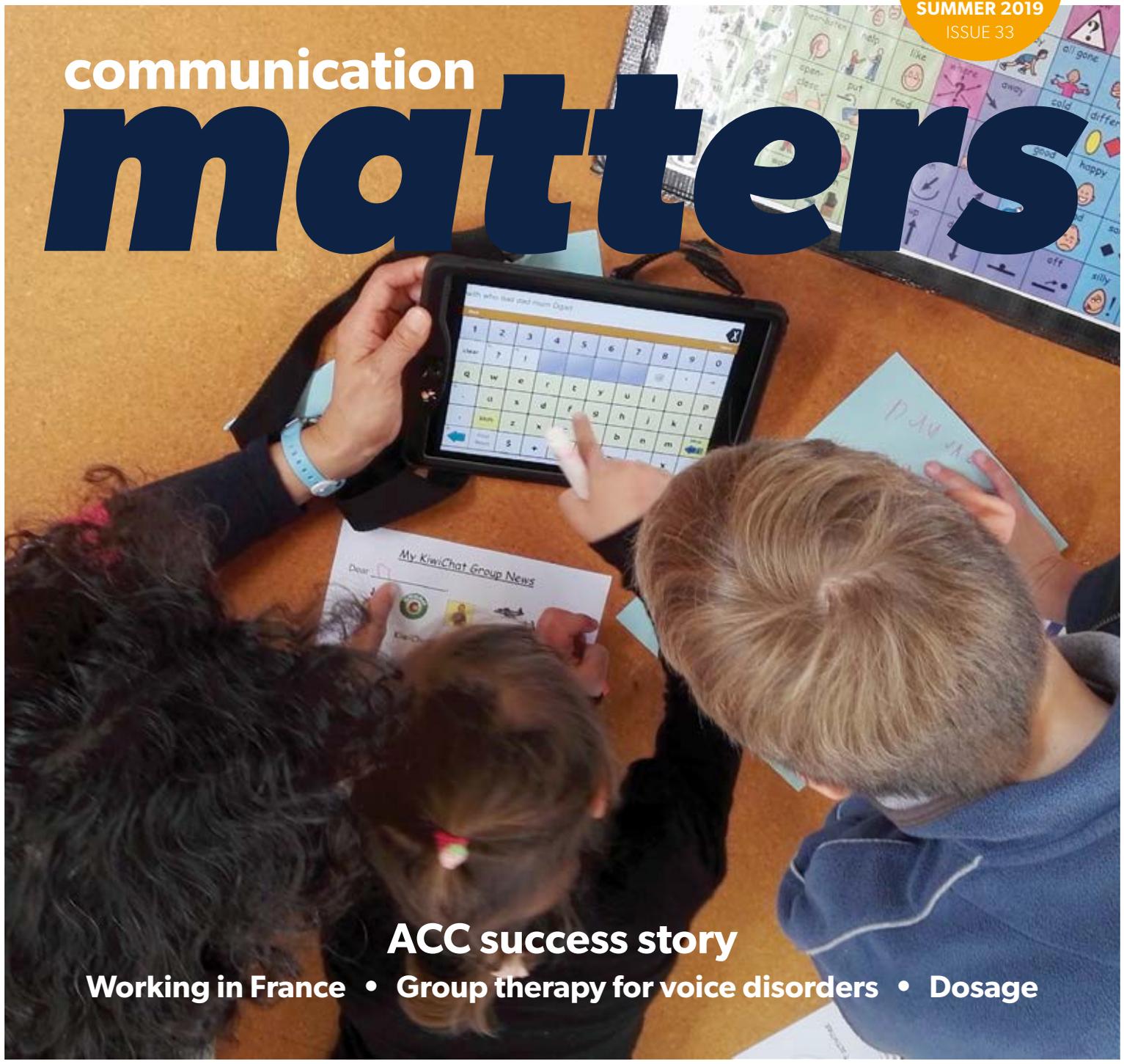


communication *matters*



ACC success story

Working in France • Group therapy for voice disorders • Dosage

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Cover: Good news AAC story. Photo credit: Jessamy Bell, TalkLink Trust.

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From the editor

Karen Watson editor@speechtherapy.org.nz

Kia ora koutou and namaskaram,
My office for working on much of this issue has been a veranda in Kerala, India. The sun is shining, the air is warm, and the birds are singing. Coconut trees are everywhere, interspersed with banana, pepper, cashew and other trees I couldn't name. The lush landscape is truly beautiful, and I can see why people here, like we sometimes do in New Zealand, refer to their home of Kerala as "God's own country".

Thus, I read the International Communication Project's infographic (see page 21) marking the 70th anniversary of the Universal Declaration of Human Rights with interest. I noted that India has just one speech-language therapist to 800 000 people. This equates to about 1900 speech-language therapists in a country of 1.5 billion people, whereas New Zealand has about 1200 speech-language therapists for a country of around 4.9 million.



Speech Pathology Australia estimates around five percent of Australia's population have a communication disorder. Assuming that the prevalence is the same in India, people will be missing out on their right to communicate. There is clearly a need to grow the speech-language therapy profession in India.

Even with our more favourable ratio of speech-language therapists in New Zealand, I know that our jobs can be challenging at times. It can be wearisome knowing there is more you could do for your clients, but you can only deliver so much due to limited resources and over-stretched teams. With this in mind, I hope that you have all enjoyed a refreshing break this festive season, spent time with family and friends, and did the things you love.

Communication Matters aims to celebrate our profession and share the learnings of its members and board. For this issue I received the most submissions since taking on the role of editor, so thank you to everyone who sent me their articles. Topics in this issue include the Talking Trouble approach to working with families and young people involved with the justice system, getting the right dose for our young speech clients, practising in France and more.

Noho ora mai,

Karen

Who to follow

@PamelaSnow2

Pamela is a La Trobe University professor who tweets prolifically about the evidence base for developmental language disorders, literacy and at-risk young people. She has introduced me to several valuable websites including fivefromfive.org.au which outlines research on literacy instruction that all parents, teachers and speech-language therapists should know about. She is critical of reading recovery, insightful about our role in the justice system, and co-author of *@txchoices – Making Sense of Interventions for Children with Developmental Disabilities*. •

Shannon Herring



Pamela Snow
[@PamelaSnow2](https://twitter.com/PamelaSnow2)

I'll link to these via my blog at some point, but if you're looking for [@tserry2504](https://twitter.com/tserry2504)'s wonderful Dept of Ed (open) webinars, [@spelfabet](https://twitter.com/spelfabet) has posted them on her website: <https://www.spelfabet.com.au/2018/09/free-learning-difficulties-including-dyslexia-webinars/>... Not surprisingly, these have been incredibly well-received.

7:29 PM – 28 Nov 2018

President's report

Annette Rotherham president@speechtherapy.org.nz



Kia ora koutou,

As I write this there is an electrical storm outside – bring on the dry hot summer as promised! However, by the time you read this we will be well into summer, and Christmas will have passed by, hopefully leaving you all feeling relaxed and ready for an exciting new year.

The new NZSTA Board met for the first time in early December. We are fortunate to have four very experienced board members in our team and we also welcome the energy and skills the two younger members, Amy and Renee, bring to our team. Our team has some key areas of focus in 2019. One area is our collaboration with Speech Pathology Australia for the combined conference, June 2 to 5 in Brisbane. The organising committee has worked hard to finalise the programme in December. We encourage you to start planning how you might attend this fantastic opportunity as we join forces with our neighbours over the ditch.

Save July 4 for our 2019 annual general meeting in Wellington. This will be held a little bit earlier than usual due to the combined conference. We aim to hold a literacy-focused professional development day with the Talking Matters team. We look forward to seeing you there.

Giving Voice Aotearoa will continue to flourish in 2019. Geneva Hakaraia-Tino, supported by Amy Oughton, will lead the consumer focus group. We look forward to their feedback as it will guide the strategic direction of our association.

Renee Taylor has developed some clear objectives for her role in the Māori and cultural development portfolio. Renee shared her personal feelings and perspectives on some of the challenges brought by her portfolio and role in NZSTA in the previous edition. Although this piece was not the usual update from a portfolio holder, it gave us all the opportunity to look at these issues more in-depth and revitalise our strategic plan. I believe it has helped Renee gain a fresh focus for what she can contribute and bring to the association. This includes gaining further support and guidance from a kaumātua for our association. We continue to work towards a better understanding of biculturalism and equity issues for our members who identify as

Māori and our clients. We endeavour to provide speech-language therapy services in a culturally safe manner while also meeting our client's goals for communication and swallowing.

On a celebratory note, how are you all enjoying your new membership status now that our registration process is live? We have a special gift for you and encourage you to celebrate this milestone with some coffee and cake in your workplace and community. Speech-language therapists are pretty good at morning teas! That should be the perfect way to start the year.

Aku mihi nuiki a koe,
Annette

Right: We have created this infographic to explain the many rōpū that come together to form the NZSTA. Many of these are dependent on member participation including the NZSTA Board, other expert and international groups that collaborate and guide our governance. The different groups are represented on the strands of harakeke (flax) and this represents how the collaboration and mahi contributes to our collective kete of knowledge with members at the centre.

NZSTA governance structure

Naku te rourou nau te rourou ka ora ai te iwi
With your basket and my basket the people will prosper



Good communication practice in family group conferences (FGCs)

Alayne McKee

Since 2017, Talking Trouble Aotearoa New Zealand has been working alongside the Oranga Tamariki workforce across the country in Waitakere, Mangere-Otahuhu, Papakura, Palmerston North, Otara, Rotorua, Tauranga, Otago and Hawke's Bay.



This work has involved building awareness of:

- speech, language and communication needs and how to identify them
- the complexity of legal communication environments and processes.

This work has also focused on developing Youth Justice, and Care and Protection practitioners' confidence and competence in using a range of communication strategies to enable young people and their whānau to understand what's happening, participate and share their perspectives in the conversations that affect them. Family group conference (FGC) coordinators, social workers, youth advocates and police are beginning to collaborate to plan and support FGCs that meet the speech, language and communication needs of everyone involved because of this communication project.

“That was the best ever FGC in my whole career, almost nine years as a youth justice coordinator. You know, we need to have this kind of FGC for every single kid that we deal with.”

– FGC coordinator

How are these wonderful practitioners applying what they have learned?

Before the FGC

Meet to discuss:

- The communication demands of the FGCs. Identify the words, information, options, opportunities and consequences that need to be clearly understood.
- The speech, language and communication needs of the young person, victim, whānau and other participants.
- How the practitioners and the young person can plan, and prepare in advance, resources to help ensure that everyone's views are expressed. For example, where they live, what they want in their plan, what they feel and believe about what happened.



– Police youth aid officer

Generally, the FGCs got a lot of legalese, complicated words and processes and I think we lose our families and kids very early on in the piece. Because the presentation (FGC) was simplified terms of language ... and pictures helped (the young person) piece everything together ... you could see he was able to make an informed decision.”

- Whether or not they need communication assistance from a speech-language therapist to help them plan their communication or to mediate communication during the FGC.
- The best way they can provide information given what they know about the communication demands and identified communication needs.

During the FGC

- Including good communication practice in the ground rules. Making sure that everyone knows it is OK to say “I need break” or “Sorry, I missed that. Say it again” or “I don't know what you mean”.
- Signpost topics by visually orienting everyone to each introduced topic by using pictures or writing key words on a whiteboard. When the topic is finished, saying something like “we've finished talking about...”

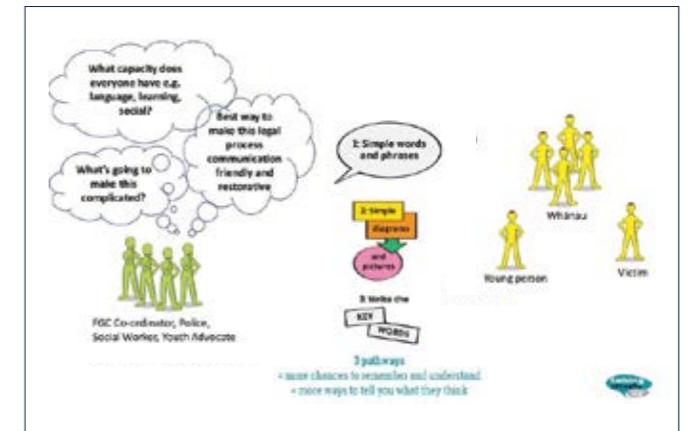
Now we're going to talk about...” and putting up a new visual or key word to represent the new topic.

- Drawing flowcharts and diagrams to show processes as they talk about them. These strategies are a great way to make sure that options, opportunities and consequences are all made clear.
- Using comic strip conversations to explore information that comes up during the meeting.

After the FGC

- Creating a short, simpler version of the FGC plan that provides the information that everyone really needs to know.
- Creating visual versions of things like bail conditions, timetables and organisers.
- Saving copies of the resources used to demonstrate good communication practice in the child or young person's file. •

Right: Talking Trouble's three pathways to help young people understand and express themselves during FGCs.



Dosage: A critical consideration for working with children with speech sound disorders

Dr Jayne Newbury, lecturer in paediatric speech and language disorders in the Department of Communication Disorders, University of Canterbury and NZSTA Expert Adviser on Child Language, jayne.newbury@canterbury.ac.nz

Kia ora koutou katoa,
Dosage is a medical term which refers to the amount of a medicine taken at prescribed intervals, which is required to achieve a therapeutic effect. When applying this concept to speech sound intervention, a dose refers to the number of discrete learning opportunities which help the child accelerate their development.



For example, giving a child the opportunity to hear, then say a target sound or word, and receive feedback on their attempt. “Cumulative intervention intensity” refers to the total number of doses given over a course of intervention. For example, you might give a child a dose of 50 opportunities in a session to say /t/ words, twice a week for eight weeks, which equals 800 (50 x 2 x 8) opportunities to learn to produce /t/ words. While many prefer to avoid using medical terms to describe learning, dosage is a useful concept to consider in relation to effective practice.

There has been a series of studies in this area recently. The challenge for us is that studies are showing that if the critical dosage is not reached, no therapeutic benefit is gained by the child. I raise this issue because our service delivery for SSD (speech sound disorder) in New Zealand is often highly constrained by limited resources.

From the research findings, I suggest the following to ensure our intervention for SSD is effective:

Consider overall amount of dose provided

Glogowska et al. (2000) showed that 8 to 10 visits to a clinic per year was not effective in making functional changes in phonology for pre-schoolers with SSD compared to children assigned to a “watchful waiting” group.

Consider severity and age of the child

Jacoby et al. (2002) reported that children with more severe difficulties needed a higher dosage of intervention than those with milder difficulties. Older children (5 to 6 year olds) needed more support than younger children (3 to 4 year olds) to change their speech sounds.

Consider intensity of dosage within practice sessions

Williams (2012) recommended that children aged 3 to 6 years with moderate to severe SSD needed 50 to 70 trials (doses) per session for around 30 to 40 sessions to make substantial intervention gains using phonological contrast interventions.

Provide frequent and regular opportunities to practice

Allen (2013) reported that a session once a week for 24 weeks was no more effective than a control condition of story reading for mild to severe phonological disorders for children aged 3 to 5 years. In contrast, three sessions per week (in this case with a speech-language therapist) was an effective model of service delivery.

If you rely on parents or paraprofessionals to help the child practice newly established speech skills between therapy visits, **they too need to meet these dosage targets for the intervention to be effective.**

If you'd like more information, feel free to email me.

Ngā mihi nui,
Jayne

Please contact the editor for reference list.

Caring for our littlest patients: A review of professional development workshops

Natalie Myles

I recently attended five days of thought-provoking professional development in Wellington: the two-day Newborn Observation System (NBO) training followed by the Infant Mental Health Conference.

A variety of professionals attended, including psychologists, psychotherapists, doctors, social workers, neonatal intensive care (NICU), special care baby unit (SCBU) and community nurses, and occupational therapists. I really enjoyed the opportunity to meet people from so many different professional groups.

The NBO is essentially a tool that helps parents to get to know their baby. The clinician and parent observe the baby's behaviour together, noticing and interpreting what they see. It can be used with healthy full-term babies as well as pre-term, medically fragile or infants with developmental issues. NBO may be used alongside the Neonatal Behavioural Assessment Scale (NBAS) in some settings, such as NICU or SCBU. Although NBO is not focused specifically on feeding behaviours, I found the training very relevant to our role with young infants, both in SCBU and the community,

and particularly in a multidisciplinary team where other professionals such as neurodevelopmental therapists and nurses are using the system.

The keynote presenters were the highlights of the conference. Professor Kevin Nugent, founder of the Brazelton Institute at Boston Children's Hospital and senior author of the NBO handbook, spoke of the importance of early bonding between parent and child, and his research on infant behaviours. And Dr Helen Minnis spoke about attachment disorders and the impact of early attachment on mental health and general development. There were also several presentations on initiatives designed to promote optimal emotional and general development in the early years of life, mainly amongst high-risk infants. •

Find out more about infant mental health in New Zealand
www.imhaanz.org.nz

Good news AAC story

Jessamy Bell, TalkLink Trust

In the Northland AAC (alternative and augmentative communication) special interest group, we always start with a good news story. We have talked about this young man (let's call him Bob) before but as his AAC journey has progressed I thought it was too good not to share with the rest of New Zealand.



Left: Bob uses both high and low-tech AAC to interact with peers and adults.

Above right: Adding language to play using a core board.

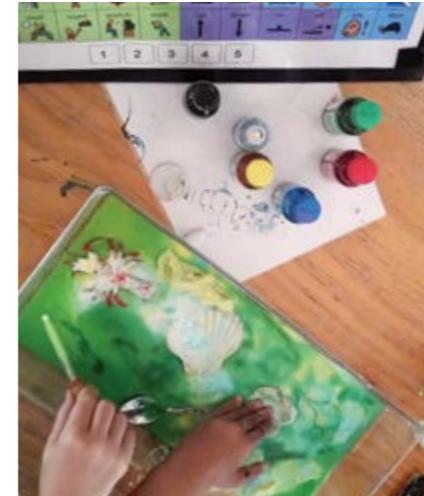
Bob was referred to TalkLink Trust two years ago when he was five years old and had started school. He presents with global developmental delay with some autistic features, epilepsy, sensory needs and behaviour challenges. He has very high ORS funding (Ministry of Education's Ongoing Resourcing Scheme) as well as High and Complex Needs Unit funding, which gives you an idea of the complexity of Bob's needs.

He came to KiwiChat Day (a day for students to practice their communication skills using AAC) when he was on the waitlist and he found it totally

overwhelming. He couldn't attend to any of the activities: he was constantly trying to get away or pushing and throwing things. He did not appear to comprehend any language and was not speaking. Polly Thomas, a specialist teacher at TalkLink Trust, and I were a little overwhelmed ourselves!

His Ministry of Education (MoE) speech-language therapist and TalkLink Trust team recommended implementing a visual timetable and a 77-symbol core board with personalised fringe vocabulary. Bob has the most amazing support team, and they just decided that even though it was hard-going, and Bob would often throw, hit or bite the core board, they would keep trying!

At the beginning of 2018, Bob's MoE speech-language therapist rang to say that he was pointing to three symbols on the core board to create sentences, and that it was time to trial high-tech. I was shocked and so excited. All that modelling and consistent use of visuals had worked for Bob and he was now really communicating. Bob was supplied with a high-tech communication system: TouchChat with WordPower60basic.



Fast-forward a few more months and I got this email:

"Just wanted to share the most exciting news, that Bob has started talking!!! Some words include walk, bird, bee, fish, look, bye, library and come. All of his favourite words. It's soooooo exciting!!!"

So, what was the key? Consistent repetition with variety using a robust communication system. His team just kept modelling language on the core board every day, all day, for all activities. Now Bob is using a high-tech device and a low-tech communication system and even saying some words verbally. This did not happen overnight or even over a term but was the result of two years of consistently implementing AAC across the day.

It was so worth it! Well done to Bob's team – you guys are incredible! ●

Teachers doing amazing things

Alysa Duda

In the special school setting we are in the midst of teacher strikes. Teachers are fighting for the needs of their students. There is a big focus on the kids that we see, who struggle with communication and need more support with learning. The teachers are also fighting to be recognised for the work they do. Therefore, it is a good time to showcase some work by a teacher who regularly goes above and beyond for his students.

After getting a student a set of six switches, this teacher had the idea to velcro all the switches onto a portable and very sturdy piece of wood, so the student could make choices easily. A day later, one of his teacher aides thought it was meant to be used as a core board for our "bucket time" sessions and told me it was missing visuals. Brilliant idea! The switch core board was born.



This same classroom has another student who uses a TouchChat. The teacher regularly takes screenshots of his sentences to share with the parents and to measure his progress. He also decided to screenshot the most frequently used pages, then print, laminate and bind them to be used as a low-tech AAC option when the student's iPad is charging. He knew this would also help him and the teacher aides to get used to the symbols' locations without having to remove the TouchChat from the student.

It's so inspiring to have teachers and teacher aides who prioritise the communication needs of their students in the classroom, particularly when my time in class with each student is so limited. ●

Bonjour, je suis une speech-language therapist

Grace Lindley

In early 2013, I went to France on a working holiday with the intention of being there for a year while I did my “OE”. Six years later and I’m still here working in private practice.



After arriving in France, I worked as a teacher aide for a family who had two boys with autism. During the nine months I worked for them, I discovered that there was a real need for English-speaking speech-language therapists specialising in early intervention, autism and AAC (alternative and augmentative communication). In May 2014, I set up my private practice to provide home-based services for these kiddos who were so under-serviced.

Fun facts about working in France:

- Our degree is not recognised here, so we are not able to go by the French equivalent “orthophoniste”, instead, speech-language therapists work under the title “formateur en langues” (language teacher) which we get through being auto-entrepreneurs (self-employed). There are currently roughly 10 of us working in Paris.
- Most of the work available is in early intervention and with school-aged children.
- France has a lot of school holidays: two-weeks’ break every 6 weeks, then two months off over summer. This is both a blessing and a curse when you’re self-employed!
- Travelling to my clients’ homes each day involves using the metro, public bikes and my own two feet. Traffic and parking make using a car impossible, so I typically walk 7 to 10 kilometres per day wearing a heavy backpack filled with all my materials (it helps to burn off all the croissants and pain au chocolats though!).

Not so fun facts:

- France is behind the rest of the developed world when it comes to the treatment of children with special needs, particularly autism. An article by *The Guardian* in February 2018 estimated that France is 50 years behind. Psychoanalysis is still one of the go-to methods for working with children with autism, and the “refrigerator mother” concept is still shockingly prevalent. Parents with concerns are often told to wait until the child is three years old before seeking help.
- Children with special needs have a very difficult time finding a school, sometimes waiting years for a place. Even though it is illegal, children with special needs are regularly discriminated against when applying for schools, with schools stating that they do not have the resources or accessibility to cater for the child.
- Special schools here are called “établissements” (establishments) and resemble daycare more than school. Staff are often resistant to input from outside therapists and will sometimes prevent children using their iPads for AAC while at school.

I miss New Zealand, but France needs motivated therapists willing to fight the good fight, and let’s face it, the fromage and baguettes are not going to eat themselves. ●

IHC Library: A resource for all

Anna Childs (née Wivell), Capital and Coast District Health Board & Talking Plus

Like all my colleagues and peers, I am constantly on the look-out for resources to enhance my practice, my knowledge and to use in my work as an acquired speech-language therapist. So, it’s been a pleasure to stumble upon the IHC Library in central Wellington.

IHC Library covers all aspects of intellectual disability and autism. The library contains resources that cover a range of client groups and there is even a dedicated speech-language therapist section. There are activity cards, a few assessments (mostly paediatric), journals such as *New Zealand Journal of Disability Studies*, *Australian Journal of Dementia Care*, and *International Journal of Disability, Development, and Education*. There are also DVDs and, of course, many, many books including over 1500 e-books. As well as lending books, the library also provides families with a free book to keep (from seven

titles, depending on the age and diagnosis of the child). Some of the resources are older, however, there is some gold in there and it is worth looking through. The staff are approachable and always offer to help you find the right book. They are also happy to consider purchasing recommended resources.

The library has a definite spotlight on developmental difficulties, but its large range is adaptable to different client groups. Topics include: alternative or augmentative communication, bicultural resources for working in Aotearoa, feeding, eating and drinking, social stories, sensory difficulties, picture books,

IHC library

0800 442 442
librarian@ihc.org.nz
www.ihc.org.nz/library-page

health information (including how to work with people with differing health needs and clinical guidelines), behaviour, parenting and personal stories.

The more I practice, the more my “No. 8” wire mentality comes out and I can adapt resources that are aimed at other client groups. For example, I find the *Talkabout* series to be great for people with cognitive communication disorders and the picture recipe books to be useful rehabilitation activities for those with aphasia, as well as some great behavioural ideas for people with sensory difficulties which adapt well for people with dementia.

The resources are available to all New Zealanders over the age of 18. The library is free to join, and the only cost is returning borrowed items to their Wellington location. Registering is easy and can be done online but it must be done as an individual not as an organisation. Donations to IHC and the library are welcome to support this wonderful resource. ●



Left:
The IHC Library team.

Cough resolution en masse: Dunedin voice function group

Anne Mannion

I have been treating vocal cord dysfunction (VCD) individually ever since participating in Dr Anne E Vertigan's NZSTA presentation on the subject in 2013. Patient referrals are about evenly split from the ENT (ear, nose and throat) and respiratory departments. We provide training annually to the ENT department which reminds rotating fellows and registrars that we do successfully treat patients with VCD. The success rate for compliant patients is excellent and I am very happy to be able to relieve their symptoms in just a few sessions, typically three.

Last year with a voice waiting list regularly exceeding 20, I decided to trial group therapy for VCD. I modified Vertigan's case history form into two self-evaluation forms, one for paradoxical vocal fold movement (PVFM) and one for chronic

cough. These were sent out to patients with their appointment letters and self-addressed envelopes for their return. We collated information in a group reference sheet so that questioning and advice could be appropriately targeted within the group sessions. The Vertigan patient information sheets (adapted for the Southern District Health Board) are provided during the sessions.

Treatment consisted of two 90-minute group sessions, two weeks apart in year one and one week apart in year two. The first group consisted of a mix of patients with PVFM and chronic cough, the second was solely chronic cough. Follow-up was via phone calls with the intention to add individual sessions as required. In each year, just one participant has required additional help,

one for a hoarse voice and the other for difficulty projecting their voice. The first group was run with just one therapist and a final year speech-language therapy student, and the second group with two therapists plus the student.

Participants described good success with the techniques acquired during the groups:

"I was sceptical at first, but the techniques really work"

"Knowing that the problem is common and that others are living and coping with it was reassuring"

"I felt supported within the group and would definitely do it again"

In each year, I discovered that the group experience is not for everyone. Patients with social anxiety or depressive conditions often prefer to wait (up to four months) for individual therapy. The wait time is always made clear to them at time of the initial contact. And just to reassure you, patients with severe PVFM are seen within two working days of their referral. ●

Reference: Gibson, P.G. et al. (2010) CICADA: Cough in Children and Adults: Diagnosis and Assessment Australian Cough Guidelines, *Medical Journal of Australia* 192 (5): 265-271

I'll drink thickened fluids, but not on Saturday

Julia Corbett & Grace Combella, Middlemore Hospital

For the Giving Voice Aotearoa Week of Action, two speech-language therapists, a dietitian and an occupational therapist attempted a week of only purée and moderately thick fluids, including water¹.

Although the campaign's focus this year was on communication access, our roles have a heavy dysphagia component and we found our modified diet still generated a lot of discussion about other aspects of speech-language therapy.

Naively, we had thought this week would be achievable and bearable. Our week was otherwise "normal" including café outings, first dates, gym visits, and shared lunches (we had to abstain from most of these).

Together we have more than 15 years of experience, but we were surprised and challenged at times. The following "myths and facts" are based on our opinions and experiences. The quotes are from "hangry", potentially-dehydrated, caffeine-deprived participants!

Myth or Fact?

You can thicken everything, tea, coffee, beer...

Myth: You cannot thicken beer. Whilst technically you can thicken tea and coffee, one person had pulled out early: "I can't survive without my coffee". After trialling ways of getting a caffeine hit (thickener, banana-coffee smoothie, coffee ice-cream) the remaining participants gave up caffeine completely.

Patients on modified diets are often non-compliant

Myth and fact: Sometimes you're trying to be compliant, and you're making your fruit smoothie, and suddenly you realise you've eaten a piece of orange. "In hospital, I would have a 'watch' by now".

Modified diets are socially isolating

Fact: Going out to a café was awkward. And expensive. "\$20 for my smashed avocado on toast. Puréed. No toast." Shared lunches at work were impossible. Doing this together was so helpful: we vented and dominated lunchtime conversations with our experiences.

Whatever you're making for the family, just put that in a blender

Myth: Preparation is challenging and time-consuming. Our friends with babies and supporters² provided us with yummy pre-modified meals – thanks! We learnt that stick blenders and slow cookers are your best friends and a little bit of liquid goes a long way. Also, psyllium husk, cornflour, and bananas can be good alternative thickeners. "Fasting is way easier than this."

Free water protocol increases compliance

Fact: We didn't manage to finish one entire thickened drink. Without the protocol we would have bailed on day two, especially as we wanted to exercise. "I'm worried about going to the gym, what if I regurgitate?"

Purée diet can affect your bowel motions

Fact: Enough said.

The experience was eye-opening and has started to change our approach to modified diets and fluids. It has also re-emphasised to us that diet modification in a rehabilitation setting should be temporary if possible. ●



Left: Therapy team for the second Voice Function Group in 2018. (Left to right) Anne Mannion, Jess Dickinson, and Charlotte McCully (student).

¹ As per the Free Water Protocol: Implementing the Free Water Protocol does not Result in Aspiration Pneumonia in Carefully Selected Patients with Dysphagia: A Systematic Review. Gillman, A., Winkler, R., et al. (2016). *Dysphagia*, 1–17.

² PureFood Company and Flavour Creations.

Area updates

Northland

22 members

I'm an adult inpatient rotating therapist from Whangarei Hospital at the conclusion of my graduate year. It's humbling to have support to take on the NZSTA representative role. I would like to tautoko Lucy Schumacher who has served this area for three years. Our highlights for 2018:

- Whangarei Hospital purchased FEES equipment with training commencing in 2019
- Michelle Bonetti is doing amazing work with the courts
- More Ministry of Education staff have accessed Hanen training
- Gay Easterbrook has reduced the caseload for Northland Kindergarten Association

Message from Lucy:

"I've stepped down from the end of my three years as the Northland NZSTA representative. Northland has the smallest number of members, which means small meetings at times, but the small numbers also give time for everyone to speak, and for a range of perspectives to be heard. Thanks to

all the members for their contributions and support. It's been great working with you all."

Caroline Bartholomew

Massey University

18 members

- In 2018, we held our largest NZSTA student gathering, attended by over 22 students. It was helpful for students to connect with the professional body and to engage across the year groups and encourage one another.
- We supported the Speech and Language Therapy (SALT) club to hold our annual Speech-language Therapy Awareness Week barbecue for students on campus. In addition to helping students order using Makaton or AAC devices, we demonstrated some sensory games we use with ACTIVEating clients, and promoted the role of speech-language therapists across the age spectrum. Every year, our fellow students comment on how much they learn about speech-language therapy from these conversations and activities.

Brianna Oosterbroek

University of Auckland

22 members

- We raised awareness of communication access for Giving Voice Aotearoa on campus with each of us challenged to give fliers and postcards to students and staff.
- The second-year students presented their final research papers on a variety of topics within the scope of speech-language therapy.
- The first-year students have completed their five-week placements around New Zealand, as well as the United Kingdom and United States.
- We brainstormed names for a new speech-language therapy scholarship to raise awareness for our profession and encourage Māori and Pasifika students to apply to our programme.
- We held a quiz night to raise money and awareness for the Australasian Society for the Study of Brain Impairment (ASSBI).

Shauna Pali

Wellington/Nelson

89 members

- We have had more reports of Giving Voice Aotearoa posters spotted around town.
- We also overheard the high and complex needs teams at Oranga Tamariki say that "dollar for dollar, speech therapists give some of the best value in terms of improving the lives of young people". We agree!
- We hosted a well-attended mini-workshop by Sally Kedge of Talking Trouble in September.
- Judge Andrew Becroft, Children's Commissioner, was spotted in Wellington speaking up for children with communication challenges at local conferences and public meetings, including the Australasian Society for Intellectual Disability NZ conference.
- Our regional meeting includes speech-language therapists working in health, education, and private practice. We are eagerly waiting to see how registration will impact our local membership numbers. At our last meeting, 29 people attended remotely and 14 at the face-to-face meeting.

Shannon Hennig

Canterbury/Westland

184 members

- Thanks to all who attended and "zoomed" into our final meeting of the year. Award for the longest distance "zoom-in" goes to Grace, based in France, in the early hours of her morning.
- We've had good engagement in professional development opportunities, including the free IDDSI (International Dysphagia Diet Standardisation Initiative) webinar hosted by the Rose Centre, the University of Canterbury clinical education symposium, a paediatric feeding study day and the Neurological Foundation seminars.
- The University of Canterbury Department of Communication Disorders is on the move in 2019 and are saying farewell the well-used prefabs. Staff will post pictures of the new premises on the UC Speech and Hearing Alumni and Friends Facebook page and we hope to show you around at our next area meeting.

Ruth Ramsay & Kate Cook

University of Canterbury

40 members

Congratulations to everyone for completing another fun-filled, hectic year! Some of us will be able to enjoy a spot of summer over the break, some will be working hard on research scholarship projects and others will be

embarking on journeys as new graduate speech-language therapists.

- This year we had student placements in Malaysia, Birmingham and Cambridge University Hospital.
- We're excited to announce the revival of the University of Canterbury's speech therapy club: Speech Society. We will work with Speech Society to promote an inclusive and inspiring view of what we do in our diverse degree.

A big congratulations to all of those who have completed their studies here and all the best for the future.

Helena Sincock & Livvy Pride

Otago/Southland

54 members

- The Southern District Health Board team were in the process of recruiting a new graduate in November.
- SHOUT, a private practice, will be employing two more staff in the Dunedin area in 2019, and Shannon Emmerson has joined the team in Southland.
- Many members are passionate about raising awareness of the speech-language therapy profession and the needs of the clients we serve. We continue to contribute to the Giving Voice Aotearoa campaign despite busy professional lives.
- We would love to have more representation from Ministry of Education therapists at our meetings.

Meryl Jones

Walking for a good cause

Brigid Fay

Motor Neurone Disease (MND) is the name for a group of diseases that cause the death of the nerve cells (neurons) that control the muscles that enable us to move, speak, swallow and breathe. With no nerves to activate them, these muscles gradually weaken and waste away.

This causes progressive loss of mobility in the limbs, and difficulties with speech, swallowing and breathing. The progression varies significantly from person to person. The most common type of MND is amyotrophic lateral sclerosis (ALS). In North America and other parts of the world, MND is more commonly referred to as ALS.

Walk to D'Feet MND events were held all over the country on November 11 to fundraise for research into MND.

The MidCentral District Health Board (DHB) speech-language therapy team participated in the walk in Palmerston North. We walked a circuit around the Palmerston North Square for an approximate total distance of 2.5 kilometres.

It was a wonderful "balmy Palmy" spring day. Members of our wider DHB team, including nurses, occupational therapists and social workers, and their families were also walking. Our ElderHealth team (those with the blue bows) were the fifth highest fundraising group in the country. Our speech-language therapy team's photos were shared widely on social media. The event was attended by those affected by MND, either currently or in the past. It was moving to so many of our patients and their families participating in this walk. ●

Find out more www.mnd.org.nz

Left: Members from the Midcentral DHB team ready to Walk to D'Feet MND.



Māori & cultural development

Renee Taylor culturaldevelopment@speechtherapy.org.nz



Kia ora koutou katoa,

I'd like to take the chance to truly apologise to anyone I offended in my last article. It was not my intention and for that I am sorry. I understand that these topics often evoke emotion, however my piece was not intended to generate negative emotion or personal offence. It was a personal reflection on some of the feelings and barriers I have faced, and a call for solidarity so that we can move forward on this journey, together.

*He waka eke noa
We are all in this together*

I'd equally like to thank all of those of who came forward with such lovely positive feedback and encouragement. I think we all do the best that we can regarding equity issues within speech-language therapy, however there's always room to improve. I hope to be able to change the way we think in a positive and safe way, and to incorporate a te ao Māori

perspective as the norm within the organisation. Some of the goals I have put together to help achieve this are:

- Develop guidelines for incorporating an equity lens and te ao Māori lens for:
 - » research, projects, events and conferences
 - » clinical practice
 - » interviewing protocols, targeted at tertiary providers with the aim of encouraging and supporting future Māori students through the application and interview stages.
- Develop an equity workshop for members to access as professional development.
- Work towards having measurable outcomes to track progress, success, and areas for improvement.
- Employ an active kaumātua or kuia for NZSTA who will support, guide, and ensure consistency with overall tikanga practices, kaupapa, and te reo Māori translations relating to the association, as well as support the above goals.

If anyone has any suggestions, concerns, questions, comments or are interested to know more, please get in touch. The more collective

involvement the better. Are there any interesting projects happening in your workplace that are helping to address Māori inequities?

*Me mahi tahi tatau mo
te oranga te katoa
We should work together for
the wellbeing of everyone*

There is great stuff happening in the pipelines. We have good traction on finalising documents to appoint a kaumātua for the NZSTA. We are also creating a mauri for our association and its members. Our mauri will be a symbol of the NZSTA's entity and life-force. I am in discussions with an artist in Rotorua who is keen to create a piece just for us. So, if you have any creative ideas regarding what speech-language therapy and the NZSTA means to you, then please let me your thoughts. This mauri will be a handcrafted object (yet to be decided) representing the NZSTA and its members, so your input will be greatly appreciated.

Ngā mihi,
Renee

Member networks

Jodi White membernetworks@speechtherapy.org.nz



Kia ora koutou,

Thank you all for your continued support of the area meetings and feedback on the information provided. We have had some very constructive feedback and answered some challenging queries below. I wish you all a relaxing and happy festive season.

Ngā mihi,
Jodi

Registration

Q: Is there anything we need to inform our non-NZSTA colleagues around this? How does this affect our practice and non-members of NZSTA?

A: We want to encourage current members to promote membership to non-members. Please see the board update you will have received via email for further information.

Q: It was noted that NZSTA members were the last stakeholders to be consulted in the registration process, and that board initiatives appear to be shared with members after they have been completed or when well under way. Members would appreciate earlier notification and transparency in terms of sharing information.

A: We believe this is a misconception. Members' input had already been sought prior to consulting other stakeholders via a survey a few years ago. We have provided regular updates via *Communication Matters*. We consulted leaders annually at the leadership summit. The NZSTA Board, leaders' groups and employers are primarily members and speech-language therapists. No decisions were made without considerable consultation.

Q: Will there be changes in the continuing professional development (CPD) requirements as a result of the self-regulation process? There has been talk of observations for meeting competencies – will this be implemented? What is the implication of this in terms of CPD requirements for Ministry of Education (MoE) speech-language therapists who work in a generalist capacity going forward as part of the new Learning Support service?

A: There will be a review of the CPD process, but no substantive change in professional development is expected.

Q: Does self-regulation hold any authority around employment?

A: We are trying to make it have as much authority as possible. For many district health board employees covered under MECA (multi-employer collective agreement), this is supported. We are progressing discussions at the MoE to a national level and we are hopeful for a positive outcome. We will keep you updated on the progress of these discussions.

Q: Will the registration self-regulatory process result in more work for the NZSTA Board?

A: The NZSTA already holds all the requirements of a self-regulating body. Few changes are expected now that the substantial work of developing the self-regulatory process has been completed.

Q: Will there be any new costs to us?

A: No, there will be no substantive additional cost. We have avoided this by taking the self-regulation option. This provides many of the benefits of registration without the additional cost of a registration board.

Q: Is the main difference that other speech-language therapists can't call themselves registered?

A: Upcoming editions of *Communication Matters* will provide more information about the self-regulation process and should answer your questions.

Q: What is the phrase we can use to identify that we are registered with NZSTA?

A: Registered Member of NZSTA.

General queries

Q: Is it possible to purchase articles from other organisations that are relevant for speech-language therapists and print in *Communication Matters* (with permission from authors)?

A: This depends on copyright laws as they do not allow the copying and circulating of publications. We are looking into some options for including links to articles in upcoming editions of *Communication Matters*.

Q: A member reported seeing a speech-language therapy diploma available on the GrabOne website for \$34. Can NZSTA do anything about this?

A: Thank you for bringing this to our attention. NZSTA has contacted GrabOne and outlined our concerns. They were very responsive to these concerns and removed the offer from their website.

Q: There have been discussions amongst other health professionals in the field such as occupational therapists and physiotherapists regarding a merger between MoE and MoH (Ministry of Health). If this is happening, could the NZSTA Board please advocate for speech-language therapists to be involved in this process and provide feedback to members?

A: We wonder if this is a misunderstanding around the intentions of the new Learning Support Delivery Model, i.e. one plan and one facilitator. This part of the plan means more liaison and flexible working between MoE and MoH in order to streamline support processes for children with learning support needs, however it won't involve a merger. Please let us know if this answers the question.

Q: Can a different platform be considered for area meetings because MoE does not allow Zoom?

A: Members can join in by bringing their own device and connecting to Wi-Fi. MoE does not support Zoom on their network, however it does allow employees to use their own devices on its Wi-Fi. This will not affect your own data.

Continuing professional development (CPD)

Q: Are members in isolated areas still able to apply for a travel grant to support attending CPD events and is there a deadline? MoE Tairāwhiti has brought this to their managers who responded that overseas travel is not supported. We suggest that NZSTA meet or encourage MoE leaders to support NZSTA CPD events.

A: You can apply for a NZSTA funding grant. See the awards and grants page on the website.

Q: A member requested a fuller, more formal, clear and transparent audit process.

A: Members who are audited receive feedback as to the success of CPD audit.

Q: Can we have evidence of the audit process being a reflective process with feedback collated and reported to members? For example, the number of members audited, the outcome, CPD trends.

A: Members are responded to individually and areas for development are highlighted. We audit 10% of the membership each year.

Q: Do new graduates need to complete the online CPD log as well as their hard copy paperwork?

A: No, this is not a requirement. Please see the new graduate framework for full details. ●

Communications

Amy Oughton communications@speechtherapy.org.nz



Tēnā koutou,

Meri Kirihimete me te hape nū ia.

December 10, 2018 marked the 70th anniversary of the Universal Declaration of Human Rights (UDHR). This is one of the all-time leading rights documents in world history.

The International Communication Project (ICP) marked this anniversary because communication is a basic human right, and the Declaration sets out, in one document, that fundamental human rights are to be universally protected*. The ICP celebrates the Declaration as a common standard of achievements for all nations and their peoples.

Article 19 of the UDHR was one of the first contemporary expressions of the right to communicate:

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

This authoritatively states that all people have the right to communicate. Regardless of status, age, or communicative capacity, all people have the right to receive and convey messages, to hold opinions, and to express themselves. Everyone should uphold others' rights to communicate as they interact with people in daily life in order to enhance equality, justice, and human dignity. While recognising this right, the ICP is built on the premise that communication is essential to life and yet largely ignored as a disability.

While communication as a human right is embedded within the UDHR, there remains a need to raise global awareness of the needs of those with communication disorders. In 2014, the six national speech-language and audiology professional bodies that

comprise the Mutual Recognition Agreement (MRA) launched the ICP to help raise awareness of communication disorders around the world.

Last year, the ICP submitted an article to a special edition on human rights of the *International Journal of Speech-Language Pathology*. This article describes the work of the ICP to date, with an emphasis on the place of communication disorders in current international policy and potential pathways for advocacy.

We urge those who haven't signed the pledge to do so on the ICP website. Their newsletter will keep you informed of the amazing work happening around the world, the latest resources, upcoming awareness days and ways to participate.

2019 will be a busy year. Starting us off is the Giving Voice Aotearoa workshop for the NZSTA Board in January, where we will create a blueprint for our national campaign. In February the first consumer focus group meeting run by Geneva Hakaraia-Tino will be held in Auckland and the new Giving Voice Aotearoa Lead Champion Georgia Hollibar and myself will be present in Christchurch. The board will meet in March and May to plan for both the NZSTA and SPA Collaborative Conference,

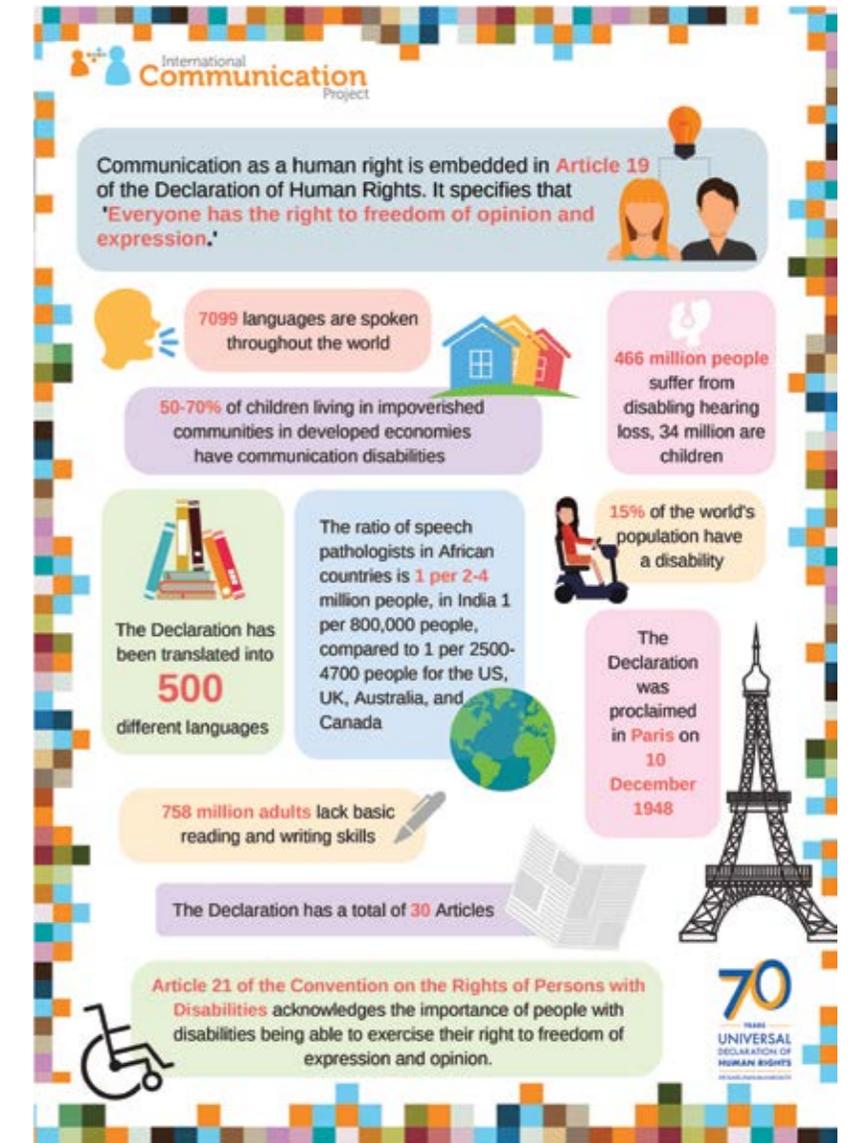
Engaging Collaborating Empowering, June 2 to 5 in Brisbane, and the professional development day and annual general meeting in July.

The festive season is a great time to reflect, evaluate your practice and make plans for the year ahead. In 2019 we will continue our quest to create a more accessible and inclusive Aotearoa, build relationships with more companies, partner associations and government officials, and be a part of other national and international awareness campaigns focused on communication, accessibility, inclusiveness and human rights.

If you would like to join us and be a part of a working party, become a Giving Voice Aotearoa champion or be a part of the ICP, please get in touch.

Take care until we catch up again.
Aroha nui,

Amy



Above: The International Communication Project marked the 70th anniversary of the Universal Declaration of Human Rights with this snapshot of communication disabilities around the world.

Contact details

NZSTA Board Members

President • Annette Rotherham
president@speechtherapy.org.nz

Communications • Amy Oughton
communications@speechtherapy.org.nz

Member networks • Jodi White
membernetworks@speechtherapy.org.nz

Professional development • Claire Winward
professionaldevelopment@speechtherapy.org.nz

Professional standards • Anna Miles
professionalstandards@speechtherapy.org.nz

Māori and cultural development • Renee Taylor
culturaldevelopment@speechtherapy.org.nz

Other contacts

National private practitioner members' representative
Bridget MacArthur • privatepractice@speechtherapy.org.nz

Administrator • ONZL Limited
admin@speechtherapy.org.nz • +64 9 475 0214

Speech, Language and Hearing Journal of APSSLH, HKAST & NZSTA
Editor: Anna Miles • professionalstandards@speechtherapy.org.nz

NZSTA • www.speechtherapy.org.nz • admin@speechtherapy.org.nz
PO Box 302469, North Harbour, Auckland 0751

Communication Matters editor • Karen Watson
editor@speechtherapy.org.nz

Area representatives

Northland • Caroline Bartholomew
ar.northland@speechtherapy.org.nz

Auckland • Akshat Shah
ar.auckland@speechtherapy.org.nz

Waikato/Bay of Plenty • Gwen Kerrison
ar.waikato.bop@speechtherapy.org.nz

Central • Elisa Mynen
ar.central@speechtherapy.org.nz

Wellington/Nelson • Shannon Hennig
ar.wellington@speechtherapy.org.nz

Canterbury/Westland • Kate Cook & Ruth Ramsay
ar.canterbury@speechtherapy.org.nz

Otago/Southland • Meryl Jones
ar.otago.southland@speechtherapy.org.nz

Student representatives

Massey University • Jacqui Morgan, Brianna Oosterbroek & Bo Young Choi
sr.massey@speechtherapy.org.nz

University of Auckland • Nicole Liley & Shauna Pali
sr.auckland@speechtherapy.org.nz

University of Canterbury • Livvy Pride & Helena Sincock
sr.canterbury@speechtherapy.org.nz



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Te Kāhui Kaiwhakaitikaitika Reo Kōrero o Aotearoa

www.speechtherapy.org.nz