

communication

AUTUMN 2016

matters



INTERVIEWS WITH THE
EXECUTIVE COUNCIL

HIGH-PERFORMING TEAMS

BRAIN DAY 2016

DYSPHAGIA DIET
STANDARDISATION



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

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Cover photo: Brain Day at the Tāmaki Innovation Campus, The University of Auckland.



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Editorial –

R. Lucas van Ryn

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The year is now well underway and Easter has been past in a flash. For many of us, the new year means new beginnings: new goals, new perspectives, maybe new jobs. I hope that your goals are still in sight, and for those recent graduates among us, that you are well on your way to finding a new job, or perhaps already settling into your new role.

The new year has also brought changes for me: I am now working at TalkLink Trust as an Assistive Technology Technician. My role involves managing and maintaining AAC equipment, and working with the team of Speech-language Therapists to provide communication devices to clients in a timely manner.

In this issue of *Communication Matters*, we have a spotlight on dysphagia: The National Dysphagia Study Days hosted in Christchurch last November were a success (p. 4), with over fifty Speech-language Therapists from across the country attending. Carly McPherson shares her experiences working as a new graduate in dysphagia management with adults with intellectual impairments (p. 5). We also learn about the International Dysphagia Diet Standardisation Initiative (p. 16), whose standards “promote consistent and accurate use of texture modification.”

This issue kicks off a series of interviews with the NZSTA Executive Council: We hear from Philippa Friary, President, about travel, challenges and opportunities for development,

and getting involved as an NZSTA member (p. 6). Karen Brewer, Māori and Cultural Development Officer, talks about the profession’s desire to “better serve our Māori clients and whānau,” cultural competence and cultural safety, and being a Māori Health Researcher (p. 14).

This March saw Brain Day hosted at the University of Auckland (p. 3), a family-friendly event with interactive labs, performances, and seminars. Brain Day is now part of the broader Brain Awareness Week, featuring talks by a variety of experts, including Dr. Clare McCann of The University of Auckland.

If, like many of us, you work as part of a team, you will be interested to hear from Nina Sochon (p. 8), who discusses how being a Speech-language Therapist provided her with foundational skills to lead teams to high performance, and what Speech-language Therapists and other Allied Health professionals can learn from high-performing teams.

Included with this issue of *Communication Matters*, you will find a copy of the NZSTA’s Strategic Plan for 2016–2020 and its new vision, values, and mission statements. As the colder weather approaches, I’m sure you will have time to sit down with a cup of hot tea, take a look over these documents, think about how they relate to your own practice, and consider joining in on some of the NZSTA’s current and upcoming projects.



President's Report – Philippa Friary

president@speechtherapy.org.nz

This issue of *Communication Matters* will find you all well on your way into 2016. Your objectives for the year will be set, your team strategic plans reviewed, and hopefully the next holiday has been booked. As I write this report, I am sitting in Perth, Western Australia, attending the annual conference of the Australia New Zealand Association for Health Professional Educators. This year the ANZAHPE conference combined with the Ottawa healthcare conference, providing an international forum for passionate educators across health and education. Key themes throughout this conference were interprofessional collaboration, client and family centred practice, and cultural competence. I was very proud to hear the wonderful work of Dr. Elana Curtis from The University of Auckland and Associate Professor Suzanne Pitama from the University of Otago, Christchurch. I am also proud to reflect on where we sit as a profession with these topics, and to acknowledge that as a small country in comparison to the other players, we are forging new paths.

With this issue of *Communication Matters*, the Executive Council is very pleased to introduce the new vision, values, and mission statements for the New Zealand Speech-language Therapists' Association. You will find a card featuring these statements, in addition to links to our website where you can download these documents. *Our Purpose, Our Future* is the second document you will have received in this pack. This features our strategic plan *twentytwenty: NZSTA Strategic Plan 2016–2020*. Here you will find a visual representation of a *nīkau*

palm. With this diagram we aim to symbolically represent how our vision, values, and mission statements connect and relate.

Reading the strategic plan, you will find reference to several key projects, including confirmation of our position on regulation, a national year-long awareness campaign, ongoing development of international partnerships and visibility through membership in the International Communication Project Strategic and Working Groups, and being international leaders in cultural responsiveness. While the Executive Council are a talented lot, we rely on the support and mahi of our membership. We will be putting various calls out to our membership to join in and help us out with these projects over the next four years. As the *whakataukī* chosen by He Kete Whanaungatanga to represent our strategic plan states:

“Nāu te rourou, nāku te rourou, ka ora ai te iwi”

“With your basket and my basket the people will be fed/flourish”

I wish to thank you all for your input into these documents, and look forward to working with you all on these great projects, all in pursuit of a greater profession delivering greater services to our clients, *whānau*, and communities.

Mauri ora,
Philippa



Brain Day 2016

WORDS: THE SPEECH SCIENCE TEAM, THE UNIVERSITY OF AUCKLAND

Speech-language Therapy was very present at the recent Brain Awareness Week, hosted by the Centre for Brain Research at The University of Auckland, with the support of the Neurological Foundation of New Zealand. This year, Brain Day took the form of Your Amazing Brain: An Interactive Expo, and there were three public seminars with talks about our brain from a variety of experts.

Brain Awareness Week is an international campaign, initiated by the Dana Foundation of New York, to raise public awareness of the progress and benefits of brain research. In a series of public talks, experts, including Dr. Clare McCann from Speech Science, The University of Auckland, discussed our understanding of how the brain reacts to injury and disorder, and the implications of this for optimising rehabilitation and compensation. A selection of recordings from these events, including those about the developing brain, are available on the Centre for Brain Research website:

<https://www.fmhs.auckland.ac.nz/en/faculty/cbr/brain-awareness-week-2016.html> (or <http://tx0.org/9i>) or the Neurological Foundation of New Zealand YouTube channel <https://www.youtube.com/channel/UCV1wRB0LIU9B2dHtWM853rg> (or <http://tx0.org/9j>).

Brain Day was hosted for the first time at The University of Auckland's Tāmaki Innovation Campus, which provided an atmosphere where visitors could flow between interactive labs, clinic tours, performances, and community talks. With an emphasis on living well, there were opportunities to hear about treatments both medical and holistic, including help from community groups and peers, such as the CeleBRation Choir and the University of Auckland's Gavel Club. Children's entertainer Suzy Cato launched the children's activities, with a 'brainy routine' and a great deal of energy. The family focus was extremely successful, with whole families enjoying dance, song, and poi in the Autumn sun, and school-aged children enjoyed interactive scientific experiments and microscope viewing.

The CBR More Than Words Gavel Club and the Movers and Shakers Gavel Club facilitated interactive workshops entitled Talking for Your Brain. These workshops introduced the audience to the philosophy behind a gavel club and a typical agenda, including table topics (impromptu speeches), prepared speeches, and evaluations. These workshops were run by enthusiastic gavel club members and volunteers, and quickly had the audience up on their feet practising breathing exercises and giving speeches.

Third National Paediatric Speech Language Therapy Dysphagia Study Days

WORDS: NICKI MASON, JESSIE DAVISON, CAROLINE LAMBERT, AND EMMA DALY, PAEDIATRIC SPEECH-LANGUAGE THERAPY TEAM, CHRISTCHURCH HOSPITAL

It was with much excitement that we hosted the Third National Paediatric Speech Language Therapy Dysphagia Study Days in November 2015. Fifty-seven Speech-language Therapists representing health, community, and education services nationwide, descended on Christchurch for a professional development event that has become an annual fixture on the paediatric Speech-language Therapy calendar.

This event was established in 2013 by Stephanie Johnstone, Paediatric Speech-language Therapist at Wellington Hospital. It was designed as a forum for Speech-language Therapists working with infants and children who have feeding difficulties and/or dysphagia to share their expertise and ideas. The event has evolved over time to include presentations from interdisciplinary team members, as well as facilitated discussions on important topics of current interest. It is an excellent local professional development opportunity for those working in this area. The event had previously been held in both Wellington and Auckland; in 2015 it was time for Christchurch to have its turn.

The event ran over two days, with an exciting mix of presentations by Speech-language Therapists and interdisciplinary team members covering a wide variety of topics, including sensory integration, gastroesophageal reflux, feeding versus

eating disorders, and nasopharyngeal airways. Tube weaning continues to be a hot topic, and this complex area was well-covered with a number of presentations and case studies, including one from the Interdisciplinary Feeding Team at Christchurch Hospital.



Bianca Jackson with her pneumatically delivered food.



Christchurch Hospital Interdisciplinary Feeding Team (from left to right): Ursula McCulloch, Clinical Psychologist; Fiona Leighton, Dietitian; Charlotte Gander, Occupational Therapist; and Nicki Mason, Speech-language Therapist.

Facilitated discussions were a useful way to coordinate exchanges around important clinical considerations. Bianca Jackson, Speech-language Therapist and Professional Teaching Fellow at The University of Auckland, facilitated an excellent discussion regarding local level agreements between health and education—a highly relevant topic across the country. It was great to hear some case studies from Ministry of Education and Ministry of Health therapists who had worked collaboratively to manage complex cases. Discussion was also initiated regarding the creation of national paediatric dysphagia guidelines to support safe practice.

The study days provided an opportunity for some informal networking, including many of the attendees engaging in fun food exploration at local café C1 Espresso—the pneumatic food delivery system was a big hit!

We would like to thank all the presenters, facilitators, and attendees for their contributions towards making this event the success that it was. We're now looking forward to this year's Paediatric Speech Language Therapy Dysphagia Study Days, to be held in Wellington at the end of the year. Planning is already under way, so if you are interested, and would like to be on the email list for more information, please contact Hannah Clements, Speech-language Therapist, at Hannah.Clements@huttvalleydhd.org.nz.

Dysphagia Management in Adults with Intellectual Impairments:

My Journey as a New Graduate

WORDS: CARLY MCPHERSON, SPEECH-LANGUAGE THERAPIST, RESCARE HOMES TRUST

I began working in my current Speech-language Therapy role in March 2015 as a new graduate. The organisation I work for provides residential support for adults with intellectual impairments. They live in their own homes in one of two lifestyle villages. People enjoy an active social life and are supported and encouraged to live their lives as independently as possible. In the field of Speech-language Therapy, working with this population appears to be the exception rather than the rule.

Prior to this position, my experience of working with people with a disability was limited to working with adolescents at a special school. I felt it important to gain a better understanding of the entire life pathway for students leaving education, of which supported living services can be a part.

When I first began working in my current role, it was overwhelming being the only Speech-language Therapist as well as a new graduate! I have had access to an invaluable network of support: our resident psychologist, who is very knowledgeable about visual communication strategies, a supportive management team, participation in local Speech-language Therapy networks, as well as supervision and special interest groups dedicated to the sector. These working relationships have helped me to remain accountable and to review my practices regularly.

Many of the people I work with have both physical and intellectual impairments. Some are non-ambulatory and dependent on being fed. They may need physical or verbal support at mealtimes. In addition, some people have multiple medical conditions and are on several medications. Part of my role is to promote safer and more enjoyable mealtimes. I provide support in many different ways: advising on texture modification, using adapted cutlery, cups or plates, implementing support strategies, and trialling different feeding strategies.

As my clinical practice consists of long-term dysphagia management balanced against quality-of-life issues, a focus for me has been to create frameworks and specific guidelines aimed at working with adults with intellectual impairments. For example, I have been developing a standardised dysphagia assessment which takes into account specific considerations unique to this population. I have also been streamlining administrative processes and procedures to provide more consistent service pathways.

Each day at work is different. I have learnt so much during my time here and I have met many great people along the way. I thoroughly enjoy the challenges of working in this field and making a difference in people's lives.

Music Therapy in Neuro-rehabilitation: Striking a Chord

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

For the past year, Music Therapy has been provided to clients at ABI Rehabilitation in Auckland by a music therapy student from the New Zealand School of Music, Victoria University of Wellington. This was a beneficial experience for clients, whānau, and the other staff from the interdisciplinary therapy team. Music Therapy was delivered in both group and individual sessions, and focussed on the clients' individual rehabilitation goals in areas such as communication, motor speech, language, engagement, voice, motor function, and cognition. As Speech-language Therapists, we really enjoyed working together with a Music Therapist, and found that we had similar philosophies and that our therapy goals complimented each other well. The experience has opened up the possibility of having Music Therapy as a permanent part of the neuro-rehabilitation setting in New Zealand.



Photo credit: Freestyle Event Photography.

Interview with Philippa Friary

R. LUCAS VAN RYN TALKS TO NZSTA
PRESIDENT PHILIPPA FRIARY.

What motivated you to become a Speech-language Therapist?

Coming from Taranaki, I made the big trip south to Canterbury to study psychology. Being fresh from high school, I felt a bit disillusioned by the large lecture rooms and uncertain direction. Someone next door at the hostel was studying Speech, and I thought, "That sounds like me." I'm interested in people, I'm interested in communication, I'm interested in being part of a collective, a professional group.

I really do believe we've got a role that enhances people's lives, and it's really a rewarding feeling that you can make a difference, and that you're at the forefront of a profession which is changing, new, and innovative.

Can you tell me about going overseas to practice as a Speech-language Therapist?

I was travelling around the Middle East on the back of a truck when I had a phone call from my locum agent, who wanted to know where I wanted to work. I said, "I want to be somewhere where I can see the sea and ride my bike and not in London." I ended up taking my first locum role on the Isle of Wight, and loved it. I did eventually move to London. It was a real pivotal part of my career, being in the United Kingdom. It gave me the confidence that I am coming with a great set of qualifications from New Zealand, and also opened up doors to roles in research, management, and leadership. Yet after eight years over there, I was wanting to come home to be closer to family.

What did you bring back with you as a therapist?

I came back realising that New Zealand is ahead of its game. There's this perception that we're small, we're away from everything else, and so we're not up with the play as far as the latest technology, the latest practices, yet we are.

Also the concept of travelling does change you as a person. I learnt a lot about myself, what I value, and what drives me.

I'd definitely recommend travelling to our graduates. We just want them to come back eventually. There's a real opportunity for us to be engaging with our international New Zealanders that are working all over the world, and to be encouraging them back, with their knowledge and their new skills.

What professional development opportunities are available to Speech-language Therapists?

In the Professional Development portfolio, I had the opportunity to introduce some e-learning modules to our members. We've had some wonderful uptake, particularly from our national Expert Advisors, who've put some great quality modules together.

Yet I also do strongly believe in the power of talking to people face-to-face. You pull together a room full of Speech-language Therapists, and the knowledge, the skill, and the potential in that room is incredible. It's through that conversation that ideas come up, solutions are found, and alliances are formed.

We also hold annual professional development events. We have the Professional Development Symposium, which we run every two years, and then every other year is our three-day national conference, which is coming up on September 7-9 in Auckland. Thanks to Claire Winward and the Conference Planning Committee for all their hard work in pulling this conference together.

Our New Zealand university programmes graduate approximately 100 great Speech-language Therapists each year. We have collaborated on a research project which has been written up by Jaimee Brownfield to understand more about the early career experiences of our graduates. We are hoping to present this study at the September conference.

While it is wonderful that our profession has transferable skills that enable us to go into areas like communication and allied health, it would be a shame if we were really losing this talent from our profession. I think the key here is having quality supervision and mentorship, and not being scared to say, "I'm needing more of a challenge." It is important to have challenges to keep moving us forward.

Can you tell me about your involvement in inter-professional education?

It's a real passion of mine: working as a team, collaborating. It probably derives from my interest in sports, and just knowing that there's little that you can do as a solo unit.

I don't think inter-professional education is anything new. But we're looking at new ways of doing it because the ways we've been teaching future graduates to work together haven't been working. There are pockets nationally and internationally of amazing inter-professional practice, yet I feel as a country we could be doing a lot better. Watch this space.

What is it like working on the Executive Council?

The Executive Council works really closely as a team and everyone does a fabulous job. It is a real privilege to work alongside such a talented and passionate group of women. A massive piece of work that our membership doesn't often see is the behind-the-scenes work that goes on to accredit our university programmes. The Programme Accreditation

Committee, chaired by Anne van Bysterveldt, does a sterling job in ensuring that our wonderful three university programmes continue to produce top quality graduates.

When compared with the size of our international partner associations, such as Speech Pathology Australia or the American Speech-Language-Hearing Association, we are tiny, yet I am proud to represent our profession at the table. It is the engagement of our membership that enables us to be at the table and truly punch above our weight.

How have things changed since the association first began?

Thinking back to where we've come from as an association, we're looking back to 1967. A lot has changed, yet key aspects haven't. Technology has been a real driver for change, and the NZSTA has really embraced this. Another area of development for us as an association is our emerging identity as a bicultural and multicultural association and profession. There's a lot more opportunity for development in these realms going forward, yet I see us as being open and adaptable to change. The key aspects that have remained the same are our core values and commitment to the populations we work with. I really admire our membership, in that people are keen to give stuff a go and to put their hand up and get involved.

What are some ways that members can get involved with the NZSTA?

The area meetings are a wonderful opportunity to discuss, network, share ideas, and keep up to date with what's happening. There are often opportunities to either email in comments or connect by teleconference. Our website and Facebook page are other ways to keep connected and informed.

We really do encourage and rely on our members to get involved. It's not just for those who are in those higher echelon roles. We're needing a real breadth of experience, and, if anything, it's those new fresh eyes of our graduates that we're wanting to hook in, as they're seeing things for the first time as a new member.

We all have choices in life. We can sit back and find reasons why we shouldn't be involved, or we can lean in, get stuck in, and make a difference.

High-Performing Teams

WORDS: NINA SOCHON, CEO, TRANSFORMED TEAMS

As a Speech-language Therapist who became a management consultant, I have a story to share about what I did and didn't learn from Speech-language Therapy about high-performing teams.

When I had worked as a Speech-language Therapist for over six years, mainly in adult neurology teams, I had the opportunity to change careers by moving into the Australian Public Service, the civil service of the Australian government. I was ready for a change, and I took the opportunity.

It took me a few roles to learn the ropes of the Australian Public Service. A few years later, I was asked to establish and lead a team, which I grew from two to eight people. We went on to become a high-performing team that delivered "one of the best" things our organisation had ever done. We even surprised ourselves. We made an impact nationally in an important area of progress.

Now that I know more about high-performing teams—in my current role, I support professional teams to become highly successful—I can see that Speech-language Therapy was the perfect preparation. Nonetheless, there are ways in which Allied Health teams can become even better and achieve not only better patient outcomes but a better working experience for each team member.

I discovered that I knew intuitively how to lead a high-performing team. I was extremely focused on goals, both long-term and short-term. Everything was framed in terms of what we wanted to achieve from a project or a meeting. Goals count for everything. Teams need to have a clear purpose. Whether this is described as a vision, a mission statement, or a series of long-term goals, every interaction and decision depends on a shared view or joint direction. This is something we have got right.

Files and note-taking are standard in Allied Health, for obvious reasons. These are the systems and processes that support us to do our jobs. They also support collaboration and information flow. Surprisingly, this is something which many office-based knowledge workers struggle with. It's another way in which Speech-language Therapy builds a strong foundation for performance.

Trust is foundational to team performance. As Speech-

language Therapists, we have the good fortune of holding degrees that prepare us for our work. No Allied Health professional would be able to practise without professional accreditation. Thus we have a high level of trust that our team members are competent. Trust can be eroded, however, by unresolved conflicts, which occur when our true needs and wants are not acknowledged. Teams only descend into petty bickering when deeper needs are unmet. We need to learn a language of respectful, assertive communication that enables us to both hear and be heard. This is a powerful tool which is utilised by high-performing teams across the world. As Speech-language Therapists, we're uniquely equipped to learn this language.

Every healthy team needs strong debate. Recent books, including *The Wisdom of Crowds* (Surowiecki, 2004), have challenged the notion that even the smartest person could 'know best'. In fact, the best teams tap into their collective intelligence. This means that egos must take a bow in favour of group ownership, but I think that, as dedicated health professionals, Speech-language Therapists can do this. Often, our hierarchical health and hospital systems encourage a different style, but training and experience can demonstrate the power and importance of strong team debate.

I was rarely part of an Allied Health team that invested in team-building through deliberately creating space for improving communication skills and creating innovations. These sessions are where people have the opportunity to bring more of themselves to work and to solve problems that impact them daily. We could do more of this.

One thing that has stayed with me is that, as a Speech-language Therapist, you become extremely lean in your use of time. Everyone has a waiting list and has more clients than time allows. When I became an executive, I realised that constant pressure had improved my time-efficiency and, ultimately, my decision-making capacity. No doubt you, as a Speech-language Therapist, are also time-poor, which is why I am grateful for your time reading this today. I hope that a stronger focus on trust, healthy debate, and the building blocks of successful communication and innovation will help you to be part of a better team.

Reference:

Surowiecki, J. (2004). *The Wisdom of Crowds*. New York, NY: Doubleday.

Speech-language Therapy in St Lucia

WORDS: NATALIE MYLES, SPEECH-LANGUAGE THERAPIST

In January 2015, I began the rather long and indirect journey from New Zealand to St Lucia. Three exhausting flights later, I arrived on the tiny Caribbean Island (minus my luggage until a week later), where I would be the only practising Speech-language Therapist in the country for the next 13 months. I worked for the Child Development and Guidance Centre (CDGC), which is a not-for-profit organisation that provides a national assessment and intervention service for children with disabilities in St Lucia. The director is a Developmental Paediatrician, and permanent therapy staff include a Physiotherapist and a Clinical Psychologist, who is also a trained Floortime Therapist. Speech-language Therapists and Occupational Therapists are currently recruited internationally.

Being the only centre providing specialist paediatric interventions on the island, the caseload is large and varied, with between 300 and 400 children referred annually. Referrals come from the local health centres, which conduct screening assessments on all children at the ages of 6 months, 18 months, 3 years, and 5 years, as well as from doctors, preschools, and sometimes directly from parents. Typically, CDGC focusses on providing early intervention (i.e., for pre-schoolers). Once a child reaches school age, they are either transitioned into one of the two special education schools or into a mainstream

school, where they may continue to receive some support from the public special education system.

Each child referred to the centre will have an initial assessment with the Developmental Paediatrician and one of the therapists. Following this assessment, a plan for recommended therapy follow-up is provided. Therapy is usually offered in blocks of 6–8 weekly sessions, the goal of which is to provide tools and strategies for families to support their children.

I absolutely loved the diverse nature of the caseload, and it was fantastic working in such a close and well-organised team. In addition to assessment and therapy, I was also



able to get involved in delivering training for local teachers and parents, and even presented at the first ever Autism Awareness conference on the island!

St Lucia is a very small but beautiful island with plenty to do: snorkelling, diving, beautiful walks and hikes in the hills, very friendly people, music and dancing everywhere, and of course swimming in the sea and enjoying the beautiful beaches, which I did almost every day!

For anyone thinking about working in a developing country, I would highly recommend CDGC as a place to start. To be a volunteer with CDGC, the team requires at least 5 years of paediatric experience and a commitment to a minimum of 3–4 months (6 months is preferred). Accommodation, a stipend to cover all living expenses, and a work permit are provided. More information can be found at <http://childdevelopmentstlucia.org/> or you can contact me at natalie.myles@yahoo.co.nz.



Area Updates

NORTHLAND AREA

Lucy Schumacher

- Video-conferencing with Kaitaia worked well at our area meeting. We hope to continue to do this.
- Gay Easterbrook was awarded a Northland Kindergarten Association scholarship which she is using to create her dream alphabet chart. Five hundred 4-year-olds will be involved in selecting the pictures.
- Nicola Pemberton has moved from the MOE to a part-time position in Child Health at the hospital.
- Michelle Bonetti is taking private clients again and has taken on Tonia McCarry as a part-time Speech-language Therapist. Michelle is also working as a Communication Assistant in the courts.

AUCKLAND AREA

Fern Jones

- Auckland area meetings continue to be well-attended by clinicians in person, and many have also contributed by email or phone call regarding the subjects that are being covered. Thank you to everyone for your ongoing contributions. Meetings for the rest of the year will be moving to video-conferencing options to support the wider Auckland area.
- Tony Attwood visited Auckland in February and provided a fantastic professional development seminar around autism and alternative learning needs. This was very well-received, and Tony will be returning to New Zealand in September to provide further courses for supporting diagnosis and differential diagnosis. More information about this can be found on the Creating Success website: <http://www.creatingsuccess.co.nz/>
- The Assistive Technology Alliance New Zealand are running a course to support therapists working with children with complex physical needs to access technology for communication and learning.
- TalkLink will be running their next KiwiChat Camp in April. This is a fantastic opportunity for families to come together and learn how to use communication devices and support

the development of language and communication in fun and interesting ways. This year's theme is Superheroes—watch for photos on the TalkLink Facebook page and website: <http://www.talklink.org.nz/>

WAIKATO / BAY OF PLENTY AREA

Annabelle Blue

- Tauranga MOE has recently had three very experienced Speech-language Therapists depart: Jean de Wet, Billy Hampton-Edwards, and Lyn Barrett.
- Helen Liddell is now back at Tauranga Hospital from maternity leave.
- Waikato DHB has now been providing a full day of inpatient cover on Sundays for a year. They are currently reviewing this service provision with feedback from staff and patients and a statistical review of its effectiveness and efficiency.
- Taupo / Rotorua MOE is now fully staffed. Kea Street Special School now has a full-time Speech-language Therapist (this was previously 0.5 FTE).
- Bay of Plenty MOE has recently held a very successful two-day review, with their early intervention team looking at outcome measures and models of capacity, with the goal of clearly determining where time is spent.
- Bay of Plenty MOE has recently begun using a Communities of Learning model, with the aim of best meeting the needs of each particular community. They are among the first to be trialling this model.

CENTRAL AREA

Emma Irvine

2016 is now well underway, and we had another wonderful attendance at our meeting this quarter. A number of people called in from across our region and it was great to see so many keeping me company at the central meeting in Palmerston North. Not a lot to update this quarter—it has been a fairly quiet start to the year across the region.

- Taranaki and Gisborne MOE currently have an area trial called Learning Language and Loving It.
- Sarah Martin is working for Explore, working mostly with ex-

Kimberley patients (for dysphagia) and providing behaviour support to children and adults with disability.

- At Palmerston North Hospital, we welcome Marie Jardine to the adult team, and wish Annette Coulter all the best with the imminent arrival of her wee bubs.
- Hawkes Bay MOE is running professional learning groups.
- Fairhaven School is implementing a transdisciplinary assessment screening, which is going well.
- Hawkes Bay DHB congratulates Alicia Smith and Paul on the arrival of baby Ruby. Megan Pickering is finding her feet as acting team leader and professional advisor. Nicky Ridley is currently covering Megan's position.
- Elisa Mynen at Speechie reports that her caseload continues to get busier and busier.

WELLINGTON

Claire-Elle Roberts

There have been many changes within the teams since the start of 2016. We would like to wish Christine Musgrave all the best with her retirement as she leaves the Nelson team. We would also like to wish Vicky Ryan, Victoria Singer, and Kate Sutherland all the best with their new positions and career changes. Congratulations to Libby Coates, who is due to head off on maternity leave, and to Natasha Curham, who is currently on maternity leave.

We would like to welcome some new faces to the teams:

- Larissa Roy has moved to the Capital & Coast DHB team along with Liz Messina.
 - Susan Flynn has started at Kenepuru Hospital.
 - Rosanna Tilyard has joined the Capital & Coast DHB Child Development team.
 - Michelle Cunningham has joined the Nelson DHB team.
- As well as team changes, there are some exciting changes being made to services, with the Hutt Child Development Team starting feeding groups based on SOS principles. These will involve parent workshops and child sessions. Autism NZ is moving to Petone, where they will have a resource room, which is being made in association with the autistic community.

CANTERBURY / WESTLAND AREA

Ruth Ramsay and Kate Cook

We had a good turnout for the first meeting of 2016, with both members and non-members attending. One topic discussed was the five-year anniversary of the February earthquake. Speech-language Therapists are noticing a range of differences in the people they work with. One reflection from Nicki Mason of the Christchurch Paediatric Feeding Team was: Since the earthquakes, it's been clear that anxiety and stress are having a greater impact on the children and parents we see. A number of children (aged 7-9 years) in the IDT feeding assessment clinic have generalised anxiety alongside feeding issues. They would have been around 2-3 years old during the earthquakes. We are modifying recommendations to fit in with a family's current living situation, such as for families in temporary housing that does not provide enough space for eating together or a table to eat at.

- Christchurch Public Hospital employed two new graduates: Vivian Campbell and Xanthe O'Carroll.
- TalkLink Trust Christchurch employed new graduate Kenny Ardouin.
- Wendy Fletcher of Christchurch Public Hospital announces the birth of her first child, Lily Primrose Steel.
- Pariya Behnami is due to return to TalkLink Trust following maternity leave.

OTAGO / SOUTHLAND AREA

Eleanor Jackson

- Members in Otago / Southland are already settling into the new and busy year ahead.
- We welcome six new graduate Speech-language Therapists to the area: three at Dunedin MOE, two at Invercargill MOE, and one at Dunedin Public Hospital. It is great to see so many new graduates in our area!
- Meryl Jones (Parlez SLT) is hiring Karen McPherson to assist with cover in the Balclutha area.
- Alison Zani is resigning from her position at Dunedin Public Hospital and moving out of Dunedin to a sunnier climate with her family—we wish her all the best!

Pet Therapy

in a Brain Injury Rehabilitation Centre

WORDS: HAYLEY ANSTIS, OCCUPATIONAL THERAPIST; KERRY BROWN, OCCUPATIONAL THERAPIST; JESSICA GARDINER, SPEECH-LANGUAGE THERAPIST; MAEGAN VANSOLKEMA, SPEECH-LANGUAGE THERAPIST; LAURA SILCOCK, SPEECH-LANGUAGE THERAPIST; AND NICK JACOBS, SPEECH-LANGUAGE THERAPIST, ABI REHABILITATION NEW ZEALAND

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

Pet therapy builds on a natural human-animal bond. Using this natural relationship, it aids progress toward goals in physical, social, emotional, and cognitive functions (American Veterinary Medical Association, 2013). At ABI Rehabilitation, pet therapy is used in many different ways: A pet therapy programme may aim to improve fine motor or cognitive skills, or increase self-esteem, verbal communication, willingness to join in activities, or overall motivation and engagement.

During our pet therapy programmes, we completed a thematic analysis, and have identified improvements in verbal short term memory, sustained attention, appropriate use of functional objects, visual engagement, coordination and control of upper limbs, improved mood, and increased engagement in rehabilitation. Pet therapy also provides an opportunity for functional dysarthria exercises, reduces agitation, and promotes communication. Clients



reported a significantly positive experience during all pet therapy sessions.

We can not claim that these benefits are due solely to pet therapy, however this mode of treatment can be an effective way of working towards a client's goals. Pet therapy was seen to be beneficial on multiple levels to clients with traumatic brain injury, and is likely to also be beneficial to people with communication difficulties in other settings.

All dogs involved in pet therapy must be certified by Outreach Therapy Pets, a joint initiative between St John and the SPCA. If you would like to learn more about pet therapy, certify your dog, or have a therapy dog visit your workplace, please contact Outreach Therapy Pets <http://www.stjohn.org.nz/What-we-do/Community-programmes/Partnered-programmes/Outreach-Therapy-Pets/> (or <http://tx0.org/9k>).

Reference:

American Veterinary Medical Association. (2013). *Guidelines for Animal-Assisted Activity, Animal-Assisted Therapy and Resident Animal Programs*. Retrieved from https://ebusiness.avma.org/files/productdownloads/guidelines_AAA.pdf



Twenty Years on in Christchurch

WORDS: SELENA DONALDSON

Many stories, laughs, and memories were shared as those 'easily tracked' members of Canterbury University's Bachelor of Speech and Language Therapy graduates of 1996 reunited in Christchurch to celebrate their 20 year reunion. Christchurch has transformed unrecognisably during the years since we qualified, but we all agreed that the spirit and humour we were lucky to enjoy amongst our group remained unchanged. Catherine Woods, who was our clinic receptionist, but also agony aunt to us as students, joined us as we kicked the weekend off with drinks at the new Dux de Lux. The endless chatter continued through brunch and a walking tour of the central city, and concluded with a wonderful dinner.

As a group which graduated pre-Internet, we have embraced technology to include the many of us who are now in the United Kingdom, and shared photos of our youthful exploits, outfits, and adventures. Our working lives have taken us in so many directions and to so many places, and it was heartening to see how we have drawn on our fantastic training to improve the lives of others. A special glass was raised for Bonnee Harkess, who was lost to us in 2010, and is remembered for the warmth and joy she brought to our endless hours of learning. We departed with promises to stay better in touch, with friendships renewed, and with a great deal of gratitude to this wonderful profession which has helped us so much in our working lives and given us an amazing community to enjoy.



International Communication Project: New Zealand News

WORDS: ANNETTE ROTHERHAM



Amy Oughton.

The International Communication Project (ICP) is tracking along steadily. The ICP has two streams: the Strategic Stream and the Working Party Stream. In the Strategic Stream, the NZSTA is represented by Philippa Friary and Annette Rotherham. We are currently engaging a United Kingdom-based marketing and policy company, Weber

Shandwick, to investigate how the ICP can make a difference in international policy and have the rights of people with Communication Disability recognised. The Working Party Stream is planning and organising how to have a presence and inform the delegates at the IALP conference in Dublin in 2016. An interactive booth and ICP round table discussion are on the programme.

In New Zealand, Amy Oughton in Canterbury is heading our working party, and is pulling together a team of champions from around the country to help continue to raise awareness in New Zealand. The first activity planned is a video competition. So get out your creative minds and start scheming how you can pull together a short video that represents the themes of the ICP and awareness raising in Aotearoa. Entries will close July 31, and there will be a prize for the winning team. Please contact Amy at Amy.Oughton@cdhb.health.nz for more information or to get involved!



Photo credit: Freestyle Event Photography.

Interview with Karen Brewer

R. LUCAS VAN RYN TALKS TO NZSTA MĀORI AND CULTURAL DEVELOPMENT OFFICER KAREN BREWER.

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

I always liked language and I studied linguistics at university in Wellington. Linguistics and Spanish was my double major. I wanted a job where I could use linguistics to help people, and I thought I'd quite like to have a job that's on the Immigration New Zealand long-term skill shortages list, which Speech-language Therapists were at the time. I had the experience of learning Spanish as a foreign language. Your mother tongue becomes so much more precious when you have to practise not using it. And I thought, wow, what about the people who can't even use their mother tongue?

What motivates you now?

We're a small profession and we currently haven't got it all together when it comes to working with Māori and our obligations under the Treaty of Waitangi. But I see in our profession a real want to get it right, a want to better serve our Māori clients and whānau. I can see that I can actually make a

difference. I think we can make change in the Speech-language Therapy profession because it's small and it's keen.

What sort of support do you have in your role on the Executive Council?

The first thing I did when I took on my role was to form the group He Kete Whanaungatanga, because you can't do my role on your own. We now have this group of ten people—they're Māori, they're Samoan, they're Pākehā—to support my role and to advise me, and advise the Executive Council through me. And it's a really valuable group, because there's a lot of things I'm asked to do that I don't know about and I don't have that ability.

It's very important to have the input of people who are not Māori in the group, because otherwise we can take things for granted and no one else in the profession will understand them. The non-Māori members of the group will say, "Hang on a minute."

We're in the process of finding a kaumātua to support us as well, which will be very important because I'm just a baby in this

whole area. It's about having the contacts. I'm slowly building up those contacts.

What was the biggest change for you during your career in Speech-language Therapy?

It would be undoubtedly going from being an ordinary Speech-language Therapist to being a Māori Health researcher.

I started a PhD about quality of life and aphasia. I really wanted to have a Māori element to it. I met with a researcher in Te Kupenga Hauora Māori, and she said, "You should do kaupapa Māori research and make this entirely about Māori." It just really resonated with me, doing that work.

But it's political and you're a minority and you're always having to take a critical approach to things. It should be done, and it's the right way to do things. But it's hard work.

Can you tell me about the cultural competence survey you're working on?

Clare McCann and I are just finishing analysing the results of a nationwide survey of Speech-language Therapists. We asked them, "What is cultural competence?" Most said something along the lines of, "Knowing things about cultures other than your own and applying this knowledge in your practice to work appropriately with people from cultures other than your own," which I think is fine as a basic definition. But people use the term all the time without really defining it.

I think cultural safety is easier to define. The nurses have got it as sorted as any group, and that's thanks to Irihapeti Ramsden, who is a legend. I've read her thesis cover-to-cover. It's an incredible document. A really important aspect of cultural safety that I think we would do well from adopting is that it recognises power, and it recognises power differences.

Cultural safety says that you know your own culture as an individual, but you also need to know the culture of your discipline. It recognises that there's all these cultures at play.

So any interaction between a professional and a client is a cultural difference, even if that professional and client are from the same ethnic group, because they're not from the same disciplinary culture.

If we're not working in a culturally competent manner, all other aspects of our job are redundant.

What other research are you involved in at the moment?

I'm developing a kaupapa Māori Speech-language Therapy package for whānau with communication disorders from stroke. It consists of a website with information about stroke and communication, and some ideas of things to do at home, and it's going to have videos—personal stories of people with stroke. There is also a tool around building relationships and working out the direction for where you're going to go with your Speech-language Therapy.

We're also making an online professional development module for Speech-language Therapists working with Māori families with stroke. I'm trying to really make those links from the Treaty and breaches of the Treaty to current health status and the situation in Speech-language Therapy. I think these are an essential platform before you can start thinking about: How do I work with Māori with stroke?

Where do you see Speech-language Therapy in New Zealand being in three years' time?

As a profession, we'll be more clued up about cultural safety and cultural competence and the Treaty of Waitangi, and how that all relates to our daily work. We'll see the workforce becoming more reflective of the population it serves. The Speech-language Therapists coming through the University of Auckland are a more and more diverse group every year. Part of achieving this is supporting those students and therapists to work as who they are.

The International Dysphagia Diet Standardisation Initiative Framework

WORDS: BIANCA JACKSON AND ANNA MILES, SPEECH SCIENCE, THE UNIVERSITY OF AUCKLAND

The International Dysphagia Diet Standardisation Initiative (IDDSI) has developed global standardised terminology and definitions for texture-modified foods and thickened liquids for individuals with dysphagia of all ages, in all care settings, and of all cultures. The framework has industry support. It provides level descriptors that can be used by food services, catering departments, and kitchens, as well as radiologists, dietitians, and Speech-language Therapists.

In 2007, a Dieticians Association of Australia / Speech Pathology Australia / Nestlé Nutrition initiative published standardised definitions and terminology for texture-modified food and fluids to be used across Australia. The NZSTA and the New Zealand Dietetic Association immediately endorsed these definitions and implemented them nationwide. In 2015, the IDDSI, following extensive consultation with Speech-language Therapists internationally, published the updated framework. The IDDSI, founded in 2013, is an international working group headed by health professionals from Canada, Australia, and the United Kingdom, amongst others. Each level descriptor has a name, number, and colour—the colours are chosen to be suitable for those who are colour-blind.

Foods

The international working group surveyed over 3000 professionals about their use of terminology to describe food textures. They found common use of “regular” food plus four to five other levels of food texture modification for the management of swallowing problems across the age spectrum.

The framework is not designed to promote the use of texture modification, but rather to standardize descriptions of it



International Dysphagia Diet Standardisation Initiative level descriptors for texture-modified food and drinks.

where it is used. The paucity of research into the therapeutic use of food texture modification for dysphagia management means that the recommendations are based on an understanding that food texture modification has demonstrated a therapeutic benefit for reducing the risk of choking.

One of the great things about the new framework is the clear equivalence of drinks and food at Levels 3 and 4. Thickness of foods can be readily tested using a fork, and the

IDDSI website has well-written resources to guide you through this process. As not everyone uses forks, the tests can also be done with the back of a spoon, although to a lesser extent.

Drinks

In their extensive survey, the working group found common use of thin drinks plus three levels of increasing drink thickness for the management of swallowing problems across the age spectrum. Labels found in previous national terminologies included Nectar / Syrup / Level 150 / Mildly thick, Honey / Custard / Level 400 / Moderately thick, and Pudding / Spoon thick / Level 900 / Extremely thick—terms that are ambiguous, easy to confuse, or difficult to interpret.

Those working with children reported common use of a drink thicker than water but thinner than the start point of thickened liquids commonly used for adults. In the IDDSI Framework, this has become Level 1 – Slightly Thick. This is about as thick as anti-reflux milk formula. As with all other thickened liquids, this level lacks data to determine the exact thickness required for therapeutic benefit.

The thickness of liquids can be tested using a syringe, and the website gives clear instructions on how to do this.

Implementation

The IDDSI group encourages all Speech-language Therapists across the world to use these colour codes and this terminology. The terms are considered to be culture-neutral. This is in the interests of food services, health professionals, and our families. Consistent and distinguishable terminology promotes consistent and accurate use of texture modification.

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World Voice Day 2016

WORDS: SYLVIA LEÃO, SPEECH-LANGUAGE THERAPIST AND PHD CANDIDATE, SPEECH SCIENCE, THE UNIVERSITY OF AUCKLAND

THIS APRIL 16, IT'S TIME TO CELEBRATE WORLD VOICE DAY!

The global World Voice Day aims to show the general public that voice matters. This year, the slogan is “Explore your voice. Imagine where it will take you.” World Voice Day involves events across the globe, including a multitude of vocal and voice-related events on or around April 16. Events have been held in countries including New Zealand and the United States. As Speech-language Therapists, we can inform the public about the importance of having a healthy voice, the risks of voice problems, and available voice treatments.

A variety of events will take place around the world. In New Zealand, World Voice Day has been celebrated since 2013. Last year, events included a CBR CeleBRation Choir open day at the University of Auckland, a video conference with a music therapy school in Wellington, vocal performances with members of Auckland Youth Choir, a Voice of Leadership Skype group with Sally Mabelle, and vocal hygiene promotion organised by the Speech-language Therapy team at Christchurch Public Hospital.

Our challenge this year is to mark the celebration of World Voice Day in New Zealand in a big way. You could organise activities in your workplace, or contact vocal coaches,

musicians, singers, music therapists, and people from music and drama schools, so that they can work with you to promote World Voice Day. It would be wonderful to increase the number of events in New Zealand and raise awareness about voice and vocal health. Voice-related activities that have been organised around the globe include open days at clinics with free voice screening, seminars, distribution of pamphlets with voice care tips and quizzes, vocal performances, open rehearsals, and radio and television interviews.

If you are planning an event, please add its details to the World Voice Day website at <http://world-voice-day.org/contact/add-your-event/> (or <http://tx0.org/9l>). These events can be held on any day in April to promote World Voice Day. For more information, please contact Sylvia Leão, New Zealand World Voice Day National Coordinator at s.leao@auckland.ac.nz. Further information and materials, including posters, handouts, and videos, may be found on the World Voice Day website <http://world-voice-day.org/>

Let's celebrate our voices and raise awareness about vocal health!



Professional Development Opportunity: Multi-Modal Communication and Learning Strategies



Linda Burkhart

Two-day Workshop in Auckland
26–27 September 2016
Location to be confirmed
Cost:
ATANZ Members: \$400
Non-Members: \$480

MULTI-MODAL COMMUNICATION AND LEARNING STRATEGIES FOR CHILDREN WHO FACE SIGNIFICANT CHALLENGES, INCLUDING SEVERE MULTIPLE DISABILITIES AND CHILDREN ON THE AUTISM SPECTRUM.

Children who face significant physical and multiple challenges, those with Rett syndrome, and those on the severe end of the autism spectrum often struggle to access communication, interaction, and learning. Some of these children may have very little control of their bodies. Others have difficulty taking in sensory information from their environment and processing it. Many find communication and interaction challenging.

This two day presentation will address questions such as: What are we learning from neurological research that can help us understand how children learn? How do we motivate children and provide opportunities for active learning? What strategies help give these children a sense of control and facilitate interaction and communication? How do children on the severe

end of the autism spectrum perceive the world and how does this impact learning and communication? How does cortical visual impairment impact learning? How can you help children develop motor-cognitive learning and teach movements for communication and access?

Come and experience a fast-paced look at creative and practical strategies to enable children who face severe challenges to overcome these complex barriers and access communication and learning.

For more information, please contact ATANZ – Magnus Hammarsal or Jessamy Amm at admin@atanz.org.nz, 09 815 3232, or <http://atanz.org.nz/>



Annette Rotherham – Communications

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HAERE MAI,

Welcome to 2016 and our Autumn issue of *Communication Matters*. I want to share a story with you...

What's in a joke?

In a conversation with some people with aphasia recently, one said, "I wish I could tell a joke." Another replied, "Yeah, I wish I could remember the punchline!" We all laughed and I said, with the best of intentions, "You two are a great joke!" We all laughed so hard. "Did you hear the one about the two people with aphasia..."

Humour is a huge part of social interaction: how we connect with others, how we express our personality. So I can see how being able to tell a joke is a really important skill to acquire and a fantastic therapy goal for anyone with a communication disability.

The Royal College of Speech and Language Therapists in the United Kingdom have a large awareness campaign called Giving Voice. They recently ran a school-based competition, Voice Box, which involves children getting up and telling a joke. Finals are held in each school, and local MPs are invited to be on the judging panel. The aim is to raise awareness of the communication skills needed to tell a joke. This is just one example of an awareness-raising strategy used by the Giving Voice campaign, which began in the United Kingdom in 2010.

Over the past few years, there has been a growth in international campaigns that focus on raising public awareness of communication and swallowing disabilities. The International Communication Project began in 2014, and the NZSTA continues to support and be involved in the Strategic and Working Parties. Individual countries also have their own national campaigns and inquiries.

With this in mind, the NZSTA is aiming to launch a similar campaign in New Zealand this year. This will commence during our usual awareness campaign in September and coincide with the biennial NZSTA conference in Auckland.

We are pulling together a team of people with innovative and fantastic ideas. We also aim to engage a sponsor to assist with the funding of this campaign, as our annual Awareness Week budget won't stretch that far. This will be a very exciting project to be involved in and we will need the assistance of our member networks. If you have any contacts in the telecommunications world or any other relevant contacts in media and public relations, then please do contact me.

Our new NZSTA Ambassador award will be introduced this year and presented at the conference award ceremony. The NZSTA would like to recognise the work of a member who epitomizes everything that New Zealand Speech-language Therapists value and represent.

The person who receives this award will show high professional integrity and strive to advocate for the profession and for the clients to whom we provide services. They will demonstrate an ability to take the lead on activities that can raise awareness of communication and swallowing disabilities in our communities and within their work environments. They may also demonstrate dynamic and effective ways to deliver Speech-language Therapy services in New Zealand. For more information and for nomination forms please visit the NZSTA website: <http://www.speechtherapy.org.nz/>

Hold on to your seats, as we are about to embark on a big journey in 2016/2017!

Here's to seeing you all in September,
Annette



Karen Brewer – Māori and Cultural Development

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TĒNĀ KOUTOU KATOĀ,

As I write this, I have just returned from Perth, where Edith Cowan University hosted an international roundtable of Speech-language Therapy researchers working with indigenous peoples with acquired communication disorders. The meeting was organised by members of the Missing Voices team at Edith Cowan University: Beth Armstrong, Deborah Hersh, Natalie Ciccone, Erin Godecke, and Meaghan McAllister, and attended by Claire Penn from South Africa, Barbara Purves from Canada, and myself and Whaawhai Taki from New Zealand.

Over the course of three days, we discussed the issues facing indigenous peoples with communication disorders in our countries, and ways that we might collaborate in our work. The difficulties facing indigenous peoples with acquired communication disorders are similar between the four countries. These include a scarcity of indigenous Speech-language Therapists and Speech-language Therapy researchers, systems that do not accommodate indigenous worldviews, a lack of linguistically and culturally appropriate therapy resources, and communication disorders being made lower priority by more pressing poverty-related issues. The time I spent with international colleagues made me appreciate the kaupapa Māori research workforce we have in New Zealand, and our growing number of Māori Speech-language Therapists.

Back in New Zealand, Clare McCann and I have nearly finished analysing the cultural competence survey. Your responses are providing a wealth of information about where our

profession is at and where we might be in the future. I will keep you updated as we finish the analysis and write up the findings.

Waimirangi Andrews and I recently published an article in *Speech, Language and Hearing* entitled "Foundations of equitable speech-language therapy for all: the Treaty of Waitangi and Māori health." In this article, we look at how the delivery of Speech-language Therapy in New Zealand is influenced by the culture of the discipline as well as the cultural, social, and political history of the country. We discuss some of the foundational issues that need to be considered in determining the approach our profession will take to cultural competence. These include colonization, te Tiriti o Waitangi, immigration, and questions of biculturalism and multiculturalism. We argue that, because of te Tiriti, we as a profession should start by addressing the issues facing Māori, such as health inequities. This article will be available to NZSTA members in the online journal via the NZSTA website. It has not yet been allocated to a journal issue. If you would like to read it before it goes to press please get in touch and I will send you a link to the "early online" version.

As always, please do get in touch with me if there is anything you would like to discuss.

Ngā mihi nui,
Karen Brewer



Jodi White – Member Networks

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HAPPY NEW YEAR TO EVERYONE,

I hope you have all been enjoying the beautiful Summer days. We have had a fairly stable period with Area Representatives over the past few months, with just a few changes in the Student Representative positions, which fit in with the academic year. I would like to thank all the Student Representatives for their input over the course of their studies, and I hope that all of you who have held the role have found it enjoyable and beneficial for yourselves as well. You can find the full list of Area and Student Representatives on the inside back cover of *Communication Matters*.

I will be looking to put together a document outlining the benefits that are available to all NZSTA members over the course of the next few months, and hope to have this ready in time for the next issue of *Communication Matters*.

We have had excellent attendance at recent area meetings, and I would encourage all of you who attend to add your

opinions, comments, and questions. The Executive Council is happy to receive all queries and we try to provide full responses as part of the national collated meeting minutes. The minutes, including responses, are now available on the NZSTA website: <http://www.speechtherapy.org.nz/pages-after-login/exec-documents/exec-minutes> (login required, or <http://tx0.org/9m>).

Reviewing the minutes is a good way to catch up with what is happening around the country and what others think about the topics raised.

Please continue to engage with your Area Representatives and area meetings—it really does help the whole association. I look forward to interacting with you all again soon.

Ngā mihi,
Jodi



Claire Winward – Professional Development

professionaldevelopment@speechtherapy.org.nz

KIA ORA KOUTOU,

As I write to you from sunny, windless Wellington, it's hard to believe Autumn is here! At least we have something to look forward to over the upcoming Winter months: It's only six months until our conference! Registration opens on June 20, 2016. Keep an eye on the website for updates about accommodation, the programme, and early bird rates: <http://www.speechtherapy.org.nz/page/conference/> (or <http://tx0.org/9n>).

Online Learning

We are now offering the following online course through CLAD: *Constructing and Delivering a Team Plan – Catherine Epps*. This course is designed for any leader: Whether you are working as a solo practitioner, or have a large team reporting to you, these principles of sound planning will be relevant. For more details, see <http://onlinecpd.co.nz/course-providers/speech-language-therapists/show/15> (or <http://tx0.org/9o>).

If you haven't already done so, I encourage you to have a look at the online courses available through CLAD. We are looking to expand our opportunities for e-learning, so if you have any suggestions for topics, or would be interested in putting together a course yourself, please let me know. CLAD takes care of the technical side, so you just need to provide the content!

Expert Advisors

You will have seen the biographies of our Expert Advisors in the previous two issues of *Communication Matters*, and I'm sure many of you will be contacting them to utilise their expertise. We are keen to add to this pool, and would especially like to

hear from anyone working in child speech and language. It's sometimes difficult to put ourselves forward as 'experts'—what we are looking for is someone with experience and a particular interest in any aspect of child speech and language, probably someone who is used to being asked for advice by their colleagues or seen as a 'go to' person within their team. If this sounds like you, please do get in touch—all we are asking is for you to make your expertise available to a wider audience! I'm happy to talk this through with anyone who might be interested.

Resource Room

Thank you to those of you who have contacted me with your opinions and ideas on the subject of refreshing the resource room. I am pleased to announce that the original resource room committee has passed the residual funding on to the NZSTA, and given us the responsibility of using this funding to refresh the current resource room. Many thanks go to Linda Hand, Elaine Tasker, and Anne Cooney! I have already been in contact with several people about how to best use this funding, and am also looking into how we can use Social Media and online resources to bring the resource room into the 21st century. If anyone would like to be included in these discussions, please get in touch.

Finally, a reminder that the closing date for NZSTA funding grants is now May 31—this has been changed to fit in with the date of AGM at this year's conference.

Hei konā mai i roto i ngā mihi,
Claire



Anna Miles – Professional Standards

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I HOPE EVERYONE IS ENJOYING 2016 SO FAR.

My role on the Executive Council involves qualification approval including the international Mutual Recognition Agreement, programme accreditation, parliamentary submissions, position papers, research approval, ethics inquiries, and being scientific programme chair for the NZSTA conference.

Each issue, I will try to keep members informed of my work under each of these roles.

Submissions

Thank you to Sally Kedge for writing a joint NZSTA / Talking Trouble Aotearoa NZ submission to the Ministry of Health on the Fetal Alcohol Spectrum Disorder Action Plan.

Research Approvals

One of my roles is to assess research projects if researchers request approval for circulation through the NZSTA. There has been a substantial increase in requests for the circulation of national and international surveys over the last year. This is a great opportunity for members to participate in research and is well worth adding to your Continuing Professional Development log. With the increase in requests, we have formalised the

assessment process and dissemination plan. Approval is granted to scientifically sound research studies that are relevant to the Speech-language Therapy community. Circulation of approved research conducted by NZSTA members is free and involves circulation through Social Media (Facebook and Twitter) as well as inclusion in the Exec Update emailed to all members. Circulation of approved research conducted by those who are not NZSTA members is offered for a \$50 administration fee.

Position Papers

A working party is currently being formed to develop an NZSTA paediatric dysphagia position paper. The working group is being provided with support and guidance from NZSTA Professional Standards.

Next issue, I will focus on programme accreditation and the incredible work of the Programme Accreditation Committee. I look forward to working with you throughout 2016.

Anna

Contact Details

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