

communication

WINTER 2018

matters

THOUGHTS FROM
NEW GRADS

HEALTHCARE IN FIJI

WAY TO PLAY

INFANT FEEDING
SPECIALIST



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

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



Editorial –

Karen Watson

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Kia ora koutou,

I am delighted to bring you the Winter edition of *Communication Matters* as its new editor. For the past year I have been on maternity leave from my speech-language therapy role and it is nice to turn my mind once again from all things toddler to the wonderful world of speech-language therapy. Reading your submissions has reminded me of the wide scope of our profession, and our passion for the subject and the people we work with.

In this issue our members write about new ways of working with people with aphasia and autism; their experience of speech-language therapy in Fiji; paediatric feeding; and the experience of transitioning from student to working therapist. We have information on upcoming research in auditory processing disorder and motor neurone disease. We also honour Professor Nina Simmons-Mackie for her work in the area of aphasia.

As new editor, I'd like to briefly introduce myself. For many years I worked in marketing and communications for both private and not-for-profit organisations. My interest in psychology, linguistics and a desire to work directly with people drew me to

speech-language therapy. I left my marketing job and trained at the University of Auckland, graduating in 2014. It was a challenging two years, but I am so happy I made the switch.

It is, however, satisfying to use my marketing communications skills once again for this magazine. Annette Rotherham and I are working towards updating the look of *Communication Matters*. As part of the process, we intend to incorporate accessible design principles and plain English as much as possible, so that the people we work with can also access the magazine.

Finally, I would like to acknowledge the work of Rouan Lucas van Ryn who was the editor of *Communication Matters* for nearly three years. Rouan has been very busy with his many projects (photography, web design and starting new businesses) and so felt it was time to step down from the editorship. As a linguist and self-professed grammar geek, he is leaving big shoes for me to fill – thank you, Rouan!

Ngā mihi,
Karen



President's Report

Philippa Friary

president@speechtherapy.org.nz

Kia ora koutou,

With our national hui just around the corner, we are all looking forward to connecting with as many of you as we can. The Professional Development Symposium will be held in Dunedin on 13 and 14 September. Don't miss the AGM on the Thursday afternoon, as we have news to share.

Since my last kōrero with you all, we have been continuing mahi on some big-ticket projects – registration, briefings to the ministers, our constitution and governance structure to mention a few. You will be updated on all these topics in the lead up to the AGM. We are keen to hear your ideas.

We have finally dusted off our constitution and given it an overhaul in line with the Incorporated Societies Act. We will be sending this out for comment. You will notice our nomination and voting system has been simplified and modernised, and we are re-thinking our governance structure. Let us know what you think.

I was fortunate to travel to Adelaide in May to attend the Speech Pathology Australia (SPA) conference. It was an excellent event showcasing the great work that is happening across Australia and in New Zealand (there were many

abstracts with Kiwi authors). During the conference I spent time with some of the SPA team: Gail Mulcair, Chief Executive Officer, Gaenor Dixon, President, and Stacey Baldec, Senior Advisor, Professional Standards. Together with Anna Miles (Professional Standards, NZSTA), we are continuing discussions around opportunities for collaboration and sharing of ideas and resources. It is warming to see this trans-Tasman partnership continue to grow.

This partnership has led to our joint conference which will be held 2 to 5 June 2019, Brisbane, Australia. Dr Felicity Bright and Dr Alison Smith co-convened the Adelaide conference, enticing us all over to Brisbane for some balmy weather. Make sure you investigate local and NZSTA grants to support you to attend. We would love to have a strong Aotearoa representation across the ditch.

While in Australia I met two very inspirational people – Rosalie Martin, 2017 Tasmanian Australian of the Year, and Associate Professor Mershen Pillay from South Africa. They have gifted me some thoughts that I wanted to share and challenge you with.

Rosie Martin closed the conference, as host to a panel of great speakers who

all gave their reflections on how SLTs can inspire the future. Rosie earned her award for her work in teaching literacy and communication skills to prisoners in Tasmania. On her blog (www.rosaliemartin.com) she describes herself as a 'courage facilitator'. In her opening comments she talked about communication as a basic human right. She reminded us about how powerful communication is. How it can start wars, make peace, find love and form connections – communication is like air.

Mershen spoke on the topic of "Decolonising the Speech-language Therapy Profession". He ventured into this topic from a world view and knowledge position and challenged us to see the lens that we look through when seeing our students, our clients, when thinking about new research or when interpreting evidence. He has challenged me to listen more deeply to our students, our clients, and other stakeholders. How can we bring these voices more into our curriculum, our governance structures, our research projects? How can we truly listen with our ears and our hearts?

Mauri ora,
Philippa

What they don't tell you

WORDS: LIZ CORBETT AND CHRIS LAWSON

Referring to the people who gave us years of their lives to shape us into the clinicians we have become (and will continue to become) as "they" is nothing short of a disservice. However, the nominative plural will have to suffice as a descriptor of those who have shaped and will continue to shape speech-language therapists in Aotearoa.

They.

All for the sake of a thought piece from two new graduate speech-language therapists.

So, what don't they tell you about leaving the liminal space of tertiary education? Well, for starters they don't tell you that meeting more like-minded people than you ever thought a single building could house is nothing short of amazing.

They don't tell you that they've given you all the tools you'll need to thrive as a clinician. Because they didn't need to. They knew. And they knew it would take you a little longer to come to that realisation yourself. But you will.

They don't tell you that getting a job as a speech-language therapist shouldn't be called a job, because it rarely feels like one.

They don't tell you that the little victories of the children you work with will become your own little victories and that you will develop a sense of pride for not only them, but yourself for helping them to achieve.

They don't tell you that it will be hard (and it will), but they didn't have to. They taught you how to manage (and more importantly overcome) when you feel overwhelmed.

They don't tell you how to do what you do or even what to do. Because they wanted to instil within you a deep curiosity that asks "why?" and a desire to know the answer.

They didn't tell you because they remember what it was like to step into the professional world. Above all, they wanted you to have the same wide-eyed sense of wonder that they did when they learned what they had never been told by those who taught them.

What they don't tell you is that they're smiling when they think of you.

"You", a term here which means a competent clinician who will slowly but surely learn so many wonderful things about being a speech-language therapist that you won't be able to wait to not tell other people about.



Georgie Kevany working with Fijian dietitians.

Speech-language Therapy in Fiji

WORDS: JESS DICKINSON, GEORGIE KEVANY, AND KELLY DAVIS

Since 2012, a group of speech-language therapists has been volunteering hands-on in Fiji through the organisation Friends of Fiji Health (NZ) Inc (FOFH). FOFH is a New Zealand charity formed in 2010. It has three medical arms: Medical-Stroke-Gastro, Surgical, and Gynaecological. Since its inception, FOFH has sent 24 missions to Fiji, with three more planned for 2018.

We have been privileged to work with a number of the hospitals in Fiji and with their medical college and clinics in partnership with local medical personnel. In conjunction with local expertise, the doctors and multidisciplinary team have treated thousands of patients, many with conditions that would ordinarily be very difficult to treat locally.

Speech-language therapy is part of the stroke team alongside occupational therapy, physiotherapy, specialist nursing, and consultants. Speech-language therapists have provided community input, acute management, and nurse education in both communication and dysphagia management. Part of the FOFH philosophy is self-empowerment and independence through capacity building by offering hands-on teaching and training opportunities to medical specialists in Fiji. In recent years, the visiting speech-language therapists have hosted teaching sessions on safe eating strategies following stroke and worked alongside local dietitians and nurses to review dysphagia management within the hospital setting. The speech-language therapy team have been working on raising awareness of the symptoms of dysphagia and how this can best be managed in the hospital setting given resource constraints. Training has been primarily with nurses (and some dietitians) as there is no local speech-language therapy service in Fiji. Basic dysphagia management strategies have been well implemented since 2012; however, it is the invisible disorder aphasia and other communication deficits that we are still raising awareness about.

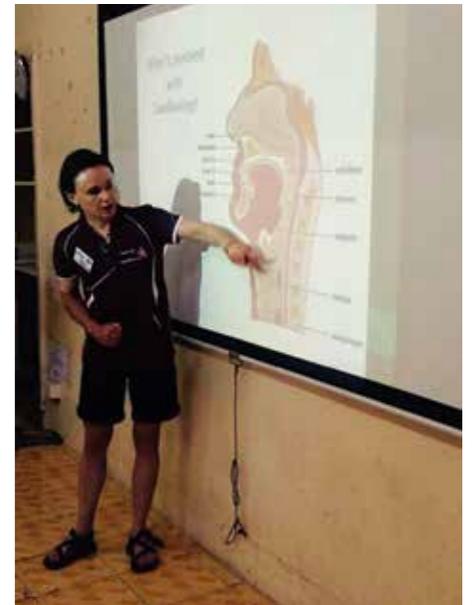
An emerging focus of speech-language therapy has been around

providing information about communication difficulties following stroke. In recent trips, it has become increasingly apparent that this is still a developing area of learning. There has however been a growing awareness around communication difficulties following stroke, and the nurses working directly with stroke patients are key providers of information for patients and their whānau. Speech-language therapists have been providing education sessions about communication difficulties and assisting in setting up and teaching supported communication for people with aphasia. This year, the Aphasia New Zealand Charitable Trust donated three aphasia education books to Suva, Labasa, and Lautoka hospitals. These books were given to lead nurses following education sessions on aphasia. We hope that next year we can build on this awareness and liaise with our Fijian colleagues about our next step for providing aphasia support in Fiji.

It has been fantastic to see the changes and we look forward to offering our services in the coming years. FOFH is run on zero administration costs and all services provided are free of charge to patients and hospitals. If you would like to learn more or wish to donate, please visit www.fofh.co.nz or their Facebook page "Friends of Fiji Health NZ Inc".



The Friends of Fiji team supporting hospital based patient management.



Jess Dickinson presenting to nurses.

Wellington Aphasia Relaxation Group

WORDS: NAOMI BONDI, WELLINGTON COMMUNITY REHABILITATION TEAM SPEECH-LANGUAGE THERAPIST, CAPITAL AND COAST DHB

The issue

People with aphasia frequently feel anxious when using language while communicating. This has been termed linguistic anxiety by Cahana-Amitay et al. (2011). It is possible that people with aphasia become preoccupied with linguistic anxiety, leading to a further risk of language breakdown. A literature review identified many articles concerning communication anxiety in aphasia but few about intervention. A group approach using unilateral nostril breathing (Marshall et al., 2014) demonstrated decreased levels of anxiety. A single case study by Dickinson et al. (2016) showed reduced levels of anxiety and improvements in confrontation naming and some quality of life measures using a mindfulness meditation approach. Based on this preliminary evidence, speech-language therapists in the Capital and Coast DHB trialled a group therapy approach.

How did we do it?

Five participants volunteered to attend a six-week pilot therapy group. Each hour-long session was run in conjunction with an occupational therapist. An initial educational session about anxiety, stress, and the benefits of relaxation was held. Each week, the occupational therapist led a guided visual relaxation exercise, then combined this with a physical gesture (an anchor) based on classical conditioning theory. For homework, participants listened to a recording of the relaxation exercise each day. They were encouraged to select a weekly communication situation in which to practise using the anchor. The speech-language therapist led group discussions on how successful the anchor was and ensured the education session and visual relaxation exercise were delivered in an aphasia-friendly format. There was an option to complete a home programme via an iPad app if unable to attend the group session.

What happened?

Participants had fluctuating success with using their anchor to remain relaxed in their target communication situations,

forgetting to use it at times. When reminded to, they had fewer word finding difficulties. Some felt more relaxed overall, and friends or family commented that they were participating more in conversations or seemed more relaxed. Results varied across the pre and post measures used. Measures included subtests from the Comprehensive Aphasia Test (CAT) and the Beck's Anxiety Inventory (BAI) questionnaire.

There were limited changes in quality of life self-rating scores. Two participants had reduced levels of anxiety on the BAI, while three had an increase. This may have been impacted by an increased awareness of anxiety symptoms, as well as other personal life stressors at the time.

Results varied on naming tasks. The one measure that all participants consistently improved on was the CAT picture description task.

Comments from group members

"Taught me to relax and speak clearly, sudden involvement [improvement]. I really have to practise relaxing!"

"I have improved my ability to deal with anxiety but would like to continue to develop/learn more strategies and have time to share and discuss times when stress levels are high."

Feedback from family was also obtained informally. One attendee's spouse reported: "he now more clearly understands how anxiety and stress impact his aphasia and often makes jokes about finding his anchor. This is great. He valued the opportunity to learn more techniques on how to remain focussed and calm".

The results may be impacted by the limited number of participants. However, we are interested in repeating this group format with larger numbers and observing the success of the anchor in aphasia group meetings such as the Gavel Club. This may be another useful tool to add to the aphasia toolkit.

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Nina Simmons-Mackie honoured

SUBMITTED BY THE TAVISTOCK TRUST FOR APHASIA

The Trustees are delighted to announce that Professor Nina Simmons-Mackie is the 2018 recipient of The Robin Tavistock Award.

This Award is named after Robin Tavistock, the 14th Duke of Bedford who founded The Tavistock Trust for Aphasia. It is presented annually to a person, or group, who is inspirational and has made a significant contribution to the field of aphasia.

As a clinician, Nina came to realise that for those with aphasia, the traditional methods of approaching therapy only went so far. She came to understand that people with aphasia often felt safe whilst having therapy but were less confident "out there" in society. A different and innovative way of thinking about, and approaching, speech and language pathology was necessary – even essential – if people with aphasia were going to fully participate in life again.

For Nina, finding ways for people with aphasia to fully access life became an enduring passion and mission – not only to help people improve their language, but also the quality of their lives, within their social setting. Nina's academic research focused on social model approaches, putting the person with aphasia, and improving how they



Professor Nina Simmons-Mackie is being honoured for her contribution to the world of aphasia. Photo credit: Aphasia United Executive Committee

lead their lives, at the centre. Nina was also convinced that healthcare professionals needed more support in knowing how to care for those with communication difficulties.

Along with others, Nina founded Aphasia Access and in 2014 became its first president. Aphasia Access is dedicated to ensuring "communicative

access" for all who have aphasia so that they are no longer excluded from decision making and participation. Aphasia Access provides resources and education for professionals, increases awareness and provides tools to support those who help people with aphasia.

It is not possible to list all Professor Simmons-Mackie's achievements here. What is striking about Nina's career is how it straddles so many strands of the aphasia world. Nina has made a significant contribution as a clinician and to academic research, through her work at the Southeastern Louisiana University, and she is known to be a generous mentor for others. She has also played an important role in a number of organisations, such as the National Aphasia Association, the Academy of Neurologic Communication Disorders & Sciences and, more recently, Aphasia Access.

Nina is known for her quiet yet authoritative leadership, her strategic research and a gift for being able to go directly to the heart of a problem and apply her unerring wisdom. This is coupled with warmth and kindness, as well as a keen sense of humour. It is for her outstanding contribution to the world of aphasia that Professor Nina Simmons-Mackie is being honoured.

Hot off the Press:

IDDSI HANDOUTS NOW AVAILABLE – CHILD AND ADULT VERSIONS!

New Zealand has been fortunate to receive first viewing of these fantastic IDDSI (International Dysphagia Diet Standardisation Initiative) handouts for patients, clients and staff education.

These are not available internationally yet, but we've been given permission to circulate and road-test them. They have been created by the multidisciplinary IDDSI team and consumer feedback has been received.

Each food and drink level has its own handout that provides details of what this level should look like, why someone might be recommended it and how to test it.

Please exchange your current patient handouts with these new ones. They are clear, standardised and beautifully presented.

If you haven't received these already, please contact me directly and I'll send them to you.

Enjoy!

Anna Miles PhD
 NZSTA Expert Adviser – Adult Dysphagia
 newzealand@iddsi.org



New Research Network for Motor Neurone Disease

WORDS: JAYNE MCLEAN

The New Zealand Motor Neurone Disease Research Network (NZMNDRN) was created in 2017 to facilitate the interaction between MND biomedical and clinical researchers, allied health professionals and other researchers who will have an impact on MND in New Zealand.

If you have a client with MND who is interested in being involved in research themselves, they can be directed to the "I have MND" section of the network's website (www.mndresearch.auckland.ac.nz). Any researcher or student looking to pursue research in the field of MND may also want to be a part of this network. It creates a community of researchers and provides updates on research, resources, scholarships and vacancies.

As speech and communication issues are a part of MND, we want to reach out to the speech-language therapy community who are involved with this disease. If you are participating in research relating to MND we would love to profile this and add you to our website.

Current funding for the network is provided by MND New Zealand, who are excited about this initiative as research networks have been shown to accelerate and broaden research. MND New Zealand have a section on their website (www.mnd.org.nz) which speech-language therapists who have a patient with MND might find informative. This includes the NICE Guidelines, produced in the UK, which are the authoritative

guide for managing motor neurone disease, as well as links to MND Australia's online resources for healthcare professionals.

Who is behind the NZMNDRN?

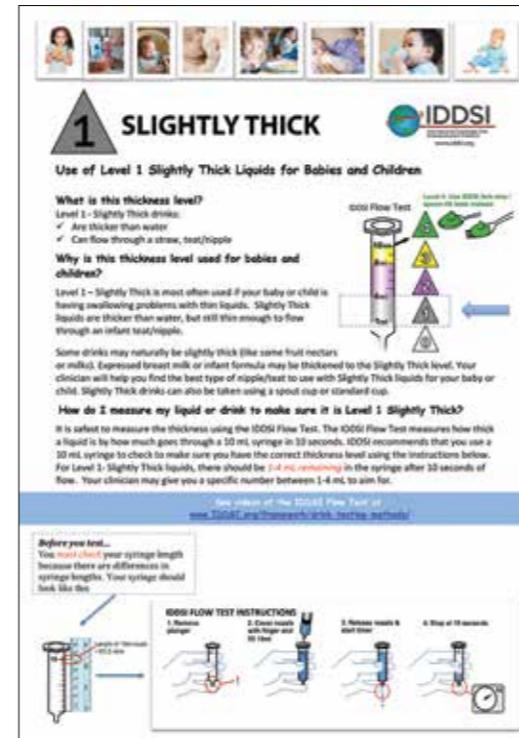
Dr Emma Scotter is the driving force behind the NZMNDRN. Dr Scotter is a University of Auckland graduate. She was awarded a Marie Curie International Incoming Fellowship in 2010 to work at King's College London. She remained at King's College for four years, investigating misfolded proteins in MND. She returned to the University of Auckland in early 2014 and is head of the MND Lab at the Centre for Brain Research.

Jayne McLean is the Manager of NZMNDRN and is responsible for the day to day running of the network. A Massey University graduate with a background in genetic counselling and most recently worked at the Muscular Dystrophy Association, she has experience with genetic inherited diseases and neuromuscular conditions. Jayne created the website with the help of the University of Auckland's IT Department and a crash course in WordPress. Based in the Centre for Brain Research this role is part of Auckland University's Pharmacology Department.

If you would like more information or are involved in research, please contact Jayne at jayne.mclean@auckland.ac.nz or phone 09 923 1875.



Examples of the new handouts.



International paediatric feeding specialist in Tauranga

WORDS: HELEN LIDDALL

World-renowned paediatric feeding specialist Dr Erin Sundseth Ross was in Tauranga recently for a two-day workshop focused on evidence-based practical ways of feeding preterm babies and medically fragile infants. It's the first time the USA-based professor has presented Supporting Oral Feeding in Fragile Infants (SOFFI) in New Zealand and I had managed to track her down via LinkedIn.

After years of working in Neonatal Intensive Care and on programmes to improve the practice of feeding premature babies, as well as medically fragile infants, Erin developed a teaching tool guide for health professionals. The evidence-based guideline helps clinicians recognise and treat factors which impact on a preterm baby or infant's ability to feed.

While we support the idea that breastfeeding is best, preterm and medically fragile infants often don't have the ability to feed in this way. They are bottle fed, ideally with breastmilk.

"Feeding preterm babies and medically fragile infants can be very stressful for caregivers. Health professionals trained using SOFFI are able to better support caregivers going forward. We've tracked children and found those fed using this tool have better outcomes than those that are not," says Erin.

Erin presented the latest research and training in the SOFFI method for fragile infant feeding, so that we can give the current best service possible to our babies, families and caregivers.

I submitted a proposal to our Allied Health committee to bring Erin to New Zealand and began advertising the workshop nationwide hoping to get 25 attendees to break even. To my surprise well over that number signed up. Attendees included speech-language therapists from New Zealand, Australia, the UK and Sri Lanka, dietitians, Specialist Care Baby Unit staff, a paediatrician, and a student from Canterbury University.

Surplus funds from the two-day workshop will be used for future professional development initiatives for our Allied Health staff.

This workshop has been a fantastic success and we were very excited to host it here in the Bay of Plenty.



Dr Erin Sundseth Ross (front right) and BOPDHB Speech Language Therapist, Helen Liddall (front left) at the two-day workshop which attracted speech language therapists, dietitians, and other health professionals from across New Zealand and beyond.

Wish you understood APD better?

WORDS: LUCY SPARSHOTT, SPEECH-LANGUAGE THERAPIST, THE UNIVERSITY OF AUCKLAND

In 2017 Speech Science at the University of Auckland (UoA) embarked on ambitious research on Auditory Processing Disorder (APD) funded by the Oticon Foundation, Denmark. Dr Bill Keith and Dr Suzanne Purdy are the driving force behind the research and want to empower clinicians with their research findings. Collaboration is the name of the game within this multi-agency and interdisciplinary team.

SoundSkills clinic (a multidisciplinary APD team in Greenlane, Auckland) are supporting by recruiting participants, providing administrative help, clinic space, equipment and cake. UoA Audiologist Melissa Baily and Speech-language Therapist Lucy Sparshott are jointly cracking the top-down versus bottom-up dilemmas of research with this population.

The five projects all involve school-aged children who have a diagnosis of APD and will attempt to answer tricky clinical questions such as:



We wonder if phoneme identification and discrimination therapy may help children with APD



Many children with APD find Remote Microphone Hearing Aids useful in the classroom

- Is a phonological approach to therapy a useful treatment tool? Does an amplification device improve outcomes if used during this phonological therapy?
- Is there a useful questionnaire which tells us what APD looks and feels like for the children, parents and teachers who live with it?
- What is the optimal volume level for Remote Microphone Hearing Aids (RMHAs) to be set at?
- We know that RMHAs help lots of these kids but how long do they commonly wear them for? And why do they stop wearing them?
- What level are the RMHA output levels set at in the field? And does this differ from the output level preferred by the child?
- Can we quantify the level of everyday hearing disability in this group?

Preliminary data indicates:

- Most children prefer the volume level their RMHAs have been set by the clinician. Happy days!
- Children find RMHAs useful and wear them for on average 27 months.
- The main reasons for RMHA use being discontinued are that children are either coping better and no longer need to wear them, or that they are self-conscious about wearing them.

Watch this space! As we analyse the data we will keep professional groups informed of our findings.

We are still recruiting children who have been diagnosed with APD (by an audiologist) aged 6 - 9 who may like to participate in free phonological therapy for 12 sessions. If you would like to know more, please contact us at l.sparshott@auckland.ac.nz or m.baily@auckland.ac.nz

Increasing engagement for young children with autism through building workforce capability:

Collaboration between Ministry of Education and Autism NZ

SUBMITTED BY DERVLA BEAUMONT, MINISTRY OF EDUCATION

“...has completely changed how he will play with a familiar adult, he used to be quite obsessive with carrying a broom, however when engaged in a pattern he is initiating the interaction, making sure it continues and having an amazing time.”

“The teachers and parents are more actively engaging in play with the child... having a more joyful relationship.”

“[Way to Play] has helped to reduce some of his aggressive behaviours as he is showing more sustained engagement and interaction with adults and peers...”

Introduction

The New Zealand ASD Guidelines recommend that young children with autism have 15 to 25 hours per week of social engagement - interacting and responding.

For children with autism attending early learning services, some of those hours will be provided by kaiako. When meaningful engagement for young children with autism is seen in a relational and developmental framework, there is “serve and return” between communication partners embedded within an emotional context – having fun together! The challenge is, despite wanting to play with children with autism, parents and kaiako struggle with how to make that happen.¹

Way to Play was developed by Autism NZ. It is a collection of simple strategies that are easy to implement both at home and early learning services and have a positive impact on the amount of interpersonal engagement the child receives (Ngan et al, 2011). Autism NZ National Educators Neil Stuart and Tanya Catterall and the Ministry of Education Auckland Learning Support Practice Team developed a way to increase the capability of Learning Support practitioners (speech-language therapists and early intervention teachers) and to support adults around the child with autism to implement the Way to Play strategies.

The programme has been effective at increasing

practitioners’ confidence and skills to socially engage children with autism. Alongside this, their skills at coaching others to implement the strategies have been improved. The parents and kaiako they support are now more confident and know what to do. They are successfully using the strategies during every day activities. This has led to an increase in the quality and quantity of social engagement throughout the day for the children with autism they support.

Description

Currently three cohorts of 15 speech-language therapists and early intervention teachers have participated (45 practitioners). The programme design incorporates recommendations from evidence-based approaches such as Implementation Science (Fixen & Blaze, 2009) and the Participatory Adult Learning Strategy for professional development (Dunst & Trivette, 2009). Learning sessions are followed by opportunities to receive feedback using in vivo or video coaching with the presenters. Participants set their own learning goals and develop individualised plans to meet these goals. This process promotes active participation. Plans include embedding and strengthening learning through video reviewing in a community of practice with the wider cohort.

The learning outcomes of the programme include:

- Be able to use the Way to Play strategies confidently prior to introducing these to others
- Become confident and skilled at using video coaching to support parents and kaiako to learn to implement the strategies

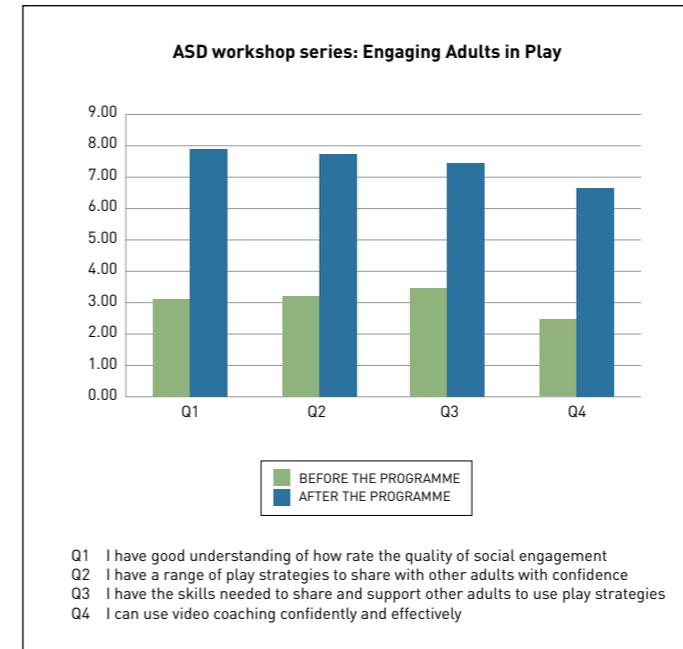
Results

There have been positive outcomes for early intervention staff in terms of their skills and knowledge (Figure 1) as well as evidence of increased engagement for young children with autism.

“Engagement with children who have previously showed little engagement and lack of facial expression. It has been great watching these kids have some fun and to laugh.”

“It has been one of the most useful PD opportunities of the year.”

Figure 1



The programme had a wider impact on their practice. For example, participants reported:

“I have a better understanding of autism and their way of playing. It also helped me look at the intricate and small but salient details/things that the adult is doing to engage the children. The coaching has helped me look for these things... and share it with the family. The coaching also helped me with the way I should converse with the family.”

“I have a better understanding of what is important to include in an IP for children with autism...to focus on engagement. I feel more comfortable playing ... now that I understand about pattern, memory, catch phrase.”

The practitioners rated 71% of the focus children were now receiving a bit or significantly more social engagement. The quality of the interactions also improved:

“[He] has become more engaged in play. His interaction with the adults around him has increased and we observed more verbalisations and waiting for an adult to talk/interact.”

These cohorts of practitioners are now able to skilfully introduce and support the use of Way to Play strategies in early learning services and homes, and thereby increase children’s social engagement.

Learn more at www.waytoplay.co.nz

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¹ Kaiako, as used in Te Whāriki (p.7, 2017), “...includes all teachers, educators and other adults, including parents in parent-led services, who have responsibility for the care and education of children in an ECE setting”.

What's your 40 Hour Challenge?

The Giving Voice Aotearoa campaign is NZSTA's ongoing awareness raising initiative to highlight the experiences of people living with communication or swallowing difficulties – and the important work of speech-language therapists. So, this year we want to encourage our members (and anyone else who is brave enough!) to undertake a 40 hour challenge that might help increase our understanding of what it's like to live with a communication or swallowing difficulty.

The challenge works like this –

- Choose your challenge (see suggestions below)
- Tell us, your friends and colleagues
- Complete the challenge before the NZSTA Symposium in Dunedin (13 - 14 September)
- Take a video of yourself during your challenge
- Write a blog about your experiences
- Post about your experiences on social media
 - Use #GivingVoice
 - Facebook, Twitter, Instagram...
- Contact your local journalist or media outlet

Possible Challenges

- No talking for 40 hours (using an AAC system is permitted!)
- Eating a modified diet (including appropriately thickened fluids or perhaps having someone else feed you)

What's the purpose?

It's hard to truly understand what many of our clients experience when talking or eating and swallowing are difficult. The intention of this challenge is to help us deepen our understanding of what people face on a daily basis – and to show that we are prepared to place ourselves in our clients' shoes.

The 40 Hour Challenge is inspired by World Vision, so make your challenge even more meaningful by encouraging your friends to sponsor you. See www.worldvision.org.nz for ways to donate.

Is this a competition?

No – this is a challenge. In many cases a very personal challenge. But we do have some prizes available. These will be awarded based on the novelty of your challenge, your perseverance and any “attention” gained from media outlets. Prizes will be announced on the final day of the Symposium.

If you have questions about the challenge, please contact Dean Sutherland (dean.sutherland@canterbury.ac.nz) or Annette Rotherham (communications@speechtherapy.org.nz)



Annette Rotherham – Communications

communications@speechtherapy.org.nz

Tēnā koutou katoa,

I hope everyone is enjoying all that winter has to offer, warm fires, mulled wine and hearty soups.

Giving Voice Aotearoa needs you to take action this September!

We have a new Facebook page for the Giving Voice Aotearoa campaign with a real consumer focus. Geneva Hakaraia-Tino has agreed to manage the page and connect those living day to day with communication disabilities. We feel this is the start of something exciting - being able to connect more with our service users. Search for “Giving Voice Aotearoa” on Facebook and get your clients and families to like the page.

Week of Action 16 - 22 September

We have a range of ideas and activities to get you started.

1. Resources will be available a few weeks before, in the form of postcards, posters, pens from your area reps and champions or see the NZSTA website (under the About tab) in your area.
2. Share your clients' stories. We can put you in touch with media in your area.
3. Take on one of our challenges. There is a prize for the best entry overall.
4. Take action on social media.

Communication Access Awards

At the Symposium we will be presenting the Communication Access awards. Please nominate businesses and organisations that have demonstrated our NZSTA Communication Accessible Principles. These nominations can come from our clients or from clinicians.

NZSTA Ambassador Award Nomination

At the 2018 AGM, we will be having our awards and grants presentations. Please get your nominations in for the 2018 NZSTA Ambassador award valued at \$500. This year there will also be the option of choosing free registration to the joint NZSTA and SPA “Engaging, Collaborating, Empowering” Brisbane Conference in 2019, or the prize money.

The NZSTA would like to recognise the work of a member who epitomises all things New Zealand speech-language therapy represents and values:

- Work in partnership and with integrity
- Be leaders in the field of communication and swallowing
- Be person and whānau-centred; working with respect and humility
- Provide an equitable, excellent service

Nomination forms for both the Communication Access Award and the NZSTA Ambassador Award are available on the NZSTA website. Please send your nominations to Annette Rotherham at communications@speechtherapy.org.nz by 10 August.

Haere mai to our new editor for *Communication Matters*, Karen Watson. Rouan Lucas van Ryn has recently resigned. We really appreciate all he has given to the magazine for the last three years. We are really pleased to have Karen onboard with her fresh ideas and enthusiasm. *Communication Matters* may undergo some transformations in the coming months so watch this space.

Until next time and hopefully next stop, Dunedin!

Ka kite anō,
Annette



Anna Miles – Professional Standards

professionalstandards@speechtherapy.org.nz

Welcome to winter everyone,

Parliamentary & Government Submissions

Our expert advisers have been busy ensuring New Zealand speech-language therapists have a voice in Parliament. Recent submissions include:

1. Public Consultation on Telecommunications Relay Services - *Liz Fairgray, Expert Adviser - Children with Hearing Loss & Cochlear Implant*
2. RACP Consultation on AFRM Draft Policy Paper: Rehabilitation medicine physicians delivering integrated care in the community – Early Supported Discharge programs in stroke rehabilitation: an example of integrated care - *Annette Rotherham, Expert Adviser – Adult Language*
Anna Miles, Expert Adviser – Adult Dysphagia
3. Mental Health & Addiction (in progress) – *Sally Kedge, Expert Adviser - Vulnerable Children and Youth*
4. Have Your Say - Strengthening independent oversight of the Oranga Tamariki System of children’s issues in NZ: a consultation document - *Sally Kedge, Expert Adviser - Vulnerable Children and Youth (in progress)*
5. Health Quality & Safety Commission (HQSC) and Nutrition Technical Advisory Group submissions regarding IDDSI implementation at national policy level – *Anna Miles, Expert Adviser – Adult dysphagia*

Registration / Regulation

The NZSTA Executive will be discussing the future of registration for speech-language therapists in New Zealand at the upcoming Leaders Summit. Our goal is to launch the new phase of NZSTA registration by the end of the year.

International Dysphagia Diet Standardisation Initiative (IDDSI) –

Please see update on page 8.

Policy updates

We’ve had great movement in policy development this quarter. The NZSTA recommended FEES procedures and competency standards for adults and children documents are now available. “Prosthetic Surgical Voice Restoration (SVR): The role of the speech and language therapist” will be available very soon. Thank you for all the members who have contributed to these important documents.

Anna Miles



Renee Taylor – Māori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

Kia ora koutou,

I can’t quite believe we are already halfway through the year! Time is definitely flying, and the days are getting cooler. It’s been a quiet few months here at this end of the executive council, however we are continuing to push through with our current projects.

I’m writing this update from the beautiful island of Rarotonga where I’ve come to celebrate a wedding, but unfortunately ended up in the hospital to help a friend who cut his foot on the coral (classic tourist injury). A minor hiccup on our island holiday, however it allowed me the time to reflect on being on the receiving end of healthcare in another country. The main learning I took away was that a smile can go a long way.

My friend was in quite a state of panic in the waiting room but when he was taken in to be treated, the nurses started singing Kiwi songs which calmed the entire situation.

Titiro whakamuri, kokiri whakamua.

Look forward and reflect so you can move forward.

Ngā mihi mahana,
Renee

Te Iti Me Te Rahi: Everyone Counts

Te Rau Matatini is excited to launch the Māori Health Workforce survey called Te Iti Me Te Rahi: Everyone Counts. This will build on the knowledge previously gained through Te Rau Matatini Profiling the Māori Health Workforce 2017 report.

The Te Iti Me Te Rahi: Everyone Counts survey values all Māori who work in Non-Government Organisations, District Health Boards, Kaupapa Māori and mainstream services as their contributions count towards positive Māori health outcomes. You are pivotal to the success of Te Iti Me Te Rahi: Everyone Counts.

Please support this important Māori health workforce initiative by completing the survey or sending it on to make sure Everyone Counts.
https://www.surveymonkey.com/r/Te_iti_me_te_rahi.

Epetoma o te reo Māori Kūki Airani: Cook Islands Language Week

29 July – 4 August 2018

Did you know? 61,839 people in New Zealand identify as Cook Island Māori and 8,121 speak Te Reo Māori Kūki Airani (Cook Islands Māori).¹

Some useful phrases for Cook Islands Language Week:

Naku e tauturu – I will help

Mako rai – Well done

Pe’ea ‘ua koe – How are you?

Meitaki ‘ua au – I am well

E tauturu ana au I te tangata I te tuatua, te akaronga e te tata

– I help people with speech, listening and writing skills.²

¹ Contemporary Pacific Status Report (2016) Ministry for Pacific Peoples, New Zealand. ISSN 2537 –6878 (Online).

² Translation thanks to Marjorie Tautu.



Jodi White – Member Networks

membernetworks@speechtherapy.org.nz

Kia ora koutou,

We had a great response to the queries raised in the last round of area meetings and are looking at those responses, thank you!

There have been a few changes in our area and student representatives. Claire-Ellen Roberts has stepped down from the Wellington-Marlborough role and this has been taken on by Shannon Hennig. Annabelle Hastings has stepped down from Waikato-Bay-of-Plenty and this role has been picked up by Gwen Kerrison. We thank Claire and Annabelle for all their hard work over the past few years and welcome Shannon and Gwen to their new roles. All student representative roles are filled for 2018 Nicole Liley and Shauna Pali, with University of Auckland; Jacqui Morgan (Year 4), Brianna Oosterbroek (Year 3), Bo Young Choi (Year 2), Massey University; Charis Siow and Helena Sincock, University of Canterbury.

Below are the most recent member queries from the Spring area meetings, with Executive Council responses included. Please also see the NZSTA website to access the national collated minutes (these are not emailed out). If you would like a copy of your area meeting minutes, please contact your local area representative.

Ngā mihi,
Jodi

Queries and responses

Q: Who is the current Giving Voice representative in Wellington? It was previously Katie Ward, but she has since moved overseas. We have a few people who are willing to assist, rather than lead as Katie has been. How do we find the Giving Voice plan for Wellington?

A: We need to recruit a lead for Wellington. Please contact Annette Rotherham in Communications if you are interested. This can be a shared responsibility.

Q: Zoom is a great option for members who can't attend meetings face-to-face. We cover a wide area, so Zoom is essential for our meetings, however we are finding it difficult being limited to four sites. Can we use the new Zoom function across more than four sites?

A: Yes, you can absolutely use more than four sites with Zoom.

Q: We're finding it tricky to use Zoom during meetings. We have a big group and currently pass the iPad to the member speaking on our end of the line and use an external speaker to hear the speakers on the other end of the line. We're considering following the Zoom meeting with another meeting. How are other areas managing a big group? We'd love some tips.

A: In Central area, we have found the chat function very useful, although it can still be challenging with so many groups on the line. We plan to ensure the speaker comes to the screen and introduces him or herself before speaking. Another idea is to hold a separate "hub" meeting and then submit your minutes to the local area representative, if the group meeting is too challenging.

Q: Who is leading the implementation of IDDSI? Dietitians or NZSTA? The IDDSI website refers to NZSTA and SLTs but not dietitians. Our experience has been that dietitians are unsure about IDDSI too.

A: Both Dietitians NZ and NZSTA are fully in support and involved in implementation of IDDSI. All information found on the NZSTA's website and communications has also been shared by Dietitians NZ to their members. Both disciplines are working together. Where individual dietitians or SLTs do not seem engaged or informed, please support them by sharing resources.

Q: Whose role it is to monitor the provision of the consistencies under IDDSI guidelines, and ensure food and fluid are being tested appropriately?

A: This is a whole nation responsibility. Food service providers are ultimately responsible for the compliance and safety of their own meals. However, all dietitians and SLTs are responsible in educating and supporting food service providers with their transition to IDDSI. Speech-language therapists are not expected to test every meal but may support facilities by introducing and demonstrating testing methods. The testing methods are designed to be easily used by anyone.

Q: Are there specific themes for this year's Symposium? It would be useful to know before members consider abstracts.

A: At the time of writing these responses, the theme has not yet been set. Submissions for abstracts closed on June 21st. Please refer to the NZSTA website for updates on the symposium.

Q: Does supervising a student SLT on their placement earn CPD points? It would be great if it contributed to the compulsory area of CPD, particularly for members who find it difficult to attend area meetings.

A: Yes, supervision of students falls under Professional Contribution. Please refer to the CPD Framework document on the NZSTA website for a full list of ways to earn CPD points. Supervision does not currently contribute to the annual minimum requirements for CPD points, however the Executive Council will discuss this further and clarify in the following edition of *Communication Matters*.

Q: Some students have indicated they would like to log CPD points, but the website says this is not required. Can we make this an option?

A: No, this is not an option because students are in continual professional development during their training. Students log their clinical hours already. We only start collecting CPD points after graduation.

Q: There is a gap in service for students who use a communication system and have an ongoing need for SLT input after they leave school. What can we do?

A: Unfortunately, this is outside of the scope of NZSTA.

Q: Could the NZSTA collate nationwide CPD events to support members to access CPD?

A: CPD opportunities that have been endorsed by the NZSTA are already listed on the website (www.speechtherapy.org.nz). CPD opportunities can also be shared between members and in meeting minutes, even if they haven't been endorsed. Some CPD is advertised in the NZSTA Facebook page too.

Q: There has been concerns raised by a member about two different speech-language therapy clinics in Auckland. Can we please have some feedback on this?

A: The Executive Council requires a reason to investigate. A formal complaint can be made if a member believes another member is not working within the NZSTA's principles and ethics.



Claire Winward – Professional Development

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Kia ora koutou,

I write to you today from the middle of the country, in the middle of winter, and, most importantly, in the middle of Symposium planning. As we go to print, I am in the process of confirming our two keynote speakers (see website for updates) and our Symposium team are liaising with them around presentation content.

For the first time, the programme will move away from the traditional adult day followed by paediatric day of previous years. The new approach showcases the range of our work: from cradle to grave via all points in between. I hope that you are as excited as I am about celebrating our diversity, whilst also learning more about our similarities. Topics such as literacy, dysphagia and AAC are of interest to us all, whatever our background. Following feedback in the recent member survey, we are exploring ways we can share some of the symposium presentations further using e-learning platforms.

In other news, after much reflection, we have decided to close down the resource room. Use of the resource room has dwindled over the last few years, and as we are no longer able to loan out assessments it is no longer viable to keep it running. We will be liaising with speech-language therapists in Auckland to ensure that any books of use to non-profit organisations can be donated.

I look forward to seeing many of you in Dunedin. Are we brave to hold a Symposium that far south in September? Very probably, but those of you who joined us in Rotorua last year might remember that the rain did nothing to dampen our spirits.

Happy midwinter!

Ngā mihi mahana,
Claire

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SUBMISSION DEADLINES FOR COMMUNICATION MATTERS

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2018 PROFESSIONAL DEVELOPMENT SYMPOSIUM

GIVING VOICE AOTEAROA

13 & 14 September

Otago Museum, Dunedin

Register at www.speechtherapy.org.nz



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

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