

communication

matters

WINTER 2011

**NATALIE MYLES SHARES HER
SLT EXPERIENCE IN GHANA**

STUDENT PAGE

**TE WHARE TAPA WHA FOR
THE SLT**

DR MARGARET MACLAGAN

**SMART STROKES 2010:
NEW FUTURES**

A LIFETIME OF NZSTA

AREA UPDATES



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

contents

01 DR DEAN SUTHERLAND - PRESIDENT

CURRENT EVENTS & FEATURES:

02 8TH ASIA PACIFIC CONFERENCE ON SPEECH, LANGUAGE AND HEARING
05 NATALIE MYLES SHARES HER SLT EXPERIENCE IN GHANA
08 STUDENT PAGE
10 TE WHARE TAPA WHA FOR THE SLT
12 APHASIANZ INC. UPDATE
13 DR MARGARET MACLAGAN
14 SMART STROKES 2010: NEW FUTURES
15 A LIFETIME OF NZSTA
16 AREA UPDATES

PORTFOLIOS:

19 DR CLARE MCCANN – PROFESSIONAL STANDARDS
20 LUCY GREIG – MEMBER NETWORKS
21 KERRIE GALLAGHER – MĀORI AND CULTURAL DEVELOPMENT
22 FELICITY BRIGHT – PROFESSIONAL DEVELOPMENT
23 SARA MOORE – COMMUNICATIONS
24 EXECUTIVE BOARD



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



Dr Dean Sutherland – President

KIA ORA KOUTOU,

Welcome to the third edition of the new look Communication Matters. Thanks for your positive feedback on the first two editions! Congratulations to Sara and her creative editorial team. The publication of the new Communication Matters is an important step as we undertake a series of change initiatives over an 18 month period. These initiatives include -

- the establishment of a National Office in Auckland;
- a new administration and management structure;
- increasing focus on Māori and multicultural workforce development and issues;
- increasing member benefits and recognition;
- a new and improved website;
- several high-quality Professional Development events;
- further application for registration under the Health Practitioners Competence Assurance Act;
- development of a new strategic plan (for 2012 – 2015);
- inviting a Patron to represent the Association.

The need for these and other developments were reinforced during a visit I made to the Royal College of Speech-language Therapists in London last November. Dr. Hazel Roddam (Chairperson) and Kamini Gadhok (CEO) provided a very informative session on the operations of the RCSLT. Particularly impressive was the fact that over 95% of practicing SLTs in the UK were members of the RCSLT! This represents a challenge for the NZSTA, as we estimate that around 50% of practising SLTs

in New Zealand are members of the Association. If you have any creative ideas on recruiting new members – please let us know!

In March we hosted Speech Pathology Australia representatives Chris Stone (President) and Gail Mulcair (Chief Executive). We had an excellent meeting discussing a number of strategic initiatives including developing a proposal for an “International Year of Communication” to be presented to our Mutual Recognition Agreement partners (UK, Canada, US, and Ireland) in June. We are also investigating the feasibility of preparing a joint bid for the 2019 IALP congress. We have also initiated discussions about making it easier for New Zealand and Australian trained therapists to work on the other side of the Tasman. I will continue to develop these initiatives in June at the annual Speech Pathology Australia conference.

The changes we are planning are not possible without the support and input from members. An example of this is the team who have worked tirelessly on the new Programme Accreditation Framework document. This document sets out the requirements that University-based speech-language therapy programmes must meet in order to become accredited by the NZSTA. The time, effort, and expertise contributed to this project by the current Programme Accreditation Committee is simply phenomenal. To Linda Hand, Yvonne Cope, Colette Maier, Jo Davies, Stella Ward, and Clare McCann - THANK YOU!

All the best for a warm and prosperous winter,
Dean



8th Asia Pacific Conference on Speech, Language and Hearing

CHRISTCHURCH, JANUARY 2011

WORDS: STEPHEN ROBINSON

NZSTA provided a grant for me to attend this conference in Christchurch in January. The main benefit was that I was able to present some of the findings from my Master's research. I had investigated the use of the Preschool Language Assessment Instrument (2nd ed.) with New Zealand children.

My presentation was well received and there were some encouraging comments afterwards. In my study I had administered the PLAI-2 to five-year-old children with typical language development to check its suitability for New Zealand use. Some therapists told me they were pleased that this sort

of research was being done, and some who knew the test were interested in whether it was being used by NZ SLTs and whether Blank's levels were being used in NZ schools. I had to say 'I did not know' to both questions. It appears that SLTs are aware of the test, but I have seen no evidence of Blank's levels being used in classrooms.

An article based on my presentation, written with my supervisor, Linda Hand, has been accepted for publication in a special edition of the Asia Pacific Journal of Speech Language and Hearing.

Other presentations of note that I attended included: Natalie Rickard from the University of Canterbury reported on computer-based assessment in audiology, mainly for auditory processing difficulties (APD). Audiologists use a test battery approach because of the wide range of symptoms in APD. The computer-based assessment is attractive to children. The computerised test can be adaptive, that is, it can choose the next test item based on the child's performance so far, and the tester can manipulate the variables as needed, for example, the degree of distortion or sound amplitude. Important features of test presentation were reported. Training in response skills can be carried out as needed.

Jim Montgomery from Ohio University, USA, spoke on working memory and SLI. Children with SLI have difficulties with all aspects of working memory. Little is known about sentence comprehension in SLI. It has not yet been modelled well, and therapy is not as successful as therapy for expressive language. Children with SLI rely on word order, and have difficulty with passive constructions and embedded clauses. They need to

use working memory to understand even the simplest SVO sentences, whereas normal children of the same age do not. With longer sentences the extra information that must be stored interferes with retrieving the earlier phrases.

Kathy Lee from the Chinese University of Hong Kong reported on her experience with the process of developing assessments. Psychometric information is not just important for test developers, but also for test users. The psychometrician deals with reliability and validity of assessment, and is very interested in quantitative data. They are a valuable resource for SLTs wanting to develop a test. They can calculate the necessary sample size, give guidance on sampling procedures, and so on.

Elisabeth Harrison, from Macquarie University in Australia reported on an online termbank, which is a list of terms, such as in a dictionary. Glossaries are often too brief for students and Wikipedia has too much information.

TermFinder termbank is at www.termfinder.mq.edu.au It already exists in other disciplines, e.g. statistics. The SLP one was aided in development by lexicographers using contemporary methods. Each term has a definition and also examples of proper usage and pronunciation. The terms were derived from a digital corpus of material, including articles, PowerPoints, and lecture notes, by finding words that appeared many times in similar contexts. It already has a large number of words, not just from SLP, but also audiology and some other associated disciplines. Macquarie University are keen to collaborate with other SLT training universities so that variations in usage can be included from different countries.



Natalie Myles shares her SLT Experience in Ghana

WORDS: NATALIE MYLES

“These kids not only have to overcome severe physical disabilities but also have to rely on technology to be understood, get their wants, needs and thoughts expressed.”

In September 2008 I resigned from my job at the Wilson Centre in Auckland, said goodbye to my friends and family, reduced my belongings into a backpack, and got on a plane headed for Ghana, West Africa. I was about to begin a volunteer placement as a speech-language therapist in the capital city, Accra.

After I completed the five month volunteer placement, I decided that there was plenty more work to do and by then I knew where it needed to be done, so I stayed. I found some part-time paid work at a newly established special school and continued to work on a voluntary basis at the two hospitals in Accra. In total my five month African experience turned into 20 months!

Being one of four (that I knew about anyway) speech-language therapists in a country of 24 million people and 47 languages was a little daunting initially, but people were very helpful and welcoming and it didn't take long to settle in. Luckily for me, English is an official language and fairly widely spoken.

I became involved in lots of different areas of work – Multikids special school, Korle Bu teaching hospital, the Accra psychiatric hospital, and with various individual families in the community (who had found me somehow!).

THE ACCRA PSYCHIATRIC HOSPITAL

The childrens' ward of the Accra psychiatric hospital is home to about 40 children and young adults with severe-profound disability – mostly learning disability, ASD, etc. Most are non-verbal and have been abandoned by family members, unable to care for them any longer. The children sleep in two small concrete rooms on the floor – girls and boys mixed together. There are no toilets. Most children are heavily medicated – mainly to control what is considered “bad” or “difficult” behaviour. A handful of the more mobile children attend the small hospital school for a couple of hours a day. For the rest, basic needs are taken care of, but there is very little in the way of stimulation.

Another volunteer who had spent a couple of months at the hospital school had introduced Intensive Interaction into the classroom and had been working with the teachers on establishing simple routines using objects of reference. I was able to build on this, slowly introducing the principles of Intensive Interaction into the ward. At the school, I worked with the teachers to create a multisensory room using resources that were readily available and cheap. The teachers seemed to



access to another speech- language therapist. Korle Bu hospital had one US trained Ghanaian speech- language therapist who worked one day a week covering the whole hospital! Unsurprisingly the children with cerebral palsy seen in the physiotherapy department had had little or no previous contact with that speech-language therapist. Initially I saw families that had been identified by the physiotherapists as those who would benefit most from my input. Later I started a preschool/ play/communication group together with the physiotherapists, always including a large component of parental education around positioning and communication/play. Most of these children were not able to attend school and the concept of a child with a severe physical disability being able to understand, learn, and communicate was very new to many parents. The successful introduction of a simple communication board with a four year old boy totally transformed the way that his mother saw her child; I will always remember her comment that she was so happy because now she knew that “his mind is there, even though his body doesn’t work”.

The one area that I felt I was barely scratching the surface of was feeding/dysphagia. Enteral feeding of any sort is very rarely used in Ghana due to limited access to the necessary equipment and lack of follow up medical care. Access to dietitians is minimal and equipment such as wheelchairs are



appreciate this and were interested in finding out about the sorts of activities that we would choose for these kinds of children in my country. We tried lots of sensory activities that didn’t require much or any equipment with the children, e.g. water play, scrunching leaves, floating a cloth etc, all of which was a lot of fun! The ward staff were initially very suspicious and wary of me; they had not had much experience of people wanting to help them. It took several months of my presence there, as an observer and a helper, “mucking in” with washing/feeding/ dressing etc before I felt like I was accepted by the nurses as someone who could be trusted to take the children out of the ward for a walk around the hospital grounds. I absolutely loved spending time with the children, even though it could be physically demanding, messy, and at times incredibly difficult. Leaving these children was definitely the hardest goodbye that I’ve ever experienced!

KORLE BU TEACHING HOSPITAL

I first became involved with the paediatric physiotherapy department at Korle Bu teaching hospital when I was invited to speak (with another foreign SLT) at a group for parents of children with cerebral palsy. The two physiotherapists had recently completed the Bobath training course in South Africa (funded by Cerebral Palsy Africa) and were really excited to have



expensive and difficult to access. With only one developmental paediatrician in the entire country, most of the children do not have close medical monitoring. I worked with a few individual families whose children had severe dysphagia and also advised the physiotherapists on identifying risk factors and basic safe feeding practices, but there is plenty of room for more work here!!

MULTIKIDS LEARNING ACADEMY (MKA)

Multikids is a special school that had just opened when I arrived in Ghana. It is a private school and has students aged 4-18 with a huge range of different needs. It obviously filled part of a huge gap in the education system in Ghana – in the year that I worked there, the school roll grew from 10 to over 50 students! I was the first speech-language therapist to be employed by the school. I spent a lot of time setting up visual communication systems, running training sessions for the teachers, and also doing direct therapy/group work with the children. The school was quite well resourced – I had access to a computer, printer, and laminating machine (great when the electricity was on!). Laminating pouches and Velcro strips were my number one request of anyone who was heading to the UK or Europe for a holiday! I also had lots of resources kindly donated to me by SLT friends in the UK.

LIVING IN GHANA

Life in Ghana can take some getting used to – electricity and water supplies are unpredictable and temperamental, the internet does not always work and when it does it can be very slow. It is always hot, there are malaria carrying mosquitoes, open drains, dust and dirt to contend with. Things that we take for granted here like books, paper, stationary, and toys can be difficult and expensive to get hold of. Despite all of these small challenges I found Ghana a wonderful place to live. People are welcoming, helpful, and friendly and seem to have an incredibly positive outlook on life. Music and colour is everywhere and it is not uncommon to see people singing and dancing in the streets. I met some truly amazing people in my time there -

the families; the three physiotherapists who had caseloads of hundreds and were paid a very small salary (when the hospital had the money to pay them); the developmental paediatrician who could have been earning a consultant’s salary abroad but instead was working 10-12 hour days, six days a week in Ghana; the nurses and teachers at the psychiatric hospital; and many other foreign volunteers.

I have been back in New Zealand working for the Child Development Service at WDHB since the end of July last year, and truly appreciate how lucky we are in this country to have the services and resources that we do. Ghana is never far from my thoughts though, and I hope very much that I will be back there one day soon.





Student Page

UNIVERSITY OF CANTERBURY

WORDS: NICOLA PEMBERTON AND LUCY SCHUMACHER

WELCOME TO THE FIRST STUDENT PAGE OF COMMUNICATION MATTERS!

Each future issue of Communication Matters will include a student member page. This provides an exciting opportunity for student members to share their interesting clinical experiences, exciting new learning opportunities, and opinions on issues facing our profession with other members; to profile their research; and to provide a glimpse into the lives of SLT students today.

The earthquake on February 22nd in Christchurch wrecked havoc on the launch of the Canterbury University year. For many of us it was the second day back into classes and the introduction to our clinical placements which is usually one of the highlights in our year. The campus was closed for inspection by engineers and lectures were postponed. We restarted lectures on May 2nd and luckily missed out on having classes in tents!

While we endeavoured not to let the events of February 22nd become the main topic of the first student page, it has had such an immense impact on many SLT students at Canterbury University that it was inevitable many of the stories featured would make some mention of the quake and its effect on the first term activities of 2011.

VOLUNTEERING AT THE HARAKEKE CLUB

With lectures postponed some people continued with the jobs they were doing over the long break, others went 'home' or escaped, and some took the opportunity to help out in the community. Nellie Graeme, who had been on placement at the Harakeke Club (dementia ward), contacted Marg Miller, Occupational Therapist and Harakeke Club Day Programme Manager, and organised for students to support residents in activities.

Jane McKinnon was one of the volunteers. "On my volunteering days I have been helping on the minivan which picks up the clients, making lots of tea & coffee, serving lunches, & running activities for club members such as word finds, quizzes, & discussions." Another volunteer, Katrina Aiken, said that for her personally "it has been giving back to the community and working within an area that often gets overlooked (elder care) as well as working in an area relevant to the profession I'm studying."

Marg Miller sent a very appreciative email saying that "[the] team has been great and so helpful at the clubs" and that "having people who are so competent and professional was a God send."

Many others lent their hands to the student army who have been heralded for their help in moving hundreds of tonnes



of liquefaction. Helen Parker was a volunteer after both the September and February earthquakes. Helen says she got involved in September as something constructive to do. She says "When the 6.3 came, it was a no brainer to re-enlist; having an extra few months of holiday (slash boredom!) was an extra incentive. The experience was awesome!! It was great to be able to help out, and know you were part of something bigger, achieving something. A bit less important, but for me it was something to do - having no study, no gym, no work, no mall, limited petrol and power."

LIFE GOES ON...HONOURS PROJECTS CONTINUE

During the break some normality has prevailed and Honours projects were beginning. We asked Kim Manco about her research with Maggie-Lee Huckabee. "The best part about our project is how it provides data for other post graduate studies going on around the country at the moment. Cough reflex testing is being investigated in hospitals around NZ. Although our study is a pretty small segment [of the whole study] it's nice to know it is going towards having a practical use for patients."

Kim also discussed what it is like working on a research project and juggling class work. "It is incredibly interesting and at times frustrating and confusing. You have to be willing to change the plan and not get too caught up on the small things. And be organised, very organised... I'm still working on that bit! The plan was to start my research over the Christmas holidays and have most of the data collection finished before Uni started back, but after multiple ethics applications, time off for Christmas, and the earthquakes we have only just started collecting data and we are half way through April. With the condensed term I'm a bit more concerned about getting all the participants through and getting all the required data."

CAMPUS UPDATE POST EARTHQUAKE:

The University has taken immeasurable steps to ensure students are safe when they return to campus. There have been in-depth assessments undertaken by engineers with each building on campus being inspected before being re-opened to students. The Communication Disorders (CD) department has been given its warrant of fitness but many other departments in the university have not. Office space has been required to enable other departments to get up and running. In response to this the CD department has 'lent' out its clinics and these are being used as temporary offices.



Te Whare Tapa Wha for the SLT

“WHAT CAN WE BE DOING TO TREAT “WHOLE” HEALTH?”

WORDS: MOLLY KALLESEN

This brief case study is about a 52 year man with motor neuron disease, let's call him Tane. He presented with bulbar symptoms and over the next two years there was a persistent and steady decline – initially in his swallowing function and communication, but eventually in the control of his head, trunk, arms, and legs.

I was his speech-language therapist (SLT) throughout, and advised him and his family about texture modifications to food and fluid, techniques for managing saliva, and fatigue management. The SLT from Talklink set him up with a fantastic

communication device. He was able to control a mouse on his laptop using a sensor mounted on the frame of his sunglasses.

Tane was Māori, and on every visit I removed my shoes when I entered the house and was sure to involve his family in the discussions. I respected the things I'd been taught about Māori culture, but my knowledge was pretty poor. Tane was cared for by his sister-in-law and she was often there, but kept busy in the kitchen. She was paid to provide all of Tane's personal cares. I usually talked to Tane's 19-year-old son when I visited. My visits happened every two - three months

depending on how quickly Tane was deteriorating at the time. I provided education about swallowing and communication, and advice about symptom management. Tane's family appeared to manage well and there were generally very few questions.

As the disease progressed, Tane decided to have a PEG. From that point he had all his food, fluids, and medications through it. He even took a type of rongoa (a natural remedy recommended by a Maori healer) through the PEG to help with saliva control. He spent all day in the wheelchair and required a hoist for transferring to bed. He didn't tend to use his communication device with family, but when I visited he would set it up and manage, with a fair amount of effort, to say a few sentences to me. By this point Tane's son had dropped out of university and was working full time to support the family. He usually acted as interpreter – he seemed to be able to read his dad's mind, and Tane always seemed happy to let his son talk for him. Tane had been a fluent speaker of te reo Maori, although I never had the opportunity to hear him speak it.

Tane passed away in December 2009 surrounded by his family. Around that time I had the opportunity to reflect on the cultural appropriateness of my practice.

By critically comparing my practice against Te Whare Tapa Wha, a Maori model of health care, I identified several areas in my work with Tane that I could have improved. I don't have space here to explain the model in depth, but the gist is that a person's health is like a whare (house); all four walls need to be strong for the house to stand. Similarly, for a person to be whole, te taha hinengaro (psychological health), te taha wairua (spiritual health), te taha tinana (physical health) and te taha whanau (family health) need to be strong. You can use the following four questions to determine if your intervention has helped strengthen a person's “wholeness”:

Have I/ Will I/ Will the intervention/Has the intervention enhanced his/her:

- *capacity to communicate, think and feel? (hinengaro)*
- *capacity for physical health and development? (tinana)*
- *capacity to belong, to care, and to share? (whanau)*
- *capacity for faith and wider communion? (wairua)*

When reflecting on my work with Tane, I came up with several questions that I could not answer...

How was Tane's spirituality affected? Could I have assisted him to say karakia (prayer)? His mihi? Was waiata (singing) important to him? Did he have opportunities to discuss his spirituality, and could I have facilitated these? Was he able to participate in community events when he was PEG fed? Were there ways that he could have continued to share food with his community? Kai is very closely linked with Maori spirituality.

How did his communication and swallowing impairment affect te taha whanau? How did his role change in the family with the change in his ability to voice decisions, discipline the children, lead the family, express love, pass on family history, keep in touch with distant family members, and participate in family meals? Could my intervention have facilitated any of these roles?

How was Tane affected by the loss of dignity that comes with swallowing and communication impairments? What impact did the loss of eating have on him?

I think I, like many SLTs, focus most of my efforts on a person's physical health and for the most part we do a very good job of diagnosing and managing communication and swallowing problems. But as professionals, what can we be doing to treat “whole” health? How can we improve the service we provide to our Maori patients and clients so that we are fulfilling the commitment New Zealand made in the Treaty of Waitangi?

The four questions above may be a starting point. More help can be found by reading about Sir Mason Durie's work on Te Whare Tapa Wha or speaking with your organisation's Maori support unit. A good site to see a summary of Te Whare Tapa Wha is <http://www2.careers.govt.nz/educators-practitioner/career-practice/career-theory-models/te-whare-tapa-wha/>

My goal is to improve the service I provide to Maori clients through ongoing critical reflection of my practice using Te Whare Tapa Wha as a model. I hope that by sharing my learning, others can do the same.



SULP in New Zealand!

Social Use of Language Programme (SULP) was developed by UK speech therapist

Dr Wendy Rinaldi and is now used in schools and speech therapy services throughout the UK and Ireland. It takes a metacognitive and multisensory approach to develop social communication and social behaviour.

In 2010 Wendy is subsidising delivery charges to New Zealand to help NZ speech therapists and teachers introduce it to the children they work with and is offering free training support where it is needed via email. SULP is a researched programme that has been proven to be effective with children and young people across the special needs spectrum including Specific Language Disorders, learning difficulties, sensory impairments and Autism Spectrum Disorders. In the UK it is additionally being implemented in mainstream schools as a whole-school approach. For further information about the programme and a free reference list please email orders@wendyrinaldi.com

www.wendyrinaldi.com

Aphasia Association of New Zealand (AphasiaNZ) Inc. Update

We are very pleased to be able to announce that The Stroke and Aphasia Handbook is now available. This is based on Connect's handbook for the UK but has been adapted for New Zealand. The Handbook is free to current members of the Association. New members will also receive a copy once their joining fee and subscription have been received. Copies may also be purchased by contacting the Association.

The 2011 Aphasia Conference is being held in Rotorua from the 16th – 18th November. Please save the date in your diaries, and let people with aphasia know. The call for abstracts is open and available on our website. Registrations are now open. We will have a symposium for SLTs and other interested health professionals as part of the conference. Keynote speakers are Dr Robyn O'Halloran and Dr Jenny Dautlich.

We now have a variety of resources available for loan from our resource library. These are mainly aimed at people with aphasia and their families. Please contact us for details.

If you have any queries or would like any leaflets or further information, please contact the Association. Our email address is: info@aphasia.org.nz and our website address: www.aphasia.org.nz. Our freephone number is: 0508 APHASIA (0508 274274).

Kate Milford, Secretary

Tribute to Shona Powell

The Executive Council and members of the Association wish to express their gratitude to Shona Powell for her support for the past 3 years. Shona has been the Association's Executive Officer since May, 2008 and since then has effectively run the association from her living room. She has been instrumental in a number of initiatives including developing our new Constitution, supporting the Mutual Recognition Agreement process, developing new administrative processing of membership renewals and daily work such as updating the website and dealing with all the e-mails. Shona's work in the Executive Officer role has been the backbone of the association. We will miss Shona's support, expert financial and constitutional knowledge as well as her yummy spreads prepared for council meetings. We wish her all the best for a rewarding and prosperous future.

Interim administration support has been put in place to support our transition to our new office in Auckland. We plan to open the office in June or July and at the same time put in place a new management structure. The Executive Council thanks members for their support during this transition.



Dr Margaret Maclagan

WORDS: DR CLARE MCCANN

PHOTO: JOANNA MACDONALD

It is a great pleasure to write a few words about Margaret Maclagan on the occasion of her recent retirement from the University of Canterbury (UC). Margaret began her career at UC in 1973 after completing her undergraduate and Master's degrees in Australia and doctorate at University College London. In the almost 40 years she was at UC, Margaret became a world class researcher and teacher. She has received over \$1 million in research grants for her work on the Origins of New Zealand English (ONZE) project, the pronunciation and sound changes in Māori (MAONZE), and the study of speech/language change associated with ageing. Margaret has also written two books and edited a third. She has published at least 16 chapters in books and over 50 articles in referred journals. She has been an invited speaker at national and international conferences and has been interviewed for radio and other media. It is difficult to know exactly, but I think Margaret has taught upwards of 1000 speech-language therapy students in New Zealand. She reports one of the highlights of her career was the introduction

"Margaret's contribution to the profession of speech-language therapy in New Zealand is unrivalled"

of the degree course in 1989 (it had previously been a diploma). Margaret recalls an occasion in the 1970s where she and her colleague (Elizabeth Gordon) lobbied the then Minister of Education Phillip Amos at an airport regarding the need for the higher qualification for the profession.

It is probably fair to say that I was never one of Margaret's star students (as my linguistics ability was rather limited). However, Margaret maintained her enthusiasm and passion for the subject despite students like me. One member recalled the introduction of LARSP into New Zealand (in the early 1980s) when Michael Garman (one of David Crystal's group) came from the UK to explain how to use it. This was followed by a course in Christchurch led by Margaret. Apparently it took three people (including Margaret) three days to do the analysis of the sample used in the training course! This thoroughly confirmed Margaret's preference for analysing much shorter samples, though even these were longer than many students liked. Another member recalled Margaret imitating New Zealand vowels as she was teaching transcription skills, and yet another member recalls Margaret's early days as a lecturer (she was pregnant with one of her two children). She said that Margaret was always very encouraging and nurtured her keen interest in phonetics and linguistic analysis.

It is clear to see that Margaret's contribution to the profession of speech-language therapy in New Zealand is unrivalled. We are not aware of anyone who has made a greater impact on the education of so many speech-language therapists. For some, memories of their time as a linguistics student "haunt" them, but for others Margaret sparked a lifelong interest in speech sounds and a passion to work in this area.

We warmly congratulate her on her outstanding career and wish her a long, healthy, and happy retirement.

Smart Strokes 2010: New Futures

6TH AUSTRALASIAN NURSING AND ALLIED HEALTH STROKE CONFERENCE IN AUSTRALIA



WORDS: **ANDRÉA BENOIT, PROFESSIONAL LEADER SLT, WAITEMATA DHB**

It seems like ages since I attended the 6th Australasian Nursing and Allied Health Stroke Conference in Australia, but the impact of it has yet to diminish. I was granted funding by the Waitemata District Health Board to cross the ditch to the holiday town of Terrigal, one hour north of Sydney. I had the pleasure of meeting and discussing issues with several ‘speechies’ from across NZ and Australia, as well as other professionals involved in stroke care.

This multi-disciplinary conference started off with an inspiring key note speech from Dr. Cherry Kilbride of Brunel University, London. Cherry regaled us with her successes in building a stroke team that saw the Royal Free Hospital London move from a middle of the pack performer on the 1999 NHS Stroke Audit to the top spot in 2004. Coming from a health board where a new ward with ten dedicated stroke beds had just opened, I gained an amazing amount of insight and ideas for developing a stroke team—a key element in assuring the 2010 New Zealand Stroke Guidelines will be met in my region.

The keynote speeches were followed by concurrent sessions and workshops that ensured there was always something of interest to everyone; quite a feat for a delegation that included speech, occupational, and physical therapists, dietitians, nurses, and doctors.

Five Australian SLPs presented local projects involving both communication disorders and dysphagia. The topics included training medical staff in supportive communication, aphasia assessment and therapy in the acute setting, group therapy, developing a dysphagia screening programme, and measuring best practice in dysphagia management. I was particularly

struck by how young the presenters were and how much their teams had accomplished with minimal funding. It was a perfect example of one of the key take home messages from this conference: Research is not just for academics!

Six workshops were offered on topics including community reintegration, stroke teams, and evidence-based practice. I attended one entitled Stroke Research: What do I do with my good ideas? facilitated by Dr. Cherry Kilbride and Dr. Isobel Hubbard, an eminent researcher in stroke and convenor of the conference. After sharing their research journeys, Cherry and Isobel led us through an exercise in turning ideas into research proposals. Their resounding message was: research belongs in the clinic, not the lab. We discussed the importance of research being directly applicable to clinical work and coming in many different forms. Cherry is a proponent of Action Research, by which the processes involved in developing an innovative service are documented to allow for measurement of change and duplication. Isobel talked about the academic and financial support available for clinicians undertaking clinical research. Both women, who are clinicians rather than researchers at heart, impressed upon us that anyone is capable of producing good research.

Overall, Smart Strokes 2010 was an excellent example of interdisciplinary collaboration—the key to successful stroke care. I hope more New Zealanders have the opportunity to attend in the future and, indeed, contribute to the research presentations. The 2011 conference, entitled “Working Together: Stroke in Time” will be held August 4th - 5th in Surfer’s Paradise. I am sure it will be well worth attending!

A lifetime of NZSTA

WHAT IS A LIFE MEMBERSHIP AND WHO ARE OUR CURRENT LIFE MEMBERS?

WORDS: **LUCY GREIG**

Life Membership is the highest honour that can be bestowed on members of our Association. Life Membership is awarded to persons who have made a significant contribution to the Association and to the profession of speech-language therapy in New Zealand over many years.

The Executive Council (EC) updated the criteria and nomination process for Life Membership at the end of 2010, and the new life membership policy was passed at the EC meeting in March. The purpose behind this update was to make the process more transparent and to provide greater guidance for members on how to nominate others for this prestigious award. The policy can be found on the NZSTA website (www.speechtherapy.org.nz/nzsta-membership/membership-categories#life-honorary-members).

In conjunction with this, the EC wish to re-introduce the Association’s current Life Members who have all provided significant contributions to the Association and to the profession above and beyond their everyday practice as speech-language therapists.

Our life members are:

Gwen Broadley (Auckland)
Ngairé Harding (Auckland)
Marilyn Heine (Wellington)
Jo de Seriere (Canterbury)
Evelyn Terris (Canterbury)
Chris Justin (Otago)
Lois Lawn (Otago)

A profile of each of these inspiring speech-language therapists will be published over the next seven issues of Communication Matters. We will start by profiling our newest life member (February 2011), Marilyn Heine. Congratulations Marilyn!



WALLY'S HOWL

A SPEECH THERAPY SUCCESS STORY

This is a rarely seen children’s picture book about a were-wolf boy who learns to howl after going to see a speech therapist. Why not have relevant speech therapy reading materials in your clinic?

ORDER THIS UNIQUE
PATIENT EDUCATION AND
GIFTING TOOL NOW AT
WWW.26TOINFINITY.COM

26 to Infinity Press
26 letters: Infinite possibilities



area updates

NORTHLAND/TAITOKERAU

- The Tai Tokerau Special Education therapists have just spent two days on a marae exploring how Te Hikoitanga can shape our practice as SLTs.

AUCKLAND

- World of Possibilities, Disabilities, Healthy Aging and Independent Living EXPO is coming to Auckland: December 2nd & 3rd 2011, ASB Expo Centre, Greenlane.

WAIKATO/BOP

- Tauranga hospital
 - * Candy James, paediatric SLT is linking in with the local special school and using their sensory room for feeding intervention.
 - * Robin Mathews is running a choir for people with Parkinson's disease and aphasia.

- Waikato DHB has a new special education service (communication and learning). They are actively recruiting to this new service, which is leading to more advanced Hanen training and programmes.
- Waikato hospital SLTs have started a new group for people with brain tumours.
- Tauranga and Whakatane Special Education have hired speech therapy assistants to support SLTs with resources and programming. It is working very well.
- Whakatane is about to run their first Hanen "It takes two to talk" programme as a joint initiative between the Child Development Service and Special Education.

CENTRAL

- Sue Coombe has combined with Maxine Bevin at EIT to complete a joint project on communication partnerships for family members of people with aphasia. This was a pilot project but they are looking at running it again as there has been a lot of positive feedback.

- Explore: Sarah Martin has been the only permanent employee at Explore over the past 14 months (with contracted providers assisting two days per week). They have so far been unable to recruit to the vacant position. Sarah encourages anyone who is interested to look at the job description.

WELLINGTON

- Two SIGs were recently restarted in the greater Wellington area: a paediatric SIG and an aphasia SIG. First meetings were held for both in early May.
- The three greater Wellington DHBs are generally moving towards more subregional planning and have some shared clinical governance across DHBs.

CANTERBURY

Affect of the earthquake on members' professional lives:

- The earthquake has affected private practice e.g. some clients have left town temporarily or permanently, leading to a reduction in numbers.
- While escaping to Te Anau, Steph Davis took the opportunity to provide information about autism to the preschool her son attended there.
- University of Canterbury's BSLT Programme has been affected by space issues. The Communication Disorders department buildings are being used by other departments and services until the new start date. Semester 1 will run from 2nd May – 8th July with no mid-term break. The four-week external block placement for third year students will run from 20th June - 15th July.
- The Education department at the University has continued with placements, which have gone well.
- CDHB SLTs have had some changes as well: three medical wards, including the Acute Stroke Unit, have relocated from Christchurch hospital to the Princess Margaret hospital site - busy post-quake times!

Coming event:

- Tony Attwood (expert in aspergers and autism) will be in Christchurch on 18th August; thanks to Creating Success in Hawkes Bay for bringing him out. See: www.creatingsuccess.co.nz for details.

OTAGO/SOUTHLAND

- Dunedin hospital SLT department has received funding to buy a tracheostomy model.
- Voice clinic is now a priority at Dunedin hospital and the waiting list has dropped significantly thanks to some extra FTE.

Websites of interest

- **iSwallow app:** free to download onto iPhone or iPad. It offers videos of swallowing exercises for patients and will record the amount of time the patient is doing the exercise. Recommended for use with supervision from SLT.
- **iSpeak apps:** review applications and widgets for speech and language (for AAC, speech and language games, etc) that are compatible with iPhone/iPad/iTouch, BlackBerry, and Android. Some apps are offered as free downloads for a certain period of time. These are also available on Facebook.
- **ASHA EBP site:** <http://www.asha.org/members/ebp/>
- **New facebook group on dysphagia therapy** http://www.facebook.com/home.php?sk=group_102453736503465
- **Linguisystems site** with free download and free CEUS <http://www.linguisystems.com>
- **www.SpeechFriend.com** – this site was created by a colleague of Routhelle's. Runs sort of like a forum, for SLTs around the world to share ideas and techniques.
- **<http://www.speechbite.com/> speechBITE™** is a database that provides open access to a catalogue of Best Interventions and Treatment Efficacy across the scope of Speech Pathology practice. This is an evidence based practice initiative between The University of Sydney and Speech Pathology Australia.
- **<http://www.speechpathologyaustralia.org.au/resources/special-interests-groups>** - web based special interest groups.
- **NZSTA facebook page:** <http://www.facebook.com/pages/New-Zealand-Speech-language-Therapists-Association/101616486577091>

UK = Work and Play

Reed Global Resourcing have an enviable reputation for providing quality locums to the UK's leading client base. We have ongoing contracts with both National Health Service (NHS) and private clients to supply Speech Pathologists across the UK.

Our Australian based consultants have all previously lived and worked in the UK and will provide expert advice on the whole process from visas, professional registration and police checks to bank accounts, accommodation and limited company pay schemes - with Reed you are in very capable hands.

Why Reed Global Resourcing?

- 50% reimbursement of HPC (UK registration) fee* • 100% reimbursement of CRB (UK police check) fee*
- Australian & UK based consultants • London based International Centre for support upon arrival
- Social events organised • Completely free service
- HUGE variety of locum positions across England, Scotland & Wales

For a free information pack or to chat to one of our friendly consultants, please contact:

Phone: 1800 677 948 (Aus) or 0800 803 854 (NZ)

Email: gr.melbourne@reedglobal.com Visit us online: www.reedglobal.com.au

*terms & conditions apply

reedglobal.com.au



Are you looking for user-friendly tools to involve parents in early language intervention?



The It Takes Two to Talk parent guidebook and companion DVD are versatile resources used by thousands of SLTs who work with families of young children with language delays. Whether used in consultations, direct therapy or home programming, this guidebook and DVD offer SLTs the tools to help parents play a primary role in their child's language development.

The guidebook shows parents how to turn everyday interactions into opportunities for language learning. Parents learn how to observe, wait and listen, follow the child's lead, encourage turn taking and adjust their language input.

The DVD demonstrates the guidebook's strategies with a step-by-step approach to promoting early language development during meal time, play time, book reading and musical activities.

ORDER THESE VALUABLE TOOLS TODAY! Visit www.hanen.org/ITTTresources



Dr Clare McCann – Professional Standards

professionalstandards@speechtherapy.org.nz

Once again rather a lot has happened in the country since our last issue of Communication Matters. The full effects of the second Canterbury earthquake are starting to be felt and then we had the fatal tornado in Auckland. The mall that was so badly damaged by the tornado is across the street from Massey University. Thankfully none of the staff or students were injured. My thoughts and prayers go out to those affected by these recent tragedies.

We hosted the President and CEO of Speech Pathology Australia (SPA) in March. The meeting was arranged to share ideas about the strategic vision for both Associations going forward. They are a much bigger Association than us, with approximately 4500 members and so we can learn a lot from them in terms of the development and maintenance of professional standards. We plan to continue our discussions with SPA, particularly as we consider the impact of self-regulation or registration of the Association. Interestingly, SPA is going through similar discussions to us with respect to this issue.

As many of you know, all accredited speech-language therapy programmes in New Zealand use the COMPASS Competency Assessment in Speech Pathology (purchased from SPA) as a means of measuring the competence of students

going through the university programmes. SPA has recently revised its Competency Based Occupational Standards and this will need to be incorporated into our revised Programme Accreditation Framework which was completed last month.

Sadly, this is the last Communication Matters that Shona Powell will be with us. Shona has been with the NZSTA as Executive Officer since May 2008. In this time she has worked hard behind the scenes to maintain the smooth running of the Association. Shona is not someone who enjoys the limelight so I don't want to embarrass her, but I do want to say that I am extremely grateful for the knowledge, experience, wisdom, and determination that she shared with us over the past three years. I will miss her a lot and wish her well in her next endeavour (which I believe is finishing her Master's degree).

If you would like to discuss any aspect of professional standards with me, please do email me at: professionalstandards@speechtherapy.org.nz. I hope that together we can maintain the high standards of professional practice of speech-language therapy in Aotearoa New Zealand.

Clare McCann



Lucy Greig – Member Networks

membernetworks@speechtherapy.org.nz

I am excited to announce the inclusion of two new features in this edition of Communication Matters. One is the student page. Thank you to Nicky Pemberton and Lucy Schumacher, Canterbury student representatives, for co-coordinating the inaugural page. This is a particular achievement given the disruption they have faced since the earthquake. This page will help keep members informed of the activities of our growing student membership. The second feature is a profile series on our Life Members. Many members are not aware of who our Life Members are, or of their great achievements. We hope that this series will rectify this and inspire you all!

In my summer report, I mentioned several large projects that Member Networks is leading. One of these was investigating a mentoring programme. A series of questions was put to members at the autumn area meetings regarding this proposal and we would like to thank you for your contributions. We received a lot of useful feedback and ideas for consideration. Overall the feedback on introducing such a programme was very positive with most members reporting that they thought it would be beneficial and many indicating that they would be happy to be a mentor. In particular, members in working in isolation or working in areas without easy access to specialists in the field, reported to like the idea. It was felt by some that a lot of informal mentoring already happens within the profession. This programme however would consist of a more formal arrangement and agreement between a mentor and a mentee preferably outside of the workplace and would be available for those who do not have access to informal mentoring within or external to the workplace.

Members asked several questions about the proposed programme. “How is it different to supervision?” was one question asked by many. Mentoring is the informal transmission of knowledge and psychosocial support for practitioners new to some aspect of their role by more experienced practitioners. Clinical supervision on the other hand involves a more structured discussion of casework and professional issues using reflective practice with another practitioner who is not necessarily more experienced. Mentoring also differs from other services already offered by NZSTA, for example clinical forums, as it is more about holistic growth and may not necessarily involve topic specific learning, but professional (e.g. clinical issues, staff issues) and personal (e.g. stress levels, boosting self-confidence) support. Members also gave suggestions for consideration, particularly with regard to the implementation of the programme. For example, the impact for the employer, the ability for mentoring relationships to occur nationwide, group versus individual mentoring, and various areas that mentoring could be offered in.

Due to the overwhelming positive response from members, the EC will commence the development of a mentoring programme over the coming months. More information about the programme will be available once it is ready to be launched.

Best wishes
Lucy



Kerrie Gallagher – Māori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

Tena koutou katoa. Nga mihi nui.

I hope everyone is surviving the extreme weather across the country.

The mahi continues slowly but surely. There have been other priorities that have been a focus over the last few months.

We met with Chris and Gail from Speech Pathology Australia in March. It was a wonderful meeting with a lot of information exchanged both ways. We were able to share our whakaaro about encouraging ethnic minorities into careers in speech-language therapy. Chris and Gail were very interested in our focus on Māori and would like to explore this further and how this may work in their context.

Karen McLellan (PhD student at Auckland University and member of the working party) attended a Maori careers expo at AUT University, Auckland. Her brief was to see how other

professions are pitching their careers to attract Māori to study in these areas, and to see whether speech-language therapy is represented. Karen reported that speech-language therapy is not often mentioned as an option.

Plan over next few months:

- Meet with Vivienne Anderson regarding her research into student experiences of women from ethnic minorities
- Focus on identifying and accessing careers websites and initiatives that target Māori and Pacific Island students

He moana pukepuke e ekengia e te waka. A choppy sea can be navigated (persevere).

Mauri ora
Kerrie Gallagher



Felicity Bright – Professional Development

professionaldevelopment@speechtherapy.org.nz

The Professional Development portfolio has continued to be busy, running the dysphagia Clinical Issue and organising future professional development events. We have a number of events coming up – the Dunedin Professional Development Seminar, the Paediatric Dysphagia workshop in conjunction with the University of Auckland and Waitemata District Health Board, Voice Workshop, an upcoming Clinical Issue focussing on the Treaty of Waitangi and its implications for speech-language therapists, and finally, the 2012 conference.

We have received a lot of positive feedback about the Clinical Issues. We are continuing to review and refine their format, but they appear to be an easily accessible and well-received form of PD for members. There is excellent uptake on the teleconferences but less participation on the online forums – please come and take a look. Due to staffing issues, we are only able to run two this year, dysphagia and the Treaty of Waitangi, but we are planning several for next year including child language and aphasia. If you would be interested in contributing to any of these, please let me know.

Thank you to everyone who completed their CPD forms for 2010. Every year, we receive a number of questions about the CPD process. As a result, Clare McCann (Professional Standards) and I are in the process of revising the CPD process including minimum requirements, recording system, and process of submitting CPD records. We are hoping to trial this with some members over the next few months, and if all goes well, the NZSTA will be introducing the new CPD process next year. If you would be interested in trialling the new system, please contact me. It would be advantageous to get feedback from a number of members working in a range of practice settings prior to implementing it for all members.

As always, if you have any feedback, suggestions, or questions regarding any Professional Development issues, please don't hesitate to contact me.

Felicity



Sara Moore – Communications

communications@speechtherapy.org.nz

“July 18-22nd is Awareness Week 2011”

Welcome to the third edition of the new look Communication Matters. Winter is here again and that means that it's nearly time for New Zealand Speech-language Therapy Awareness Week! This year you have the full working week to promote what you do and get your clients talking about it. July 18th-22nd is Awareness Week 2011. Keep an eye on the NZSTA website and monthly updates for details about how to get your hands on some really great resources and prizes! If you have any ideas or suggestions, please let me know as soon as you can; I'm keen to do my very best to make our week memorable.

Hosting the March meeting with SPA's president and CEO was a really valuable opportunity (and it was nice to be in a city without tremors!); they offered great experience and ideas that will definitely see innovation in the future. Dean and Kerrie will be heading over to the SPA annual conference in June and will develop these ideas further.

The Dunedin Professional Development event was another great opportunity to get to know our members. Thanks to all

those members who presented and/or attended. It was excellent to hear about all the important innovations and research that New Zealand is contributing to the enhancement of our clinical practice.

The NZSTA facebook page is increasing in popularity and is a great way for members to communicate with each other as well as with the Executive Council.

Finally, a massive thank you and farewell to Shona Powell, who is finishing up as the Executive Officer this month; her expertise will be missed. Good luck with the completion of your Master's, Shona!

Once again, get excited about Awareness Week! I'm really looking forward to seeing and hearing about all the ways you find to raise the awareness of our profession and all the brilliant work you do. Send through your pictures and stories and be in to win some great prizes!

Executive Board

EXECUTIVE COUNCIL

President	Dr Dean Sutherland	president@speechtherapy.org.nz
Communications	Sara Moore	communications@speechtherapy.org.nz
Māori and Cultural Development	Kerrie Gallagher	culturaldevelopment@speechtherapy.org.nz
Member Networks	Lucy Greig	membersnetworks@speechtherapy.org.nz
Professional Development	Felicity Bright	professionaldevelopment@speechtherapy.org.nz
Professional Standards	Dr Clare McCann	professionalstandards@speechtherapy.org.nz

AREA REPRESENTATIVES

Northland-Tai Tokerau	Beverley Jackson	beverley.jackson@minedu.govt.nz
	Sharon Collier	sharon.collier@minedu.govt.nz
Auckland	Yvonne Cope	y.cope@massey.ac.nz
Waikato/BOP	Carla Darling-Knott	carla.speechtherapy@xtra.co.nz
Central	Jodi White	jodi.white@midcentraldhb.govt.nz
Wellington	Sarah Martin	sarah.martin@wairarapa.dhb.org.nz
Canterbury (shared position)	Stephanie Davis	nzsta.canterbury@gmail.com
	Shannon Emmerson	shannon.emmerson@canterbury.ac.nz
Otago/Southland	Michelle Johnson	michelle.johnson@otagodhb.govt.nz

STUDENT BODY REPRESENTATIVES

Canterbury Student Reps	Nicola Pemberton	nep25@student.canterbury.ac.nz
	Lucy Schumacher	las102@uclive.ac.nz
Massey Student Reps	Bridget Oliver	Bridget.Oliver.1@uni.massey.ac.nz
	Amanda Rosanowski	amanda.rosanowski.1@uni.massey.ac.nz
Auckland Student Reps	Carolin Jentzsch	cjen026@aucklanduni.ac.nz
	Jizelle Yates	jyat010@aucklanduni.ac.nz

OTHER CONTACTS

NZSTA Executive Officer
Shona Powell
P O Box 38 070
Parklands
Christchurch 8842
(03) 383 1518 (W)
nzsta@speechtherapy.org.nz

NZSTA Journal Editor
Michael Robb
michael.robb@canterbury.ac.nz

Professional Development Administration
pd_admin@speechtherapy.org.nz

SLT Resource Room
c/o Carlson School
261 St Andrews Road
Epsom, Auckland
(09) 624 3308
Open Tuesdays 4.00-6.00p.m.

Inventory of SLT Resources for borrowing
Email: sltresources@hotmail.com

NZSTA Website Address
www.speechtherapy.org.nz

NZSTA Email Address
nzsta@speechtherapy.org.nz

NZSTA Postal Address
NZSTA
PO Box 38 070
Parklands
Christchurch 8842



www.speechtherapy.org.nz | +64 3 383 1518 | PO Box 38 070, Parklands, Christchurch 8842, New Zealand

The NZSTA reserves the right to refuse for inclusion in Communication Matters, any articles, features or advertisements which are contrary to the NZSTA Code of Ethics. Unless formally stated to the contrary, acceptance and publication of material and advertising does not imply endorsement of views, positions, programmes or products by NZSTA. Articles may be edited.