

communication

SUMMER 2018

# matters



RETURN TO KENYA

SUPPORTING MĀORI  
WITH STROKE

SAY HELLO TO  
STARLING



New Zealand  
Speech-language  
Therapists' Association

*Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa*

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Cover photo: The Starling device encourages quantity and quality of talk parents use with their young children (pp. 12-13).



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



Editorial –  
R. Lucas van Ryn  
editor@speechtherapy.org.nz

As we begin to wind up (or perhaps wind down) for the year, us Speech-language Therapists still keep busy! These last few months, as always, have seen exciting new research projects, community initiatives, and success stories, both individual and shared.

Natalie Myles has just returned from her second trip to Kenya, after having volunteered there as a Speech-language Therapist in 2014 (p. 6). Highlights of her trip include seeing the published version of stories about children with disabilities which she had worked on last time she was there.

Rukingi Haupapa, who experienced stroke in 2005, has become an advocate and an inspiration for Māori and their whānau who experience stroke. Find out about his awareness week activities and his own recovery journey on p. 4.

Our lives these days are full of technology, and I often feel that technology makes life more complicated. However, one piece of technology that can improve life for parents (whose lives are complicated enough!) and their young children is the Starling (pp. 12-13). The Starling counts words that young children hear, with the aim of improving the quantity and quality of talk their parents use with them.

At the ASHA conference in Los Angeles this November, an updated version of the Mutual Recognition Agreement was signed (p. 19). This agreement gives New Zealand Speech-language Therapists the privilege of having their qualifications recognised overseas, and shows that New Zealand's Speech-language Therapy qualifications are truly of an international standard.

I took my holiday break early this year, having just returned from a lovely cycle tour around the sunny Nelson region. I hope that all of you get the chance over the break to spend some time with friends, with family, and with yourself, and be full of energy for the new year!

Seasons greetings and all the best for the end of this year and the beginning of the next one,

Rouan



Merry Christmas from the Executive Council!



## President's Report

Philippa Friary

president@speechtherapy.org.nz

### KIA ORA KOUTOU,

I trust you are all getting to the end of the year in good shape and looking forward to some time off to re-coup. The aim is to glide into the Christmas mayhem with some energy in reserve rather than a crash landing, which is often the case. The EC are all looking forward to some time with friends and family over summer. I am looking forward to a Christmas in Auckland and New Year's in Taranaki—catching up with whānau with plenty of time out on my bike between the parties.

In November, I was invited to the ASHA Convention in Los Angeles as a representative of our association. This was my first ASHA Convention experience and has proven to be a very memorable one. ASHA hosts around 17,500 delegates over the three day convention with a large international contingent. It really did feel like living in a small town for the week, filled with Speech-language Therapists and with neighbours like Cynthia Fox, Pamela Enderby, and Sharynne McLeod.

I was reminded that we were in Hollywood during the opening, when

Goldie Hawn walked onto the stage to open the convention and talk about a project that she is involved in which introduces the practise of mindfulness to children. The Hollywood theme continued throughout the convention to the awards evening and the street party-style closing party.

During the conference, I presented on a panel together with Jennifer O'Donnell, SAC Chair; Lilly Cheng, IALP President; and Fernanda Dreux, Brazilian SLP Association past President. Our topic was 'The Big Picture – Monitoring Quality Across the Globe'. Delivering a panel with these amazing women was a great experience. In pulling together the panel presentation, we spent over 20 hours together in videoconference discussing different challenges that we all face within our countries. No surprises . . . we all had similar experiences: over-representation of certain populations in our statistics, visibility of our profession, and resourcing. After setting the scene from each of our associations and country's perspectives, we had a panel discussion

on the following topics:

- We need to focus locally before we focus globally—how are we ensuring quality Speech-language Therapy for our indigenous populations?
- How do we ensure quality in the future?
- If we could live in a world that had quality Speech-language Therapy across the globe, what would that look like? What small steps can we make to get to this place?

Thank you to Gina Tillard, our topic chair for this panel, for this great experience and an opportunity to continue to link the NZSTA with our international partners. The panel members intend to continue our conversations on this topic.

During my Los Angeles experience, Anna Miles and I signed the revised Mutual Recognition of Credentials Agreement together with SPA, ASHA, IASLT, RCSLT, and SAC. This document has a long history and continues to enable global mobility of our workforce. (Visit our website for more information on the MRA and how it can work for you).



Attendees at the American Speech-Language-Hearing Association convention in Los Angeles, where the updated Mutual Recognition Agreement was signed this November (see also p. 19). Photo credit: Ben Sledge. Photo provided by ASHA.

This really did feel like being back with old friends, given the time we have all spent together in videoconferences over the year. I was also proud to represent our membership at the Presidents' Luncheon. This congress hosted over 20 presidents from across the world from China to India, Cypress to Iceland. A great opportunity to hear about each other's objectives and share ideas and challenges. While in Los Angeles, we spent some good time catching up with the SPA President and CEO and the Irish Association. Plans were hatched over very large watery coffees between convention meetings and workshops. Watch this space for future collaborations between our associations.

The International Communication Project strategic group took the opportunity while all in Los Angeles together to have a face to face meeting. Key discussions included: an update on plans for an international communication access symbol and what is happening in each of our countries, how to collaborate more with the International Association

for Logopaedics and Phoniatics, and the ICP hosting events at upcoming United Nations events. Next year marks 70 years since the signing of the Universal Declaration of Human Rights. To mark this occasion, the International Journal of Speech-Language Pathology is publishing a special issue celebrating the UDHR and highlighting how the right to communicate is a human right. The ICP has a paper being published in this issue. We will provide details of the issue once it is published. In celebration of the signing of the UDHR and to raise awareness of people living with communication and swallowing disability, the ICP is planning to host a Side Event at one of the United Nations events in 2018. We will keep you updated on this project as we venture into 2018.

Ngā mihi nui and well done on another great year, everyone. I wish to close with a beautiful whakatauki for us all as we start to reflect on 2017 and gear up for 2018:

*"Mehemea ka moemoeā ahau  
Ko au anake  
Mehemea ka moemoeā e tātou  
Ka taea e tātou"  
"If I am to dream  
I dream alone  
If we all dream together  
Then we will achieve"  
--Te Paea Herangi*

Mauri ora,  
Meri kirihimete,  
Philippa Friary

# Stroke Awareness in Māori Communities

WORDS: FIONA DOMINICK

Stroke Week was held in the first week of October this year. The Stroke Foundation of Aotearoa hoped that the nation would take time to learn about stroke, how it can be prevented, and how to spot and respond to it.

We were lucky in the Bay of Plenty to have stroke survivor Rukingi Haupapa leading sessions to raise awareness amongst our Māori communities. The Ministry of Health figures highlight that Māori are more likely to die at a much younger age from stroke than non-Māori. Māori are suffering disproportionately more severe strokes and poorer outcomes. Having passionate people like Rukingi can contribute to shifting these statistics.

Rukingi is a real inspiration. Having suffered a stroke twelve years ago in his sleep, he awoke to changes in memory and communication. It was a big shock to his whānau, who didn't know what a stroke was. Being a chatty kind of guy, this was a difficult time for him. He showed a determination to improve, with close whānau support. Leaving hospital earlier than his doctors recommended, he returned home, where he was more comfortable to rehabilitate on his own terms.

His whānau would remind him of what life was like before, and slowly he retrieved his words and memories. Rukingi asked them what he liked to do before the stroke. They told him he really liked fishing and so he headed off to Tauranga for the day and surprised them all when he returned with a boat! After a successful haul, he had to ask the whānau, what now? They told him he would fillet them, smoke them, and pass them out at the marae. So his recovery was led by experiential learning and, day by day, he worked towards complete wellness.

Rukingi discovered the many other people around him that had also experienced a stroke. This led to his whānau starting up a Māori support group. Rukingi also took up a Bachelor of Teaching at university. He progressed to his Masters, with his thesis looking at Māori stroke victims and whānau. He ended up talking with nine families from within Te Arawa who had all been

affected by stroke.

Rukingi says the thesis gave people the chance to say how their stroke had affected them. One trend to emerge was that, in hospital, patients learn about the physical changes and how to cope with them, but they often found gaps for the Māori wellbeing of tinana, hinengaro, and wairua supports when back at home.

His hope was for this thesis to help people understand some of the struggles that stroke victims face, and how whānau developed and used successful interventions in their lives. He has now begun work on his doctorate.

Rukingi has helped organise stroke events in Maketu, Rotorua, and Taupō. At Maketu, our local Speech-language Therapists had the honour of collaborating with him. Laura Wood and I were invited to the Kaumātua Group where we presented on the swallowing and communication difficulties that may arise after a stroke and what the work of a Speech-language Therapist may entail. We were inspired listening to Rukingi's kōrero, and heard many other personal stories. The sharing that took place was valuable in continuing to evolve our thinking and delivery of Speech-language Therapy to Māori clients and whānau.

The Hui finished with a lot of waiata, kai, hugs, and hope. We look forward to further opportunities to collaborate with Rukingi and improve the delivery of our Speech-language Therapy services to our Māori communities and to make a positive impact on Māori health and wellbeing.



From left to right: Rukingi Haupapa, Fiona Dominick, Laura Wood, Paratene Haupapa.

# Andrea Tabaka - Open for Leadership Award

A thoughtful approach to improving relationships and commitment to the care of her patients has seen a Hawke's Bay DHB Speech-language Therapist become the latest recipient of an Open for Leadership award. Andrea Tabaka received her award in October for her work in the intensive care unit. It was presented by Dr. Janice Wilson, Health Quality & Safety Commission Chief Executive.

The Open for Leadership awards are coordinated by the Commission. They recognise and celebrate health professionals who demonstrate excellent practice, quality improvement, and leadership skills. They are part of the Commission's work to build capability and leadership in the health sector.

"Andrea Tabaka has used evidence-based practice in a number of areas to ensure tracheostomy patients receive high-quality care," says Janice Wilson. "The DHB says her persistence and tenacity have also led to a reduced risk of aspiration pneumonia within the ICU, which means patients have a shorter stay and are healthier."

Among the initiatives lead by Andrea are:

- Using evidence-based practice in intensive care to ensure patients with a tracheostomy can swallow safely.
- Improving reporting and action for learning from adverse events.
- Reviewing and ensuring consistency for referrals between intensive care and the Speech-language Therapy service.

Janice Wilson says the DHB describes Andrea as caring and compassionate.

"In one example, she arranged for a patient in the ICU to be able to watch his daughter's wedding over Skype on a hospital iPad. This is an experience he would have missed if it weren't for her going the extra mile."

Andrea says the work she has carried out, including regular meetings with ICU teams to discuss patients, has been easy to implement thanks to the support of her colleagues:

"At the end of the day the ICU team and I just want what's best for the patient. By having regular discussions, I can identify patients who are appropriate for Speech Therapy and it's something at the forefront of the minds of the doctors. It means patients are being seen sooner, and they're having great care."

She says she is grateful to the DHB for allowing her to take a quality improvement mindset to the care given to patients.

"What's different isn't always easy, but the ICU and DHB have been really supportive."

Andrea was awarded a trophy and will be sponsored to attend a Commission event.

open for  
LEADERSHIP  
AWARDS



congratulations

HAWKE'S BAY  
District Health Board  
newzealand.govt.nz

HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND  
April 2017

# Return to Kenya

WORDS: NATALIE MYLES

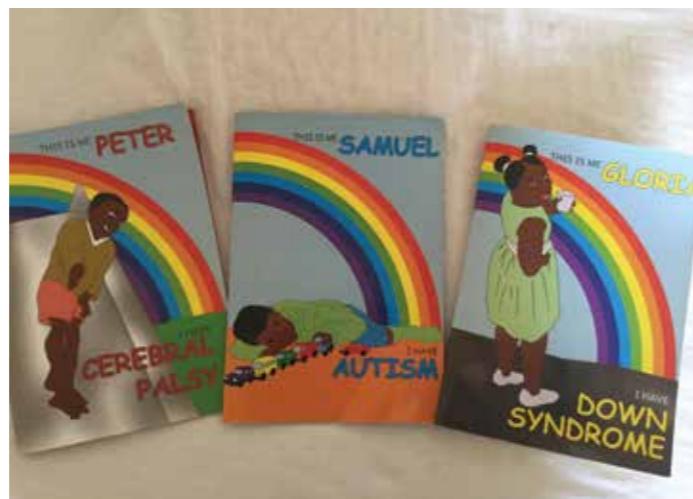
From 2012 to 2014, I spent a wonderful two years working as one of a handful of Speech-language Therapists in Kenya. I was there on a VSO placement, working for an organisation called Special Education Professionals (SEP). SEP is made up of professionals who share their skills and promote a transdisciplinary model of working with children who have disabilities. My role was to work with the SEP staff on integrating communication and feeding strategies into this transdisciplinary model.

Ever since I left, I have been itching to get back and I decided that the wedding of a friend in Nairobi in July 2017 was the perfect excuse to return. I had a very busy 10 days of catching up with friends and also visiting the projects where I had been working. SEP has gone from strength to strength during the three years that I have been away and it was exciting to see how the organisation has grown. It was also immensely satisfying seeing for myself how some of the initiatives I was involved with have continued to evolve. Some brief highlights:

- Walking into the waiting area of one of the therapy centres that is supported by SEP and seeing mothers feeding their children with CP using beautifully supported upright positioning. This was such a contrast to the laid back ‘pour down the throat’ method of feeding that I would have almost certainly seen in this kind of setting when I arrived in 2010.
- Finding some of my home-made tactile board books and various visual communication resources (and a few Hairy Maclary stories!) still intact and being used!
- Seeing the published version of some little story books that I had started working on about children with disabilities being distributed in mainstream schools as part of a project to

promote inclusion. I had started working on the text before I left, but SEP managed to source funding to illustrate, publish and distribute them. It was just lovely seeing the huge smile on the face of a little boy with athetoid CP looking at a story book about a boy just like him!

SEP have continued to develop and expand their training curriculum, and now have several therapists (Occupational Therapists, Physical Therapists, and Special Education Teachers) providing training on various topics to other professionals and to families. It was great to see that communication and play remain core components of this training, despite the fact that they have very minimal ongoing access to Speech-language Therapists.



# Parkinson's Disease Voice and Movement Programme

WORDS: ALISON LUNN AND JO TIPPING

The Parkinson's Disease Voice and Movement programme (PD VAMP) is a new initiative that has been developed and implemented by the community Speech-language Therapists and Physiotherapists in Canterbury. The programme is based on theories of neuroplasticity and is an intensive early intervention programme for people living with Parkinson's disease.

PD VAMP has been piloted by the Canterbury DHB over the past 18 months. It was developed to address the ever increasing demand for intensive intervention for low volume voice and the need to supply this service in the community setting with minimal resources.

The programme is based on the research of LSVT BIG and LOUD and incorporates some of these functional principles. It comprises three sessions per week for four weeks with each session lasting one and a half hours. The programme includes two education sessions for carers or spouses, as well as weekly informal education sessions, which are based around topics including medication, fatigue management, and diet.

Traditionally, the majority of our participants with Parkinson's disease would be unlikely to meet the criteria for physiotherapy intervention until much later in their disease progression. The programme has targeted improving their balance and mobility to reduce their risk of falls at a later stage.

The programme provides Speech-language Therapy and Physiotherapy exercises in a circuit training format. Participants work together in pairs and move around each station completing targeted speech or physio exercises. The complexity of these exercises increases throughout the programme, with targets of dual tasking (walking and talking) using BIG and LOUD concepts by the final week.

The data collected over the past 18 months of running the programme have shown significant improvements in speech, mobility, and wellbeing, and this is maintained throughout the progression of the disease. We believe further research is needed to look at the results in greater detail.

PD VAMP has so far proven to be a cost effective

interdisciplinary approach to the early intervention of Parkinson's disease and it has been an exceptionally rewarding journey for both the Speech-language Therapists and Physiotherapists in Canterbury.

The programme was recently submitted to the Canterbury DHB Innovation Awards 2017 and won the "Improved quality safety and experience of care award" out of over one hundred submissions. This is a huge accolade and achievement for the Speech-language Therapy profession and for allied health.

We would like to thank all those involved in making this possible. Please contact us (Jo Tipping at jo.tipping@cdhb.health.nz or Alison Lunn at alison.lunn@cdhb.health.nz) if you would like any further information on PD VAMP.



From left to right: Kirstie Koller, Community Speech-language Therapist; Michelle Croft, Community Speech-language Therapist; Alison Lunn, Community Speech-language Therapist; Lynda Tucker, Community Physiotherapist; Liz Lavery, Community Rehab Assistant; Jo Tipping, Community Speech-language Therapist.

# Inter-professional Work in the Clinical Education of Speech-language Therapy Students

**WORDS: ALISON COOPER, SLT CLINICAL EDUCATOR; EMILY JONES, SLT CLINICAL EDUCATOR, BSLT (HONS) PROGRAMME; AND REENA SONIASSY UNKOVICH, DIETETIC PRACTICE COORDINATOR, MSC NUTRITION AND DIETETICS PROGRAMME, MASSEY UNIVERSITY**

In modern clinical practice, inter-professional work, collaborative work, and the provision of training are all part of a Speech-language Therapist's role.

To effectively execute this role requires in-depth knowledge of the relevant clinical area, knowledge of the roles of other professionals, and skills in effective communication. This is especially true when managing safe and sufficient eating and drinking in both adults and children.

At the Massey University Speech-language Therapy Clinic, we have developed links with the Dietetic Clinic within the School of Sport, Exercise and Nutrition where third and fourth year Speech-language Therapy students work alongside MSc Nutrition and Dietetics students on a joint project with children and parents in the ACTIVEating (Advancing Children Therapeutically in Variety Eating) clinic, or with adults and their carers in a residential care setting.

The students assigned to working with children in the ACTIVEating programme take part in an orientation to learn about paediatric feeding issues. They reflect on the role of their own professions and of other significant health professionals in assessing, diagnosing, and managing these issues. They use the assessment findings to create specific, functional, and measurable goals and develop a feeding plan for the child.

The students working with adults reflect on their own profession's scope of practice and discuss the work of other professions involved. They then develop a joint screening tool to identify issues in a group dining room setting, use this tool to collect information about specific issues observed, and plan a presentation to care staff or carers.

Any concerns about an adult's or child's pharyngeal swallow are discussed with the carers and referred to their local DHB services.

The benefits to student engagement and learning outcomes

discussed in the literature (Stucki, 2012) were demonstrated in the students' self-reflections:

**1.** Inter-professional learning allows students to develop a positive attitude towards other professionals ("Why Teach with an Interdisciplinary Approach?," 2010).

"Initially, when I heard that we would be working together with the dietetics students, I thought it would be interesting to have the opportunity for some multi-disciplinary work, but did not expect much more than that."

This student went on to reflect:

"I learned a great deal from the dietitians about their scope of practice and what issues concern them when working with geriatric clients."

**2.** Inter-professional learning environments help students to develop their cognitive abilities, such as critical thinking, recognizing bias, and acknowledging ethical concerns ("Why Teach with an Interdisciplinary Approach?," 2010).

"Preparing the screening was a real eye opener, as we found that many of the areas of concern with regard to dysphagia were the same as those the dieticians were concerned about with regard to nutrition."

**3.** Reciprocal relationships (ako), as part of an active and collaborative experience, influence student engagement and therefore learning outcomes (Stucki, 2012, Moran & Gonyea, 2003, Leech, 2016).

"After just a couple of meetings . . . the dietetics students were demonstrating much more knowledge about dysphagia, and we had a much better understanding of nutritional issues."

**4.** Sharing information with care staff or carers also enabled students to explore, appreciate and reflect on communication and health literacy skills (Birks, Chapman, & Davis, 2015) and te Tiriti o Waitangi principles (Brewer & Andrews, 2016).

"Preparing and giving the joint training session to the

caregivers at Aria Gardens contributed to my competency development in numerous ways."

"This has been significant in developing my understanding on the importance of partnership and thinking about outcomes beyond the clinical setting."

The knowledge and skills developed through collaborative, inter-professional work in the clinic environment are valuable attributes that graduate students from both disciplines can transfer to the work place.

## References

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Moran E. T. & Gonyea, T. (2003). *The influence of academically focused peer interaction on college students' development*. Retrieved from ERIC database (ED478773).

Stucki, P., (2012). A Māori pedagogy: Weaving the strands together. *Kairaranga, 13*(1), 7-15.

*Why Teach with an Interdisciplinary Approach?*. (2010). Retrieved from <https://serc.carleton.edu/econ/interdisciplinary/why.html> (or <http://tx0.org/f8>)



Speech-language Therapy and Dietetics students: Beatrice Drury, Anelisa Lole, and Claire Preston.

## Black Sheep Replaces Elephant in the Room

**WORDS: FIONA HEWERDINE**

EXCELLENCE IN SUPPORTING QUALITY OF LIFE AND QUALITY OF DYING.

The elephant in the room—the topic that everyone needs to talk about but no one can pluck up the courage to mention. Advance care planning can be like this. Talking about plans for your last days of life isn't the easiest.

Speech-language Therapists are well placed to initiate and support these conversations, being experts in communication and in aspiration, adequate hydration, planning quality of life, nutritional access, PEG, risk feeding, AAC, providing communication ramps for aphasia, and supporting colleagues in assessing comprehension and capacity.

Here are some resources to help:

- Advance Care Planning (n.d.) *Level 1A Advance Care Plan*. Retrieved from <http://www.advancecareplanning.org.nz>
- Allen, J. & Bryer, H. (n.d.). *Supporting adults with communication impairment to make decisions*. Keighley, England: Black Sheep Press.
- Volkmer, A. (2016). *Dealing with capacity and other legal issues with adults with acquired neurological conditions*. Guildford, England: J&R Press.

The Black Sheep team supply ready-made pictures to help those needing pictorial / photo resources in conjunction with Talking Mats.

Put these all together and you are well resourced to help assess capacity and understand your role. You will see the power shift to the patient as they guide their own care at the close of their life, and you will be able to help inform others of their wishes for ceilings of care.

The Advance Care Plan is a gift to the family, as it means that there is no doubt what your patient wishes, no family feuds created by uncertainty, and relief that the loved one's wishes are being supported. Some see it as a 'dress rehearsal' for death—helping acceptance and reducing fear—and when the person's life comes to a close, the family may feel reassured that what happens is just as they all wished it would be.

So take the elephant out of the room and bring in the black sheep with advance care planning.

# International Dysphagia Diet Standardisation Initiative: We Need Your Help!

The International Dysphagia Diet Standardisation Initiative (IDDSI, <http://www.iddsi.org/>) terminology and definitions for texture-modified food and drinks for individuals with dysphagia are being adopted, commencing in 2018. IDDSI supports safer management of people with dysphagia through standardized terminology and descriptors.

IDDSI differs slightly from the standards adopted in New Zealand and Australia in 2007. We need Speech-language Therapists and Dietitians working in New Zealand to change to the new terminology in 2018 and to advocate, promote, and educate patients and health professionals in the new terminology and definitions.

Dysphagia food producers are busy changing their marketing materials and labelling to support IDDSI, and will produce new materials as they are feasibly and financially able.

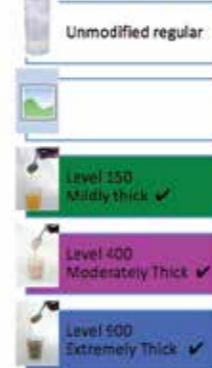
Food service providers are supportive of the change to IDDSI but need the support of Speech-language Therapists and Dietitians to assess current menus against the new criteria and change to the new definitions.

Please help us as we strive for safe, consistent practice in texture modification for people with dysphagia by taking a STAND in the following ways:

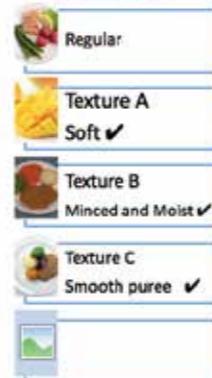
- Support your food service providers to assess current menus against new standards and change their documentation and processes as needed.
- Teach your students, health professional colleagues, and food service providers the new framework and new definitions.
- Advocate for safety by providing clients with the new framework and new definitions through new resources.
- Never use the old terminology—remove all old resources and education.
- Documentation—only use the new terminology in all clinical documentation.

If you want more information and/or want to help, please contact [newzealand@iddsi.org](mailto:newzealand@iddsi.org).

## Australian / New Zealand Standards



## Australian / New Zealand Standards



## IDDSI



## IDDSI



## Area Updates

### WAIKATO / BAY OF PLENTY AREA

#### Annabelle Blue

As another year draws to a close, we continue to have changes amongst teams in our region, along with exciting new opportunities. Chrissy Douglas has recently joined the team at Whakatane Hospital (0.6FTE). Laura Wood will soon be finishing up her time at Whakatane Hospital as Victoria Lougher returns from maternity leave. Kath Phillips informed us of a 0.8 FTE mixed adults and paediatrics position newly established and recently advertised at Rotorua Hospital. Rachel Emmitt (Waikato Hospital) will be starting her PhD in October 2017 on dysphagia in people with multiple sclerosis.

Kath Phillips also updated us about the recent funding that MOE has been awarded to complete research in preschools nationwide. This work is to be contracted out to a third party, and will commence in January or February 2018. It is hoped this will bring with it new innovations to practice.

I hope all of our members have a safe and enjoyable Christmas and New Year's break. I look forward to working with you all again in 2018!

### CANTERBURY / WESTLAND AREA

#### Kate Cook and Ruth Ramsay

2017 has been another great year for area meetings and the social gatherings that these have become. Thanks to everyone who has come along throughout the year. For our final meeting of 2017, we were joined by Ruth's newborn and 34 Speech-language Therapists and students! Congratulations to our student Speech-language Therapists who won the people's choice award for the video competition! We also congratulate

Georgia Holibar on her new role as Aphasia NZ Canterbury Community Aphasia Advisor. She is taking over from Annette Rotherham, who we were sorry to farewell from the Canterbury / Westland region earlier in the year.

### OTAGO / SOUTHLAND AREA

#### Kathryn Palmer

We had a smaller attendance this quarter but still had some interesting discussions. As this was the last meeting of the year, a few members also had a celebratory meal afterwards. It was nice to have some extra time to socialise. We have also been using Zoom teleconferencing successfully during our last two meetings for members attending from outside Dunedin.

Members thought the Checklist for Workplaces around Communication Accessibility was great, and this will continue to be a useful tool. Local health Speech-language Therapists have started to use the International Dysphagia Diet Standardisation Initiative framework (p. 10) and App. Tessa O'Brien and Sophie Henderson attended the Dyspraxia Conference in Christchurch in October. Members also shared useful resources, including the Game of Awesome from the MOE website.

In terms of staff changes, three members will be going on parental leave soon at Southern DHB—one in Dunedin and two in Invercargill. Ben Matthews has left the DHB. Rachel Matthews is currently doing her medical training and so will soon be leaving the profession. There are some local changes at the MOE too. These include Tessa O'Brien, who is moving to Auckland; Ali Harris, who is moving to Christchurch; and Katherine Holst, who has joined the MOE (welcome!).

# Say Hello to Starling

WORDS: MEGAN CHINNERY, SPEECH-LANGUAGE THERAPIST

The Starling is a small clip-on device that a baby or preschooler wears. It counts the amount of words the child hears and sends this data via Bluetooth straight to an App on their parent's phone. It is essentially a FitBit for language, with the aim of increasing the quantity and quality of talk a child hears to aid language development from birth to 4 years. The device is now available in New Zealand for \$240.

I have been using the Starling clinically for six months. It has been fantastic, and I have been looking for a way to get it more widely used in New Zealand. So I am now the sole distributor of the device in New Zealand.

The benefits I have found:

- The Starling is easy for the child to wear. It clips on to any item of clothing and the child can't pull it off.
- The price point means the device is accessible for many community and government organisations working with families.
- The App is free to download for Apple and Android devices, and an account can be made for each family, meaning the same device can be used with multiple families.
- As a clinician, you can log in remotely so you can guide and coach parents on an ongoing basis.
- The App shows the amount of words heard each hour as well as over the course of the day.
- Each family will have their own target which increases each day. The targets can also be set manually if that suits the situation better.
- It provides measurable data for your intervention.
- It is so motivating! Families love it.

## IS THE STARLING EVIDENCED BASED?

Yes! The Starling was developed on the basis of over 30 years of scientific research. Studies, articles, and books that represent just some of the evidence used to create the Starling are collected at <https://www.versame.com/research/> (or <http://tx0.org/im>). As the winner of the Bridging the Word Gap Challenge, Starling's efforts were recognised in 2016 by the Health Resources & Services Administration within the US Department of Health and Human Services.

## IS THERE PUBLISHED EVIDENCE ABOUT THE OUTCOMES FROM USING THE STARLING?

Not yet, but there will be soon! There is so much research potential to explore the Starling's clinical use, and a number of studies are already under way. Preliminary results from the National Centre for Families Learning showed that, at the end of two months' intervention with the Starling, there was a 41% increase in the average daily word count across all families. Clinical feedback, as well as the data each family and Speech-language Therapist collect from using the Starling, shows how much more language kids hear after engaging with the device.

The breakthrough study published in 1995 by Betty Hart, PhD and Todd Risley, PhD asked why some children do better academically than others. They determined that a child's intellectual success and language outcomes are directly related to the amount of talk the child hears from birth to age three. This finding has been demonstrated again and again. The Starling provides real-time feedback to parents to show them how much they are talking. It then supports them to increase the amount of language they use with their children.

## ARE THERE ANY PRIVACY ISSUES WITH USING THE STARLING?

No. The Starling counts words but does not record any language.

## THE STARLING MEASURES QUANTITY OF LANGUAGE, BUT HOW DOES IT HELP WITH IMPROVING THE QUALITY OF LANGUAGE?

The research in this area suggests that, as the quantity of talk a parent uses increases, so does the quality. The Starling provides daily language activity ideas and conversational topics to families through the App, based on the child's age. The Starling is a powerful tool to use as part of intervention. As a child's or family's Speech-language Therapist, you are teaching the importance of quality talk. The families are then able to see how much quality language they are engaging in with their child with the Starling.

## HOW ROBUST IS THE STARLING AND WHAT IS THE WARRANTY?

It is very robust! It is designed to survive the life adventures of a preschooler. It is waterproof and impact resistant. The same device will last as it goes from family to family on loan. The Starling has a one year warranty. Spare parts and clips are available for a very low cost and will be available in New Zealand.

## HOW CAN I USE THE STARLING WITH MY CASELOAD?

This could take many different forms! One example: A family has the Starling device on loan for 6-8 weeks. They have face to

face Speech-language Therapy sessions every fortnight. As part of that session, the family and therapist look at the data from the Starling, celebrate successes, and set goals for the next two weeks. The Speech-language Therapist then logs in remotely to see how the family is going and to touch base with them once or twice between sessions. This could be an encouraging text message with a suggestion or two, or a phone call if there are more concerns. Families tend to be very self-motivated when using the Starling.

If you would like to place an order, find out more information, or have any questions, please contact me at [meganchinnery@gmail.com](mailto:meganchinnery@gmail.com).



# Mental Health of Parents of Children with Disabilities

WORDS: **ALYSA PARKER**

I'm not usually one to rock the boat, but after watching a parent I knew very well break down and talk about suicide during a meeting, I found it difficult to ignore. I felt helpless. As a Speech-language Therapist working in a special school in South Auckland, this certainly wasn't the first time I'd had to fight back tears as a parent shares a snippet of their lives with me, but this one hit hard. I went straight back to the office and drafted up a letter to Nicky Wagner and Dr. Jonathan Coleman. It was two pages long, and I'm yet to have a response that isn't "thankyou I have forwarded this to..." or "we will respond within 20 days". Feel free to contact me at [alysaparker@gmail.com](mailto:alysaparker@gmail.com) if you are interested to see the whole letter, want to hear about their responses, or have any ideas about what else could be done to advocate for these parents.

*The catalyst for this letter is my most recent meeting where a family were told their carer support hours were decreasing, and Taikura Trust would only increase these hours if the new hours were 'proven to fail'. The mother sat there crying and said "what do they think a fail is, me or my husband killing ourselves? Because that's what's going to happen." You could tell by her manner during our meeting she was reaching the end of what she could handle. It was heart-breaking to watch. It was at this point a Social Worker mentioned that she was going to organise a counsellor. Her son is a teenager. I couldn't help but wonder whether things would be different if she had started seeing a counsellor as soon as he was born.*

*Many of our parents have mental health issues as a result of a very rough time looking after their children. Some are likely to have had mental health issues regardless. These mental health issues impact greatly on their ability to look after their children. It is difficult to be persistent with behaviour programmes, do any homework, and feel empowered to look after their children with less carer support, and in some cases even shower or feed their children, with severe depression.*

*...  
What I am proposing is every parent have free counselling as soon as their child is diagnosed with a disability. Not just 'access', but someone assigned to them and this support to remain regular throughout the child's life. What I have noticed is a huge prevalence of mental health issues in parents of disabilities [sic] and they are too busy or not aware of where to seek help.*

*...  
I can't say with certainty that every parent of a special needs child is struggling with mental health issues, but I feel in an already very vulnerable population, there is only an ambulance at the bottom of the cliff for those strong enough and knowledgeable enough to know where to look, and nothing at the bottom for the rest.*

Editor's note: The above excerpts from Alysa's letter are reproduced verbatim.

# Countertransference

WORDS: **MELVA RITCHIE, SPEECH-LANGUAGE THERAPIST, TONGUE TWISTERS**

On occasion, when my head hits the pillow to sleep, I lie awake instead. Sometimes my mind wanders over the course of the day and my heart starts to beat faster. Sometimes I start to dwell on a worry and my stomach sinks. On occasion, this is not really my worry. Oftentimes I hear from mums I am working with about their struggles with their child, their life, and their feelings and worries. This is a beautiful privilege. I understand that, as Speech-language Therapists, we have an opportunity to listen and hopefully ease others' burdens. On occasion, however, a mum's burden can unconsciously wiggle into my heart and become 'my worry'.

The emotional reaction of a professional toward a client is, to some degree, inevitable and 'normal'. There are obvious extremes that are problematic: getting into a relationship with a client on one end, or being totally unfeeling on the other end! What I experienced on occasion—I thought—was having too much empathy and really putting myself in someone else's shoes! This can affect my sleep and my mood, and that has a roll-on effect to relationships.

Recently, I read a blog post (<http://www.goodtherapy.org/blog/psychpedia/countertransference> or <http://tx0.org/f5>) describing the phenomenon of countertransference and I identified with the post (self-diagnosis via Google is OK right?!). Sigmund Freud originally developed the concept of countertransference in relation to psychologists, whereby the clinician's emotions are influenced by a person in therapy and an emotional entanglement occurs. Countertransference can occur in a range of therapeutic professions, and definitely includes us!

Newly empowered with a 'label' for what I sometimes experience, I have been more aware of catching my thoughts and feelings and creating boundaries for where and when I



think about client disclosures (as opposed to 'worry about their worries'). The blog noted that "it is necessary for therapists to master the tendency to participate in unconscious countertransference by developing healthy boundaries and remaining mindful of the threat posed by countertransference, both to the therapeutic relationship and a therapist's work with people seeking treatment."

I have found that when I acknowledge that a feeling is crossing my personal boundary I need to take action. I actively tell myself that I am grateful for the place I have that allows someone to share this with me, then put my mind on to a different cognitive activity, e.g., listing things I need to do the next day, meditating, planning a dream holiday, remembering things I am grateful for.



## Annette Rotherham – Communications

communications@speechtherapy.org.nz

Nothing about us without us—No one left behind. Disability Matters 2017: Making the Convention Real. How can we ensure the Convention on the Rights of People with Disabilities is upheld in Aotearoa? I took the opportunity to experience this conference and, along with Dean Sutherland, present the NZSTA's Communication Access principles. We both came away with enormous learning, confrontation of our own ideas and beliefs, and a sense of enrichment from meeting and hearing from some of the most incredible, passionate advocates in the world.

Many themes evolved, but my mind came back to our past awareness campaigns: Making Connections – Whakawhanaungatanga and Access for all – He Waka Eke Noa. The conference was a perfect opportunity to discuss our aims for accessibility with others who share the same focus. Access Alliance plans to establish legislation on accessible environments; People First NZ – Nga Tangata Tuatahi had a strong presence and introduced their service creating Easy Read documentation. I discussed with Cindy Johns, national manager, and Alexia Black, communications manager, ways we can work together to achieve our goals around accessible information.

Dr. Sarah Gordon was a powerful keynote speaker. She argued that advocacy is the key to making the Convention real. Sarah explained very clearly some wonderful definitions around advocacy that I took note of:

*Individual advocacy.* Supporting individuals, especially the most vulnerable, in exercising their human rights. Individual advocacy extends and applies to all areas of life. This is most often the role of family and carers.

*Systemic advocacy.* Support to exercise human rights in response to the experience of disability. People being prepared to stand up to human rights breaches. This is an important role

for health and disability professionals and organisations that represent those with impairments.

Robert Martin, disability rights advocate and member of the United Nations Committee on the Rights of Persons with Disabilities, believes the soul of the Convention is Article 12: Choice and Control. Robert, with whom I had the privilege of discussing this topic informally, acknowledges and believes how important all forms of communication are in decision making, and that we need to accept and encourage the diversity and formats that communication can take. This raised many questions around how we involve people in decision making.

Supported decision making in the new regime has huge implications for people with speech, language, and communication needs. Article 12 states that “all persons inherently possess legal capacity and are supported to make decisions based on their will and preferences.” This raised the question to me about how Speech-language Therapists can advocate for people with communication needs and ensure they have the tools to communicate their will and preference, as well as ensuring others have the skills and abilities to ensure communication success.

How is New Zealand faring in implementing the United Nations Convention on the Rights of People with Disabilities? That was the big question. I believe we are getting there in many areas. There have been gains over the past ten years that need to be celebrated, but there is much work to be done. He waka eke noa. We all need to be in the waka together and have a united voice to make change.

Have a safe and happy holiday season,  
Looking forward to advancing our campaign in 2018,  
Annette



## Claire Winward – Professional Development

professionaldevelopment@speechtherapy.org.nz

### KIA ORA KOUTOU,

A few updates for you this time around:

### SPECIAL INTEREST GROUPS

Special Interest groups originally developed from the needs of individual practitioners to share information within specialist areas, to keep abreast of new developments, and to learn from each other. They are recognised and supported by NZSTA as an accessible means for continuing professional development, for developing and maintaining specialist skills, and for keeping up to date with the latest research.

Special Interest Group membership is free, and gives you easy access to a group of practitioners working in your specialist field, either regionally or nationally. Each time you contribute to a SIG, including joining via Zoom or Skype, you earn 5 CPD points. Chairing or facilitating a SIG meeting earns you 10 points. SIGs also invite external speakers to present and answer questions, providing free access to external specialist knowledge.

Here is a reminder of the SIGs currently running across the country. For more information and contact details, check our website.

### National SIGs:

- Cultural & Linguistic Diversity (CLD)
- Voice
- Vulnerable Children and Youth
- Acquired Brain Injury
- Deaf / Hard of Hearing

### Regional SIGs:

- Northland, AAC in Health and Education
- Auckland, AAC for Older Learners
- Auckland, AAC in Education and Health
- Christchurch, AAC in Education

If anyone is interested in setting up a new SIG, please let me know. NZSTA will provide:

- General advice and guidance around setting up a SIG
- Free advertising on the NZSTA website or via Mail Chimp
- Time for meetings at NZSTA events

I will be catching up with SIG leaders over the next few months to see how NZSTA could better support SIGs as we move into 2018.

### PROFESSIONAL DEVELOPMENT POLICY

The Professional Development Policy has recently been updated to reflect our changing context, and now includes more explicit references to social media and e-learning.

### THE RESOURCE ROOM

As we are no longer able to lend out assessments, and this was the main cause of Resource Room requests, we are going to do a stocktake of the Resource Room in early 2018. I suspect there are many books and resources that are now out of date and should be removed. Renee Taylor and I have been in contact with some local practitioners who have volunteered to help with this. Where books and resources are still valid, we will look into options to ensure they can be used effectively, perhaps by partnering with charitable trusts. If anyone has any bright ideas, please get in contact!

Ngā mihi mō te Kirihimete me te tau hou  
kia koutou katoa.  
Arohanui,  
Claire



## Jodi White – Member Networks

membersnetworks@speechtherapy.org.nz

### KIA ORA KOUTOU,

Well, we are speeding toward the end of the year. I hope you have all been successful in your plans for 2017 and are looking forward to the holiday season. Thank you to all members who completed the recent member survey. As you can imagine, with the volume of responses we received, there is quite a lot of information to work through. There were some specific suggestions related to area meetings that I am working through, and I will be looking at ways to improve engagement and quality of the meetings. The first change we are making is to cease the use of the current teleconferencing system. The plan is to enable members to join the meetings via video or phone link through Zoom conferencing services. Many areas have started using this system already, and so far we have had some great feedback—along with some teething and technical issues. If you haven't used Zoom before, don't panic! Although you can click a link to use the videoconference via the Internet, if you don't have access to the Internet or a computer you can still call in by phone. Full instructions will be sent prior to the first meeting next year.

Wishing you all the best for the upcoming holiday season,  
Ngā mihi,  
Jodi

### QUERIES AND RESPONSES

**Query:** How can we access collated minutes now that these are not emailed around to members?

**Response:** You are able to access the collated minutes via the website at any time. Once they have been compiled, they are uploaded to the website under Area Meetings and these should be available well in advance of the next meeting's due date.

**Query:** There has been some discussion that Awareness Week was made tricky by co-occurring with Te Wiki o te Reo Māori—can we choose a different week next year? There are also some questions about the availability of the communication access checklist and Giving Voice resources.

**Response:** There was a direct memo to every member with the Communication Access challenge and checklist and resources for the week. No dates were on the resources, and many workplaces opted to run an event or activity at a time that suited their service.

We still want to encourage people to take up the challenge and look at ways to make a part of their service more communication accessible! Have a look at the checklist! It's on the website.

We also have working parties and champions in the four main centres who can be contacted for ideas and resources if you want to get more involved in the Giving Voice Aotearoa campaign.

Māori language week did coincide but we actually saw this as a positive and incorporated some resources that reflected this. There are awareness weeks for various things every week, so it is quite difficult to find out who is planning theirs at the same time. We prefer to consider how we can collaborate and promote each other's messages, such as with loud shirt day, dementia awareness, world literacy day, international disability day, etc. These are all opportunities to push our message.

**Query:** Professional Development—Is it possible for the abstracts from the Symposium to be made available for those who have missed the talks, possibly on the NZSTA website? Also raised was the possibility of just having

the title with the contact details of the presenter so those interested in a particular talk can contact that person directly for more information.

**Response:** Claire Winward has taken this feedback on board and will look into it for future events.

**Query:** Professional Standards / Professional Development—Sally Kedge reported that there needs to be more guidance for SIG coordinators on where and what to post.

**Response:** Our *twenty-twenty vision* states we will “support and strengthen the development of SIGs and other professional learning communities.” This has been through reminders to members that we can support advertising and promotion of SIGs and offer them opportunities to use *Communication Matters* to self-promote. There has been very little take-up of offers of support, so please see this issue of *Communication Matters* for further information (p. 17).



## Anna Miles – Professional Standards

professionalstandards@speechtherapy.org.nz

I am writing this post from the American Speech-Language-Hearing Association Convention in Los Angeles (pictured on p. 3). With 13,000 attendees and over 2,500 sessions, it is quite a contrast from home. I am here with Philippa Friary to sign the new Mutual Recognition Agreement (MRA) between The American Speech-Language-Hearing Association (United States of America), Speech-Language and Audiology Canada (Canada), The Irish Association of Speech and Language Therapists (Ireland), The New Zealand Speech-Language Therapists' Association Incorporated (New Zealand), The Royal College Of Speech and Language Therapists (United Kingdom) and The Speech Pathology Association of Australia Limited (Australia).

The Signatory Associations agree to a range of benefits for full members of these Associations including streamlining the mutual recognition process for individuals who are credentialed by the Signatory Associations, allowing easier mobility between countries. Many of us have benefited from this Agreement at some point in our careers.

### REGISTRATION

I hope you have found the power point presentation *To Register or Not* useful. We will be requesting your thoughts on the topic before the end of the year.

### ADVOCACY

The NZSTA continues to be involved in advocacy for Speech-language Therapists and our clients through parliamentary submissions and feedback on national guidelines. This month we have responded to requests for feedback from the Australasian Faculty of Rehabilitation Medicine (AFRM) of The Royal Australasian College of Physicians (RACP) on the Draft Policy Paper *Rehabilitation medicine physicians delivering integrated care in the community - Early Supported Discharge programs in stroke rehabilitation: An example of integrated care* and the Clinical Network for Paediatric Tube Feeding document “*Readiness Tool*” for use in infants and children who are being tube fed.

Thank you to all members who have contributed to the profession and to the NZSTA in the 2017.

Anna Miles



## Renee Taylor – Māori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

### TĒNĀ KOUTOU KATOĀ,

First I'd like to thank everyone who has supported me while settling into this new role, particularly the He Kete Whanaungatanga whānau and the other Executive Council members. It's been a few months now, and I've been slowly but surely absorbing the information and knowledge necessary to grow within this exciting position! There are many exciting new things on the horizon. On a personal level, since coming into this role, I have been blessed to have been connected and re-connected with whānau and friends across the country and have grown these relationships in such a short period of time. I can't even begin to describe how grateful I am to have been given this opportunity. As part of this weaving and re-connecting, there are now many new projects and ideas that are developing, which I hope to share with you as they come to fruition!

Our He Kete Whanaungatanga membership has now grown to include the lovely Speech-language Therapists Marie Jardine, Gwen Lake, and Nicky-Marie Kohere-Smiler. We are so grateful to have new people join, with fresh ideas and enthusiasm. Please do not hesitate to make contact if you have ever thought about participating, or have any questions about how you can support such an important guiding body within our profession. He waka eke noa—we are all in this together.

Some of you will have met my Rotorua whānau at the Symposium earlier this year. Among them was Rukingi, who

suffered a stroke himself 12 years ago and is an absolute inspiration. He has been through a path of self-healing with the help of whānau, and has come a very long way. After completing a Masters, he is now doing a PhD in the area of stroke. Since re-connecting with one another, he has become very interested in the Speech-language Therapy profession and our role in stroke rehab, particularly for Māori. Fiona Dominick has written an article in this issue of *Communication Matters* (p. 4) about the stroke awareness event that she and Chrissy Douglas attended, which was held in Maketu and organised by Rukingi himself. More recently, Rukingi visited a Christchurch aphasia group and the University of Canterbury, as well as stopping by Auckland where he came along to the Kōrero Club run by Aphasia NZ. He has now connected with many Speech-language Therapists across the country and we are very excited to see what projects and ideas we can get up and running to benefit Māori, tauīwi, and also the Universities and future students. Watch this space.

I hope everyone has a wonderful summer and Christmas spent with family and friends! And for those who are working through, kia kaha! Stay safe and I look forward to touching base again in 2018.

Ngā mihi,  
Renee Taylor

## Contact Details

### EXECUTIVE COUNCIL

#### President

Philippa Friary

president@speechtherapy.org.nz

#### Communications

Annette Rotherham

communications@speechtherapy.org.nz

#### Member Networks

Jodi White

membernetworks@speechtherapy.org.nz

#### Professional Development

Claire Winward

professionaldevelopment@speechtherapy.org.nz

#### Professional Standards

Anna Miles

professionalstandards@speechtherapy.org.nz

#### Māori and Cultural Development

Renee Taylor

culturaldevelopment@speechtherapy.org.nz

### AREA REPRESENTATIVES

#### Northland

Lucy Schumacher

ar.northland@speechtherapy.org.nz

#### Auckland

Fern Maxwell

ar.auckland@speechtherapy.org.nz

#### Waikato / Bay of Plenty

Annabelle Blue

ar.waikato.bop@speechtherapy.org.nz

#### Central

Elisa Mynen

ar.central@speechtherapy.org.nz

#### Wellington / Nelson

Claire-Ellen Roberts

ar.wellington@speechtherapy.org.nz

#### Canterbury / Westland

Kate Cook & Ruth Ramsay

ar.canterbury@speechtherapy.org.nz

#### Otago / Southland

Kathryn Palmer

ar.otago.southland@speechtherapy.org.nz

### STUDENT BODY REPRESENTATIVES

#### Canterbury University

Olivia Rozbicki & Charis Siow

sr.canterbury@speechtherapy.org.nz

#### Massey University (Albany)

Brianna Oosterbroek, Jennifer Fleming,  
& Jacqui Morgan

sr.massey@speechtherapy.org.nz

#### Auckland University

Kate McGraw & Nicole Liley

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 APSSHL, HKAST and NZSTA

Editor: Mike Robb

michael.robb@canterbury.ac.nz

#### Members' Affairs and Issues Administrator

Claire Linthwaite

membersaffairs@speechtherapy.org.nz

#### Inventory of SLT Resources for borrowing

sltresources@hotmail.com

#### NZSTA Website Address

www.speechtherapy.org.nz

#### NZSTA Email Address

admin@speechtherapy.org.nz

#### NZSTA Postal Address

NZSTA, PO Box 302469, North Harbour, Auckland 0751, New Zealand

#### NZSTA Physical Address

ONZL Limited, Level 1, Building C, 14-22 Triton Drive, Albany 0632, New Zealand

### SUBMISSION DEADLINES FOR COMMUNICATION MATTERS

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editor@speechtherapy.org.nz



[www.speechtherapy.org.nz](http://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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