

Communication matters



Megan McAulliffe

President's Message

Welcome to the Winter Edition of *Communication Matters*. I hope you are all coping well with the particularly cold winter we seem to be experiencing this year.

It has been some time since the last edition of *Communication Matters*. In that period, the professional development event and AGM were held in Nelson. I would like to thank Felicity Bright and Shona Powell for the organisation of this event. It was a huge success with 76 people attending the professional development event and 58 attending the AGM. I was delighted to receive a lot of positive feedback from members regarding both the seminar content and professionalism of the event. Felicity worked tirelessly to ensure the professional development offerings were both relevant to a wide cross-section of the membership and also highlighted the outstanding clinical research occurring in New Zealand. Shona's organisation skills were invaluable in ensuring it was a cost effective, successful event. Thank you to the keynote speakers, Dr Sally Clendon and Dr Tami Howe, and all of the presenters whose contributions ensured this was an excellent learning experience for all.

With the 2009 professional development event completed, now is the time to start thinking about *Wellington 2010: Practice Worth Spreading*. Organisation is well underway and it is shaping up to be an excellent conference. Keynote speakers Professor Linda Worrall and Professor Tom Klee are confirmed and I would encourage all members to consider presenting at the conference. The clinical research being conducted in New Zealand is of a high standard, it's time to start publicising it!

You are probably also aware that at the AGM, a fee increase was approved for 2010. Eighty-five percent of the members present voted in favour of this increase. While current economic times are difficult, it was clear the membership understood the need for this fee increase and on behalf of the Executive Committee; I would like to thank the membership for approving this increase. With the potential for increased staffing, we can continue with our strategic plan to build a dynamic and influential organisation. To lessen the burden for members, a part-time membership category and the ability to pay fees in instalments were also approved by the membership. A number of other constitutional amendments were passed and you can find details of these on the NZSTA website.

In May, I attended the Speech Pathology Australia annual convention in my role as President of the NZSTA. This provided an excellent opportunity for networking with our Australian colleagues and the Council of Speech Pathology Australia. Speech Pathology Australia was a gracious host and we continue to have a strong working relationship.

The Executive Committee is currently focusing on strategic issues across portfolios in addition to our general NZSTA work. Later this year, we will survey the membership in order to determine your priority areas for the Association regarding services to members and the direction of the Association. This will be followed up annually as another component of our plan to improve communication and consultation with the membership. We are still waiting to hear the outcome of our submission for registration of SLT under the HPCA Act. However, we will let the membership know as soon as we hear.

Last but by no means least, Awareness Day is fast approaching. I hope you have some activities planned for your workplaces to celebrate the vital role of SLT in our community. If not it is not too late – visit the NZSTA website for details. Awareness day is our day to celebrate and I wish you all the best.

I hope you all stay warm over the next few months!

Megan

Inside . . .

President	1
Executive Officer.....	2
Publications and Area Rep Liaison	3
Professional Development.....	8
Professional Standards	14
Public Relations.....	15
Conference and Courses	16
Situations Vacant.....	18
Executive Board.....	20





Shona Powell

Membership Update

As at 17th July 2009 there were 630 members (1st July 2008 – 541 members)

Full members	458
Provisional	61
Student	61
Non-practising	33
Associate	3
Life/Honorary	9
Professional Associations	5

(RCSLT, SPA, CASLPA, IASLT and ASHA)

You can help by encouraging non-members at your workplace to join their professional body and invite them to come along to your local area meeting. Applications can be completed on-line.

Executive Committee Meetings

The last Executive Committee meeting was held on 4th July 2009 in Auckland.

The next meeting is on 25th and 26th September 2009 in Christchurch

Minutes of Executive Committee meetings can be viewed online in the *Information for Therapists* section of the website: www.speechtherapy.org.nz

Changing your e-mail or other contact details

Because we now send out a monthly e-mail update, it is important you update your e-mail address if it changes. Separately, you should also change your e-mail address in the preferences section of the website while you are logged in. This means that if you forget your password and want to reset

it the message will be sent to the correct e-mail address.

If you are moving or changing jobs please send an e-mail with your new details to: nzsta@speechtherapy.org.nz. This will ensure you continue to receive *Communication Matters*.

Forgotten your user name or password for the website

Your username is the initials of your first name and surname in capitals followed by your membership number. If you have forgotten your password click on 'Forgot

your password' underneath the log-in bars and follow the instructions you receive via email.

Qualifications Approval

Since February 2009 the following overseas therapists have had their qualifications approved for practice in New Zealand:

Brigette Hofmann, Canada

Vanessa Parmar, UK – Provisional

Iva Stulich, USA

Mandy Ngo, UK – Provisional

Claire Phillips, UK

Lori Saunders-Rodgers, USA

Ruth Verner, UK – Provisional

We welcome these new overseas members to NZSTA and know you will make them welcome on their arrival to New Zealand and offer them assistance.

Publications and Area Representative Liaison

Greetings! As always with the Winter edition, it is difficult to believe how quickly time has flown by. However, it was great to catch up with many members at the recent Nelson PD Seminars and AGM.

As **Awareness Day 2009: Time to Talk** looms on the horizon, it is worth encouraging nation-wide participation in this important event. Recent feedback from area meetings around the country was encouraging, with a wide range of events planned for the day. Many meeting attendees noted the importance of this day in spreading the word about the work done by speech-language therapists. I am sure many of you will work hard to capture the public's imagination!

Many members have provided positive feedback on the monthly **Executive Updates**, and their usefulness as a tool for highlighting important events, updates, and projects. If you have questions about the content of these updates or are not receiving them, please contact Shona.

The **NZSTA website** continues to take up a significant portion of my time in this role, and I am pleased to announce the launch of the on-line forums for members of the

association. Information on the forums and how to use them can be found in this edition of *Communication Matters*.

The Executive Committee are currently exploring the option of moving to electronic distribution of *Communication Matters*. Some members will recall this issue was raised in the last couple of years, but was met (unfortunately) with deafening silence. However, on rejoining the association, therapists will now be required to indicate whether they would like their copy of the magazine sent electronically or via post. Remember, previous editions are also available on-line at the NZSTA website.

Another current area of exploration for the Exec is the shift in the timing of meetings during the year. Currently, members will be aware of a tight squeeze of area meetings, Executive Committee meetings, and editions of *Communication Matters* between July and February, and a drought between February and June. As changes are made to this schedule, members will be kept informed through the usual channels.

Congratulations to Waikato / Bay of Plenty for winning the Autumn "non-members



at area meetings" prize of a \$20 grocery voucher. Remember, in addition to this prize (for the most non-members attending an area meeting), there is the prize of a free membership for a member who attends every area meeting during the calendar year.

Finally, the time has come to farewell two of our long-standing student representatives. Karen Freymark and Samantha Holmes have done a fantastic job acting as student representatives for Massey University. As the first reps for the Massey degree programme, they had the difficult task of coming to grips with their role as student reps as well as building a solid base of student membership at Massey University. I'd like to thank them for their hard work, and wish them all the best for the future. I'd also like to welcome Bridget Oliver and Amanda Rosanowski on board as their replacements.

Dysphagia Clinics

Submitted by Sheela Namboodiripad & Routhelle Gaerlan, Speech-language Therapists, Lakes District Health Board

At Lakes DBH we have started a new community / outpatient program called the Dysphagia clinic. We identified four rest homes where we had the highest number of patients with dysphagia. We noted that several of the residents came back to us with repeated aspiration pneumonias. This information was reinforced by the feedback provided by spouses of some of the patients with dysphagia when we saw them as outpatients. At Lakes DHB we do not have a community SLT. We therefore realised we would need to provide a comprehensive long-term, cost effective service to our patients.

We started our Dysphagia clinic in May, where 2 SLTs ran a clinic and saw around 6-8 patients, then did an inservice following the clinic to HCAs and RNs. During the clinic we also had the opportunity to talk to RNs and HCAs in relation to follow up strategies for the patients we had seen

The emphasis on direct 1:1 immediate feedback, as well as practical strategies for nurses in cases where aspiration was suspected, has led to the clinic being a huge success. We have been asked to return for a follow-up clinic. We have established strategies for supporting the nurses in these

homes, based on the availability of SLT services.

We have since included another rest home, and have set up a plan of covering the four rest homes over a four-month period, followed by follow-up clinics. By taking this approach, we hope to prevent or reduce problems caused by the result of poor follow-up of patients with dysphagia, and reduce aspiration-related admissions.

If you have any questions please email us on: sheela.namboodiripad@lakesdhb.govt.nz or routhelle.gaerlan@lakesdhb.govt.nz

NZSTA Website: Introducing On-line Forums

The introduction of an on-line forum for current members has been an element the Executive Committee has considered since the early design phases in 2006. Following a successful year of operation of the website, I am pleased to announce the 'unveiling' of this additional tool for members to access.

Below, you will find information on how to use the forum. The forum's purpose is to provide current members with access to an on-line forum for discussing matters related to speech-language therapy practice and research, matters related to the association, and asking questions of the Executive Committee.

Accessing the On-line Forum

To enter the forum, left-click on the "forum" heading in the navigation bar at the top of the page. Once there, members will see the heading "Discussion Forum" – click on this heading to enter.

At the next level, members will be able to see the forums which they can access (e.g. members of the Executive Committee can view and participate in both the general "Association" forum and the "Executive Committee" forum). Simply click on the name of the forum you wish to enter.

Starting & Replying to Conversations

When you enter a particular forum, you should see a table with the following headings:

- Conversation: lists the name of the conversation and the creator
- Replies: lists the number of replies
- Most Recent Comment: provides the date and time of the most recent comment, as well as the name of the user who posted the comment

To view a current conversation, click on the name of the conversation. To begin a new conversation, click on the "Start a New Conversation" tab on the right of the screen.

When members enter a conversation they will be presented with a new screen, which presents the conversation messages. To reply to a conversation, there are two options: either click on the tab "Reply to This" or complete the "Quick Reply" box directly under the last posting.

When composing replies, standard Word shortcuts can be used within the text box. You can also insert hyperlinks (that's the globe icon) or create internal links (the chain icon). These latter links allow you to

create a link within the NZSTA website (e.g. linking to the Constitution).

Finally, there is a box at the bottom of the screen which allows you to upload documents. Select the "Browse" tab to do so (then follow the steps to select the document you want). There is a 100KB limit to documents.

Some Points to Consider

It is important to remember that, once members have posted a comment, they do not have the ability to retract or delete that post. However, the global administrator has the ability to do this.

The forum operates in the same way as other 'members only' access sections; general visitors to the site cannot see the contents of the forum or conversations, but all current members of the association can.

Finally, when using the forum, members are reminded to think carefully about how they phrase comments and questions. The same 'rules' of courtesy that apply to emails and other forums or blogs apply to this forum as well.

If you have difficulties using or accessing this forum, please contact Matt Walker at publicationsandareareps@speechtherapy.org.nz

Request for Photographs NZSTA Visual Resource Library

This is a request for members to send in photos of speech-language therapists at work.

This is your chance to capture and show visually the essence of speech-language therapy.

These photos will be used to build up a library to provide photos for the NZSTA website, newsletters, posters and pamphlets.

They may also be used on other websites like careers websites but their use would be controlled by NZSTA.

A consent form will need to be signed by anyone in the photograph giving NZSTA permission to use the photo for the above purposes.

This form is available by contacting nzsta@speechtherapy.org.nz

What's Happening Where We Work?

A Story of Bravery in the face of Schizophrenia and Head and Neck Cancer

Submitted by Peter Sherwin, Cathy Rolleston, and Fiona Hewerdine, Tauranga Hospital

"After 35 years in medicine, there are only a small group of patients who have triumphed in adversity. Irene was one of these patients. She reaffirmed our faith in the ability of the patient to make considered decisions about their treatment and to cope with the trials and tribulations of life and death".

This was the comment made by Irene's Otolaryngologist as part of a team of Health Professionals, caring for a lady with advanced palliative head and neck cancer, with the added component of schizophrenia. This lady touched the hearts of the team, and we wish to share this article to honour her memory, and to share our journey with colleagues.

Irene was referred to our services through the Cancer Society Nurse; identified as a possible laryngectomy, with base of tongue carcinoma that might include the "laryngeal vestibule". As the speech-language therapist, I felt very confident with pre-Laryngectomy counselling, head and neck cancer secretion management, and swallowing, however my huge learning requirement for this lady was the fact that she also carried a diagnosis of schizophrenia. I was very apprehensive about meeting her, because of this co-diagnosis, and I wasn't sure what the impact would be on my work as a speech therapist, realising that there was going to be a huge mental health component.

I enlisted the services of Cathy, who worked for the Katikati Services Whanau Cancer Support. Cathy's understanding was that she was there to support the patient. My view was she was there to support me in my anxiety. So with anxious patient and therapist, we had a short session, with many non-verbal cues of anxiety!

This was to become the first of many visits to Irene and brokered by Katikati Services until I felt able to go in alone. This was the beginning of a strong team bonding and Katikati Services were regularly present with me, the ENT Surgeon, and also interfacing independently with Hospice Services.

Our roles were multi-faceted; supporting Irene through appointments and in the outcome of the decision to not offer surgery, due to the advanced nature of the tumours. We underestimated her resourcefulness at adapting and managing change. She took things in her stride. She began to see health professionals as allies – not all the time – but we moved forward with her. Food and not eating was really difficult for her. She agonised at meal times with all the smells of food: and talked on and on about her favourite food - KFC.

Irene became a resident at the Cancer Lodge, and received aggressive radiotherapy/chemo, eventually experiencing all the post-radiotherapy symptoms relating to swallowing. She had a lot of mental health friends and visitors, and this challenged issues of confidentiality as consults were often held in the lounge with all her friends around her.

The team walked her through re-introduction of an oral intake, maintenance of speech and dressings management, interfacing closely with key team members who were an integral part of her support network. It was at this time that, with the attempt to wean her from her PEG, it became apparent that her swallowing was becoming more compromised and I initiated a videofluoroscopy. The outcome and findings identified the growth of a base of tongue tumour, which compromised swallowing. A subsequent ENT appointment led to the identification of Irene's condition as palliative.

During a joint meeting, we witnessed human resilience as Irene asked if she was going to die and, after a considered period of time, proclaimed she had had a good life. Irene received a death sentence at this meeting, and her two responses were to acknowledge the good and to thank others.

Those of us that knew a little about her background were *blown away* by her definition of a good life. Irene had grown up in an orphanage, had to face huge traumatic losses, and had been identified with schizophrenia. She had to be hospitalised in Porirua. After factory

working and some time in Porirua, Irene then had to relinquish her own daughter into care. Eventually through the energies of her sisters, Irene was brought up to sheltered mental health community services here in the Bay of Plenty. Her story is a story of survival in so many different ways and here she was faced with terminal head and neck cancer.

Over the ensuing months we supported Irene through inpatient episodes at the hospital. Irene loved her "ciggies – my only pleasure left" – just a couple of days of being institutionalised without those affected her quality of life in this palliative phase. Irene transitioned from home into a special palliative bed with a rest home; again a new and different, and all-together alien context.

Irene liked to come and see the ENT Surgeon and requested visits with him. The family came to listen and provide support and information in these forums. Their knowledge of mental health medication was paramount alongside the physical support. As a team we needed to support each other emotionally. We found working with Irene touched each of us.

Irene died peacefully. She spent time with everybody she needed to, and was supported by her family.

I learned the importance of team support, and that multi-disciplinary teams may take many different forms. As a team, we learned the importance of working with physical and mental health. The challenges brought upon us because of her schizophrenia significantly affected physical management, and the collaborative practice across those two services was paramount.

We witnessed the resourcefulness of somebody who had faced endless challenges in life, but had not been dis-empowered or intimidated by the system. I think Irene taught us the importance of seeing the person and not the disease.

The experience has, for all of us, reinforced the importance of spreading one of the key messages for people with mental health difficulties: "know me before you judge me".

Area Updates

Northland

- Farewell to Helen Mickleborough who has returned to the UK
- Welcome to Rachel Matthews who is taking up the 0.5 position at the hospital
- Michell Bonetti's private practice 'Moretalk' is looking for someone to contract for SLT work

Auckland

- 12 month fixed term position available at Kelston Deaf Education Centre.

Waikato / Bay of Plenty

Hamilton

- Sam Bryden has left the MoE:SE (Tokoroa) to take up Helen Gully's position at Patricia Avenue Special School

- Lucy Smith has left Waikato Hospital to return to England
- Morgan Demetras has joined the Waikato Hospital team

Whakatane

- Anne Robinson (MoE:SE) is working 2 days in Whakatane, and 1 day in Tauranga
- Annemarie Brewerton is now covering part of Whakatane hospital adult caseload to cover maternity leave
- Carla Knott has accepted a position with the Whakatane child development service (part time).

Rotorua / Taupo

- Sheela Namboodiripad and Routhelle Gaerlan have enjoyed hosting 2 students at Rotorua Hospital
- Kylie Gaddum (private practice) is looking to return to work after maternity leave.

- Lissa Buyske (MoE:SE Taupo) is leaving at the end of term 2 to travel overseas

Tauranga

- the Stewart Centre is now employing an SLT for up to 8 hours a week
- Tauranga Hospital Therapists have proposed a computer group for adults with communication disorders: so this is in the preliminary stages of development

Central

Gisborne Special Education Team

- Tina Pinto is back from maternity leave and works 10 hours per week
- Carmen Fairlie is working 0.8 FTE
- We welcome Kara Gourlay from the UK who started with us in February
- We also welcome Oliver Needham, who started with us in January



Therapists from Dunedin Hospital's Acute Team meet Prime Minister John Key at the Bluff Oyster Festival

- We are awaiting the arrival of Linda King from the UK who will be covering parental leave for Maria Ganal
- Currently the Communication team is trialling the Access Guideline for Communication Services. We are also familiarising ourselves with the Assessment Model for Communication as presented by Liz Doell and Jayne Moyle at the NZSTA Seminars in Nelson

Gisborne Hospital

- Started SMART training
- Revamping Rehab ward service delivery

Palmerston North Special Education Team

- Tessa Durbridge-Hunt has returned for a short term position

- Farewell to Amy McGregor
- Have held Hanen and 'It Takes Two to Talk' programmes. These have both now finished and will be run again
- Also in trial of Access Guidelines

Palmerston North Hospital

- Brigid Fay is returning from parental leave
- Biddy Robb is here for a one year contract
- Currently working towards implementation of Standardised Food and Fluid Terminology throughout MidCentral catchment

Wellington

Capital & Coast DHB welcome back Lauren Ragg who has been in the UK on a GAP year

Hutt Valley Hospital is fully staffed and welcomes newest recruit Brigid Hofmann

The Wellington Hospital acute stroke unit will open in its new location on 1 July and welcomes a much anticipated stroke physician to its service

Kapi Mana School is looking forward to new premises and an extended role

Otago / Southland

The Dunedin Hospital Acute Team went to the Bluff Oyster Festival and met Prime Minister John Key

Parents as Learners

Submitted by Annette Stock, Speech-language Therapist, Private Practice, Rotorua

This is a brief summary of a project implemented in a decile 3 school in Rotorua. Called PLAK- Parents Learning Alongside Kids, it is an innovative approach to bring parents as **learners** into a school. The motivational factor for doing so is ultimately to improve their children's literacy (communication, writing, reading, spelling, numeracy) skills by improving their own skills alongside their children.

These are parents who, when surveyed, mostly disliked and struggled in their school years themselves, but want better outcomes for their own children. How do you identify and approach parents whose literacy skills you suspect may be in need of upgrading? The easy part was saying "yes" to the principal to attend when shouldered. The hard part was to front up and walk through the school gates to begin. It took great courage and much enticement!

Fearful at first of attending sessions, parents initially hung back. Once they realised there was a friendly, supportive, "unliteracy-like," safe environment, their fears abated. Using 'everyday' resources from around the home, parents created and made the most amazing, creative, language games.

Writing the "rules" for their games was the first "literacy task" introduced. By this time the parents all knew each other well and were comfortable in the group. There was much discussion about writing succinct, sequential and grammatically correct sentences. Mistakes were made and corrections were handled with little fuss.

Studying game playing skills checklists and observing the skills necessary to be a good game player was also introduced. After practicing games with the group and their own children, the parents were then confident to introduce their games to the junior classroom. A now twice weekly event, expanded by introducing some bought literacy games, the children excitedly await and love the sessions. The teacher gives encouraging written feedback to the learners. The parents work with a small group of two or three children and rotate around in groups, which provide a wider spread of individual literacy support for the children. It also provides the teacher a great opportunity to observe the children; their participation and language use.

My role in this process included initially writing PLAK, securing funding for the programme, monitoring student progress

and organising ILPs, training and supporting parents, and promoting their work.

This intergenerational approach towards literacy has a number of positive outcomes:

- The parents become more confident, competent first teachers
- Long standing learning barriers are broken down
- Oral language as an underpinning factor towards formal literacy within a school system, is enhanced and addressed
- Relationships between the parents, the parents and their own children and the parents and other children and the parents and teachers are strengthened
- Parents model being learners (the children love it that their parents' classroom is Room 16 and come and visit)
- Speech and language development is given greater visibility within a school system. It is seen as part of the whole school literacy development

Overall, I am very pleased to report: it is a magical journey!



Since the last edition of *Communication Matters*, a number of things have happened in the PD portfolio. The Nelson Professional Development Seminar was held in May with over 75 therapists attending. It was a great event with a variety of speakers from across the discipline. Attendees reported they enjoyed a number of features of the Seminar; having one stream which meant they didn't have to choose what they attended, hearing from speakers outside their normal area of practice and the many opportunities for networking. Several therapists commented the event gave them a stronger sense of 'belonging' to the profession. The Seminar would not have been possible without the many speakers who freely gave their time to present. Thank you all so much. As always, Shona's organisational skills made the event run smoothly.

We recently held a workshop on Functional Assessment and Intervention (with Dr Bob Owens) in Wellington. In August, Dr Joan Sheppard will present two two-day workshops on Paediatric Dysphagia and we still have a few places available in Auckland and Wellington. Please refer to the website for more details. Joan will also host a teleconference on "Dysphagia Across the Lifespan in People with Developmental Disabilities". More details on this event will be released soon. This will be relevant to therapists in both education and health who work with people of all ages with developmental disabilities.

In the last three months, I have been focussing on three key areas:

The NZSTA has been developing a Special Interest Group Policy with the assistance of Stephanie Borrie. SIGs were identified as a key area for growth in the Strategic Plan and the Executive Committee has been considering how we can best support the development and organisation of SIGs. Stephanie has been researching SIGs in allied health professions in New Zealand and in SLT organisations internationally; looking at how they operate, what role the association plays and what supports are provided. The draft policy is included in this edition of *Communication Matters*. The NZSTA Executive Committee welcomes your feedback on the policy and will consider your comments when finalising the policy.

I have been developing Terms of Reference for the Professional Development Consultation Group. It is intended this group will be a reference group for the PD Portfolio Leader to consult when planning PD events. The Consultation Group will provide advice and suggestions regarding PD needs and will help promote SLT contribution to and participation in PD events.

Finally, I have been involved in planning for our biennial conference: *Wellington 2010: Practice Worth Spreading*. The conference planning committee of Kate McLean, Christian Wright and Camilla Peet are doing a fantastic job of developing the programme. Clare McCann (Scientific Programme Chair) and I are providing support as required. It is fantastic we already have the keynotes, Professor Linda Worrall and Dr Thomas Klee confirmed, and there are a number of workshops that will be offered. The call for papers will be announced shortly and we look forward to your submissions under the streams of "Innovation" and "Inspiration". A full report can be found in this edition of the magazine.

We are now starting to plan PD events for next year and beyond and as always, welcome your suggestions for the PD programme.

Auckland Speech-Language Therapy Resource Room

Submitted by Helen Higgott, Resource Room Secretary

1. AGM

Anita Hurburun is to be the guest speaker following a brief AGM to be held in the Carlson School Staffroom, 261 St Andrews Road, Epsom at 4.00pm on Tuesday 11 August. All are welcome on this occasion and the Resource Room will also be open providing an opportunity for therapists to see the many resources. Anita will talk about her research examining language acquisition in refugee and migrant children in NZ.

2. New Assessments:

An additional copy of the CELF-4 has been purchased as there has always been a long waiting list of borrowers.

b)The Pre-School Language Scales (PLS-4) has arrived and is available for borrowing.

Details of costs of hiring, score sheets and courier costs can be obtained from Katy at the Resource Room.

3. Journals

The Contents Page of the Summer 2009 edition of *Speech and Language Therapy in Practice* has been posted on the website. Reprints of articles are available.

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Clinical Query

- Palmerston North Hospital would like to work towards a specific guideline for Tracheostomy for SLT. We would appreciate any information/references to help guide our research. Please contact Jodi White on: jodi.white@midcentraldhb.govt.nz
- Alison Zani is keen to hear about any good software for adult neuro clients (Aphasia, Dysarthria, TBI, Dyspraxia). Please contact Alison on: Alison.zani@healthotago.co.nz

Auditory Processing Disorder: American Academy Of Audiology Convention, Dallas, April, 2009

Submitted by Bill Keith, SoundSkills, Contact: bill.keith@soundskills.co.nz

The topic of Auditory Processing Disorder (APD) received extensive coverage at the American Academy of Audiology Convention in Dallas in April. The Convention showcased a wealth of diagnostic and training material for APD.

The well known SCAN set of diagnostic tests has been revised, extended into the adolescent age group, and released with additional normative data as SCAN 3. The new test from the National Acoustic Laboratories in Australia, the LISN-S, which uses simulated spatially separated speech signals via headphones, is also receiving research attention.

The development of better diagnostic tools has been accompanied by the development of an enormous variety of treatment tools. Presentations covered integrated or multi-modality approaches involving, for example, the development of motor skills, through to 'brain' training and pure auditory training.

Software-based programmes and exercises that are used include PACE, Audiblox, Brain Builder, Brain Balance, Balometrics, Brain Gym, Captain's Log, Exercise Rhymes, Phenomena and SoundSmart.

David Moore of the Medical Research Council Institute of Hearing Research in Nottingham, UK, presented the interesting work of his group. He pointed out that there is no validated test of APD in the world, and that all APD tests which use speech are inevitably contaminated by higher order effects. In a study of 1600 children Moore and his colleagues tested pure psychoacoustic aptitudes. Their results suggest APD is not a pure sensory processing problem. Rather it appears to be an auditory cognitive problem, and more specifically an auditory attention problem.

In a smaller related study the researchers showed children diagnosed with specific language impairment (SLI) or auditory

processing disorder cannot be distinguished on assessment tools such as the Connors Behaviour Questionnaire and the diagnosis will tend to be SLI from a speech language therapist, APD from an audiologist and Autism Spectrum Disorder from an autism specialist.

However, despite the imprecision of diagnosis, the treatments used are similar and are usually effective. Moore and his colleagues have shown effective phonological awareness training with just six hours of exercises and, further, the learning is retained five weeks later.

These are provocative findings and conclusions, and don't yet warrant the throwing out of conventional diagnostic tests of APD. Rather, in context with all the other presentations, they illustrate the richness of current research in this intriguing area.

AphasiaNZ Conference 2009: Aphasia Therapy and Beyond

Submitted by Kate Milford, Speech-language Therapist

The AphasiaNZ 2009 Conference – "Aphasia Therapy and Beyond" is being held from 21st – 23rd October 2009 in Auckland.

We are delighted to announce registrations and calls for papers and posters are open and forms are available from our website www.aphasia.org.nz. We have two international keynote speakers presenting at this exciting event: Dr Anne Whitworth (Newcastle University) and Dr Deborah Hirsh (Adelaide).

The conference is for people with aphasia, their families, and health professionals with an interest in aphasia. There will be sessions designed for each group, as well as sessions designed for all. The conference is running over one full day and two half days, with a symposium aimed at speech-language therapists and other health professionals being held on the afternoon of the 22nd. Registration for the symposium is separate to the main conference.

Are you interested in presenting? Do you know someone with aphasia or a carer who

has an important message for others and would like to present?

The association has continued to develop its infrastructure over the past 12 months, and our website went live in June. We would be grateful for any feedback regarding the website content, layout and ease of access and navigation.

Our training package for organisations is available to be delivered. This training aims to inform and educate about aphasia, and is targeted for workplaces where staff interact with people in the community and where people with aphasia may face particular barriers to their participation and integration.

Do you know of a workplace that might benefit from training staff? Would you be interested in volunteering to deliver the training? (This is an excellent way of also raising the profile of the speech-language therapy profession, perhaps as part of SLT Awareness Day).

We are also beginning to roll out our regional support groups. These have a focus of providing people with aphasia with the ability to support each other and share strategies and information, and aim to complement the services provided by speech-language therapists and provide a means of ongoing support following discharge from therapy.

Do you know someone who would be interested in becoming a regional coordinator for a support group?

We would also like to take this opportunity to thank everyone who has supported us over the past year. Your support and enthusiasm is vital to ensuring our ongoing success and development. Thank you!

Contact us at: www.aphasia.org.nz

Email: info@aphasia.org.nz

Freephone: 0508 APHASIA (0508 274 274)

Wellington 2010: Practice worth spreading

Submitted by, Kate McLean, 2010 Conference Planning Committee

Wellington 2010: Practice Worth Spreading is the theme for the NZSTA's biennial conference to be held at Te Papa on April 22nd and 23rd, 2010. Having chosen a theme with a strong emphasis on inspirational and innovative clinical practice the intent is that this forum will provide the opportunity for us to share ideas and learn from others.

Planning for the conference is well underway with two exciting keynote speakers having been confirmed. Professor Linda Worrall and Dr. Thomas Klee will each present a plenary address and a two hour workshop.

Professor Linda Worrall will be known to many therapists working in the health and adult neurogenic areas. As a leader in implementing the International Classification of Functioning, Disability and Health into clinical practice and into research, one of Linda's main focuses

is assisting people with aphasia in participating in their social networks and communities.

Dr. Thomas Klee is a leader in the field of child language and has recently taken up a new role at the University of Canterbury. Tom has a strong focus on the identification and diagnosis of children with language impairment. He has a number of publications addressing Specific Language Impairment, language delay and disorder and models of service delivery in schools.

Another key aspect of the programme will be a number of very practical workshops focusing on significant areas of our clinical and professional practice. The committee is currently working on finalising these and is hoping to be able to give you more information through the website, *Communication Matters*, and the monthly Executive Updates.

"If an idea's worth having once, it's worth having twice" - anon.

We want to hear from you! What innovative and inspirational ideas have you embedded in your practice that are worth spreading? Please consider submitting a paper or poster presentation to share these great practice ideas with others. The call for papers will be made soon. Please visit the website for more information about the themes, the strands and to view the guidelines for the Call for Papers.

The conference planning committee invite you to take this opportunity to help inject inspiration into the practice of speech-language therapists; to share innovative approaches to familiar issues and to help develop a body of practice that is truly worth spreading nationally and internationally.

NZSTA Award Winners

A number of awards were granted in 2009. Congratulations to all the winners. The Executive Committee was delighted with the calibre of applications and was delighted to recognise the excellent work happening in the profession.

NZSTA/Medical Staffing International Award for Achievement in Speech-Language Therapy – Fiona Hewerdine.

Fiona was delighted to accept the award at the 2009 AGM. Fiona will be using the funding to attend a Palliative Care Conference in the United Kingdom. Fiona has made a significant contribution to speech-language therapy in New Zealand, both as a Team Leader at Bay of Plenty DHB and as a former member of the NZSTA Executive Committee.

Field Clinical Supervisor's Award – Gaylea Fritsch

The three university field directors were unanimous in nominating Gaylea. Gaylea frequently offers placements to students from all universities. She is a well regarded supervisor and offers a range of placement experiences for students. She has been

instrumental in developing innovative models of placement at Counties Manukau DHB.

Research Excellence Award – Stephanie Borrie

Stephanie is currently completing her PhD at the University of Canterbury, investigating listener perceptions of motor speech disorders. Stephanie will use the funding to attend a Motor Speech Disorders conference in the USA.

Student Achievement Awards were awarded to:

Sandy Yang, University of Auckland
Samantha Anderson, Massey University
Emily Jackson, University of Canterbury

NZSTA Funding Grants were awarded to:

Bianca Gordon, to attend Maggie Lee Huckabee's dysphagia workshop in Christchurch
(Kaajal Vashani), to attend Behavioural Feeding Disorders workshop in Brisbane



Fiona Hewerdine & Felicity Bright

Kaajal was not able to attend for personal reasons)

Jane Carroll, to attend the ASHA Convention and present a paper on Phonological Awareness of NZ Educators

All awards will again be offered in 2010. Applications and nominations for the awards and funding grants close on January 31, 2010. Full details are on the NZSTA website.

NZSTA / Medical Staffing International Achievement Award 2009: Speech language therapy is more than words can say

Fiona Hewerdine's research project "Putting it on the Page" is her positive response to the Bay of Plenty District Health Board's goal of providing flexible, effective patient-centred care. Her work draws on three visual tools to help people fully express themselves, which is particularly valuable for patients with impaired communication skills.

"By addressing just the physical problems a patient is facing, you're only treating a quarter of that person's needs," explains Fiona. "I believe it's just as important to address the emotional, spiritual and family needs of that person – especially in palliative care, when patients are having to face their own mortality and loss of role, function and a future."

These tools consist of a visual analogue scale, "blobby men", and Russell Withers' interactive drawing therapy. Fiona's project forms part of her Masters Degree studies, and she's currently applying to the Ethics Committee so her approach may be used in clinical practice.

Fiona's approach also has great benefits for speech-language therapists. "It takes a lot of pressure off the clinician, who

then acts as a facilitator of the client's self-expression. These tools empower the patients, and provide valuable feedback and information for the SLT to work with."

Fiona's already been working hard to present her work to a wider audience. "At one conference, I decided against standing up and just discussing theory: I wanted to demonstrate a more practical approach. So I made all 71 attendees work through the visual tools there and then, and the feedback was great. It really got them thinking about the four cornerstones of health, i.e. the physical, spiritual, family and emotional aspects."

Keen to spread the message overseas, Fiona intends to share her work with the Motor Neurone Disease Association in the UK, which would be funded by the award.

"I'd like to thank Kirsten Thomforde at Medical Staffing International for supporting the personal growth and development of clinicians, as these kinds of opportunities are very rare. Winning this award will improve clinical practices and benefit many patients."

Last year's award winner, Laura Wells, presented her work to the Craniofacial Society of Great Britain and Ireland annual conference in Ireland earlier this year.

"It was a fantastic conference and I enjoyed the presentations from therapists and from other professions involved in cleft lip and palate teams," says Laura. "Since then I've been suggesting changes at Middlemore, such as beginning an audit process to evaluate our speech therapy services. This will benefit patients, families and clinicians."

Kirsten Thomforde of Medical Staffing International adds: "There's so much quality work and research taking place in New Zealand and it's great to be able to reward those at the forefront. As well as recognising dedicated SLTs, this work as the potential to benefit so many people worldwide. Medical Staffing International is privileged to be able to contribute to the professional development of these outstanding clinicians."

For more information on the NZSTA/ Medical Staffing International Awards please visit www.medicalstaffing.co.nz.

Professional Development Consultation Group

The PD Consultation Group is being established to support the PD Portfolio Leader in planning professional development for members.

The key purposes of the group include:

- Providing advice and suggestions to the PD Portfolio Leader regarding required and/or desired PD events
- Assist in promoting SLTs' contribution to, and participation in, PD events

We seek a Consultation Group of approximately 7-10 members. As a *minimum*, we would like the following representation on the Group:

- 1 private practitioner
- 1 SLT working in disability area (including special schools or charitable organisations)

2 representatives from the health sector (i.e. employed by DHBs)

2 representatives from the education sector (i.e. employed by the Ministry of Education Special Education)

1 representative from the university sector

We are seeking members who are in a variety of positions, including those in solely clinical roles and those in supervisory and management positions. We welcome members with a range of experience, from new graduates to senior therapists.

It is intended the group would use email and the NZSTA website forum as the primary communication tool, with occasional teleconferences as required. We anticipate a time commitment of up to 10 hours per year. It is an excellent way to get involved

with the NZSTA and to contribute to the development of our PD programme.

The initial term of appointment is until April 30, 2010.

If you are interested in being on the PD Consultation Group or would like more information, please contact Felicity Bright.

If you are applying to be a member of the group, please provide:

- information about your current role
- your previous experience (such as a brief CV)
- a summary of why you are interested in joining the Consultation Group

Applications must be received by August 21st 2009.

Special Interest Group (SIG) Policy

The NZSTA identified the importance of SIGs in its Strategic Plan (2007 – 2012). This Executive Committee has been working to develop a SIG policy outlining the role of the NZSTA in SIG development and operations. It is informed by SIG policies from a range of professional associations both in New Zealand and overseas.

We have developed a draft policy (below) and are now putting it to members of the NZSTA for consultation. Comments regarding the policy and suggestions for how it could be further developed are welcome and must be made in writing to Felicity Bright by **28 August 2009**. These will be considered and, where appropriate, incorporated into the policy. The SIG policy will be finalised at the September Executive Committee meeting.

Background

Special Interest Groups (SIGs) develop from the needs of individual clinicians to share information and developments within specialist areas. They are recognised and supported by the NZSTA as an accessible means for continuing professional development and maintaining skills.

SIGs are open to all members of the NZSTA in New Zealand and overseas and all non-NZSTA therapists in New Zealand. They are run independently of the association but in the interests of quality assurance, as well as improving information to members, NZSTA strongly encourages SIGs to register with the association. There are significant benefits from registering with the NZSTA.

Each SIG is unique in its formation, style of meetings and agenda. However, all SIGs must operate in a professional manner and demonstrate true value in professional development. SIGs are organised by small self-selected committees (2-4 individuals). SIG details are held on a database with the NZSTA, and the Professional Development Portfolio Leader and Executive Officer will deal with all SIG-related business.

Benefits Of Sig Membership

The benefits of SIG membership include:

- Cost and time effective professional development.
- Sharing evidence based practice e.g.

ways of working; advice booklets.

- Sharing of resources.
- Networking – access to advisers/colleagues working in similar areas.
- Clinical advice and support.

Opportunities to:

- Participate in study days organised by the group.
- Contribute to standard setting and the development of guideline recommendations.
- Give presentations
- Develop leadership skills via involvement in committee work.
- Address skill gaps.
- Staying up to date.
- Accessible, inexpensive, value for money.

The benefits of being registered with the NZSTA include:

- NZSTA endorsed continuing professional development (CPD points).
- Assurance of quality of SIG.
- Assistance with setting up e-mail-based group communication forums.
- Provision of teleconference link (access to 2 teleconference calls per year – as many sites as required can dial into these calls).
- Free advertising in *Communication Matters* magazine.
- Notice of events on the NZSTA website.
- Opportunities to apply for SIG funding to support PD events (i.e. guest speakers).
- Opportunities to present at NZSTA PD events.
- Time for meetings at NZSTA PD events.
- Established protocols for organising a SIG PD events/study days.

Requirements for SIGs

- SIGs are required to re-register on an annual basis by March 30th each year.
- SIGs will be given a registration number that should be quoted on all

correspondence.

- The group should be concerned with a specific interest in speech & language therapy, which should be clearly identified in the Terms of Reference of the SIG.
- The SIG should draw up a Terms of Reference and should have a named committee (2-4 individuals committed to oversee the running of the SIG).
- Members of the SIG will be required to pay an annual fee. The proposed fee is \$20 for NZSTA members and \$50 for non-NZSTA members. Members of multiple SIGs will receive a discount. The fee will cover the cost of operating the SIG (such as refreshments, teleconference access, speakers' fee, and access to funding for events).
- A SIG may be constituted on a Regional or National basis. The committee must reflect the professional and geographical diversity of the SIG membership.
- A registration form and annual report guidelines will be sent out to all registered SIGs at the appropriate time. Failure to submit an annual report which details the SIG activities and evaluation of how these have supported SIG members and the completed registration form by 30 March each year will mean the SIG is no longer registered and details will be removed from the database.
- If money is collected for specific professional development/study days, each committee will be required to have a Treasurer (who must hold NZSTA membership). The Treasurer of the SIG will be responsible for holding and managing the accounts. Accounts must be maintained in an accepted manner, and there should be a clear statement of disposal of funds if the SIG closes.
- The SIG must update the NZSTA of any changes in committee personnel.
- Proposed changes in the SIG name or Terms of Reference must be given to the NZSTA.

Health Research Council Grant Success for Motor Speech Research

Dr Megan McAuliffe was recently awarded \$150,000 from the Health Research Council of New Zealand to conduct a three year study titled "Factors influencing older listeners' comprehension of dysarthric speech". The research, to be conducted with Professor Tim Anderson (Neurologist, Van der Veer Institute for Parkinson's and Brain Research), will examine the effectiveness of current rehabilitative techniques in dysarthria from the perspective of the listener.

At present, there is limited evidence for the success of speech intervention for individuals with dysarthria. This study is the first of its kind internationally and aims to determine: (1) if current speech intervention techniques result in significant improvements to older listeners' ability to comprehend dysarthric speech and (2) if older listeners' comprehension abilities can be predicted from age, cognitive processing, and working memory. The

findings of this study will provide critical evidence to underpin the improvement of existing intervention strategies and the development of new speech rehabilitation techniques.

The project funding will begin on 1st October 2009. Megan and her research team are presently trying to determine the feasibility of applying for national ethical clearance for the project (instead of limiting it to Canterbury). We are also looking to work with SLT departments across New Zealand in the recruitment of participants for this, and other, projects currently being conducted in the laboratory. We will be looking for individuals with moderate through to severe dysarthria (of any aetiology), who are native speakers of New Zealand English. If your team is seeing individuals who may fit these criteria, we would like to talk with you. Any assistance you could offer in the development of this

research is greatly appreciated. Please contact Megan on 03 364 2987 ext. 7075 or at megan.mcauliffe@canterbury.ac.nz to discuss the project.

The Motor Speech Disorders Research Laboratory at the University of Canterbury has grown rapidly over the last 18 months. Work from the laboratory is now funded by both the Health Research Council and Neurological Foundation of NZ. While this funding is crucial to the further development of this research stream, it also serves to highlight the SLT profession at a national level. We would very much appreciate your assistance in ensuring that this research is successful and results in continued funding for SLT research in New Zealand. Details of this research and that of postgraduate students working in the laboratory will also be submitted for presentation at *Wellington 2010: Practice Worth Spreading*.

New Standardised Definitions and Terminology for Texture Modified Foods and Fluids

Submitted by Molly Kallesen, Speech-language Therapist, Capital & Coast District Health Board, Contact: molly.kallesen@ccdhb.org.nz

Variability in terminology used to identify texture modified foods and fluids has been an issue internationally for at least as long as speech-language therapists have been working in the area of dysphagia. In a survey completed in Australia alone, researchers identified 39 different labels for fluids and 95 labels for food textures. In response, Dr. Julie Cichero and Michelle Suiter, in conjunction with Speech Pathology Australia, Dietitians Association of Australia and Nestle Nutrition, led a project to create standardised terminology to be used across Australia.

The NZSTA and the New Zealand Dietetic Association (NZDA) both agreed to adopt the proposed terminology in 2007 and 2008 respectively. In October 2008, the SLT Health Leaders' Forum recommended that health services across New Zealand implement the new terminology for texture modified foods and fluids. As a result, a small working party was formed, which included Maria Ross (Team Leader for

Nutrition and Food Services at Waitakere Hospital) and Molly Kallesen (SLT Team Leader at Capital and Coast DHB). The group operated with the support of the NZSTA and the NZDA and its aim was to create a resource pack that could be used nationally to implement the new terminology across a variety of settings, including hospitals, schools, rest homes and group homes.

The completed resources are available for download on both associations' websites and include:

- a Powerpoint presentation to support training in the new terminology
- A3 posters with terminology and photos of consistencies available in colour and black and white
- copy of the original article from *Nutrition & Dietetics*
- a list of tips for implementing the new terminology in your facility
- Diet information sheets – Soft Diet,

Minced and Moist Diet, Smooth Pureed Diet (fluid information sheet are coming soon)

We encourage you to visit www.speechtherapy.org.nz and look at the presentation and other resources. Speak to the SLTs and Dietitians in your area and find out the plan for implementation. Some DHBs have already moved to the new terminology and it is anticipated others will follow this year. We hope all workplaces using texture modified diets and fluids will move to the new terminology so we are all speaking a common language.

We would like to thank the NZSTA and NZDA for funding the design of the poster.

If you have any questions relating to the new terminology, please contact Molly Kallesen.

Cichero, J., et al. (2007) Texture-modified foods and thickened fluids as used for individuals with dysphagia: Australian standardised labels and definitions. *Nutrition & Dietetics*, 64(Suppl 2), S53-S76.



Clare McCann

It is proving to be a rather cold (and wet, for those in Auckland) winter so far. At least the ski fields will be happy. The Professional Standards portfolio has been busy since the AGM and extremely successful PD event in Nelson. I am grateful to all those who attended this event and contributed by way of presentation and/or general discussion. There was certainly something there for everyone. As an SLT who works primarily with adults I was particularly pleased to be able to learn a great deal from Sally Clendon's insightful and engaging presentation on "Principles Underlying Comprehensive Literacy Instruction for Children with Complex Communication Needs".

PAC

The Programme Accreditation council met in Nelson in April 2009 to review the Annual Reports from the three universities. I am delighted to report that all three programmes were recommended for continued accreditation for the next twelve months. The Council met again in early

July to begin the process of revising the Programme Accreditation Framework. The deadline for this is December 2009 (as The University of Canterbury needs to have the framework well in advance of their next Site Visit in 2011). This is an important undertaking which will take some time to complete. We are fortunate to be able to benefit from equivalent documents made available by the other Associations of the MRA agreement. We have already revised the timeline for reporting, reviewing the reports and giving feedback on the review. This should speed up the process considerably allowing each programme to benefit from the feedback and make any recommendations to their university in a timely fashion.

An ongoing issue for PAC (and perhaps the profession as a whole) is the consideration of DC hours alongside competency-based assessment in the education of students. We have an obligation under the MRA to collect evidence of clinical work with different populations. It is therefore important for students to begin this process as early as possible.

Additionally, as a profession, we need to ensure that we continue to provide a good range of clinical placements for our students. There has been some informal feedback from the student body that they would like a greater range and number of placements so they do not have to rely on university-based clinical experiences. While university-based clinics are a vital component of learning (especially in the early stages), they provide a less realistic clinical experience than can be gained in off-campus settings. I'm sure you would agree that the better prepared students are for the workplace, the more competent they will be as clinicians.

HPCAA

The review of the Health Practitioners' Competence Assurance Act (2003) was

completed in early June 2009, when the review document was tabled in the House. Disappointingly, the NZSTA was not included on the list of organisations that contributed to the review process. We are grateful to Shona Powell for contacting the Ministry of Health about this oversight. Now the review process is complete, we are awaiting a response to our application for consideration under the Act. I know that many members are eagerly awaiting news of this. I can assure you the Executive is also very keen to learn the outcome of our application and we will be contacting the Ministry again soon if we haven't heard anything.

Scope of Practice

I am delighted to report nine people have volunteered to be involved in a working group to develop a New Zealand specific Scope of Practice. It is envisaged this will be a rather brief document (approximately 2 – 4 pages), and supplemented by a considerably larger document which provides more detailed guidelines of practice. Megan McAuliffe and I met with Vickie Dawson (at the Speech Pathology Australia conference in May 2009). Vickie holds the equivalent portfolio of Professional Standards for Speech Pathology Australia. It was a very open and frank discussion about the issues (and potential pitfalls) of developing a Scope of Practice and the need to be inclusive in order to capture all aspects of the work SLTs may do. My plan is for the working group to develop the Scope with the knowledge they have available to them, but to call on others with expert knowledge in a particular field as/when necessary.

Once again, we are fortunate to have copies of the relevant documents from several other SLT Associations. The ASHA equivalent document is known as the *Preferred Practice Patterns*; Speech Pathology Australia call theirs *Parameters of Practice*; and RCSLT uses *Communicating Quality 3*.

It was great to see so many of you in Nelson in April. Being there reminded me of the importance and enjoyment of face-to-face social interaction and interpersonal relationships to reflect on the past and to stimulate thinking for the future.

I particularly enjoyed Andrew Dickerson's presentation on working with the media. Andrew has extensive experience working in the health sector and his current position on the Canterbury District Health Board and recently as Chief Executive of Age Concern Canterbury have required regular interactions with the media. A summary of some of the key points Andrew raised include:

Why should we communicate with the media?

- To advocate for the needs of our clients
- To develop public support and shape public opinion
- To disseminate research findings

What makes a story newsworthy?

- Human interest (e.g., many of our clients' battle to overcome communication impairments)
- Topical, novel or quirky stories
- Link with other events (e.g., Awareness day activities)

How do we develop relationships with reporters?

- Make personal contact (e.g., phone to introduce yourself).
- Invite them as guests to events (e.g., presentations, conferences).
- Provide clear details of events (e.g., background information and location).
- Organise a 'chaperone' to ensure they are treated well.

What are potential media to target?

- Newspapers; daily, weekly and community. Current affairs, opinion, features and letters to the editor.
- Radio; National, Commercial, Talkback, Community.
- TV; Commercial (e.g., Breakfast, Sunrise, Campbell Live, Close-up), Drama, Community.
- Internet; news (e.g., Stuff), career sites, social networking platforms (e.g., Facebook, Twitter, YouTube etc).

As an organisation, we must be clear about our overall goals for media coverage and the goal of each message we attempt to disseminate. Thanks Andrew for an informative and inspiring presentation!

I recently helped organise a conference on Assistive Technology. As part of this conference, a young man with cerebral palsy presented about his use of an eye-gaze system to communicate. A week beforehand, I phoned a number of media personnel to inform them about the presentation. I heard nothing back until a photographer from the local newspaper arrived as the presentation started. I was surprised to note there was no reporter present. However at 9pm that evening I received a phone call from a reporter asking questions about the presentation. During our conversation, I made sure the reporter knew I was a speech-language therapist. Two days later an article with two photographs appeared in the Press with a quote from a speech-language therapist. So a challenge for us all is to develop relationships with reporters and ensure our profession receives the coverage it deserves.



Dean Sutherland

In feedback from area meetings, a number of members commented about workplace agreements that restrict or prohibit their ability to contact media personnel. This is an important issue, particularly around areas such as concerns over service delivery for children. However, one way to approach this at a local level is to convey positive people-focused stories. Approach your client/s and your management team about presenting these stories to the media in order to highlight the benefits of speech-language therapy. This approach will build support for our work and perhaps contribute to solving some of the negative issues that confront us.

Thank you for supporting Awareness Day 2009 - 'Time to Talk!' Well done to those of you who have put your plans together and requested funding and resources. For others, if you require some resources contact Shona and we'll see what we can do. Please get together with your colleagues and create something special around Awareness Day. I look forward to hearing about the experiences you generate on August 28th.

Workshop - Topics in Paediatric Dysphagia in Infants and School Aged Children

Presented by Prof Justine Joan Sheppard, Ph.D., CCC-SLP, BRS-S

Speech Pathology, Department of Biobehavioral Sciences at Teachers College, Columbia University

11th and 12th August 2009, Wellington

One day registration is available

9.30 am to 4.30 pm - registration from 9 am

This workshop will be at an intermediate level. It is appropriate for students, practicing clinicians, teachers and others with experience with and/or knowledge of dysphagia.

Full information and a registration form is available on the website: www.speechtherapy.org.nz

Registrations must be received by 7th August 2009

Association Rebranding

Submitted by Dean Sutherland, Public Relations Portfolio Leader, NZSTA

As mentioned in previous reports, I am planning to develop the NZSTA brand and images. Our brand and images should reflect who we represent, what we do, where we have been and where we are going. They should also be attractive, meaningful and memorable; something each of you can be proud of and knowledgeable about. I would also like this brand to become familiar to the people outside the organisation. Our current branding does not achieve this.

Take a moment and close your eyes. Now think of the NZSTA. What images or thoughts come to mind? Try repeating this exercise with names such as Nike, Air New Zealand, the All Blacks or the Heart Foundation. Was it easier for you to conjure up images and thoughts around these common brands? Obviously we are not in the same league or business as these organisations; however, I firmly believe we can develop a brand that is easily recognised. Our brand must support the recruitment and retention of members, highlight our vital profession, inform our

stakeholders and communicate with the general public.

Our current brand is reflected in our logo, publications and even in our conversations about our organisation. Our logo is historically important and for some members has special meaning. However, if you present this logo to many members and people in the street, very few are able to guess or describe the link between the logo and the organisation that it represents. The colours and images used in our publications (e.g., *Communication Matters*) are also an important part of our branding. In recent years, a series of spirals and blue colouring were added to our brand. However, the link between these images and our organisation are still not apparent to people outside the NZSTA. Obviously a big part of branding is how it is communicated with members and the wider community.

Developing a brand takes time and money; two resources in short supply. The first step is to develop a logo, theme and/or words that reflect our organisation. To ensure this

can be completed for minimal cost (i.e. no expensive graphic design companies!), the Executive Committee has developed a competition for secondary school students which will run through to September. I have distributed a 'brief' to a number of secondary schools, asking for senior art and marketing students to submit entries to the 'NZSTA Brand Competition'. From these entries, the Executive Committee will determine suitable winners. Once a new logo and brand have been developed, they will be presented at the next AGM in Wellington 2010 for ratification. Then the job begins in communicating our brand to members, potential members and the wider community.

I welcome any feedback you have about this process or suggestions for the content of our brand and images. It is critically important that each of you has the opportunity to contribute to this process. Please send your thoughts or suggestions to me at publicrelations@speechtherapy.org.nz.

Conferences and Courses

August 4th – 5th 2009, Auckland
August 11th – 12th 2009, Wellington

Topics in Paediatric Dysphagia in Infants and School Aged Children - Workshop

Presented by Prof Justine Joan Sheppard, Ph.D., CCC-SLP, BRS-S. Speech Pathology, Department of Biobehavioral Sciences at Teachers College, Columbia University. Organised by NZSTA with more information available at www.speechtherapy.org.nz

August 28th 2009

Management of Stuttering in School-Age Children Workshop

Kauri Room, Ministry of Education, 39 Princess Street, Christchurch. 9am to 5pm.

Dr Anna Hearne, The University of Sydney and Tika Ormond, University of Canterbury. More information regarding registration is available from Jayne Moyle at jayne.moyle@minedu.govt.nz

October 1st – 4th 2009

NZ Association of Teachers of Singing (NEWZATS) - 21st Annual Professional Development Conference, Hamilton.

Keynote Speaker Dr Scott McCoy – Your Voice: An Inside View. More information is available at www.newzats.org.nz

21st – 23rd October 2009

AphasiaNZ Conference – “Aphasia Therapy and Beyond”, Waipuna Lodge, Auckland.

Two international keynote speakers - Dr Anne Whitworth and Dr Deborah Hirsh. More information is available at www.aphasia.org.nz

August 26th – 29th 2009

8th Pan European Voice Conference PEVOC8, Dresden, Germany.

The professional voice in communication today – towards the integration of science and voice education. More information is available at www.pevoc8.de

October 22nd – 23rd 2009

Irish Association of Speech and Language Therapists Biennial Conference, Galway, Ireland

More information is available at www.iaslt.com

November 6th – 8th 2009

IALP 3rd International Symposium on Communication Disorders in Multilingual Populations – Cyprus.

More information is available at www.ialp.info

November 19th – 21st 2009

2009 ASHA Convention: Two Professions - Powerful Partners, New Orleans, USA

More information is available at www.asha.org/events/convention/

April 22nd – 23rd 2010

New Zealand Speech-language Therapists' Association Biennial Conference, Wellington 2010: Practice Worth Spreading.

Will be held at Te Papa from April 22nd - 23rd 2010. Two international keynote speakers - Professor Linda Worrall and Dr Thomas Klee. More information is available at www.speechtherapy.org.nz.

August 22nd – 26th 2010

28th International IALP Congress, Athens, Greece

More information is available at www.ialpathens2010.gr

APHASIA ASSOCIATION OF NEW ZEALAND (AphasiaNZ) INC.
PO Box 24137, Royal Oak, Auckland 1345

Freephone: 0508 APHASIA (0508 274 274)

Website: www.aphasia.org.nz

Email: info@aphasia.org.nz



AphasiaNZ Conference – “Aphasia Therapy and Beyond”

21st – 23rd October 2009

At Waipuna Lodge, Panmure, Auckland

We are delighted to announce that registrations and calls for papers and posters are open and forms can be downloaded from our website www.aphasia.org.nz. We have two international keynote speakers presenting at this exciting event- Dr Anne Whitworth, from Newcastle University in the UK; and Dr Deborah Hirsh from Adelaide in Australia.

The conference is for people with aphasia, their families, and health professionals with an interest in aphasia, and is being held over one full day and two half days, with a symposium aimed at Speech Language Therapists and other Health Professionals on the afternoon of the second day. Registration for the symposium is separate to the main conference.

Are you interested in presenting?

Do you know someone with aphasia or a carer who has an important message for others and would like to present?

We look forward to hearing from you!

Contact us at : www.aphasia.org.nz
Email: info@aphasia.org.nz
Freephone: 0508 APHASIA (0508 274 274)

Advertising Information

Schedule of Rates (GST exclusive)

Size of Advertisement	Communication Matters	NZSTA Website
Full page 17cm x 26cm	\$400	Job vacancies - \$500 for one month
Half page 8.5cm x 26cm or 17cm x 13cm	\$300	Private Practitioner Listing \$88.89 per annum for members or \$355.56 per annum for non members
Quarter page 8.5cm x 13cm	\$150	Recruitment Agencies - \$700 per quarter or \$2,800 per annum

For full information about advertising in Communication Matters or on the NZSTA website please go to www.speechtherapy.org.nz/about-nzsta/how-to-advertise-with-nzsta

Closing Date

The closing date for receipt of advertising and articles for the next edition of Communication Matters is 7th October 2009 and items should be sent to the Executive Officer, email: nzsta@speechtherapy.org.nz

Disclaimer

NZSTA reserves the right to refuse for inclusion in Communication Matters or on the website, any articles or advertisements which are contrary to the NZSTA Code of Ethics. Unless formally stated to the contrary, acceptance and publication of material and advertising does not imply endorsement of views, positions, programme or product by NZSTA.

Theming Graphic – Front Cover

The graphic symbolises communication – soundwaves. It has a slight ethnic influence to include all cultures. Association colours of blue and gold have been retained.

Speech-language Therapy Awareness Day - 2009

Friday, 28th August

“Time to Talk” Media Coverage Prize

A media prize is up for grabs for a workplace or individual that receives outstanding media coverage surrounding Awareness Day 2009. To be eligible for this prize, workplaces or individuals must submit evidence of media coverage to the NZSTA by Friday 11th September 2009. Entries will be judged by the Executive Committee according to the following criteria:

- variety of media coverage (e.g., number and type of exposures such as newspaper, internet, radio or tv)
- breadth of coverage (e.g. local or national circulation)
- impact of coverage (e.g. front page or novelty/ creativeness)

If you have any questions, please contact Shona Powell at nzsta@speechtherapy.org.nz or Dean Sutherland at publicrelations@speechtherapy.org.nz



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- Appointees will work closely with audiologists and other professionals within our team and the wider professional community to contribute to the provision of a comprehensive range of clinic-based diagnostic and home-, clinic- and school-based treatment services.
- Our base clinic is located in the School of Population Health at the University of Auckland Tamaki Campus. We maintain strong ties to the departments of Audiology and Speech Science in the university.
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- Inquiries concerning opportunities in other locations in Auckland and other regions are also invited. As we expand there are likely to be short and long term, part-time and full-time employment positions as well as franchised ownership opportunities.

For further information contact Dr Bill Keith at bill.keith@soundskills.co.nz

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