

Communication matters



Megan McAulliffe

President's Message

We were deeply saddened to hear of the death of Professor Sir Donald Beaven on 4th November 2009. In his passing, the profession has lost a tireless advocate and many of us have lost a dear friend. As a physician, Professor Beaven had a long and distinguished career in the field of diabetes – this was recognised when in 2005 when he was made a Distinguished Companion of the New Zealand Order of Merit (DCNZM). Later in his career Professor Beaven became a passionate advocate for those with communication disorders. He joined the University of Canterbury's Department of Communication Disorders in 1989 and, as an Adjunct Professor, participated actively in the life of the Department. Professor Beaven also regularly advocated for people with communication disorders at a national level, particularly through his network of contacts in Wellington. In recognition of his services to the profession of speech-language therapy, Professor Beaven was made an Honorary Member of the NZSTA in 2007. A memorial service will be held for Professor Beaven in Christchurch on the 18th December. I will attend on behalf of the NZSTA. The Executive Committee is currently discussing ways to honour Professor Beaven's contributions to the profession. We welcome your feedback.

In other news, we recently regretfully accepted the resignation of Matthew Walker from the Executive Committee of NZSTA after almost four years of service. Matt's contributions to the association have been numerous and far reaching and include the development of the email update, launch of the website in 2008 and editorship of Communication Matters, not to mention his liaison role with area representatives. On behalf of the Executive Board and members of the NZSTA, I would like to sincerely thank Matt for his contributions to the Association and wish him all the best in his future endeavours.

During November, I attended both the Health Leaders Forum and ASHA Convention in my role as President of the NZSTA. The Health Leaders Forum provided a great opportunity to discuss the latest NZSTA developments and to consult with the Health Leaders on priorities for the profession. One issue that was discussed in detail was potential registration of the profession. It appears likely that the Ministry will not be informing those professions awaiting outcomes of the review of the HPCA Act until early 2010. I was also fortunate to attend the ASHA convention in New Orleans. The annual President's Lunch was a highlight and enabled networking and discussion with Presidents of other international associations. In December, the Executive Committee met in Dunedin – we had a very enjoyable evening meeting with members in the area. Thank you to those of you who attended.

Finally, my best wishes to all for a safe and enjoyable holiday season.

Megan

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Shona Powell

Membership Renewal

Thank you to those members who have already renewed their membership for 2010. Don't forget your membership must be renewed by 31st January 2010 or your membership will be terminated. Payment by monthly instalment from your credit card is now available for all membership subscriptions, except student. Full information is available on the website. If you have any questions please contact me at nzsta@speechtherapy.org.nz

As part of your membership renewal you can now elect to receive *Communication Matters* as an electronic version. This saves on printing and distribution costs and is more environmentally friendly. It also means that you can build up a library of past issues electronically which makes it easier to search for articles. If you want to take up this option please signal this on the renewal form. For those that wish to continue receiving a hard copy of *Communication Matters* in the post this can also be elected as an option on the form.

As at 10th December 2009 there were 671 members.

Next Executive Committee Meeting

February 12th and 13th in Christchurch

Association Activities

October

- Meeting of ACC Rehabilitation Providers Liaison Group in Wellington on 28th October – NZSTA represented by Emma Powell
- Allied Health Professional Associations Forum meeting – NZSTA represented by Stella Ward

November

- Abstract submissions for Wellington 2010 closed on 20th November 2009 and were forwarded to the Scientific Committee
- Membership renewals for 2010 e-mailed out
- Scope of Practice working group held their first teleconference to develop a NZ specific Scope of Practice

December

- Executive Committee meeting held in Dunedin on 4th and 5th December
- Get-together in Dunedin held with local members on Friday 4th December. Thank you to those that attended it was good to catch up and talk about issues face-to-face.
- Allied Health Professional Associations Forum meeting – NZSTA represented by Shona Powell
- Teleconference on developing a language assessment for young children: the New Reynell presented by Prof Susan Edwards
- Teleconference on two aphasia treatments presented by Prof Susan Edwards
- Combined Programme Accreditation Council/Heads of Programme meeting held on 11 December

Executive Representation Activities

- Discussion with Ministry of Health regarding ongoing delays in a decision on registration under the HPCA Act 2003. It is now anticipated that a decision will not be reached until the early part of 2010
- President and Public Relations Portfolio Leader presented the Media Coverage Award to the SLT team at Christchurch Hospital.
- Presentations given at the Health Leaders Forum in October by the President and Professional Development Portfolio Leader
- President attended the ASHA Convention in November
- Informal meetings held with international speech-language therapy/pathology associations, including IALP, CASLPA, and The Netherlands.
- The President chaired the combined Programme Accreditation Council and Heads of Programme meeting in early December
- The President will be attending Professor Sir Don Beaven's memorial service in Christchurch on 18th December

Qualifications Approval

Since September 2009 the following overseas therapists have had their qualifications approved for practice in New Zealand:
Alison Cooper, UK
Samantha Schupack, USA
Jennifer Thoms, UK

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

As you may be aware from the e-mail update earlier this month, this portfolio is vacant at the moment. See the Presidents report.

Websites of interest which were previously published in Communication Matters will be added to the website to build up a valuable resource over time. Look for them in the

Resources section of the website. Please continue to send in details of websites you come across.

Ali McCormick, one of the Canterbury area representatives has decided to step down so we take this opportunity to thank her for her work in this role. Tika Ormond

will continue in the role by herself in the meantime.

Along with this issue of Communication Matters is the 2009 edition of the New Zealand Journal of Speech-language Therapy. Thank you to the contributors to this journal and to Mike Robb as Editor.

Area Updates

Student Representatives

The student representatives have developed a proposal for the Executive Committee to consider around developing the relationship between the Association, student representatives and students. This proposal is being considered at the moment and a plan will be put in place for the start of the new student year.

Auckland

- The SLT team at Therapy for Children are planning to organise an informal "SLT Knowledge Cafe" as a forum for clinical discussions, sharing of good practice/ ideas, offering SLT peer support and perhaps some professional development. Further details will be available early next year

Waikato/Bay of Plenty

- The implementation of national standards for labelling food consistencies at Tauranga Hospital and Nursing Homes in the area is going well
- Intensive interaction has been implemented at Kaka Street Special School
- The Bay of Plenty and Waikato District Health Boards are working towards a regional resource database as an intranet

Wellington

- Capital and Coast District Health Board community based SLTs have successfully run their first aphasia group

- SLTs at Wellington Hospital are very involved in the new Medical and Assessment Planning Unit. This is a new short stay area designed to facilitate improved diagnostics and early discharge
- Molly Kallesen would like to let members know that Nestle is removing its thickened products from the NZ market including Resource Thicken-Up and the pre-thickened drink cartons. The final withdrawal date is 1st April 2010 but there may be low stocks before that date. If you have any questions regarding alternatives, speak to your Dietitians or contact Molly at molly.kallesen@ccdhb.org.nz

Implementing the Lee Silverman Voice Treatment (LSVT) programme to improve communication for people with Parkinson's disease.

submitted by Elizabeth Gibson and Margaret Sargent (SLTs at The Princess Margaret Hospital, Canterbury DHB)

Implementing the Lee Silverman Voice Treatment (LSVT) programme to improve communication for people with Parkinson's disease at The Princess Margaret Hospital (TPMH) won the speech-language therapy (SLT) team a quality award within the Canterbury District Health Board (CDHB). The project won the Hospital and Specialist Service category at the 2009 CDHB's Quality Improvement and Innovation Awards last month.

The project began with the implementation of LSVT and expanded into the development of further groups for people with Parkinson's disease within the Older Person's Health Specialist Service (OPHSS) as this service underwent significant changes. LSVT was first implemented at TPMH in 2006 following the Christchurch-based LSVT training course held by the University of Canterbury. The service changes enabled the SLT team to focus on improving services for people with Parkinson's disease.

In 2008 a small clinical research project was conducted to determine the effectiveness of LSVT clinically, as patients sounded louder and clearer post-treatment and were more confident in their communication. Spouses and family members also reported positive changes to communication interactions. The data from 15 patients seen between January 2007 and June 2008 was analysed statistically and found to be clinically significant. As a group, the patients

averaged 60dB for conversational volume pre-treatment compared to 69.5dB post-treatment. One spouse reported that her husband was 'talking and sharing more and we've had the happiest four weeks in a long time'. The results were presented at an OPHSS forum to allied health and medical staff. This resulted in positive feedback, increased awareness of the communication difficulties for people with Parkinson's disease and increased referrals.

Further LSVT data was collected over the next year and referral criteria were refined. This resulted in the development

of a communicative effectiveness group for those with Parkinson's disease who were unable to participate in LSVT due to travel, cognitive or fatigue issues. A second development was establishing a follow up group for those who completed LSVT for continued support to maintain their speech skills. The project also led to closer links with the Multiple Sclerosis and Parkinson's Disease Society in Christchurch resulting in a planned maintenance group project for 2010. SLT is only a small part of the interdisciplinary needs of a person with Parkinson's disease and we hope the

project has sparked an interest among the wider team to develop a clearer pathway for people with Parkinson's disease within the OPHSS.

The award gained the OPHSS SLT team significant recognition throughout the CDHB and \$3000 prize money for professional development and educational purposes. It was a rewarding experience in learning about project development, the importance of evidence-based practice and being able to promote the SLT profession and have our services acknowledged.

Updated Oral Hygiene Guideline at MidCentral District Health Board

submitted by Jodi White, SLT, Star Centre, MidCentral District Health Board

We all know the research – poor oral hygiene is one of the most significant risk factors for the development of aspiration pneumonia. For those of us who work in hospitals, the sight of dry, cracked lips, secretions adhered to the hard palate, and white coated tongues can be all too common. The number of times we get referred patients for swallowing assessments that cannot be initiated until the oral dysfunction has been addressed are too many. There can be many reasons for oral dysfunction to occur but there are ways for it to be controlled effectively. This was the impetus behind the revision of MidCentral's Oral Hygiene Guideline.

MidCentral DHB had an outdated Oral Hygiene guideline going back to 2002. Brigid Fay (Professional Advisor SLT) and one of our Clinical Nurse Educators began to revise the document in 2006. Over a period of two years the document went through a number of committees and medical professionals to ensure best practice and the most appropriate information was included. The updated guideline was adopted in October 2008. This coincided with the introduction of a number of new oral care products. After researching the different products available and going through the Product Evaluation Committee process we decided to purchase

all our products via MiP (now USL Medical), these are the Sage mouthcare products. We now routinely use treated/untreated toothettes®, mouth moisturiser®, suction toothettes®, suction toothbrushes®, and perox-a-mint® as required.

We wanted to ensure maximum uptake of the guideline and products, and to promote appropriate and routine oral assessments and hygiene cares. The SLT team at that time consisting of Jodi White, Annette Coulter, and Natalie Oakley with assistance from the Clinical Nurse Educator Marise Clark and USL Medical Product Manager John Paul provided a series of education events throughout the MidCentral Health Centres. Over a one month period approximately 45 education sessions were held throughout Palmerston North Hospital and Horowhenua Health Centre. The sessions catered for every ward and all nursing shifts, we also provided special sessions for Health Care Assistants and Night Staff. Each session provided an overview of the guideline, the importance of oral hygiene and a demonstration of all the new products and how they should be used.

Over the past year we have been pleased to note that the number of mouths requiring prolonged attention has reduced (there are still the odd cringeworthy mouths) but

overall we are having to complete less cares ourselves. I am currently in the process of auditing the documentation relating to oral assessments and cares but do not have the results of this yet. Ongoing plans are to rewrite the oral assessment form to make it more user friendly and to reduce the amount of documentation required. Once the new form is completed we will provide a new round of education to refresh those who have already attended the training and to capture all the new staff who have come on board in the past 12 months.

Ultimately the aim is for nursing staff to take ownership of oral cares as part of basic nursing cares for those patients who are dependent for Activities of Daily Living. This has been an issue from the onset of the guideline development through to the education process and still now, with the SLT service regularly receiving referrals for mouthcare. However, overall this has been a really exciting development for our service and the DHB as a whole. The products we are using are effective if used properly and the goal is to maximise the health benefits of good oral hygiene and reducing hospital acquired pneumonias.

If anyone would like more information on our guideline or the products we are using please contact Jodi White via e-mail at jodi.white@midcentraldhb.govt.nz.

Easy PC Computer Course

submitted by Michele Cunningham and Robin Matthews, SLTs at Tauranga Hospital

Michele Cunningham and Robin Matthews have recently developed a beginner's computer course for people with communication difficulties at Tauranga Hospital. This six session course is designed to introduce basic computer literacy skills in an accessible way to people with impaired communication. The course has been run twice in 2009, with further courses planned for 2010. Participants to date have primarily been people with aphasia following stroke. However, we plan to expand the client group to include people with TBI and degenerative disorders such as Parkinson's disease and Multiple Sclerosis.

The idea for this course came about when discussion with patients with long-standing communication difficulties revealed a high level of interest in learning about computers. However, communication and physical disabilities prevented this group from accessing mainstream courses such as Senior Net. We felt that increased ability to use computers and the Internet may help reduce social isolation. For example, email would be particularly useful for people whose primary difficulty is related to speech intelligibility. People with aphasia may find the Internet a valuable way to access information, particularly through websites which have a lot of images.

We spent a significant amount of time planning a course that would cover the areas people wanted to learn about in an accessible way. We created a 65 page aphasia-friendly workbook covering four 'content' sessions: Getting Started (e.g. turning on the computer, using mouse and keyboard, opening programs); Word Processing; Email; and Internet. This left two sessions free for consolidation and practice. The IT Department of the hospital were kind enough to let us use their Training Suite for the sessions, and to set up a special Login for participants.

We accepted six people with communication difficulties to each course, many of whom attended with a support person such as a family member. We anticipated that many participants would have difficulty with physical access to the computers, and had arranged OT assessment should it be required. However, all participants in



the initial group were able to access the computers with simple adaptations through Microsoft's Accessibility Options. These included slowing mouse speed, slowing keyboard repeat delay and rate, and decreasing screen resolution to increase the size of images on the screen.

Instructions were given verbally, and augmented with visual aids such as the Workbook and a projector. All participants were able to follow the instructions. Difficulties arose for some people with language-heavy tasks such as practising typing in Word. One participant was a little disheartened that her ability to write did not improve when using a computer. This was a valuable learning experience for us, and at the second repetition of the course we were careful to provide plenty of scaffolding for writing tasks, such as a letter template which could be copied. Participants quickly gained the skills needed to use Google to access websites

of interest to them. Those with lower level language skills were able to access information through pictures and videos. Natural Reader, a free software download, was installed to allow participants to have the computer read text aloud to them.

Evaluation questionnaires returned by the participants indicated that they enjoyed the course, and found the length 'just right'. They liked the Workbook, and particularly enjoyed email and Internet sessions. Most stated they would be interested in attending a more advanced course. We already have a waiting list for the course for 2010. We plan to introduce a screening procedure to ensure participants are grouped appropriately. As requested, we are also developing a more advanced course where interested participants can further extend their computer skills.

If you have any questions, please email us on: michele.cunningham@bopdhb.govt.nz or robin.matthews@bopdhb.govt.nz.





The last three months have seen a steady period of work in the Professional Development portfolio. As always, this would not be possible without Shona's support and excellent organisational skills.

There have been five key areas of work within the PD portfolio which will be discussed in this report - survey of Special Interest Contact People, Wellington 2010 conference, review of the CPD process, Clinical Issue of the Month planning and organisation of other upcoming PD opportunities. In addition, there has been a reasonable amount of ongoing work such as the SIG policy, responding to member's questions, facilitating the Professional Development Consultation Group and discussion about possible PD topics.

Survey of Special Interest Contact People

For a number of years, the NZSTA has had a list of Special Interest Contact People (SICP) – therapists with interest in particular clinical areas. The Executive Committee was keen to gather more information about the SICP role including information about how they have been utilised by members and their thoughts about the role and how it could be developed or supported. Thank you to all the Contact People who completed the survey. We are currently compiling the results and these will be available early next year.

Special Interest Group Policy

Earlier this year, the NZSTA drafted a policy outlining how the association could support SIGs. This was based on feedback from SIG co-ordinators and NZSTA members about what they would like from NZSTA. Despite numerous calls for submissions on the policy, the Executive Committee was disappointed to receive only one response. We will not be proceeding with implementing the SIG policy at this time.

Wellington 2010: Practice Worth Spreading

The Conference Planning Committee (Kate McLean, Christian Wright and Camilla Peet) are doing an excellent job in planning the conference. The workshop programme is nearly finalised and the registration brochure will be available before Christmas. Thank you to everyone who submitted paper or poster proposals for the programme – we were very pleased with the number of submissions and look forward to seeing the final programme. Please remember to regularly check the NZSTA website for updates on the conference programme.

Review of Continuing Professional Development

Clare McCann (Professional Standards) and I have started to review the current NZSTA CPD process. This is in the early stages. We will be consulting with the Professional Development Consultation Group in January/February next year and will consult with all members after that. Members will stay informed of progress through Communication Matters and the Monthly Updates.

Clinical Issue of the Month

Thank you for all the suggestions of possible topics for the Clinical Issue of the Month. Thanks also to those who have agreed to facilitate the initial topics – Sally Clendon, Rebecca Goodhue, Yvonne Cope and Kate Milford. Full details of the topics will be available in the January Monthly Update. We hope to offer a diverse

range of topics through the CIM format and continue to welcome your suggestions (and welcome any volunteer facilitators – contact me for more details!). We have had varied feedback about how long each "topic" should be open for. For the first four topics, I am leaving this to the facilitator's discretion. As a new initiative, it will be continuously reviewed and tweaked as required, so your suggestions and feedback is always very welcome, and is in fact, essential. For those of you who said you would watch and see how it goes, please participate while you are watching. This initiative will only be as successful as the members make it. The purpose of the CIM is that will provide a forum for discussion about specific clinical issues and will support professional development and is reliant on the input of the facilitators and members.

Organisation of Upcoming Professional Development

Prof Susan Edwards is holding two teleconferences in December (most likely after Communication Matters is published!), one on aphasia and one on child language. Anna Miles and Lucy Martin are continuing to do an excellent job in organising the Tracheostomy Workshop for April next year. One issue raised at the Health Leaders Forum was about long term planning of PD events. We will continue to work toward this while still taking great opportunities that come our way at short notice.

As always, please keep suggestions for PD coming – feedback about current and anticipated PD needs is always welcome.

Auckland Speech-language Therapy Resource Room

submitted by Anne Cooney, Resource Room Secretary

Christmas closing: The Resource Room will close on 15 December 2009 and will be open again for borrowing from Tuesday 2 February 2010.

Latest Journal Content Pages: NZSTA subscribes to a number of international journals. Contents pages for the latest five editions of various journals can be found at Journal content pages www.speechtherapy.org.nz/research-and-resources/journal-pages. The articles can be accessed through the Resource Room.

Membership: Any therapist wishing to borrow resources or assessments MUST be a member of the Resource Room. An application form can be downloaded from the NZSTA website. Please complete the application form and forward it, with the annual fee of \$20 (NZSTA members) or \$30 (non-NZSTA members) to Katy Waalkens with your first requests for 2010. Student and site membership are also available – please contact Katy for details.

Seasons Greetings: The committee sends all therapists best wishes for a safe and restful summer break. We look forward to your continued support in 2010.

Wellington 2010: Practice Worth Spreading

Wellington 2010: Practice Worth Spreading is the New Zealand Speech-language Therapists' Association biennial conference and will be held at Te Papa from April 22nd to 23rd 2010. Following practitioner feedback from previous conferences, Wellington 2010: Practice Worth Spreading marks a new approach to our biennial national speech-language therapy conferences. The conference has a distinctive practical focus. This is reflected in the conference programme's emphasis on intensive and relevant workshops led by experts in their fields. A range of workshops will be offered with the intention to deepen participants' knowledge and practical skills in client specific areas and equip clinicians with valuable practice management skills. The following workshops have been confirmed for the 2010 conference:

- Developing a new rehabilitation pathway for people with aphasia and their families - Linda Worrall
- Evidence-Based Assessment of Child Language Disorders - Tom Klee



New Zealand Speech-Language Therapists' Association

- Ways with Words- Oral language and the New Zealand Curriculum - Carolyn Grace and Sonia Glogowski
- Running on Empty - Sally Kedge, Peter Huggard, Clare McCann
- Motor Speech Disorders: Time to Refuel - Megan McAuliffe
- Childhood Apraxia of Speech - Brigid McNeill
- Goal setting for speech-language therapists - Felicity Bright & Tami Howe
- Peer Supervision: How does it work? - Tika Ormond
- Traumatic Brain Injury - Brigette Larkins
- Strategic Business Planning - in the final stages of being confirmed

The call for paper and poster submissions is now closed. The NZSTA Executive and Conference Planning Committee were pleased with the number of submissions and would like to congratulate all those who submitted. The Scientific Programming Committee will now review these submissions and authors will be notified mid to late December.

The registration brochure has now gone to the designer and is expected to be up and running through our conference website very soon. We will send a notification when registrations open, so keep a lookout on the e-mail.

The NZSTA Executive and Conference Planning Committees look forward to your company at the Wellington 2010 Practice Worth Spreading NZSTA conference as we take the time to seek and inject new inspiration into our practice, discover innovative approaches to familiar issues and develop a practice that is truly worth spreading.

Kind regards
The Conference Planning Committee

Review of AphasiaNZ 2009 Aphasia Conference "Aphasia Therapy and Beyond"

submitted by Kate Milford, AphasiaNZ

The conference was held over three days from 21st to 23rd October 2009, with the main conference programme running over one full day and two half days. A symposium for health professionals was held on the afternoon of day two.

Approximately 100 people attended, with 78 registered for the conference and 56 for the symposium. People with aphasia made up 25% of those attending, with family members accounting for a further 14%. There were a significant number of speech-language therapy students attending, as well as qualified SLTs and other health professionals.

The conference was opened by Henrietta, Duchess of Bedford, the Patron of AphasiaNZ, who spoke movingly of her

personal experience of aphasia following her husband's stroke and explained how this led to the development of the Tavistock Trust for Aphasia in the UK.

Keynote addresses were given by Dr Anne Whitworth from Newcastle University in the UK who talked about linking research to the real world and outlined the development of the North East Aphasia Centre in Newcastle, and Dr Deborah Hersh from Flinders University in Adelaide, Australia who presented 'Moving on: stories of leaving aphasia therapy'. Both also presented at the therapy symposium: Anne on 'Treating sentence processing impairments in aphasia' and Deborah on 'Unpacking the process of discharging people with chronic aphasia from therapy'. Both were enthusiastically

received, with feedback such as "Anne W was inspirational", and 'best thing' comments such as the "importance of leaving therapy - thanks Deborah!" and "practical suggestions from Anne and Deborah".

There were six presentations by people with aphasia, highlighting the challenges of living with aphasia, and providing personal insights into the strategies used to cope with aphasia. Collaboration was key with people helping and supporting each other to tell their stories and share their advice.

The health professionals spoke about issues such as coping strategies, quality of life, and different ways of providing therapy and support, as well as the findings of research into patient perceptions of speech language

therapy in New Zealand. The symposium was also a forum for informing SLTs about aphasia research currently taking place in NZ.

Workshops were held on 'educating your community', 'finding resources for therapy', 'primary progressive aphasia' and 'supporting each other in your community'. Feedback from this last workshop will be used to inform the services planned by AphasiaNZ for different areas of the country.

A Rhythm Interactive icebreaker event took place on the second morning. This gave a strong clear message to all that 'actions speak louder than words', and was a remarkable demonstration of the power of facial expression and gesture, as well as being tremendous fun!

There was once again significant importance placed by people with aphasia on the

value of meeting others with aphasia, with feedback about the value of "knowing you are not alone". Family members also commented on the pleasure and insight gained from "watching my family member (with aphasia) interacting with others" and "seeing the personal growth/confidence in the family member with aphasia".

Speech-language therapists, both qualified and students, as well as the other health professionals present spoke of the value of learning "what people think about their therapy – you don't always get that feedback". They also commented on the usefulness of hearing the perspectives of people with aphasia in terms of becoming more aware and informed, and the importance of really listening to people with aphasia when they set their goals in therapy.

Overall, attendees commented that the event had been:

- "a fantastic opportunity"
- "uplifting"
- "a great way to meet people with aphasia and caregivers"
- "interesting and stimulating – fantastic"
- "looking forward to the next one"

We are delighted that all who provided this feedback indicated that they would attend another conference, and we hope that the enthusiasm engendered ("it has re-fired me to want to educate the public...") can be nurtured and grown so that we meet again in 2011 to tell each other about further new developments with New Zealand.

Thank you to all our funders and sponsors, and in particular to NZSTA for their ongoing support of this event.

Annual Health Leaders' Forum 2009

submitted by Louise Hume, Professional Leader for SLT in the Home and Older Adults Service, WDHB

The annual National Health Leaders' Forum was held in Auckland on 29th and 30th October and was attended by representatives from District Health Boards across the country.

Day 1 of the forum kicked off with a review of the previous forum, and achievements of the Leaders' Group from 2008-9. Among many others, significant new achievements have been the successful integration of Compass into student placements, the national launch of Standardised Diet Terminology, and the setting up of a working group to develop a national MBS Guideline.

The group enjoyed an inspiring presentation by Stella Ward and Tina McAfferty on leadership within SLT and the wider health setting. Tina and Stella laid down the challenge for SLTs to step up into leadership positions, and engage in clinical governance against the backdrop of the recent ministerial report "In Good Hands", which emphasizes the importance of involving clinicians alongside managers in decision making.

Dr Megan McAuliffe, President of NZSTA, presented an update from the NZSTA executive which touched on issues of leadership and strategy, registration, professional standards, public relations, and updates in the NZSTA publications and

website. Felicity Bright, NZSTA Professional Development Portfolio Leader, then discussed progress with the professional development portfolio, and her goal to formulate a professional development plan for 2010. Ideas for ongoing professional development include formal conference and seminar events to the more easy to access resources such as the web based "Clinical Issue of the Month", SIGs and teleconferences.

The group were interested to hear an update from Gina Tillard, Alayne McKee and Yvonne Cope regarding the respective SLT training programmes at Canterbury, Auckland and Massey Universities. This included details of student numbers, placement details, staffing and research.

An update on Paediatric issues followed lunch, with presentations by Alex Urquhart (ADHB) on the need for a National Paediatric Dysphagia guideline, and Chris Howard Brown & Jo Esplin (MOH) regarding the scope of work required to include SLT into the revised MOH and ME Operational Guidelines.

Day 2 of the forum started with an electrifying presentation and demonstration by Dorothy Harris (Tarawhiti DHB) on Vital Stim (Neuromuscular Electrical Stimulation in Swallowing Rehabilitation). Fiona Hewardine (Bay Of Plenty DHB) bravely

volunteered for the demonstration of vital stim technique and jokingly reported that the treatment was a little bit like "the experience of labour; but on the face". Discussion followed regarding the NZSTA position paper (2007) which states that currently there is insufficient evidence regarding the benefits and risks of this technique to advise its approval for use in New Zealand.

Anna Miles presented on her work on developing a National Guideline for VFSS/MBS. Congratulations were given to Anna and her working party for the progress so far in reviewing literature and suggestions made regarding the next steps for this large piece of work.

Helen Rigby (Capital & Coast DHB) presented on the annual FTE / Vacancy survey. Helen's data showed a gradual increase in SLT FTE since 2000 with a decline in vacancies since last year. Thanks were given to Helen for her work in gathering this valuable cumulative data. Having recovered from her vital stim treatment, Fiona Hewardine led a discussion in future planning for SLT services in Health. The group was encouraged to consider how services are likely to change over the next 30 years and consider what planning might be needed to cope with an ageing population and changes in technology and resources.

The final set of presentations from Alison Paulin, Kate Milford and Georgina Miller (ADHB) discussed the NZSTA position paper on the use of SLT assistants, the Functional Model of Delegation, and the Health and Disability Industry Training Organisation respectively. Feedback indicated that while the NZSTA's preferred position is that SLT

assistants should receive tertiary level training, no such training is currently available. While most SLTs have access to assistants they are often generically trained workers.

Finally acknowledgements are due to Alison Paulin and Anna Miles (ADHB) for hosting

and facilitating this thoroughly worthwhile and enjoyable forum. Also while I have done my best to provide a summary of the highlights of the forum here, for further detail you may wish to contact Alison Paulin for a copy of the minutes which also contain copies of the presentations.

Inaugural Asia Pacific Autism Conference (Part 2)

submitted by Colette Maier, Not Only Words, Auckland & Cheryl Palmer, Special Education Services, Palmerston North

This is the second part of this article. The first part was published in the Spring Edition

One of the key messages at the conference was about early identification and intervention. Dr Cheryl Dissanyake, director of the Olga Tennison Autism Research Centre and a senior lecturer in psychological science at La Trobe University presented on early identification and intervention. Research is showing that early identification and intervention prevents full symptomatic pictures. It is not a 'cure' but rather minimizes the disruption of neural development and fosters typical development. Research has also shown that overall symptom severity is not a predictor of recovery but early intervention is. In the first year of life symptoms include social disinterest, lack of orientation to name, lack of responsive smiling, reduced gestures, atypical object use, odd body movements and aversion to touch (where these symptoms are not explained by developmental delay or an identified syndrome). Studies looking at symptoms in the first six months of life have inconsistent findings. Other symptoms emerge in the second year of life, including lack of joint attention, lack of pretend play and difficulty with transitions. Research is showing that ASD can be identified from 12 months of age. There are a range of diagnostic tools. Level 1 tools are screening only, e.g. Checklist for Autism in Toddlers (CHAT) and Modified-CHAT (M-CHAT), Autism Observation Schedule for Infants (AOSI). Level 2 tools are more detailed, e.g. Screening Tool for Autism in 2 year olds (STAT), Autism Detection in Early Childhood (ADEC), Pervasive Developmental Disorders Screening Test (PDDST). However, as yet, no instrument is robust enough for universal screening. More prospective studies are needed.

Dr Robyn Young, director of the Early Intervention Research Programme at Flinders University explored the issue of early identification in more detail. When

does typical development become atypical? Dr Young developed the ADEC. It is a behavioural observation that looks at core deficits, including:-

- Response to name
- Gaze switching
- Functional play
- Reciprocity of smile
- Reactions to sounds
- Anticipatory posture, e.g. raising arms when being picked up (early predictor of TOM)
- Ability to switch tasks

In exploring the issue about autistic traits being a copied or learned behaviour Dr Young pointed out that some behaviours just cannot be copied, i.e. response to name, gaze switching, reciprocity of a smile and ability to switch task. So the lack of these skills in a child with ASD cannot be explained by "he is copying his older sister". The ADEC rates highly for sensitivity. Research into its specificity has identified that some behaviours have greater diagnostic relevance depending on the age of the child. Research on the ADEC as a diagnostic tool is ongoing.

Again, I left these presentations thinking. What are the implications for the New Zealand population? Is there an ethos of early identification? I think it depends who you talk to. Clinicians must believe in early intervention if they work in the area. But what about GPs, Plunket nurses and other 'first-contacts'? Do they refer early or adopt a wait-and-see approach?

Kristelle Hudry presented her work entitled "Preschoolers with autism show great impairment in Receptive compared to Expressive language - Preschool Autism Communication Trial (PACT)". She re-iterated that usually in language development, receptive language develops before expressive language. This can be seen in typical development where we expect single word understanding at about

9 months and expression of single words at about 12 months. Using the MacArthur inventory it is usual for a child reported to understand 200 words to say less than 50 of these.

In children with ASD we know that language is very variable. It is argued that those that do develop language early do "better" in adult life. However, there have been inconsistent results on the relationship between receptive and expressive language. Charman's (2003) results indicated that when 200 words were understood by children with ASD they used up to 150 words.

In the PACT research all children included met the criteria of autism, were aged 26 months to 45 months had a non-verbal ability above 12 months and language abilities that ranged from non-verbal to fluent speech. The assessments administered with the children included the Preschool Language Scales -3, Vineland Adaptive Behaviour Scales and the MacArthur Inventory.

The results indicate that there may be different subtypes of the relationship between receptive and expressive language. There appears to be a group where a usual relationship occurs; however, 32 - 68% had an unusual association between comprehension and expression with a group having better expressive than receptive language. The hypothesis was presented that it is actually our more highly functioning children who appear to show the more unusual relationship. The study needs reduplicating

The stated implications of the research include that we cannot assume that children understand at the same level as their expression. This is particularly important for the more able children. Simplification of language is vital. Improving receptive language should be a key intervention target.

I left this presentation with mixed feelings. Elation that research is being conducted specifically within our field within ASD and that this highlights communication as a key need for individuals with ASD and also

concerned. My concerns lie within my own practice and have I thoroughly examined the language of those students who are highly functioning? Would I prioritise my caseload differently? Do we have the

evidence to support our intervention in increasing receptive language? I did come out with one resolve: I need to continue to support parents and teachers to use simplified language for students with ASD.

My Experience Presenting a Poster at the ASHA Convention

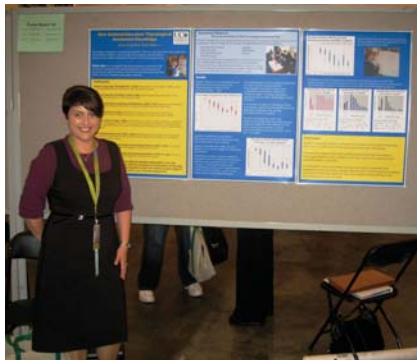
submitted by Jane Carroll, SLT

The 2009 American Speech-Language and Hearing (ASHA) Convention was held in New Orleans from 19th to 21st of November with the theme of 'Two Professions: Powerful Partners'. There were over 12,000 delegates in one enormous convention centre beside the Mississippi River in the middle of this famous city.

Poster sessions at ASHA are very specific in their format and the model is that you produce posters to fit within specific dimensions that you stand beside and 'talk to' at a designated time during the conference. Similar topics tend to be grouped together in the same place and at the same time. You can get to engage with well known names who are sharing their work alongside practitioners, researchers and students.

Submissions for presentations/papers closed at the end of March so there is a long lead-in time. Writing a paper is itself a major task, trying to give enough information to get the topic accepted within a very tight word limit and all in a specific writing style. My paper was finally submitted just 30 minutes before submissions closed and after several drafts had been critiqued by my supervisor (Professor Gail Gillon). The abstract has to be carefully written to get people's attention to ensure that they make the time to come on the day and visit your poster. My research is on New Zealand Educators' phonological awareness knowledge and includes those working within the primary schools e.g. teachers, teachers' aides, and specialist teachers and speech-language therapists; preschool teachers; and students training to be teachers.

I had a poster presentation accepted and although the poster is on display for the full day I was required to stand by it from 8am to 9.30am Thursday 19th November (the first session on the first day). In some ways a poster presentation is harder than a oral presentation – there is only so much you can fit on a set of 3 posters, while keeping the print at a size that is legible from at least a metre; have graphics that attract and are informative and try to capture



Jane Carroll and poster at ASHA

the essential elements of your research so people will actually come to talk to you. Set up is between 6.30am and 7.30am so at 7am we are at the convention centre, in the massive exhibition hall set up for the posters – row after row of boards. With the poster up it's time for coffee (to calm the nerves) before heading back and hoping that someone will come along and want to talk about your research with you.

8am arrives and delegates start to arrive; it's time to stand by the poster. The poster beside me looks interesting but there is no time to look as the first people arrive. The idea is to talk through and discuss the information on your poster so the length and depth of discussion varies a lot. Everyone is required to wear an official identification card so it was really interesting to see where people came from. The posters in our area were very busy with a steady stream of people coming through, asking questions, comparing research, methodology etc. Gail and I were kept very busy and the end time of 9.30am came and went. I finally left at 10.20am – to go and get more coffee!

As a way of presenting, a poster presentation is fantastic. It allows you to discuss your research findings in a relaxed way that a formal lecture doesn't. ASHA has a mix of presentation types available and poster presentations are an increasingly popular way of sharing research. It was a great experience to present my work to prominent and experienced researchers in my area, and to clinicians who work with children affected by phonological



Time to relax and celebrate all our posters. Jane Carroll with Dr Naomi Zens and Karyn Carson.

awareness difficulties and the educators who teach them. I had opportunities for networking and to establish possible future collaborations.

Once the poster session was over I went to a variety of presentations on various topics that ranged from posters to three hour-long presentations. The choice of topics and presentations was huge and there were often two or three presentations at the same time that I could have gone to. One of the highlights for me was attending the Awards Ceremony where Professor Barbara Hodson was awarded 'The **Honors of the Association**' (the highest honor ASHA can give) which recognized her distinguished contribution to the field of speech and language.

New Orleans was an amazing city to visit and we were able to fit in some sight-seeing. We held a baby alligator while on a swamp tour, learnt how to cook Cajun style, watched the LA Clippers lose to the New Orleans Hornets at a NBA basketball game, and of course went shopping. New Orleans is a vibrant and diverse city. The three of us (we shared an office at the College of Education campus at the University of Canterbury) celebrated our posters' success with a meal at an Italian restaurant.

I would like to sincerely thank the New Zealand Speech-language Therapists' Association for the funding to assist with my expenses in attending the annual American Speech-language-Hearing Association (ASHA) Convention.

Scope of Practice

Seven people met last month (via teleconference) to develop an NZ-specific Scope of Practice. They are: Helen McLauchlan, Philippa Williams, Robyn Pooley, Sheela Namboordiripad, Karen McLellan, Anna Miles and me. We discovered that the process is not going to be as simple as pulling together our combined views on what the Scope should include. There was lively discussion around such things as the role of the speech-language therapist in such things as accent modification. A draft Scope of Practice is being compiled for consideration by the Executive Committee.

It was decided by the working party that the Scope will be a brief document (2-4 pages in length) with a separate much larger document for the clinical guidelines (or principles) of our practice. This larger document is likely to take some time and will require the expertise of a number of SLTs working in specific clinical areas within New Zealand. Watch this space for another call for input from the membership.

Several recent media stories have highlighted the amazing achievements of people using Augmentative and Alternative Communication. Although not directly acknowledged in these stories, speech-language therapists have undoubtedly played a huge role in supporting these people as they strive to overcome significant communication difficulties in order to participate in family and community life. Much of our work takes place in the background and is rarely acknowledged or highlighted – until Awareness Day that is! So to help inspire you well in advance of Awareness Day 2010, Sara Moore (Canterbury District Health Board) has kindly written about her experiences in the lead up to Awareness Day 2009 and has provided some insight into how CDHB achieved such widespread media coverage

Many of you will have seen Mackenzie Kench on Attitude or on a recent edition of Breakfast TV after receiving of the Attitude Person of the Year award for 2009. Mackenzie and her family are involved in an ongoing battle to have an NCEA English module awarded. As Mackenzie is unable to use natural voice, she presented a speech as part of her NCEA qualifications using her electronic voice output device. She was initially awarded an 'Excellence' by a classroom teacher. However, a more senior

Programme Accreditation Framework

After a lengthy process I am thrilled to say that the Programme Accreditation Framework has now been drafted to the extent where it can be commented on and "approved" by the Executive prior to discussion at the Programme Accreditation Council meeting with the Heads of Programmes in Auckland on 11th December. Thank you very much to the members of PAC who have put so many hours into this.

HPCAA

Thank you to Megan for following up the latest letter to the Ministry of Health about when we're likely to hear anything about our application. Given that so much is contingent on the outcome of our application, it is frustrating that we've had to wait for so long.

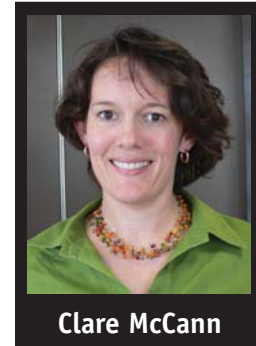
MRA/QA

There have been several applications this quarter. An issue has arisen about the dysphagia competence of some courses and

teacher then overturned this and awarded a 'Not Achieved' as Mackenzie did not meet a criteria that required her to use "... voice, eye contact and body language for deliberate effect". In my view, Mackenzie's case is an example of the unacceptable discrimination that many New Zealanders with communication and swallowing difficulties face every day. Visit this link to see Mackenzie's interview <http://tvnz.co.nz/breakfast-news/attitude-award-winner-mackenzie-kench-5-06-3226662>

Within the NZSTA's role of supporting and working for our members, the executive committee believe members should be encouraged to advocate for people with communication and swallowing impairments. As an example of how members can advocate, I recently sent a letter to the Minister of Education and Director of NZ Qualifications Authority to highlight the excellence of Mackenzie's speech and her unacceptable treatment during the NCEA/NZQA process. A copy of this letter is available on our website.

On a disappointing note, I received minimal feedback and interest in the logo design/rebranding competition from secondary and tertiary graphic design and art students. The feedback received indicated that the timing of the competition and iPod prizes may have failed to attract the necessary level of interest. So I have reverted to



Clare McCann

whether or not applicants meet the criteria for applying under MRA or QA. Clearly this needs clarification for those applying and our guideline information needs to reflect this.

Additionally, I have been in contact with Calum Delaney from the RCSLT about the Newly Qualified Practitioner (NQP) status of some of the applicants from the UK. We are looking at implementing something similar for our new graduates in order to support their entry into the profession and the workforce.

Public Relations



Dean Sutherland

Plan B and met with a graphic artist who is currently preparing some sketches of potential NZSTA images. I will present you with three potential options late January/early February via the website and provide the opportunity for your feedback. This feedback will then guide the final selection which will be unveiled in Wellington in April. Our new image will then be conveyed via our website and new printed communication materials such as brochures and posters.

Further to my comments in the September issue, please contact me with your suggestions around a membership pathway, specifically around recruiting and retaining student members and rewarding members for length of membership and service to the association.

All the best for a relaxing holiday season.

Awareness Day 2009 – The Christchurch Hospital Experience

submitted by Sara Moore, SLT, Christchurch Hospital

So... How did we win the NZSTA media coverage award?

Nowadays it seems every cause, disease, industry, food and minority group have an awareness day. And when you're up against daffodil day AND the feast day of Saint Augustine of Hippo you have to pull out all the stops to get speech language therapy through the clutter.

The 28th of August was my opportunity to get Christchurch Hospital to stand up and take notice of the work our department does. For too long we'd been merely known as 'the spluttering, stuttering sisters'! However, I wasn't happy being just another solitary day on the calendar, so I used a little creative licence and made it SLT awareness week. Daffodil day didn't stand a chance... My plan was deceptively simple – SLT domination. I was primed and focused, my goal clear; we do vital work, everyday – so let's make sure everyone knows about it!

The first step was to get our team excited about the theme of 'Where's Speechy' - the distant medical cousin of 'Where's Wally'. Since we get excited over new flavours of thickened fluids, this bit was easy. We hadn't had a big SLT push for sometime – so as soon as they heard the idea, the whole

department was armed and ready for action.

The next step was to secure finances. Everyone knows it's best to get someone else to bankroll your own hair brained schemes - so we filled out the online form and applied to the exec for funding... and they fell for it! Thanks for the sweet cash guys.

Step three? Brainstorm. In this fast paced, multi-media world it was going to be hard to get our SLT message heard above the noise. We needed local and national media coverage in it all its glorious forms - TV, radio, print, and most importantly of all, Facebook. Then the hard work of badgering journalists and calling in favours from friends and family who just by chance hosted radio shows began. This might have included statements like "if you don't do an interview, you know the consequences, honey". The media coverage began to roll in thick and fast, and SLT awareness was going through the roof.

The final step was to organise activities throughout the hospital on the day. Chocolate fish for appropriate and complete patient referrals, a quiz to see what people knew about us, spot prizes, embarrassing red and white 'Where's Speechy' costumes ,



Dr Megan McAuliffe presents Sara Moore of Christchurch Hospital with a certificate and cheque for \$300 as the winner of the media coverage award.

and of course, cake. All in all the campaign was deemed a great success, earning SLT's a new place of affection in the hearts of Christchurch Hospital. Sure, our posters were defaced the following week, but only with ticks above our heads, so we counted that as a victory in itself. Our efforts even seemed to encourage other departments to raise their game, with physiotherapy dressing up as Smurfs the week after. But don't be fooled by cheap imitations.

Next year? Look out Saint Hippo, because SLT Awareness Day is here to stay. Captain Speechy has a certain ring to it...

*It's never too early to start planning
for Awareness Day 2010*

February 22nd – 24th 2010

2nd Annual New Zealand Quality of Life Conference – AUT University, Auckland

Keynote Speaker is Professor Suzanne Skevington, University of Bath, UK - "Dimensions of QOL in Poverty". More information is available at www.whoqol.org.nz or contact Rex Billington at rex.billington@aut.ac.nz.

AUT University

April 8th 2010

Tracheostomy Study Day, Auckland – advance notice.

Full information will be available on the NZSTA website.

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 Professor Thomas Klee. Workshops are now confirmed. Registration brochure available shortly online. Full information at www.speechtherapy.org.nz.

May 16th – 19th 2010

Speech Pathology Australia National Conference, 'Participation 2010' – Melbourne, Australia.

More information is available at www.speechpathologyaustralia.org.au

May 19th – 20th 2010

CASLPA's 35th Annual Conference: Rendezvous Under the Midnight Sun - Whitehorse, Yukon, Canada.

Registrations are now open. More information is available at www.caslpa.ca

June 8th - 10th 2010

NHS 2010 - Beyond Newborn Hearing Screening: Infant and Childhood Hearing in Science and Clinical Practice. Villa Erba Congress Center, Cernobbio, Italy

Abstract submissions close January 25th 2010. More information is available at www.nhs2010.org

August 22nd – 26th 2010

28th International IALP Congress – Athens, Greece

Registrations are now open. Abstract submissions close 31st January 2010. More information is available at www.ialpathens2010.gr

Wellington 2010: Practice Worth Spreading Te Papa - 22nd & 23rd April 2010

NZSTA is pleased to confirm the following presentations:

- Keynote - Preschool Language Impairment: Challenges in Identifying Children Early and Accurately, Prof Tom Klee
- Keynote - Spreading practice through the ICF, Prof Linda Worrall
- Developing a new rehabilitation pathway for people with aphasia and their families - Linda Worrall
- Evidence-Based Assessment of Child Language Disorders - Tom Klee
- Ways with Words— Oral language and the New Zealand Curriculum - Carolyn Grace and Sonia Glogowski
- Running on Empty - Sally Kedge, Peter Huggard, Clare McCann
- Motor Speech Disorders: Time to Refuel - Megan McAuliffe
- Childhood Apraxia of Speech - Brigid McNeill
- Goal setting for speech-language therapists - Felicity Bright and Tami Howe
- Peer Supervision: How does it work? - Tika Ormond
- Traumatic Brain Injury - Brigitte Larkins
- Auditory Processing Disorders - Suzanne Purdy
- Strategic Business Planning (details being finalised)

*Registrations open soon. See the website for further details
www.speechtherapy.org.nz*



New Zealand Speech-language Therapists' Association

Rates for Advertising

Members are encouraged to advertise in *Communication Matters* to ensure a wide readership. Advertising rates have been set competitively to encourage you to use this service.

Schedule of Rates (GST exclusive)

Size of Advertisement	Communication Matters	NZSTA Website
Full page (17cm width x 26cm depth)	\$400	\$500
Half page (8.5cm width x 26cm depth, or 17cm width x 13cm depth)	\$300	
Quarter page (8.5cm width x 13cm depth)	\$150	

Email camera ready advertisements as a pdf, jpeg, tiff or eps files. If sending word documents please send photos and graphics separately as jpeg, tiff or eps files. E-mail to the Executive Officer at: nzsta@speechtherapy.org.nz.

Closing Date

The closing date for receipt of advertising and articles for the Autumn edition of *Communication Matters* is Wednesday February 17th. Items should be e-mailed to the Executive Officer at: nzsta@speechtherapy.org.nz

Disclaimer

NZSTA reserves the right to refuse for inclusion in *Communication Matters*, any articles, 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, programmes or products by NZSTA. Articles may be edited.



NZSTA Awards and Funding Grants



Applications are now open from members for:

- NZSTA Funding Grants
- Research Excellence Award - \$1,000
- Medical Staffing International Award for Achievement in Speech-Language Therapy - \$1,000

Awards and funding grants will be presented at the Conference Dinner during Wellington 2010: Practice Worth Spreading on April 22nd 2010

Application details are available on the NZSTA website at 'Latest News' or contact the Executive Officer.

Don't miss out, get in now!

**Applications close
1st February 2010**

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