

communication

matters

SPRING 2011

INTERVIEW WITH PHOEBE ??

AREA MEETING SURVEY RESULTS

EDUCATING THE
EMERGENCY SERVICES

A CONCERT FOR CHRISTCHURCH

DOES INTENSITY REALLY WORK?

LEARNING TOGETHER:
MASSEY UNIVERSITY



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



Dr Dean Sutherland – President

KIA ORA KOUTOU,

Change is in the air. Since our last edition of CM several changes have taken place at the NZSTA. Firstly, it gives me great pleasure to introduce Judge Andrew Becroft as our Patron. Judge Becroft is New Zealand's Principal Youth Court Judge and a passionate advocate for young people. You may have seen him in the media around the launch of *The King's Speech*, talking about his experiences of growing up with a stutter. I look forward to discussing with Judge Becroft how the NZSTA and our members can better support young New Zealanders with communication difficulties. We also hope to see him in Auckland at our 2012 conference.

Secondly, our new National Office in Auckland was recently blessed in a ceremony attended by a small but enthusiastic group. The office will soon be the hub for NZSTA management and administrative operations. The first person to occupy the office will be our new Executive Director who we hope to announce in the next 2 weeks. Our Executive Director will work with us for at least the next 12 months to support our strategic development as well as enhancing our administrative operations. This is an exciting opportunity for us to strengthen the position of the association by developing both our day-to-day operations and longer term strategic plan.

We have commenced development on our new strategic plan that will take effect from next year. This planning and development work is being enthusiastically undertaken by Margaret Jackson (Dunedin), Pariya Behnami (Christchurch), Helen Rigby (Wellington), and Kate Milford (Auckland). This work involves identifying and consulting with stakeholders, including

members to determine what you would like the NZSTA to achieve over the next 3 years. So look out for an online survey or perhaps a focus group coming to a region near you – we would love to hear from you with suggestions and innovative ideas for the future of the association.

I want to pay tribute to the tireless work undertaken by the Executive Council. The change processes we are currently experiencing have at times removed us from our comfort zones. Felicity, Clare, Lucy, Sara and Kerrie have handled these processes with professionalism, dedication and at considerable personal sacrifice. We are confident the steps we are taking are the best for the future of all members and the long term viability of the association. We have been fortunate to have Angela Leigh's extremely capable and efficient support as we transition from our Christchurch operations to the National office – we are eternally grateful to Angela for her professionalism and efficiency. Unfortunately, Kerrie has decided to step down from the Executive Council. Within a short space of time Kerrie has managed to enhance the association's understanding of Māori and cultural practices. We wish her all the best.

Finally, I extend all our very best wishes to those of you still experiencing the effects of the Christchurch earthquakes. We trust that your situations are improving and hope you gain some respite and distraction during the upcoming rugby world cup. Take care and don't forget to 'talk about it'.

Nga mihi,
Dean



Speech Therapy Awareness Week 2011

A FEW HIGHLIGHTS FROM AROUND THE COUNTRY

Speech-language therapists across the country were getting people talking about it this July, with media coverage, cocktail parties, movie screenings and education sessions to name but a few of the creative initiatives – here are a few of the highlights:

The Speech Language Therapy department at Rehab Plus organised a few local events to coincide with SLT Awareness week in 2011. A Registrar training in-service, a 'communicating with confidence' workshop was held, giving new staff members and students, a newsletter was sent to all staff at Rehab Plus, a communication group was started! This has been in the planning process for some time, and we chose SLT awareness week to have the inaugural session and staff got spoiled with an SLT themed morning tea – nice soft muffins covered in SLT slogans.

Midcentral Health made sure you knew about all their excellent work this year, amping up efforts for sublime print

media coverage in their region, telling stories, raising the profile and generally talking about it.

Auckland members hosted a cocktail party with some fantastically named cocktails: The Glottal Stopper, the Ex'Plosive and Vocal Folds from Heaven, with plans to make this an annual event.

Christchurch members got together for an SLTeam all black themed education afternoon, with member from across the region providing teaching to their peers.

Tauranga Hospital, we ran a week long competition giving some electronic information regarding different aspects of Speech and Language Therapy with a question to follow. At the end of the week, all the answers across the District Health Board were collected and prizes awarded.

Send your Awareness Week stories to nzsta@speechtherapy.org.nz



Area Meeting Survey July 2011

RESULTS OF THE RECENT SURVEY

Attendance at Area Meetings has fallen over the years and has remained low over the past twelve months. This has been despite the introduction of a number of new initiatives to increase attendance. The Executive Council, in conjunction with the Area Representatives, has therefore begun a review of Area Meetings, looking at the current purpose of the meetings and their benefit to members. A survey of member's opinions was conducted in July as part of this review. Below is a summary of the results.

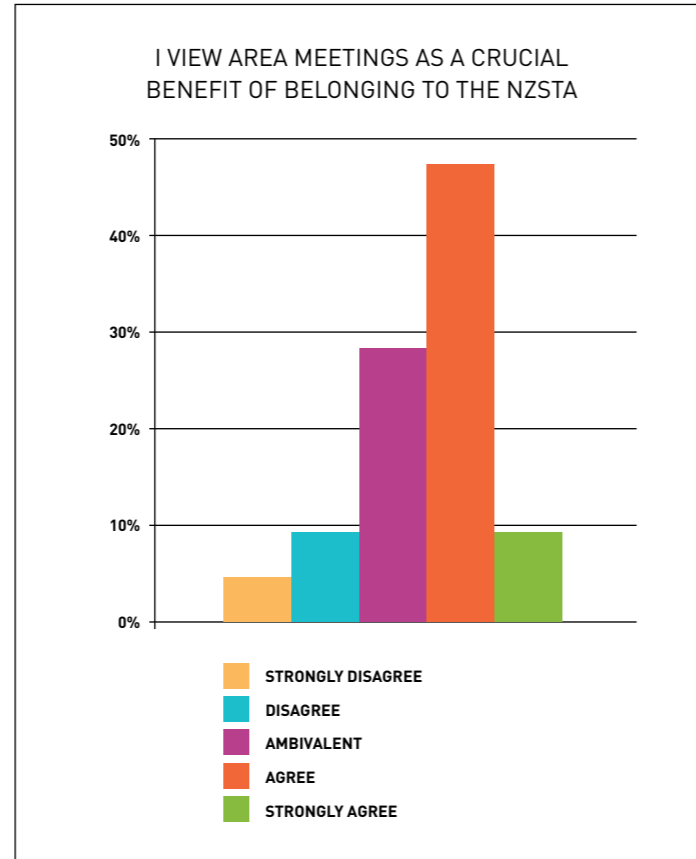
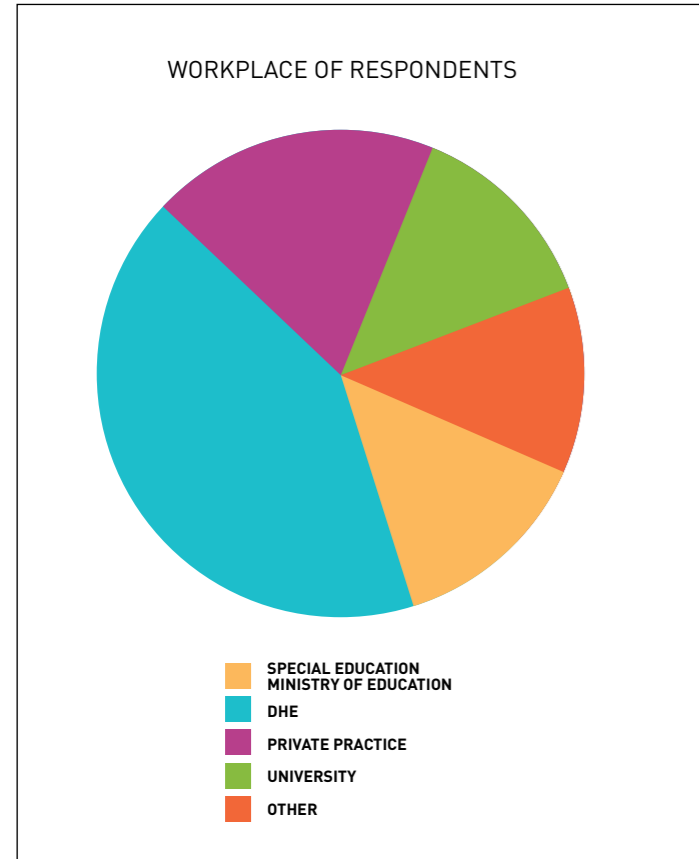
RESPONSE RATE

3% of membership (20 members)

More than half of the respondents have been a member of NZSTA for 1-5 years.

DO MEMBERS VIEW AREA MEETINGS AS A CRUCIAL BENEFIT OF NZSTA?

60% agreed or strongly agreed with the statement that Area Meetings are a crucial benefit of NZSTA. 30% were ambivalent and 10% disagreed or strongly disagreed with the statement.



Interestingly, 90% (18) of respondents stated that they would continue their membership if area meetings were disestablished.

How many meetings do members believe are necessary each year?

The majority (74.7%, n=14) of respondents agreed with the current number, which is 4 meetings/year.

How often do the members attend meetings?

There was an even-spread across always, usually (2-3 times/year), sometimes (once a year), and never attending meetings.

Those who responded that they only sometimes or never attended thought that the following would help to entice them to a meeting:

- improved communication and forewarning of when the meeting is
- meetings to be more accessible– place and time.
- the attendance of Executive Council members at each meeting

What do members want more of at meetings?

- Resources, including references, sharing of websites
- Other members attending, a greater cross section attending,
- better attendance
- Updates/feedback/responses to our last queries – what the NZSTA are doing as a result of issues being raised
- Information from the EC
- Education focussed info
- Brief intros at outset to promote assimilation within the area group
- PD opportunities, guest speakers
- Information sharing, time to discuss issues, time to catch up with SLTs at other workplaces
- Increased input and ownership from members.

What would members like less of? (2 responses)

- Business feedback
- Questions of repetitive nature

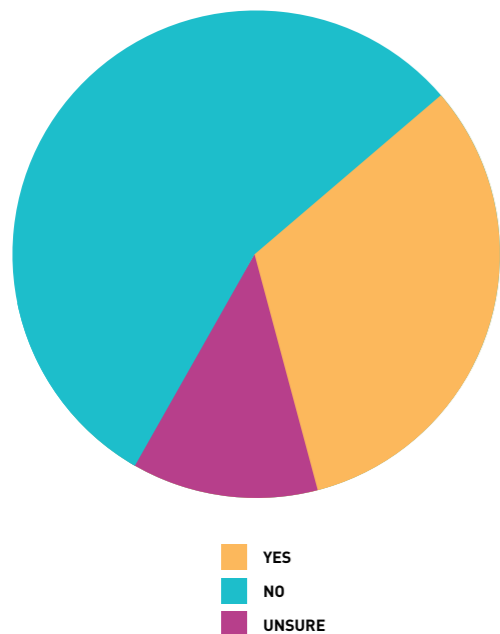
What new ideas do member's have? (2 responses)

- Professional development opportunities. Sharing of information regarding useful books. Case study presentations.
- Executive members attending meetings (e.g., one exec member delegated to each area on rotational basis, so that queries raised can be discussed right away, rather than waiting for responses.

Has teleconferencing had an effect on respondents' attendance at meetings?

Increased attendance – 30% (6)
No effect – 55% (11)

DO MEMBERS FEEL THAT THE INCREASE IN ELECTRONIC COMMUNICATION FROM THE EC HAS REDUCED THE NEED FOR MEETINGS?



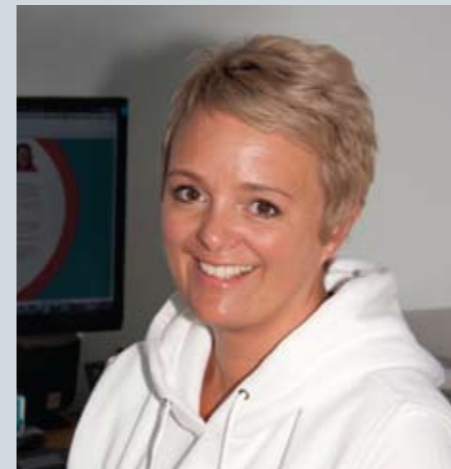
Summary & Action points

It is difficult to generalise the responses due to a low response rate. However, the EC proposes that we make some changes to the meetings and re-assess attendance and member opinion in twelve months time.

Action Points:

1. Ensure all areas offer teleconferencing facilities and possibly Skype.
2. Set dates and locations (including teleconference group locations) for all meetings at the start of the year (maybe at first meeting) and publicise this widely with frequent e-mail reminders.
3. Alternate the time of day meetings are held during the year.
4. An EC member will attend at least one meeting a year in each area.
5. Responses from the EC to members questions and queries will be published with the collated minutes on the website and will also reviewed by Area Representatives at meetings.
6. Additional agenda items to be included at meetings:
 - a. Introductions of those present
 - b. Request for information to share with other therapists e.g. websites, upcoming events, references/articles of interest,
 - c. PD events with invitation for guest speaker – members could volunteer to organise a guest speaker for each meeting (with dates for year set, this should make it easier)
 - d. Open forum for members to bring up and discuss issues
 - e. Time for social interaction

The EC and Area Representatives would like to thank those who participated in the survey and we encourage more members to have their say in future survey's to help us act in the best interests of our membership.



Transition Story: from public to private

SLT, HELEN GRIFFITHS SHARES HER EXPERIENCES AND LESSONS

WORDS: HELEN GRIFFITHS

Having previously worked in the public sector for 17 years, my opinion of private therapists had been a guarded one. However, in the last year I chose to become self-employed and subsequently I have learned some valuable lessons and a whole new set of skills.

I quickly developed an appreciation for the availability of resources that I once had easily to hand in Health & Education. I'd taken for granted the ability to photocopy, print and bind on a whim and now found myself fretting over the cost of paper, laminating pockets and printer toners. Creativity and resourcefulness were required- the NZSTA library and IHC Library, Wellington proved valuable contacts for assessments and texts. TradeMe became an economical source of fun games for therapy activities. And where would any private therapist be without their very own Boardmaker CD Rom?

The idea of charging for our time can be an uncomfortable one. I had to practise stating my charges without sounding apologetic or feeling guilty. I anticipated that some may not be able to afford private therapy but have been surprised by the numbers willing to pay for assessment and intervention. Those that make contact are motivated and keen for support. Having parental commitment at the outset is advantageous. However, with payment come expectations. Being very clear about service provision, therapy rationale and outcomes is essential. Payment for service does not mean I compromise my clinical judgement or professional integrity. My hourly rate is significantly higher than that of my public sector colleagues but the reality is that not every working hour is a chargeable one. Holiday pay and sick pay are not applicable when in private practice.

There are some clients I see who also access public sector

services. Involvement of two SLTs in a child's case should be considered a point of opportunity rather than one of conflict. Establishing a successful interface between the public and private sector has proven a useful exercise in organizational politics and diplomacy. Of particular value was a document produced by RCSLT entitled 'Working in Harmony'. Key points from this include:

All clients are entitled to seek speech language therapy from one or more services if they so choose.

If a client chooses to use more than one service, it is in that client's best interests that SLTs from both or all the services involved collaborate freely. The aim is to offer complementary input in the best interest of the client.

SLTs should not express negative views about other sources or models of speech language therapy being used.

With private therapists accounting for a growing percentage of NZSTA membership, it is clear that this type of provision is becoming more popular. Private work is incredibly satisfying but it is also incredibly hard work. On my CV I can now include skills in property management, information technology, accounting and budget management as well as marketing & public relations and yes, I even get to approve my own Professional Development requests!

Working in Harmony http://www.rcslt.org/docs/quality/working_in_harmony2.pdf



Educating the Emergency Services

WORDS: MICHELE CUNNINGHAM AND FIONA HEWERDINE

At our recent NZSTA teleconference, Dean Sutherland prompted us to consider the challenges facing patients with communication compromise in a crisis context.

Motivated by the movement in Christchurch, we have considered locally what it might be to be communication compromised if you were to encounter the police, the ambulance or the fire teams, and how well equipped these first responders are to help people with communication challenges.

To that end, we wrote a letter to each of the training services across those three first responder services here in Tauranga, offering training around understanding and working with people with communication challenges. The ambulance team elected to take us up on our offer.

Two members of our team spent a couple of hours one evening with the local ambulance staff and volunteers (approximately 25 attendees). We discussed different groups

of patients that may have communication challenges, including neck breathers (both tracheostomy and laryngectomy); stroke patients with aphasia or dysarthria; and people with degenerative disorders who may be communication aid users. We looked at strategies for facilitating more effective communication, and realized that at a basic level the strategies are the same across patient groups, and can also be applied to others such as people with an intellectual disability, or English as a second language. The evening was very interactive with a DVD and discussion, quiz, and role-plays to try out the strategies discussed.

We took a laryngectomy patient with us, who stole the show! He demonstrated his voice prosthesis, as well as a

Servox, and discussed the realities of being a laryngectomy. We also briefly touched on mouth-to-neck resuscitation.

We learnt a lot from this experience and have raised the profile for our patients in this area. We have also discussed possibilities to make our presentation even more relevant should we have the opportunity to speak to another group, such as basing the session on role-played scenarios which would reflect situations ambulance staff may encounter, and basing our teaching around these.

We hope our experience might inspire you to approach your first responders and to find a way forward for doing PR for our communication compromised clients.





The need for language- and culture-specific speech-language therapy assessment norms for bilingual speakers with aphasia

WORDS: JAE KIM, DR CLARE MCCANN, DR ELAINE BALLARD

Bilingual speakers are no longer a minority in New Zealand. The Statistics New Zealand population census reports the number of people who speak languages other than English increased by 43.3% between 1996 and 2006 (Statistics New Zealand, 2006). It is therefore inevitable that we will encounter more and more bilingual clients in our clinical practice.

Assessing bilingual clients is a challenge for many clinicians (with little or no support from the existing literature). Despite the growing number of bilingual speakers, standardised and normed assessments specifically for bilingual speakers are rare. Currently, one available option in the area of aphasia is the Bilingual Aphasia Test (BAT; Paradis, 1987). This test is available in over 60 languages, but its validity has been largely untested. In a study aimed to establish the usefulness of the BAT in the New Zealand context, Paulin and Purdy (2008) reported that their monolingual sample performed poorer than North American counterparts on a number of subtests. They cautioned against the use of this test in clinical practice in New Zealand.

The BAT is not the only option. There are now many language- and culture-specific adaptations of assessments in languages other than English. For example, the Boston Naming Test (BNT; Kaplan, Goodglass, & Weintraub, 1983) has been adapted into numerous languages including Finnish, Spanish, Dutch, Korean, Swedish and Greek; the Boston Diagnostic Aphasia Examination (BDAAE; Goodglass & Kaplan, 1983) is available in French and Finnish and the Western Aphasia Battery (WAB; Kertesz, 1982) in Japanese and Korean.

However, for most clinicians, it is difficult to obtain such assessments adapted for the use in other languages. Even when such assessments are available, the monolingual norms provided for these assessments cannot simply be applied to bilingual speakers for a number of reasons. Firstly, even highly proficient bilinguals do not behave linguistically as monolingual speakers (Grosjean, 1997). Secondly, published studies suggest unequivocally that applying monolingual norms to bilingual clients carries a risk of inaccurate identification of linguistic impairments. Thirdly, research on monolingual performance on the BNT (Australian and North American) has demonstrated that the norms of a specific country may not be valid in another. Therefore any normative study of a New Zealand-based bilingual population requires careful considerations of the New Zealand cultural contexts and cross-linguistic interactions.

Currently, there is a research project being conducted in Speech Science at The University of Auckland to establish the norms for Korean-English bilingual speakers in New Zealand using both the original BNT and its Korean version. We anticipate that the findings of this study will enable clinicians, researchers and students to better consider the need for language- and culture-specific assessment norms for bilingual speakers.

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Beyond Boundaries: Auckland 2012

Organisation of the 2012 NZSTA Conference in Auckland "Beyond Boundaries" is well underway.

Every day, speech-language therapists come up against boundaries—some that protect us and some that limit us. Boundaries exist everywhere. There are boundaries to our knowledge, professional boundaries, boundaries created by our political, geographical, and financial environments, and we are obliged, always, to work within legal and ethical boundaries. We know that as a profession Speech Language Therapists are always looking for new ideas and innovations, ways of working beyond boundaries!

May 23-25, 2012 will be dedicated to examining, talking about and challenging these boundaries. Join us in thinking beyond boundaries! We welcome all submissions for paper, workshop and poster presentations. The Call for Papers opens on September 1. Visit the NZSTA website www.speechtherapy.org.nz to access the online submission form.



Student Page

LEARNING TOGETHER: MASSEY UNIVERSITY

WORDS: BRIDGET OLIVER AND AMANDA ROSANOWSKI, NZSTA STUDENT BODY REPRESENTATIVES – MASSEY UNIVERSITY

Students in the BSLT Programme at Massey University have the opportunity to be involved in both individual and group therapy. This allows us to support the local community and gain clinical experience.

The students at Massey have had the privilege of being involved in a variety of group work which has included the early literacy skill builder's programme. Last semester, students ventured out to local preschools and schools where they worked twice weekly with small groups of 4-6 year old children. The group focused on teaching vocabulary, phonological awareness,

oral narrative skills, and letter-sound knowledge. Aside from the benefits gained in administering a literacy programme SLT students also learned valuable management techniques for dealing with groups of small children!

Members of the Adult Communication Workshop and Massey University BSLT students with Patty Govender (Clinical Educator)

During the last mid-year break, 12 Year 4 Massey SLT students, under the supervision of Patty Govender (Clinical Educator), were involved in an intensive Adult Communication



Adele and Geoff using a whiteboard to support communication during an individual session



Margaret and Leanne...therapy isn't all hard work



Geraldine and Marie preparing for a group session

Workshop held in conjunction with the Rodney Aphasia Group. Six members with different types of aphasia, apraxia and dysarthria attended a seven day workshop held over two weeks at the Massey University Clinic. The International Classification of Functioning, Disability and Health (ICF) formed the basis of the Adult Communication Workshop with a focus on identifying and reducing barriers and increasing member's communication participation. The overall objective was to improve functional communication. This included the provision and practice of practical strategies for daily use. Both clients and students used a combination of verbal and non-verbal methods to communicate including speaking, gesture, writing and drawing..... and whiteboards were a necessity!

The clients were evaluated before therapy commenced, using both formal language assessments and communication/ quality of life rating scales. Each client participated in a combination of individual and group sessions with two students. Family members were invited to attend the workshop for one day and were provided with education by the students about aphasia and given supportive communication strategies to use at home. A follow-up session will be held in six weeks to review progress and measure outcomes. A common concern for most of the clients was a lack of confidence in communicating with unfamiliar conversational partners. Going shopping, answering the phone, and using money correctly were identified as some of the things clients found challenging. Therapy over the two week workshop was practical and functional and included visits to local cafes and shops, making telephone calls and presenting to a group.

Clients generally reported satisfaction from having participated in the group workshop. One client commented that "my family have increased awareness of my communication difficulties". Another reported "I thought people couldn't understand me at all but they played a recording of me to a stranger who understood what I said!". All clients commented that it was beneficial to be able to listen to and share information with other people with aphasia. They all reported feeling more confident about using their strategies and being able to participate more effectively in their day to day life. Student feedback after the group workshop was also positive. Students reported increased confidence in providing therapy to clients with aphasia and some reported that they felt their own communication abilities improved as a result of the workshop. "I felt like I learned how to communicate better by slowing down my rate of speech and giving my client time to respond". The group sessions allowed students to observe and learn about all six clients' communication difficulties and strategies. "I didn't just learn about therapy for my client with Broca's aphasia; I also had the opportunity to watch clients with other communication difficulties like apraxia of speech, dysarthria or Wernicke's aphasia".

Group work is an important element in the provision of speech language therapy, for both clients and students. Both group interventions will be continuing so that future students can gain valuable clinical experience and the local community is provided an additional service.



“The sense of community and group spirit generated by the choir members has grown considerably as too the power of their singing”

The choir meets on Wednesday mornings. The morning begins with about 20 minutes of voice, breathing and relaxation exercises before singing an eclectic mix of songs chosen by the members that range from Frank Sinatra to the Beatles and Snow Patrol.

In a questionnaire completed just before the choir got underway participants described themselves as self conscious about their condition, lacking in confidence and socially isolated.

This compares with the findings of a recent questionnaire of the choir in which participants view singing in the choir as an effective and very enjoyable therapy. The social aspects of the choir were rated highly, including improved mood, support and friendships. Improvements in posture, breathing, memory and speech/voice were also rated highly.

The team spirit and change in attitude was very much in evidence when the choir members decided to perform a concert of some of their favourite songs. They wanted to do something for the Christchurch appeal and decided to put on a performance for the people of Tauranga.

The sense of community and group spirit generated by the choir members has grown considerably as too the power of their singing.

It has been a wonderful journey and I am extremely proud of them not least when I took this picture of them presenting a cheque for \$500 to Heather Dabrowski from NZ Red Cross.

A Concert for Christchurch

THE BRAIN WAVE SINGERS

WORDS & PHOTOS: **ROBIN MATTHEWS – SLT, TAURANGA HOSPITAL**

Over many years I have developed an interest in Parkinson’s disease and the people who have it. I have used different therapy approaches; some only partially successful, some not at all.

In all approaches, motivation, maintenance and attendance have been an issue.

I was introduced to, and inspired by, a Parkinson’s choir in London four years ago and saw how effective voice and choral singing therapy (VCST) is.

With the approval of the BOPDHB CEO, I formed The Brainwave Singers in October of last year after a very successful press and T.V. launch. The Choir operates as an open group, and accepts anyone with a neurological condition. Membership to the choir continues to grow steadily and now stands at forty five with a regular weekly attendance receiving VCST of about thirty six.





Does Intensity Really Work?

CLINICAL LEARNINGS FROM THE UNIVERSITY OF AUCKLAND INTENSIVE THERAPY BLOCKS

WORDS: KRISTI EXLEY & BROOKLYN DAVIS, MSLT (PRACTICAL) STUDENTS

As students we are bombarded with the principles of motor learning such as intensity but what does intensity mean? How much therapy is enough to see a change in a client?

As part of The University of Auckland masters of speech language therapy program, students partake in a range of practical clinical placements. These provide us with incredible learning opportunities. The placements that have had the greatest impact on us, and which we have felt were the most rewarding, have been two intensive therapy blocks where we had the opportunity to see clients daily 4-5 times a week. The clinical outcomes and the words of gratitude from our clients have been inspiring and have changed the way we think about the benefits of therapy and different service delivery options.

Our first experience was working with a woman in her late 80's. She had had a stroke one year prior and had been experiencing significant swallowing difficulties since. She was on a modified diet of minced foods and thickened liquid and

was struggling to sustain her weight. At the beginning of our therapy program she confessed that she was fearful of thin liquids. We worked with her for 4 weeks, providing 4 one-hour sessions each week. We have to admit that we were sceptical that we would see a great deal of change. However following a skill-based dysphagia rehabilitation program using sEMG biofeedback she was able to progress to a normal diet with normal liquids with confidence. The rewarding moment for the client and ourselves was the first time she safely enjoy a cup of unthickened tea.

Now we are in our second year and have just completed a two week period of intensive therapy during which time we saw two clients. Our first client, who was over 5 years post-stroke, had seven 50 minute sessions of Apraxia of Speech therapy. We realised the impact of intensity when the clients' mother became tearful and said "That's the most I have heard him speak in years", "He was really happy with the therapy and came away

feeling that he had made some progress. We are definitely hearing a lot more short sentences. He seems to be talking a lot more since the intensive apraxia therapy".

Our second client during this intensive block was a man 4 years post brainstem stroke who had had an initial bedside swallowing assessment and recommended NBM due to severe risk of aspiration. We worked with him for four 50 minute therapy sessions focusing on dysarthria; voice and respiration therapy. When we began therapy, we could not hear the client without leaning in close and he was aphonic after talking for an entire session. By the final therapy session, we sat at a comfortable distance and did not need to request clarification. However, the real judge of his improvement was his grandson who said "Now I can understand you".

In addition to the therapy sessions all of our clients completed daily home activities ranging from 10 – 40 minutes. Undoubtedly these clients all had high levels of motivation and family support; factors that seem crucial to success in a therapy program.

Through these experiences, we are entering the speech-language therapy profession believing that we can make a difference to people with chronic communication and swallowing difficulties and that short periods of intensive therapy can have a tremendous impact on our client's life. The question facing us now is not 'Will intensive therapy work?' but 'How can we make this work?' We would like to thank all our tutors, especially Anna Miles and Philippa Williams for their guidance and support.

REED
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Home and Away...

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Interview: PhD Student – Phoebe Last name?

You're putting the final touches on your PhD, what have you been looking at?

I've done a few studies as part of my PhD research. The main one was looking at a 6-week exercise protocol of head-lift manoeuvre and effortful-swallowing in healthy participants. I often get asked why healthy participants rather than patients. Firstly it's a good idea to see how a healthy system responds to treatments, as it gives you insight into whether patient response is similar or not. I looked at quite a few outcomes in the 20 people in each exercise group. Hyoid displacement measured with ultrasound, pharyngeal and UES pressures measured with manometry, suprahyoid muscle size measured with ultrasound, suprahyoid muscle activation measured with surface electromyography, and excitability of the cortical projections to the suprahyoid muscles measured with motor

evoked potentials. So people underwent all these assessments, then did 6 weeks of either exercise and then were reassessed. Lastly, and the part that got me into all of my 'side' projects - is the outcome measures are very 'noisy'.

People vary quite a lot from assessment to assessment - and that's in the absence of any treatment. Therefore - if you want to show the effect of treatment using such an outcome - your effect needs to be pretty big to exceed this variance that comes just from simply repeating the measure. So there is a bit of research required into the assessment tools that we use for measuring change in swallowing. What kind of change is considered clinically significant? What kind of change do we expect? And if there is no change does it mean there is no effect of treatment - or simply that we need a less noisy method of measuring it.

PhD's have been known to drive people crazy - why did you decide to do yours? How did you stay focused that whole time?

I didn't stay focused - that's why I'm still here 4 and 1/2 years on! I think I came into it thinking "how dry is this going to get? 3 years of the same thing", but there are so many different processes that make up the whole PhD, I was surprised how every day has been quite different. Not all of them enthralling, but if you're in one of those boring bits you can be assured that you'll be moving on from it shortly. There is literature review (not my favourite process) but I think the bits that you take the most from are ethics application, pilot data, data collection, data extraction, data analysis, data interpretation, and writing up. Actually when I write it all down it sounds really dry and boring, but it's honestly not actually that bad. My favourite part was meeting all of my participants. People over 50 willing to give 6 weeks of their time to research that in many cases doesn't impact them directly. It's nice to get a concentrated dose of all of those lovely people that are out there.

What will you be doing at John Hopkins University? How are you paying for it all?

Naturally I'll be making the most of American shoe sales, while in my spare time I'll be doing a post-doctoral fellowship under 2 pretty smart women - one is a speech pathologist and the other is a biologist. I'm selling all the shoes I currently own to fund it... but I've been awarded a post doctoral fellowship from the Neurological Foundation of New Zealand. It's now the only post-doc funding option that allows kiwis to complete study overseas. My post-doc is going to be assessing how other rehabilitation techniques influence swallowing outcomes in post-stroke patients. The plan at this stage is to look at repetitive transcranial magnetic stimulation (rTMS) or transcranial direct current stimulation (tDCS) (in simple language they are variations of brain stimulation) and how it can facilitate recovery.

What are you looking forward to most about studying in the States?

Firstly, having melted cheese served on everything. In New Zealand, and indeed little old Christchurch, if you plan to study patients for your PhD you can count on being around for a very long time. Patient studies are hard due to our small population, and the lack of 'teaching hospitals' like you see in the states.

Johns Hopkins has great access to a large number of patient populations, and a raft of various laboratories and research professionals that make just about any kind of research a more straight forward task than in New Zealand. We do a pretty good job with keeping up with technology - but to discuss your research with other laboratories often means accessing those in the states or other countries. I'm looking forward to seeing how 'big scale' research works.

What advice do you have for other therapists or students who are wanting to go down the serious academic road like you have?

Marry someone rich. It would help. Sadly I don't know that from experience. Always plan on it taking longer than you think it will... and then when you have that adjusted time in your head, add 6 months to it! I have a lot of comments from people saying "Oh wow, I couldn't do that - what a huge amount of work". I'm not sure it's in my best interests to dispel that myth, but really I was quite nicely surprised. I think coming from paid full time employment made me much more organized than I would have been straight from university, but if you think about how much you can achieve in a 40 hour week, then factor in the 3-4 years you are going to spend on it, it really is quite achievable. I think you need to find an area that drives you, and will keep driving you, because it's going to be an impossible decision to change direction after almost 10 years of study, in my case anyway. So take the time on the front end making sure you know what that area is. I was told before starting that it's a selfish time of your life, so have supportive people around you. I don't think I was selfish but my partner Tim said I was/am, so I should pass that on I guess.

What do you love about being a speech-language therapist?

The fact that the favourite part of my research was meeting all my participants and listening to how their husbands/sisters or whoever had been affected by a stroke, means that I like the interaction involved in it. I also like researching an area that we all tend to take for granted - eating and talking is something you pay little attention to until they're disrupted. So while people who have never heard of swallowing disorders might wonder how necessary this type of research is, it's nice to be able to offer thoughts to people who are suddenly faced with problems that they'd never considered before.



area updates

NORTHLAND/TAITOKERAU

- New LLI programme being launched by GSE to promote classroom communication.

AUCKLAND

- WDHB: Sarah Exton is returning to Australia and will be missed. We wish her well!
- Professor Laura Justice is talking to Ministry of Education, Special Education SLT's nationally on Language and Literacy in early July.

WAIKATO/BOP

- Rotorua is in the process of trying to get the sEMG equipment for biofeedback.
- Tauranga DHB is looking into getting sEMG equipment and also citric acid testing equip. Students coming soon.
- Whakatane: Robin Begnal retiring.
- Waikato DHB: Certification passed.
- Tauranga: Training to ambulance staff on communicating with patientss with communication difficulties. Produced 3 training videos on CPR with trache.

CENTRAL

- Hastings Hospital SLTs reported an increase in acute referrals this year, but also have reduced FTE so have found this a challenge. They have also become involved in an initiative in association with their new Allied Health Director and have been able to contribute to the Grand Rounds, firstly presenting on the MDT role in stroke management. Future Grand Rounds will have a paediatric focus.
- Palmerston North Hospital is currently recruiting to a paediatric SLT position in the Child Development Service.
- Sarah Martin reported that Explore have now recruited a new SLT for one day per week in the Explore team. The remainder of her FTE will be focused behavioural support.
- Dorothy Harris reported that SLT was the 'featured department' in the Gisborne Hospital monthly newsletter which was good for PR and promoting her goal for another FTE.

WELLINGTON

- DHB SLTs have been involved in two of the four sub-regional clinical services project groups: ENT and Pediatrics.
 - *ENT: proposed that there is a joint subregional voice clinic SLT/ENT for assessment of first presentation voice disorder, from within existing resources.
 - *Pediatrics: proposal in draft form and not yet for release.
 - *Generally push for collaborative working between the three sub-regional DHB SLT services including reciprocal supervision arrangements.
- Shirley James has been appointed SLT Professional Leader for Wairarapa as well as Hutt Valley DHBs.
- Shirley James going to TriSociety Head and Neck Conference in Singapore in September and presenting. Good Allied Health component this year.

CANTERBURY

- We warmly welcome Ondene van Dulm to the University of Canterbury. She will be teaching phonetics, special topics and language acquisition papers.

OTAGO/SOUTHLAND

- Meaghan McAllister will take up the role of Professional Director for SLT at Dunedin Hospital from the 15th of August.

Websites of interest

- **Speech apps for iPad & iPhone**
www.spectronicsinoz.com/article/iphoneipad-apps-for-aac
- **Read it Again** – www.readitagain.com
Ideally, each book should be read at least 5 times over the course of a week. With each reading, your child will take something new away from the story and begin to internalize the learning. Add the great follow-up activities to your readings and it takes the learning to an even deeper level.
- **The Online Dictionary of New Zealand Sign Language**
http://nzsl.vuw.ac.nz/
- **Disability Support** – www.newzealanders.org
Developed for the disability community. Providing information, services and products which will empower people with disabilities to make informed decisions.

Resources of interest

- **Earthquake Social Story:** Michelle King (SLT) and Margaret Cuttance (Trainer) at TalkLink have made a social story post earthquake. www.minedu.govt.nz/ for resources for supporting children and toddlers following the earthquake (follow the Christchurch Earthquake link).



Life Member Profile

MARILYN HEINE BECAME A LIFE MEMBER OF NZSTA AT THE AGM IN APRIL THIS YEAR

I started my career as an SLT at Lincoln Speech Clinic near Christchurch in 1966 and was the first speech therapist at what was then a new Clinic. I moved to Riccarton Speech clinic and was there for two years until I had my children. I then lectured at the Training School for several years until we moved to Wellington in 1979. What attracted me to the profession was spending 3 weeks with Val Lewis at her Clinic in Auckland. I have been a member of NZSTA for all my working life (for about 35 years!)

My best day in the job was...I have had many best days in the job. I have enjoyed working in many areas of both the Education and Health systems. Although seconded for five years to the Department of Health as Advisor in Speech-Language Therapy, I always maintained a clinical caseload at Hutt Hospital. My clinical speciality of cleft lip and palate has been an ongoing passion for me. It has been an opportunity for me to combine my enthusiasm for phonetics with the surgical aspects of clefting. I was able to meet families with an antenatal diagnosis of a cleft baby and to continue that relationship throughout their child's pre school and school years. The Hutt Hospital cleft team consisting of surgeons, orthodontists, dentists and myself, serves a wide geographical area. We came to know each other very well as we travelled to both Hawkes Bay and Nelson several times a year.

I have valued the opportunity to work with other cleft specialists at Middlemore Hospital and the Westmead Children's Hospital in Sydney.

A highlight was being invited to Washington DC as part of a small International group, meeting to agree on the parameters which characterise cleft speech.

My worst day in the job was...the sudden death of the cleft surgeon in our team. We had worked together for 15 years.

The contribution I have made to the profession that I am

most proud of is...representing the Department of Health on the Committee setting up the Bachelor of Speech-Language Therapy at Canterbury University. Representatives from the Training School, University, NZSTA, Education and Health Departments all worked closely together towards the common goal of developing a degree to integrate the needs of the Health and Education services. Prior to this the training was at diploma level and historically had a strong emphasis on the Education Service.

The contribution I have made to the Association that I am most proud of is...working closely with the NZSTA during my time in the Department of Health. The NZSTA supported all moves to increase the profile of speech-language therapists in Health. This included requesting a manpower report on the numbers of Speech-language therapists required in New Zealand.

The pearls of wisdom I have for other members/SLTs are... one, that there are many opportunities for clinicians and one should see oneself as part of an international community and two, even given the many constraints existing today one should constantly strive to improve ones' practice.

**A comment about Marilyn
By Shirley James, Speech-language Therapy Professional
Leader, Hutt Valley DHB.**

As an SLT new to New Zealand in 2007 it was great to discover I had in my team an SLT with such depth and breadth of professional and life experience. Marilyn has been a great support to me and to so many SLTs and other staff over the years. Some 8 months after she "retired"(I use the term loosely) I still rarely go a week without someone asking me how she is.

Congratulations Marilyn on your Life Membership from the Executive Council and thank you for the significant contribution you have made to the profession and the Association over many years.



Dr Clare McCann – Professional Standards

professionalstandards@speechtherapy.org.nz

Congratulations to all of those who participated in the first ever Speech-Language Therapy Awareness Week. It was great to have a whole week to concentrate on the activities of the profession (rather than the usual one day). My thanks go to Sara Moore who did an amazing job of designing the new material and Angela Leigh for sending it out to members in such a timely fashion. The t-shirts look great. Well done to the Auckland members for a successful cocktail party with some fantastically named cocktails (The Glottal Stopper, the Ex'Plosive, Vocal Folds from Heaven). It was a great night and discussions are already happening about making this an annual event.

With regard to Registration under the Health Practitioners' Competence Assurance (HPCA) Act (2003), we have requested a meeting with Minister Tony Ryall (Minister of Health) to discuss the option of Registration or Self-regulation (which is the other option we were invited to consider). We have not been successful yet in securing a meeting with him, so we are trying a couple of other approaches to bring our concerns to his attention.

The Scope of Practice working party has re-convened and we are hoping to have this document completed by the end of the month. I am grateful to Dr Liz Doell who has stepped in at short notice to provide perspective from the Ministry of Education. We are a diverse profession and it is important that all sectors of the workforce are represented in the Scope.

Since the last edition of Communication Matters Linda Hand has stepped down as the Chair of the Programme

Accreditation Committee. Thankfully, she is happy to stay on the committee (as the University of Auckland representative). Colette Maier has taken over as the Chair (until the end of the year). We also welcome Gina Tillard (as the new representative for the University of Canterbury) and Helen Rigby (as the new representative for Health). Stella Ward has been on the Programme Accreditation Committee since its inception and I am extremely grateful to her for her insight, wisdom, historical knowledge, clear thinking, straight talking and commitment to the whole process. Thank you Stella for your huge input over many, many years. We will miss you.

On a completely separate note, we have had a number of people contact us recently to discuss concerns about the clinical competence of speech-language therapy colleagues (not all of whom are members). We have an Ethics Committee that meets to address any relevant concerns. While at times it is difficult to do so, I urge you to let me know of situations where you have concerns about professionalism so we have evidence in support of our application for registration under the HPCA Act (2003).

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



Lucy Greig – Member Networks

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“I really value the time and input given by the area representatives in helping us communicate with the members and identify the issues that our members are facing”

It was very exciting to be involved in the opening of NZSTA's first National Office in Auckland on Friday 29th July. It is wonderful to have a space that the Association and its members can meet in and to house the staff employed by the Association. The views across Auckland City and the Sky Tower also make it a worthwhile visit!

This quarter has continued to be a busy one for the Member Networks portfolio, with many member enquiries, meetings, and the ongoing development of member benefit initiatives. I would like to thank Angela for her outstanding support in responding to member enquires in such a timely manner.

A teleconference was held with the student representatives in June to move some of our student projects forward and pass on information from the EC to our student members. A memo regarding MRA was circulated and the student reps have done a great job in holding successful meetings, including the recruitment of new members.

Two new area representatives were recruited around the time of the AGM. I would like to welcome Beverley Jackson &

Biddy Robb to the team. Beverley has taken over from Suanna Smith in representing the Northland/Tai Tokerau members and Biddy from Carla Darling-Knott in the Bay of Plenty/Waikato area. I really value the time and input given by the area representatives in helping us communicate with the members and identify the issues that our members are facing. They are our eyes and ears out there in the field!

A member survey regarding area meetings was conducted in July. Unfortunately, the response rate was very low with only 3% of our membership completing the survey. Area meetings are generally not well attended with attendance at 7-13% over the past twelve months. Initiatives introduced late last year such as teleconferencing and the inclusion of professional development do not appear to have increased attendance. It therefore appears that we need to re-think area meetings and I would welcome any suggestions or feedback from members.

I wish you all a very happy spring season and please do not hesitate to contact me or Angela with any questions, feedback or issues you may have.



Kerrie Gallagher – Māori and Cultural Development

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“I hope that someone will take up the wero of further developing this portfolio and the opportunity to make a difference for our whanau Māori.”

Tena koutou katoa. Nga mihi nui ki a koutou.

Another eventful period of time has passed. Mother Nature has certainly kept us on our toes with extremes of weather. Snow in Auckland even!

It was also another eventful and exciting time for the NZSTA and the Māori and Cultural Development portfolio. Following our meeting in Auckland with Chris and Gail from SPA, Dean, Clare and I went the SPA conference in Darwin. The theme of the conference was diversity and development. The highlight for me was the keynote speech by Dr. Anne Lowell and her Yolngu colleagues Elain Maypilama and Phyllis Batumbil. The key messages of the indigenous people of Australia and the same as the key messages for Māori....look, listen, learn. The purpose of my trip to the conference was to give a presentation to the SPA executive council about the Māori and Cultural Development portfolio and the rationale and strategic goals that have been identified. Dean, Clare, Karen McLellan and I started with a mihi, which was well received. Our key messages were the importance of engagement and relationship building and

the need to whakarongo, titiro....korero, a message echoed by Anne Lowell and her colleagues in their keynote presentation. It was a great opportunity to support our Australia colleagues and whanaunga.

The other big event was the opening of the NZSTA offices with a Māori blessing. Thank you to everyone who took part in this. It was very exciting.

It is with great sadness however that I announce my retirement from the NZSTA due to personal reasons. I hope that someone will take up the wero of further developing this portfolio and the opportunity to make a difference for our whanau Māori. I would be happy to talk to anyone who may be interested in this position and mentor and support you in this role. I have really enjoyed my time on the NZSTA. It was a privilege to work with such a knowledgeable and dedicated group of people and I have formed great friendships during this time.

E iti noa ana, n ate aroha. Though my present is small, my love goes with it. Kia kaha e hoa ma.



Felicity Bright – Professional Development

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The Professional Development Seminar has only one stream, and allows the opportunity to hear from therapists working in a range of settings.... this helps bring us back to what we have in common across the profession.

It was fantastic to see over 70 members attend the Professional Development Seminar in Dunedin in May. The keynote speakers, Dr Marleen Westerveld and Dr Maggie-Lee Huckabee gave very comprehensive and challenging presentations on Oral Narrative Assessment and Intervention, and Neurostimulation Techniques and Rehabilitation, respectively. The presentations prompted a great deal of discussion among delegates and I am still hearing people talk about their presentations, three months later! A number of therapists gave their time to present papers based on workplace initiatives and research they have been involved in. The Seminar provided an excellent forum for networking with colleagues from around the country. Many delegates also commented they enjoyed hearing about what was happening in the broader SLT world. Commonly at conferences, we attend the streams that are directly relevant to our clinical or research work. The Professional Development Seminar has only one stream, and allows the opportunity to hear from therapists working in a range of settings. As one delegate commented, this helps bring us back to what we have in common across the profession.

The last few months has seen a lot of time go into planning upcoming professional development events including the Paediatric Dysphagia seminar, Voice workshop and 2012 Conference. Andréa Benoit and Helen McLauchlan have taken on the role of co-convening the conference, with the support of a very able conference planning committee, Suzanne Purdy, Turid Peters, Annabel Grant, Jo Davies, Maryanne O'Hare, Tracy Kendall and Gaylea Fritsch. Clare McCann is chair of the Scientific Programme Committee. These volunteers are doing a fantastic job of planning the conference and we look forward to bringing you more details of the conference as they are confirmed. For now, mark the conference in your diary: 23-25 May, Auckland.

The next few months will see a continued focus on planning professional development events, but I also hope to have the opportunity to look more strategically at how we can meet the diverse professional developments of our members. I would like to thank Alison Stedman and Ange Leigh who have provided outstanding support for this portfolio over the last three months.



Sara Moore – Communications

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“We want to encourage you to leave Communication Matters lying around wherever you go as it’s a great tool to promote our profession.”

It's Spring already, and it's amazing how quickly time is passing. With four full issues of the new look Communication Matters magazine already published, it's time for me to hand over the reigns and responsibility to a new editor.

If you were previously receiving Communication Matters digitally, you will have noticed you are currently reading a real life hard copy. This is a deliberate move to increase our readership and shelf life. We want to encourage you to leave yours lying around wherever you go as it's a great tool to promote our profession.

The very first New Zealand Speech-language Therapy Awareness Week was a great success this year, thank you for all the time and effort that you put into it. From the emails and news coverage we've seen to date, it's clear people were talking about it. I'd love to hear about what you got up to and for your feedback about our posters, stickers and the other eye-candy we produced this year - especially the NZSTA fairtrade t-shirts. This year's awareness week winners will be announced in the

Summer edition of Communication Matters. A huge thank you to Helana Kelly and Ange Leigh for their hands on help this year.

I will be meeting with the communications representative for Speech Pathology Australia in the near future to discuss collaboration and support of our two associations, and also to move forward with the upcoming International Year of Communication 2013 plans. If you have any burning suggestions, please fire them my way.

With the appointment of a new Executive Director of the NZSTA and our new National Office, it's certainly exciting times ahead. This will see a new thrust of strategic direction and focussed momentum to push through our collective projects. The website makeover is high on the agenda with plans already underway which will see the NZSTA continuing with its professional presentation and functionality for members.

Once again, feel free to contact me with any thoughts, comments or ideas you have. My goal is to raise the profile and open the lines of communication of our profession.

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