if we would get enough takers and thought that it might be a bit of a pipe dream. However, we had quite a few raise their hands and say they were keen to give it a go. Our initial team was: Jill and Mark Steele, Junelle Robinson, Jo McAlister, Muriel and Graeme Poulsen, Judy and Peter Clarke, Virginia and Maurice Gibbons from Wellington, Suzanne and Tony Summerfield, and Wayne Wickstead. We were doing this!

Icycle Electric Bikes in Christchurch were really helpful in looking at ways to get people with physical disabilities onto bikes again. We were all amazed in September to see Jo ride a bike for the first time since her stroke and look like a pro. She could get her balance and, with a little bit of electric boost, take off with ease.

A challenge for people with a hemiparesis on a bike is that the affected side may not have sensation or awareness of where the foot is on the pedal. They are also at risk of a bit of injury from the pedal if it comes around and hits the back of their calf. Another challenge is balancing at the level of the handle bars. Initially, Junelle was putting her right arm in a sling and biking one armed, but this was also risky for stopping in a hurry.

Once solutions had been found for these issues, training began. We trained on the Little River Rail Trail one day in January in a blustery nor'wester, and met up for a few Saturdays at Hagley park. Aphasia friendly gear lists, schedules, and itineraries were prepared and we planned to spread the word about aphasia in the Otago region.

Our itinerary for the Otago Rail Trail experience was prepared by Shebikeshebikes: We would start in Clyde and finish in Middlemarch, four days and 152 km later.

Sadly, our starting team did change before the event. We



had two group members pass away suddenly in the latter part of 2016, Graeme and Tony. But I was so pleased and proud of Muriel and Suzanne for sticking to the plan and coming along anyway. It turned out to be a very therapeutic and happy time for them.

Team Aphasia ended up with 13 cyclists and three support crew, which was perfect. One on a recumbent bike, one tandem, four electric bikes, and then the hardcore on mountain bikes.

The weather couldn't have been more golden. Otago was a bit colder than Christchurch over the Easter weekend, but we had very little wind, no rain, and plenty of sunshine to make the journey a spectacular experience for everyone.

I'm blown away by what this group of stroke survivors and their friends and family achieved. I also had one of the best holidays with this awesome group of people, who have become more like family than patients or clients. We must all remember to never set the bar too low in our rehabilitation, as anything is possible!



KiwiChat Sibling Camp 2017

WORDS: JESSAMY BELL, SPEECH-LANGUAGE THERAPIST, THE TALKLINK TRUST

PHOTOS: EDUARDO PRESA BOSCH

We were very excited to host our first ever Circus-themed KiwiChat Sibling Camp during the April school holidays. Sibling Camp was a two-day experience designed to provide siblings of children who use AAC with the opportunity to:

- Connect with other siblings of children who use communication systems
- Learn more about using communication systems
- Discover how to be a good communication partner for their brother or sister who uses a communication system

On day one, the siblings came on their own and spent time getting to know one another and learning more about communication systems and how to be an effective communication partner. Each child was provided with the same communication system that their brother or sister uses. Each adult had a PODD book or core board to model on, and everyone communicated using AAC for the entire day. On day two, the children who use communication systems, as well as at least one parent, joined their siblings. We had the opportunity to



put into practice some of the skills we learned on day one as well as to have loads of fun.

We had heaps of fun playing pie face, doing face painting, dressing up as circus characters, and so much more! Thanks to Rowan from Circus in a Flash who allowed us all to participate in circus performances and entertained us with some daring feats! Check out the TalkLink Facebook page soon for some videos.

One mum shared the following about her children's learning from the camp: "They learned to be patient for a response and loved being able to feel like they had their own communication system for a few days. I think they have more understanding of what it would be like for A as they tried to communicate as much as possible with the iPad and TouchChat with WordPower. I also think they enjoyed meeting others who use communication systems and their families and seeing how everyone is different."

KiwiChat Sibling Camp 2017 resulted from a need identified at KiwiChat Camp in 2016. For her Master's degree, Jessamy Bell interviewed the children who used AAC, their parents, and siblings who attended KiwiChat Camp. The siblings reported that they had not had much training on how to use their brother's or sister's communication system and would love to be able to use it more effectively to communicate with their sibling.

Hence, The TalkLink Trust and Sally Clendon from Massey University decided to create a camp specifically focused on supporting these brothers and sisters. We were very privileged to have a fourth-year Honours student, Jenna Land from Massey University, who was inspired to do a follow-up study this year. This study will explore the experiences of the siblings who attended KiwiChat Sibling Camp and their perceptions of receiving specific training around communication systems and how they can support their brother or sister. We look forward to a summary of this research later in the year.

Special thanks to Sunnydene Special School for letting us use your beautiful facilities, Mackenzie and Tish for sharing your experiences, the Massey University Speech-language Therapy students for giving up your time and modelling communication with so much joy, Massey University for your financial support, the TalkLink staff and Sally Clendon (Massey University) for your dedication and hard work in making this a fun learning experience for everyone involved and, most of all, thank you to all of the families who came to camp and made this all worth it!

We hope to have another KiwiChat Sibling Camp in 2019, so check out the TalkLink Trust Facebook page and website (<http://talklink.org.nz>) for updates.

Experiences of a New Grad

WORDS: **GABI ISELI, SPEECH-LANGUAGE THERAPIST, THE TALKLINK TRUST**

*Ehara taku toa i te toa takitahi ēngari he toa takimano e.
My strength is not mine alone, but that of many.*

The first day of a new job is often exciting and nerve-racking. My first day as a Speech-language Therapist was no different. Filled with curiosity about what my new workplace would be like and fears of being found out for not having all the answers, I was nervous, to say the least.

Talking to classmates, I gather these feelings are common. After numerous clinical placements during university, complete with new and challenging experiences each day, it has been a journey of embracing the nerves and using them to my advantage. During our time at university, Philippa Friary shared with us the wisdom that reflection is an essential part of improving our work as Speech-language Therapists. This has been invaluable in my role at The TalkLink Trust (Wahanga Tū Kōrero), not least through discussion with peers and informal peer supervision. Being able to share questions, ideas, and concerns openly with peers allows us to think outside the box and make the most of our different strengths within a safe environment. My colleagues have played a large part in my learning and growth as a clinician in this way. Sharing the reflection process has made it much more enjoyable and often provides fresh insight.

Now I am halfway through my 'new grad year', I can better appreciate the links I continually see between study, student placements, and work. Clinical placements during university provided me with a wide range of experiences. They gave me a love of working with multi-disciplinary teams (amongst many other things), within a safe learning place. Lifelong learning and skills, including reflection, were taught and encouraged during each of these phases. This has helped to create the foundations of my career as a Speech-language Therapist, for which I am fortunate. I can confidently say deciding to become a Speech-language Therapist is one of the best decisions I have made. I am also incredibly grateful to have stepped into such an amazing team straight out of university.

To the future new grads out there, I say embrace the nerves and know you are not alone. And to all the brilliant staff at the University of Auckland, classmates, colleagues, friends, and family who helped get me to this point, I say thank you.



Gabi Iseli.



Celebrating graduation from the MSLTPrac programme at the University of Auckland in May 2017. From left to right: Renique Tenhagen, Kelsey Kyle, Amy Faapoi, Alana Brady, Amelia Keat, Gabi Iseli, and Amy Rosenfeld. Photo credit: James Atkins.

Eating & Drinking Safely Project

WORDS: **LYNLEY KERR, IDEA SERVICES**

Within IDEA Services, there is a Total Communication team consisting of myself, a Speech-language Therapist in Christchurch, and 12 communication coordinators from Whangarei to Invercargill.

However, during 2015, IDEA Services management became increasingly concerned with the number of reported incidents that included "choking" as a cause or concern. The people we support in IDEA are at increased risk of difficulties (choking or dysphagia), as many have neuro-motor conditions, Down syndrome, Retts, dementia, ageing, dental, or behavioural issues. An ongoing challenge is to keep people safe when they are out and about in the community.

A report was commissioned from Sharon Brandford, a Wellington disability consultant, into safer eating and drinking best practice. An in-depth gap analysis was written and 17 recommendations were made. These included a number of new resources to be written and implemented within IDEA Services.

My role was to create the resources for an eating and drinking safety kit for staff and also have input into the content of the new training package for managers and support staff. I was fortunate to be able to attend the two day Dr. Joan Sheppard dysphagia course in Melbourne and gain certification in the Dysphagia



Colin having a lunch time drink.

Disorder Survey and the Dysphagia Management Staging Scale. This increased my confidence in screening for eating and drinking difficulties but I can now also use this as a decision making tool in referring people for specialist instrumental evaluation from a Speech-language Therapist. I also consulted with our expert advisor on dysphagia, Anna Miles, and she was a great help in looking over my draft screening tool and the other resources.

The resources I created then became integrated with the new staff training modules. We then wrote 12 bite-size modules for managers to deliver at their house / service team meetings to the support staff. The aim is to educate all staff about eating and drinking safely.

There may well be an increase in referrals to GPs and Speech-language Therapists as we start this extensive screening of the people we support who are believed to be at risk. Of course, people with intellectual disability have the right to assessment and support wherever they live. I hope to work alongside more Speech-language Therapists to align their information, and to get people onto our eating and drinking plans.

However, a lot of people will continue to be managed by IDEA Services. The important gain for us is that staff confidently recognise:

- The signs of dysphagia and the risks of choking
- How they can support people through best practice
- When there is a change for the person
- When more specialised help is needed

This project has been a huge challenge at times, but I'm now looking forward to the final *Eating & Drinking Safely* rollout to all staff. A spinoff from this work has been an acknowledgement of a need for more resources for the people we support, which we are now setting up through the self-advocacy programmes. This is working towards a safer eating and drinking environment for all.

How Fixing One Small Speech Sound Can Make a Big Difference

WORDS: TRACY KENDALL, SPEECH-LANGUAGE THERAPIST

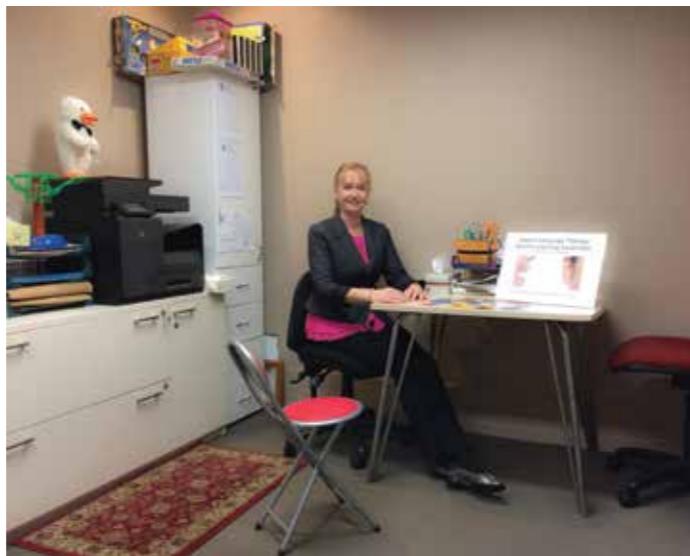
In private practice, I field many email enquiries for help with speech and language, with around 80% resulting in me meeting the person. One day, an email caught my attention. It was from Sophie (pseudonym), aged 16, who claimed she had a “lateral s” and would like to have an assessment. Initially, I was sceptical that the enquiry would come to fruition, as not many lay people know what a lateral s is, and Sophie seemed rather young to be instigating her own therapy. She delayed the initial assessment, giving me cause to think that I may never actually meet her.

The following week, however, Sophie arrived nice and early for her assessment. She came alone, somewhat nervous. I asked her where she had learned about lateral sounds. She explained that she had Googled /s/ difficulties, listened to various recordings, and checked with her family if this is how she sounded.

After the assessment, I knew almost immediately that I could fix Sophie’s lateral /s/ and /z/ sounds, as she could make a perfect /s/ after just a few minutes of trying. Sophie left that first appointment almost punching the air with delight that her lateral sounds could be fixed, with some hard work on her part.

Over the initial few weeks, Sophie needed help with auditory discrimination. She slowly built the accurate /s/ sound in the usual way, from the sound in isolation, to the sound with vowels, single words, to phrases, to sentences, to reading, to games, to being able to use the sound with her peers. This last achievement proved to be the hardest step, as she was wary about using her new speech sound with those she thought may be the most critical.

After about two months, once Sophie was ready at the conversational level, she made this leap by first enlisting the trust and confidence of her closest friend, who proved to be a great buddy at school, by encouraging Sophie and giving her



Tracy Kendall in her clinic.

positive feedback. We introduced the sound into the school environment slowly and carefully after Sophie was successfully using her great new /s/ sound 100% of the time at home and around 75% of the time in the wider community.

A big breakthrough was Sophie agreeing to read at a school event, to a moderately large audience. She was quite fearful of doing this, but managed to use the sound with great accuracy and positive feedback from an audience who were unaware that she was receiving Speech-language Therapy.

So why the big fuss about fixing a lateral /s/, where Speech-language Therapists’ time is swallowed up by autism, ADHD, Down syndrome, and severe language delays? Towards the end of the five months it took to have 100% accuracy in all

environments in conversation, I asked Sophie why it had been so important to her that we fix this seemingly small issue. She explained that now that she was in her final year of school, she felt that it was “now or never” to change her “slushy” sounding speech. She would be applying to the faculty of law and felt that the lateral /s/ sound would hinder her ability to sound professional, effective, clear, and, most importantly, believable. She explained that if her speech had not been fixed, she wouldn’t have applied for law, as she would have lacked the confidence required for orating in this profession.

Sophie left each of her sessions clearly buoyed up, proud and positive about the progress she was quickly making. She was a capable young adult with a bright future, who took changing her speech into her own hands. Sophie spent the recent school holidays visiting various universities with a view to applying later on this year.

Sophie’s small, but ever so significant lateral /s/ difficulty was fixed, letting her steer her life on a course that otherwise would not have happened. Despite being in practice for over 30 years, I marvel still at how a little speech sound can make so much difference, and I just love being in the privileged position of helping this happen for young people today.

All credit to Sophie for forging the course of her own future by making changes to her speech and communication.



INTERNATIONAL DYSPHAGIA DIET STANDARDISATION INITIATIVE—COMING SOON TO NEW ZEALAND

WORDS: ANNA MILES

The International Dysphagia Diet Standardisation Initiative (IDDSI, <http://www.iddsi.org/>) provides internationally accepted terminology and definitions for texture-modified food and drinks for individuals with dysphagia of all ages, in all care settings, and of all cultures. The IDDSI group encourages international use of the standardised labels, colours, and number codes. Consistent and distinguishable terminology promotes consistent and accurate use of texture modification.

IDDSI provides diet and drink level descriptors that can be used by food services, the food industry, school and hospital kitchens, as well as healthcare professionals and the community. As the primary professions involved in dysphagia management, it is the responsibility of Dietitians and Speech-language Therapists to support and lead the implementation of the new standards.

Dietitians New Zealand and The New Zealand Speech-language Therapists’ Association are committed to the successful implementation of the IDDSI standards in New Zealand and are working with industry, service providers, and members in an awareness / education campaign. Look out for further information over the coming months!

Area Updates

WAIKATO / BAY OF PLENTY AREA

Annabelle Blue

We are now well into another year, with many exciting changes for members in our region:

- Sam Read recently joined the Tauranga Hospital team in a new fixed term position covering inpatients and outpatients
- Emma Nahna is recently back from maternity leave
- Sara Jodache (Bay of Plenty DHB) and Katherine Lim (Waikato DHB) are both about to go on maternity leave—we wish them all the best for this exciting season!
- Melva Ritchie has recently started a paediatric private practice in the Waikato region
- Teddie Mateo is doing work at Waikato Hospital on the use of the International Dysphagia Diet Standardization Initiative (IDDSI) in Speech-language Therapy practice and aims to implement the IDDSI hospital-wide with the support from Dietetics and Food Services

CENTRAL AREA

Emma Horsburgh

Not a lot to update you on from around the region this quarter. Again a few staff changes in different areas. Wanganui is currently setting up a regular term-based meeting between the DHB and MOE. Palmerston North Hospital has been busy, with Marie Jardine developing two new initiatives: Food service assistants have received training in communication support to make ordering of meals and drinks by patients with communication impairment easier. They are also trialling new cutlery for people with dysphagia and/or access issues with current cutlery. We are looking forward to more members becoming involved with the Giving Voice Campaign in the next quarter.

WELLINGTON AREA

Claire-Ellen Roberts

This quarter has been a busy one in the Wellington / Nelson area. The Ministry of Education Wellington would like to welcome many new therapists to the area. They have also started to create a new literacy/phonological program that they will be rolled out to preschools. In the Wairarapa, Aimee has begun voice banking with two MND clients, which has been very successful. Sasha Adams has been welcomed to the Kapiti team as Bianca goes on leave. FEES training has begun within the CCDHB. In Nelson, the focus has been to review policies and procedures for VFSS and cough reflex testing. Lastly, Explore Wellington has taken over the ASD contract from the IHC.

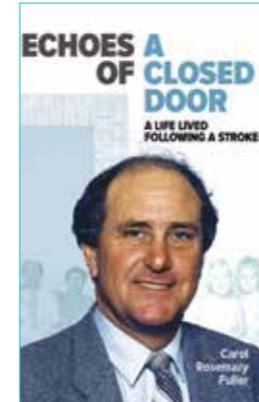
OTAGO / SOUTHLAND AREA

Kathryn Palmer

We had good attendance at the area meeting this quarter, although we had some issues linking in with members via Skype. An alternative will with trialled at the next meeting. Warren Cossou updated us on the Giving Voice campaign, and relevant information was distributed to members.

Some recent staffing changes in our area include:

- Fran Tyrrell and Ben Matthews have joined the Dunedin Hospital team
- Alison Slade has joined the MOE full time
- There are two new SLTs in the Central Otago region – Erin and Ange
- Kristi Rabbitt has started working for SHOUT in Invercargill
- I have also started working for Meryl Jones at Parlez, two days a week



Book review:

Echoes of a Closed Door: A Life Lived Following a Stroke, by Carol Fuller

WORDS: [RACHEL MURPHY, PR AND MEDIA, STROKE FOUNDATION AUSTRALIA](#)

Clive and Carol Fuller were living an ideal life in Adelaide, happily married and with their two daughters at university they planned to realise their long-held dream of travelling the world. But in 1991 that dream was shattered when Clive suffered a major stroke – he was only 50 years old.

Echoes of a Closed Door: A Life Lived Following a Stroke is Carol Fuller's account of the years after Clive's stroke and the impact it had on their lives. Carol doesn't shy away from portraying the hardships of stroke. Clive's stroke left him with aphasia, hemianopia (partial blindness), nerve pain, paralysed on one side and with bouts of severe depression. The title *Echoes of a Closed Door* describes Clive and Carol having to come to terms with the loss of their former lives.

Carol described the constant frustrations Clive experienced as he "was impatient with himself, and determined to be better than he was." This frustration and impatience sometimes led to Carol and Clive falling victim to 'charlatans' offering a quick-fix or miracle cure.

Despite the hardships, the deep love between Carol, Clive and their daughters is obvious as the family tries to make the

most of their 'new normal'. Throughout the book, Carol does her utmost to help make Clive's life as meaningful as possible. Despite Clive's disability, the couple travelled overseas and continued to socialise with family and friends.

Carol describes her many roles as wife, mother, carer and advocate. Carol had to work within a health system that was fragmented, under-resourced and unable to offer stroke patients consistent, high quality care. Clive's story highlights the importance of having someone like Carol in your corner, fighting for him to get access to rehabilitation and other basic services. Carol describes a system that had given up on Clive from the start, and she learned she had to demand support for him. Carol includes an excellent chapter on being a carer, offering tips and advice, including the importance of looking after yourself in order to be able to care for someone else.

Above all *Echoes of a closed door* is a love story. Despite the challenges of his stroke, Clive and Carol never gave up on their love for each other through good times and bad. Carol's moving account shows that despite not being able to speak, Clive touched the lives of everyone who knew him.

He Paku Kōrero

WORDS: WAIMIRIRANGI ANDREWS

E ketekete te kākā. E koekoe te tui. E kūkū te kereru.

(Inferential meaning: All have a contribution to make and all opinions should be sought)

In writing this paku kōrero, I take the opportunity to thank Elaine Ballard for her support (tautoko). With tautoko in mind, this kōrero is for the rōpū He Kete Whānaungatanga, a bicultural rōpū of Māori and tauīwi (non-Māori) Kaiwhakatika i Te Reo Kōrero (Speech-language Therapists), to which the writer belongs. Our rōpū aims to actively support prioritising Māori and Pasifika speech, language, communication, and swallowing needs. A question raised is how can we, as Kaiwhakatika i Te Reo Kōrero, make a positive difference to the outcomes of priority populations of Māori and Pasifika? This kōrero speaks on aspects of Māori, as that is this writer's culture, and others from Pasifika cultures will have their own kōrero to share.

One answer is to actively tautoko prioritisation by developing critical consciousness. In other words, utilising knowledge gained from research on cultural safety, cultural humility, and all other related topics that have been researched and found to have positive outcomes when working with priority groups such as Māori. Once this research knowledge is known, to then actively implement such knowledge and facilitate culturally competent practice, which

in turn may be seen to contribute to meeting Te Tiriti o Waitangi principles.

Another answer is, as a key aspect of cultural competence, to actively recognise difference (rerekētanga). That is, to acknowledge that there is rerekētanga, and this must be valued to support engagement and buy in to meet priority groups' unique needs. This kōrero does not ask tauīwi to change their own cultural (tikanga) practices, but it does ask them to consider the value of rerekētanga, and to communicate by identifying those things that they may have in common (ōritetanga) with Māori and other priority groups. For example, to share information on their pepeha: ties to marae, whenua, maunga, and wai (birth place, land, mountains, and waters) and to share some aspects of waka, iwi, and whakapapa (tribal affiliation and genealogy). In this way, the power disparity that arises for Māori, due to the clinician having more knowledge of the client and client's whānau, is reduced. This information then becomes a means or a gateway with specific protocols that establishes the tuakiri (identity) of all parties, and facilitates engagement with Māori.

Additionally, consider that Māori,



Waimirirangi Andrews.

their tuakiri, and their perspective derive from cultural concepts such as whakawhānaungatanga (the action of developing and strengthening a relationship), and manaakitanga (acting with good will toward others, particularly those in need of additional supports). In this way, tauīwi may consider and actively engage with these concepts, as a means to redress power imbalances, to go some way toward reducing the impact of communication breakdowns, and to actively facilitate engagement with priority whānau. Consider also that there are resources available to assist developing cultural competence. Two that

may be of interest are Te Ara Whakapakari (education sector), and He Korowai Oranga (health sector).

Another issue in line with rerekētanga and tuakiri is the impression that Māori, as a race, are heterogeneous and that heterogeneity is an effect of colonisation. Case in point is the writer's own experience when she was informed that because of colonisation, Māori are a heterogeneous people, and it is therefore difficult to meet their needs: Some speak Te Reo, some don't; some strongly adhere to Māori kaupapa (ways of being and living), and some don't. In response to this argument, it needs to be said that rerekētanga between iwi existed prior to colonisation. Rerekētanga has evolved due to the regions that Māori came from (coast, forest, or mountain regions), the population of each iwi and hapū (tribes and sub tribes), that is, geographical, environmental, and population influences. From iwi to iwi and hapū to hapū there are also differences with our reo, tikanga, and kawa (language and cultural mores that include lore practices). In other words, to be Māori is to be normal, but our links to specific tribes or hapu indicate our heritage and define our sense of belonging. Therefore, it is our very heterogeneity, our cultural mores, our mana (sense of pride), and our tuakiri that sustain us.

All of the above aspects are a complex reflection of ways Māori live and celebrate rerekētanga between not only iwi and hapū, but also with tauīwi. They are a celebration of our very heterogeneity that continues to this day to influence Māori perspectives, ways of being, thinking, acting, and living. Kaiwhakatika i te Reo Kōrero can assist by developing critical consciousness, celebrating difference, identifying those things they may have in common with Māori whānau, utilising appropriate resources, and by acknowledging and valuing the importance of priority peoples' tikanga, concepts, and perspectives. Importantly, engage proactively under the guidance of Te Tiriti o Waitangi principles of partnership, protection, and participation to ensure rerekētanga is supported through proactive engagement.

The views, opinions, findings, and conclusions expressed in this article are those of the author and do not necessarily represent the views and opinions of the Ministry of Education.

IPads for People with Aphasia

WORDS: APHASIANZ AND THE TALKLINK TRUST

IPads are increasingly popular for people with aphasia, both as a means of therapy support and as AAC devices. To serve this high demand for iPads to trial, they are available from both The Aphasia New Zealand Charitable Trust (AphasiaNZ) and The TalkLink Trust.

AphasiaNZ has a number of iPads available to be loaned out to Friends of AphasiaNZ. The aim of this scheme is to provide people with aphasia access to aphasia therapy Apps for use at home and for self-directed learning, under the guidance of their Speech-language Therapist. Additionally, Friends of AphasiaNZ who are no longer receiving Speech-language Therapy can borrow an iPad without therapy Apps. (The presence of any Apps on the iPad is not an endorsement of those Apps, and AphasiaNZ holds no responsibility for their appropriateness or otherwise.)

The TalkLink Trust also has available a number of iPads which people with aphasia can use to trial AAC Apps. People who wish to trial an iPad for AAC can be referred to a Speech-language Therapist at The TalkLink Trust, or can be assessed by another ATANZ-accredited Speech-language Therapist.



PRAGMATIC ORGANISATION DYNAMIC DISPLAY (PODD)

Two Day Introductory Course 2017
Presented by Gayle Porter

The PODD approach provides strategies to support the design, production and implementation of communication systems to enable genuine communication for a variety of functions in all daily environments. PODD includes strategies to minimise some of the common difficulties associated with the use of multi-level communication books including:

- Supporting the child and communication partners to efficiently move between levels (pages) to locate vocabulary they require
- Speed to access vocabulary to produce messages
- Quicker access to predictable messages and access to a broad range of vocabulary for spontaneous, unpredicted messages

The PODD resource provides generic templates which can be customised to suit individual requirements. Generic templates can be used for trial to enable more informed system development and then be customised to suit individualised needs. PODD can be used to create a wide range of communication books

to suit varying communication, language, sensory and physical access requirements.

Auckland Workshop

Wednesday, October 11 and Thursday, October 12
Registration 8.30am
Workshop 9am to 4pm
The Terrace Boardroom, Potters Park Events Centre, 164 Balmoral Road, Balmoral, Auckland

Christchurch Workshop

Monday, October 16 and Tuesday, October 17
Registration 8.30am
Workshop 9am to 4pm
Ministry of Education, 48 Hereford Street, West End, Christchurch

\$400 for ATANZ members

\$480 for non-members

\$270 for families

Cost include lunch.

Limit of 10 spaces for family prices for each venue.

Registration form available at <http://tx0.org/bl>

PRAGMATIC ORGANISATION DYNAMIC DISPLAY (PODD)

Speech Generating Device 2017
Presented by Gayle Porter

Note: Completion of a two-day PODD introductory workshop is a pre-requisite for this course.

The focus of this workshop is the design features of PODD page sets to suit speech generating devices. The content will build on the information covered in the two-day introductory workshop relating to the purpose, design principles, intervention strategies and use of PODD communication books.

Ever wondered why PODD page sets for speech generating devices are not direct copies of the corresponding language level of a PODD communication book? This workshop will explain the similarities, differences and variations in vocabulary organisations needed to capitalize on, and accommodate for, the innate differences between paper books and electronic devices.

Hands-on practical experiences will also provide participants with opportunities to explore the features and vocabulary organisation of PODD page sets designed to suit

communication needs in their local schools. Gayle is the co-author of "Integrating Augmentation and Alternative Communication into Principles of Conductive Education". She also contributed a chapter to the book "Communication Without Speech" (Bloomberg & Johnson 1991). Gayle is a highly sort after international presenter.

varying communication and language requirements and develop fluency using the PODD page sets to model and expand language.

Case examples will be used to illustrate teaching and learning strategies that have been found effective for implementing the PODD integrated communication system (paper books and electronic devices) to support the development of autonomous communication at any time.

Auckland Workshop

Friday, October 13
Registration 8.30am
Workshop 9am to 4pm
The Terrace Boardroom, Potters Park Events Centre, 164 Balmoral Road, Balmoral, Auckland

Christchurch Workshop

Wednesday, October 18
Registration 8.30am
Workshop 9am to 4pm
Ministry of Education, 48 Hereford Street, West End, Christchurch

\$200 for ATANZ members

\$240 for non-members

\$135 for families

Cost include lunch.

Limit of 10 spaces for family prices for each venue.

Registration form available at <http://tx0.org/bm>

EXPLORE METHODS OF INTEGRATING TECHNOLOGY AND AAC INTO PROVISION OF CLINICAL SERVICES FOR INDIVIDUALS WITH NEUROGENIC COMMUNICATION DISORDERS

Presented by Sarah E. Wallace

This presentation will focus primarily on the inclusion of AAC strategies in comprehension intervention programs for people with aphasia and people with traumatic brain injury. Low and high technology strategies will be covered, with integration of recent research findings. AAC will be considered as broadly defined to include supports for comprehension and expression. Additionally, the presentation will review two recent studies examining the use of a computerized, tablet-based cognitive assessment.

Christchurch Presentation

Friday 25th August 2017
9am to 4pm
Room DA02, Dovedale Campus, The University of Canterbury, Christchurch

Auckland Presentation

Thursday 31 August 2017
9am to 4pm
The Terrace Boardroom, Potters Park Events Centre, 164 Balmoral Road, Balmoral, Auckland

\$160 for ATANZ members

\$200 for non-members

Cost includes morning tea and lunch.

Registration form available at <http://tx0.org/bn>

Sarah E. Wallace, PhD, CCC-SLP is an Associate Professor and Program Director for the Adult Language and Cognition clinic in the Speech-language Pathology Department at Duquesne University in Pittsburgh, Pennsylvania. She also directs the Communication and Cognition Lab. Dr. Wallace is a certified Speech-language Pathologist with clinical experience providing services to individuals with acquired communication disorders. She conducts clinical research aimed at improving the quality of life for individuals with communication impairments following traumatic brain injury and aphasia.

Please submit registration for these workshops or any enquiries to admin@atanz.org.nz or post to: ATANZ, C/- TalkLink Trust, PO Box 44053, Point Chevalier, Auckland 1246

atanz
Assistive Technology Alliance New Zealand

Starship National Feeding Assessment Clinic

WORDS: TARYN HASLETT, SPEECH-LANGUAGE THERAPIST, STARSHIP CHILDREN'S HEALTH

Since 2015, Starship Children's Health has been engaged in a clinical trial to determine the feasibility of a national feeding assessment clinic. The clinical team is comprised of a Paediatric Consultant, a Clinical Psychologist, a Speech-language Therapist, an Occupational Therapist, and a Dietitian. This team has developed the protocol for the service.

The purpose of the clinic is to assess and manage children with feeding difficulties and/or feeding tube dependency, with the aim to wean tube feeding dependency and increase oral intake for children with restrictive feeding disorders.

Referrals must come from a paediatrician; however, the multidisciplinary team aims to work in collaboration with the referring team and welcomes communication and hand-overs from all professions involved in the child's care. For children referred from outside the Auckland DHB, the patient's DHB is only required to fund travel to and from Auckland, as the costs for assessment and treatment are covered.

Eligibility criteria include:

- Child is not feeding at the level expected for their developmental level
- Extremely limited diet or refusal of many foods, not secondary to ASD
- Absence of anatomic or functional impairment precluding safe oral feeding
- Feeding problems may have resulted

in significant growth problems

- Limited/no access to appropriate local services for multidisciplinary team assessment
- Family have consented to assessment and are willing to take part in intervention/management
- Referring team is able to help the family implement the intervention plan

Children who may benefit:

- Food selectivity by texture (e.g., only consuming puree)
- Food selectivity by type (fewer than 10 food types)
- Mealtimes averaging more than 45 minutes
- Mealtime behaviours that are impacting on the family and increasing parental stress
- Food allergies that limit oral intake
- Significant anxiety around food

Children with restrictive feeding disorders who meet the eligibility criteria can be referred to the clinic for a second opinion. These children attend a multidisciplinary assessment clinic with their parents to determine treatment recommendations and whether they are appropriate for a three-week intensive inpatient programme that aims to wean tube feeding dependency and increase oral intake for these children.

Intervention includes referrals for outpatient feeding therapy (if available), nutritional and medical recommendations, behavioural strategies,

and other referrals. Where appropriate, the child will be offered follow-up appointments for review or reassessment.

The multidisciplinary treatment team works to assist and support primary medical teams with complicated feeding cases. This may involve developing strategies and recommendations for the family and the primary medical team.

Since 2015, the Clinic has assessed 14 children. Five children successfully completed intensive tube weaning through the inpatient programme, with three totally weaned from their tubes and two partially weaned.

This initiative is currently funded by the Starship Foundation and its Five Star partnership with New World. We are very grateful for this sponsorship, which has made this trial possible for children in New Zealand. We hope to present a business case to the Ministry of Health in 2018 and promote the importance of ensuring adequate resources to support teams offering these services nationally.

If you have a child in your caseload who meets the eligibility criteria for a feeding assessment, please discuss this with the child's paediatrician, who can write a referral to Dr. Anne Tait, General Paediatrician, or Linda Chard, Clinical Psychologist, Starship Children's Health.

With acknowledgements to Mandy Henderson, Speech-language Therapist; Bridget Little, Dietitian; Linda Chard, Psychologist; Dr. Anne Tait, Paediatrician; and Tennille Lynn, Occupational Therapist.



Annette Rotherham – Communications

communications@speechtherapy.org.nz

NAU MAI, HAERE MAI,

The communications seat has been busy over the last three months with the ICP and Giving Voice Aotearoa, website updates, and social media. We have also provided commentary to a political reporter from Newsroom around the government's budget announcement of a 6 million dollar funding boost for children with speaking and listening difficulties—a hot topic and one which we will keep close eyes on.

I will dedicate this edition's column to updating you all on the Giving Voice Aotearoa Campaign and where we are heading in 2017.

I would like to further define and explain Communication Access and this theme for our campaign this year. Communication Access is a concept that reflects characteristics of the people and environments in which communication occurs. People who have any type of communication disability or specific communication needs have identified a range of barriers and facilitators in society that can hinder or assist them reaching their full potential and independence (Law et al., 2007). Communication Access focuses on making all interactions in our communities inclusive and accessible.

So what have we all been up to? Philippa and I have been drafting Communication Access Principles for New Zealand and we have shared these with our ICP colleagues. Our Australian colleagues are interested in working collaboratively on an Asia Pacific united front for Communication Access and the adoption of a symbol and set of standards. The NZSTA is now aligned with the group Access Alliance who are working to influence government policy for increasing accessibility in all areas for people with a wide range of disabilities. Communication Access is still a new concept to this group. Philippa represented us well

in Wellington in May when she was invited to be part of a panel, and she used this opportunity to introduce the Communication Access theme. Dean Sutherland and I will also be aiming to present this information and how it relates to the United Nations Convention on the Rights of Persons with Disabilities at the Disability Matters conference in Dunedin in November this year.

We have some vibrant regional working parties led by our GVA Champions in the four main centres, with Patty Govender in Auckland, Katie Ward in Wellington, Dean Sutherland in Christchurch, and Warren Cossou in Dunedin. Emma Horsburgh is another champion working hard in Palmerston North. I send aroha nui to Amy Oughton on the somewhat early arrival of her delightful new baby Oscar, who was born in early June. Amy can have a well deserved break and I'm sure she'll be back to the campaign with zest in 2018.

We are all gearing our energies into a planned "Week of Action" which will run from September 10-16. The theme is *Creating Communication Access in Your Workplace*. Resources will be available from Area reps, Champions, and online in August, so keep in contact if you have any ideas or queries. I'm happy to assist. The video competition is running again and we look forward to seeing the entries. There is an Apple prize pack for the winning entry, and we find the videos a valuable resource for social media, teaching, and raising awareness. Dean Sutherland (dean.sutherland@canterbury.ac.nz) is now taking over from Amy as the contact for the video competition. Please submit your entries by August 18.

With so many exciting developments, I look forward to seeing your creative energy and ideas as we head towards our Giving Voice Aotearoa Week of Action this September. Warm wishes,
Annette



Jodi White – Member Networks

membernetworks@speechtherapy.org.nz

KIA ORA KOUTOU EVERYONE,

I hope you are all staying warm and well as winter starts to bite. For this report I am making a change in how the EC and Executive Office respond to the queries you have been bringing up in your area meetings. In the past, I have included the EC responses in the collated area minutes and these have then been included in a link on the website. I realise that this makes it slightly onerous to find the information and answers you are looking for. We are therefore trialling a new format this quarter.

I will aim to collate the queries into one place and get responses from the EC and Executive Office and print them here as the Member Networks report each quarter, starting from this issue. Hopefully you will find this easier to access. Please feel free to contact me if you have any further suggestions to streamline this process or would like to give feedback on the new format. All the best for the upcoming few months and I look forward to seeing many of you in Rotorua in September.

Ngā mihi,
Jodi

QUERIES AND RESPONSES

Query: How many parts of the country have delegated dysphagia screening to other professions such as nursing staff? I am aware this is sometimes just undertaken with stroke patients. How are competencies maintained?

Response: The best way to gain this information is to make contact with the Health Leaders Forum, as this group can look at benchmarking information across the country.

Query: We're all interested in the result of registration and are wondering what the forward process is. Are we going to just follow Australia's lead? What is holding up the process?

Response: Watch this space. There will be an update in *Communication Matters* and this will be attended to at the AGM.

Query: There is still no obvious and easy step on the website for families to make an ethical complaint about practice. Is this of concern to the NZSTA Executive and can there be a link on the website?

Response: We do not have an answer for this one as yet. The EC will table this

issue for discussion at our next meeting and work on a plan for addressing it.

Query: How do we track things properly on the CPD log when doing postgraduate study? There is a lot of reading and time put into this.

Response: The CPD framework is pretty clear on this—you can get points for participation in further tertiary education (20), participation in structured research (20), etc. There is also a category of 'other' where you could list extra reading and get 5 points per activity.

Query: Library—questions raised around the use of assessments after concerns about copyright. All assessments are currently not able to be loaned until the legal status is clarified.

Response: Specific questions have not been raised, so it is hard to clarify. Claire Winward will look at writing an update on the library situation for *Communication Matters*.

Query: Has there been a change to the minimum CPD point requirements for supervisors/supervisees?

Response: No, there haven't been

any changes to CPD point minimum requirements.

Query: The New Zealand Rehabilitation Association Conference is being held in Christchurch this year at the same time as the 2017 NZSTA Professional Development Symposium. The organiser is Lavet. Some NZSTA members will be going to the Rehab event and therefore not able to attend Rotorua. It will have a TBI component. In future, can the process of dates try to account for other PD events for SLTs?

Response: We changed the dates of our symposium to September to avoid clashing with SPA dates. It's not possible to look at all other PD opportunities before booking ours in, there will always be something!

Query: Would it be possible to have the option of not getting a hard copy of *Communication Matters*?

Response: Yes, in theory. We trialled this some time ago where you could opt in or out of hard copies, but members overwhelmingly reported they preferred the hard copies. If you specifically do not wish to receive a hard copy, please contact the office at admin@speechtherapy.org.nz.

General Feedback received:

- Very positive feedback on the release of the supervision statement and principles
- Praise for the new website and its functionality—much improved



Anna Miles – Professional Standards

professionalstandards@speechtherapy.org.nz

It's that busy time of the year as one semester ends and we prepare for another one! I hope everyone is having a productive and enjoyable year. There's plenty to be proud of for NZSTA members, as our standards continue to rise and rise!

Programme Accreditation Committee

The Programme Accreditation Committee, New Zealand Speech-language Therapy programmes (Auckland, Canterbury, and Massey) and The NZSTA Executive continue to work on a revised Framework for accrediting our qualifying programmes.

Mutual Recognition Agreement

The Mutual Recognition Agreement partners (RCSLT, IASLP, SAC, ASHA, SPA, and NZSTA) will finalise the new Mutual Recognition Agreement in the next few months. This is such an important international agreement for Speech-language Therapists.

Professional Standards

Please keep an eye out for more on the national implementation of the new International Dysphagia Diet

Standardization Initiative (p. 9). Thank you to Teddy Mateo and Melinda Allen for supporting me as Speech-language Therapy representatives on this interprofessional cross-Tasman working group.

Look out for the new NZSTA Flexible Endoscopic Evaluation of Swallowing (FEES) Practice Standards and Competency Package.

Still in progress are the NZSTA Paediatric Feeding Policy and NZSTA Surgical Voice Restoration (Laryngectomy) guidelines. Watch this space!

Registration

Yes, the long waited return of registration to our agenda. Dr. Clare McCann and I have been busy canvassing employers and stakeholders nationally regarding their view of registration versus self-regulation of Speech-language Therapists. We will be providing members with an update on the national situation and asking for your opinions very soon.

See you all in Rotorua in September!
Anna Miles



Claire Winward – Professional Development

professionaldevelopment@speechtherapy.org.nz

KIA ORA KOUTOU,

The year is flying by, and as I type, there are only 11 weeks until our PD Symposium in Rotorua. I am sure you are all looking forward to hearing and learning from our two keynote speakers: Dr. Huhana Hickey on Thursday, September 7 and Dr. Anna Hearne on Friday, September 8. We have also put together a packed programme of 26 presentations from a variety of speakers: from universities, DHBs, the Ministry of Education, and private providers. I have been particularly impressed with the number of new presenters who are keen to share their research and practice—kei runga noa atu koe! Here's hoping that we might be hearing from some future keynotes...

It wouldn't be a PD report without an update on the Resource Room, would it? I need to remind everyone that The NZSTA has been advised that our previous process for loaning out formal assessments is not in line with the terms and conditions of the test publishers. This means that we will no longer be able to loan out these assessments through the Resource Room. We will be exploring other options with our private practice network—if anyone has any suggestions or further questions, please let me know.

I have been receiving enquiries from members around requirements for their CPD log, especially those being audited. All full NZSTA members need to maintain their CPD

requirements, whether working full time or part time, or working outside of Aotearoa. This requirement is part of our ethical principles and the requirements of our Mutual Recognition Agreement. The CPD policy and framework provide very clear guidelines—these can be found on the website. There are lots of different ways to keep up CPD points, whatever your work situation. These include reading articles, attending an overseas SIG, taking up e-learning opportunities such as webinars, or joining a social media debate on our Facebook page. If in doubt, keep your enquiries coming!

On the subject of e-learning, a reminder that our CLAD courses can be accessed from anywhere. We currently have 5 courses available at <http://www.onlinecpd.co.nz/course-providers/speech-language-therapists/> (or <http://tx0.org/7v>).

I will be liaising with our Expert Advisers over the next few months to start some balls rolling on a few new courses. We are always on the lookout for new topics of interest, so if anyone has any ideas, please let me know—be assured that this will not commit you to actually writing the course!

See you in September.
Ngā mihi mahana,
Claire

Contact Details

EXECUTIVE COUNCIL

President
Communications
Member Networks
Professional Development
Professional Standards
Māori and Cultural Development

Philippa Friary
Annette Rotherham
Jodi White
Claire Winward
Anna Miles
Karen Brewer

president@speechtherapy.org.nz
communications@speechtherapy.org.nz
membernetworks@speechtherapy.org.nz
professionaldevelopment@speechtherapy.org.nz
professionalstandards@speechtherapy.org.nz
culturaldevelopment@speechtherapy.org.nz

AREA REPRESENTATIVES

Northland
Auckland
Waikato / Bay of Plenty
Central
Wellington / Marlborough
Canterbury / Westland
Otago / Southland

Lucy Schumacher
Fern Maxwell
Annabelle Blue
Emma Irvine
Claire-Ellen Roberts
Kate Cook & Ruth Ramsay
Kathryn Palmer

ar.northland@speechtherapy.org.nz
ar.auckland@speechtherapy.org.nz
ar.waikato.bop@speechtherapy.org.nz
ar.central@speechtherapy.org.nz
ar.wellington@speechtherapy.org.nz
ar.canterbury@speechtherapy.org.nz
ar.otago.southland@speechtherapy.org.nz

STUDENT BODY REPRESENTATIVES

Canterbury University
Massey University (Albany)

Olivia Rozbicki & Charis Siow
Brianna Oosterbroek, Jennifer Fleming,
& Jacqui Morgan
Kate McGraw & Nicole Liley

sr.canterbury@speechtherapy.org.nz
sr.massey@speechtherapy.org.nz
sr.auckland@speechtherapy.org.nz

NATIONAL PRIVATE PRACTITIONER MEMBERS' REPRESENTATIVE

Bridget McArthur

privatepractice@speechtherapy.org.nz

OTHER CONTACTS

Administrator

ONZL Limited
Tel +64 9 475 0214

admin@speechtherapy.org.nz

Speech, Language and Hearing
Journal of the APSSLH, HKAST and NZSTA
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NZSTA Website Address
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NZSTA Physical Address

Editor: Mike Robb
Claire Linthwaite
sltresources@hotmail.com
www.speechtherapy.org.nz
admin@speechtherapy.org.nz
NZSTA, PO Box 302469, North Harbour, Auckland 0751, New Zealand
ONZL Limited, Level 1, Building C, 14-22 Triton Drive, Albany 0632, New Zealand

michael.robb@canterbury.ac.nz
membersaffairs@speechtherapy.org.nz

SUBMISSION DEADLINES FOR COMMUNICATION MATTERS

Spring Issue 2017 – September 19, 2017
editor@speechtherapy.org.nz



www.speechtherapy.org.nz | PO Box 302469, North Harbour, Auckland 0751, New Zealand
ONZL Limited, Level 1, Building C, 14-22 Triton Drive, Albany 0632, New Zealand

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ISSN 2324-2302 (Print) ISSN 2324-2310 (Online)