

communication

WINTER 2015

# matters



**APHASIA CONFERENCE**

**TRACHE WORKSHOP**

**BICULTURALISM AND  
MULTICULTURALISM**

**CLEFT NZ YOUTH CAMP**



New Zealand  
Speech-language  
Therapists' Association

*Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa*

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## Editorial – Marja Steur

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### KIA ORA KOUTOU

Since the last issue, I have been feeling a bit like a detective. In response to my request for historical documents, Chris Justin told me about an essay recording our early beginnings, which she thought was archived at Canterbury University. However, neither the librarians there, nor the administrator of the Department of Communication Disorders were able to find this.

Searching through the NZSTA archives from the Auckland office /BPSL, I came across two promising items:

In the March 1992 Newsletter:

*NZSTA Archives. Our Archives have begun. Nancy Caughley graciously “volunteered” and began interviews in February, on the cheap airfares. She has interviewed several of the pioneers in Speech-Language Therapy. Grace Gane, also, graciously, interviewed Nancy Caughley for us. Thank you for giving up your time Nancy, I am sure it will be a credit to you and a joy for us.*

In the July 1994 Communication Matters:

*Chris Justin has completed “The Speech Therapy Story in NZ – Dr. Jean Seabrook”. From the very first mention in 1915 until 1976, this story is now available. It then gives the name and address of the President at the time – Rosemary Hargeaves. However, Rosemary did not know about his publication, she said that the presidency was taken over by Adele Allen around that time.*

That’s as far as I got when I received Lois de Lautour’s tribute to Aileen Ace, Auckland District Speech-Language Therapist from the mid-1970s to the early 1980s. Lois notes the differences in training and work experiences between then and now, and wonders if there is any written record of the early years of Speech Therapy in New Zealand, and if there might be someone willing to research and write an article describing these early years.

So, in answer to Lois, yes, there is a written record, although I don’t know where! Can anyone help? Please ask around your older colleagues, retired therapists, past executive committee members, current and ex-members..... And get in touch if you have any leads to finding NZSTA Archives or The Speech Therapy Story, or if you would like to help do some sleuthing.

Reflecting on what we have achieved can be encouraging at times when we are challenged by frustrations. Think, for example, of the many SLT positions that now exist in health, and the amount of research we engage in – a generation ago those were goals our Association was aiming for. Or compare the plain cyclostyled newsletters of those days to the colourful and beautifully printed Communication Matters of today. Enjoy.

Nāku noa  
Marja



# In Memoriam: Aileen Ace

**WORDS: LOIS DE LAUTOUR**

It was with great sadness that we learned of the death of Aileen Ace, who was Auckland District Speech-Language Therapist from the mid-1970s to the early 1980s.

Aileen came to Auckland Teachers' Training College from Whangarei, and boarded with a lively group of students in "Taranaki House", Avondale. After the required two years in teachers' college, she was accepted for training as a Speech Therapist under the Department of Education Third Year training scheme, and graduated in 1960.

She was a gifted therapist with a special interest in stuttering, and a warm empathy with all her clients. Unfortunately, she retired early because of illness, but later recovered sufficiently to work in the areas of Early Childhood Education and TESOL.

In her final years she lived quietly in Birkenhead, Auckland, with her beloved cats as companions; and was treasured by her private English Language students. She passed away in October, 2013.

Aileen belonged to the generation of therapists whose training and work experience were noticeably different from today. (See "Lois Lawn: Life Member Profile", Communication Matters, Winter 2012 )

We wondered if there was any written record of the early years of Speech Therapy in New Zealand, particularly of its place within the NZ education system prior to restructuring under "Tomorrow's Schools" in 1989?

Would it be timely to enquire among past and present members of NZSTA for someone willing to research and write an article describing these early years?

**Lois de Latour**



**Clockwise from top left Lois de Lautour (n. Woods), Aileen Ace, Sylvia Smith, Janet Aldridge (n. Hayr)**

**Lois de Lautour** (1981-88 Edmund Hillary STC, Papakura, Auckland;1989 Manurewa STC, Auckland; 1990-98 Physically Disabled Unit, Belmont Intermediate School, Auckland)

**Sylvia Smith** (1961-65, Porirua East STC, Wellington; 1966-86 DistrictSLT, Hawkes Bay)

**Janet Aldridge** (1961-62 Papakura STC, Auckland;1979-81 Templeton Hospital, Christchurch)



MASSEY UNIVERSITY

## Seeking SLTs as research participants

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION IN INTENSIVE CARE UNITS IN NEW ZEALAND: EXPERIENCES OF HEALTHCARE PROFESSIONALS

*If you have worked in ICU in a New Zealand hospital during the past year, you are eligible to participate.*

**WORDS: ALISON PAULIN**

Nurses and speech language therapists responsible for patients in the Intensive Care Unit (ICU) or the Department of Critical Care Medicine (DCCM) are invited to take part in a study focusing on communication between healthcare professionals and patients. If you have worked (or been responsible for responding to referrals) in the ICU in a New Zealand hospital during the past year, you are eligible to participate.

If you agree to participate, you will be interviewed over the phone or via skype for 45-60 minutes. You will be asked about your experiences of communicating with patients once they are conscious. This will include both successful experiences and perceptions of barriers to effective communication. You will be

asked about strategies for supporting communication that you have experienced or observed.

This will be the first study to examine healthcare professionals' experiences of AAC use in New Zealand ICUs. The interviews will be transcribed and analysed to identify key themes. The findings will be discussed with reference to the experiences and practices reported in the international literature.

If you are interested in participating, please email me to find out more.

Alison Paulin

alison.paulin.1@uni.massey.ac.nz

Or phone Sally Clendon (supervisor) 09 414 0800 ext 43537



# Trache Workshop

TRACHEOSTOMY MANAGEMENT - TRAINING THROUGH SIMULATION

**WORDS: BIANCA JACKSON, LUCY GREIG AND ANNA MILES, THE UNIVERSITY OF AUCKLAND**

It has long been viewed that tracheostomy management is a specialist area of practice for qualified speech-language therapists (SLTs). However, access to training opportunities has been difficult for many New Zealand SLTs due to relatively low numbers of clients with tracheostomies in many district health boards and specialised training programmes being offered only overseas. A couple of SLTs decided that it was time for New Zealand-based training and so the first NZ tracheostomy study day was launched in April 2010 at Auckland City Hospital. The training day covered theory and provided an opportunity for

participants to practice manual tracheotomy skills in a safe, non-threatening learning environment. The vision was always to cover tracheostomy management across the lifespan.

Now, the 'Tracheostomy Management Simulation Workshop for Speech-language Therapists' is held at The University of Auckland Simulation Centre for Patient Safety. The workshop aims to give participants the confidence and necessary skills and tools to effectively manage those with tracheostomies (both adult and paediatric) within a multidisciplinary team in their own organisation. Theory is learnt prior to attending the workshop

by way of pre-readings, an e-learning site and an on-line quiz. This enables the day in the simulation centre to consist entirely of interactive skill training and case-based scenarios using high-fidelity manikins and real actors within a simulated ward environment. Following the workshop, participants have continued access to the e-learning site, including "just-in-time" video clips (really short videos of various manual skills) which can act as a reminder before going to see an actual patient back in the workplace.

Participants have been hugely positive about the workshop and the skills they have acquired. For the facilitators, it has been an inspiring opportunity to learn a new teaching approach and share clinical knowledge. There are no lectures or powerpoint slides. Instead, pre-course readings highlight required knowledge and an online quiz provides helpful feedback on the essential knowledge participants need prior to the workshop. Carefully crafted, detailed case-based scenarios highlight the particular technical skills needed and give multiple practice opportunities. Additionally, the cases create situations where clinical decision-making is called for and also stimulate in-depth case discussions. During simulation, facilitators take on roles

in a scenario such as mother, nurse and supervisor, others support the participants with their decision-making around the management of the client – what to do next, what questions to ask, what risks are present.

Use of manikin-based simulation for training tracheostomy management skills is relatively new in the field of SLT education. In Australia, Professor Liz Ward and colleagues have started assessing its efficacy with promising results. We are looking forward to contributing to this pool of data over the next few years starting with data we collected during the January 2015 workshop.

It has been a privilege to work with the highly-knowledgeable staff at the Simulation Centre and to see first-hand the benefits of teaching and learning in this environment. As facilitators, we are convinced by this approach to clinical teaching. It is practical and hands-on. It allows SLTs to practise skills, not just hear about them, and encourages stimulating, reflective discussions about clinical case management. It is challenging yet fun and anything but dry and boring!

Workshops run annually - look out for the NZSTA announcements.



# Biculturalism and multiculturalism

WORDS: KAREN BREWER

The words “biculturalism” and “multiculturalism” often come up in discussions about te Tiriti o Waitangi and cultural competence in New Zealand. These emotive words mean different things to different people. At present, New Zealand society remains largely a monoculture, that of the British, that was brought to New Zealand with colonisation (Ramsden, 1996; Ward & Liu, 2012). Discussions of biculturalism and multiculturalism are still in the domain of political and philosophical ideals more than everyday life. As we think about what te Tiriti o Waitangi means for SLTs in New Zealand it is worth considering our approach to biculturalism and multiculturalism, and what we can do to address monoculturalism.

At the root of biculturalism is the partnership instated by te Tiriti o Waitangi. Last year the Waitangi Tribunal concluded that Māori did not cede sovereignty when signing the Treaty but “agreed to share power and authority with the Governor” (Waitangi Tribunal, 2014, p. xxii). Given this, my preferred definition of biculturalism is a partnership between tangata whenua (the descendants of the Māori chiefs who signed te Tiriti o Waitangi) and tauwiwi (the descendants of the settlers at the time of the signing of te Tiriti and all subsequent immigrants) (Sullivan, 1994). This is a Māori/Tauwiwi partnership rather than a Māori/Pākehā partnership, thereby including all people in New Zealand while acknowledging the rights of Māori as tangata whenua (Sullivan, 1994).

In contrast to biculturalism, multiculturalism acknowledges the multiple cultural groups present in New Zealand as all of equal value (Polaschek, 1998). This approach can be threatening to Māori because it creates “the danger of being defined as a minority group in New Zealand” (Ramsden, 1996, p. 27). Multiculturalism has been criticised for not taking into account power, social, psychological, and economic differences and the circumstances (such as colonisation and racism) that have shaped them (Brascoupé & Waters, 2009; Polaschek, 1998).

Arguments for and against biculturalism and multiculturalism tend to focus on “there are many different kinds of people, and they all need to be acknowledged” (pro-multiculturalism) versus “biculturalism has to come before multiculturalism... New Zealand has first to do justice to its indigenous people” (Greenwood & Wilson, 2006, p. 84). Wepa (2005, p. 38) argued that biculturalism and multiculturalism do not need to be in conflict, “as long as Māori are recognised as equal partners with the crown”. She suggested that multiculturalism will develop once biculturalism becomes the norm.



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# BookSpace for Babies

WORDS: AMANDA WHITE AND ANN LOCKE, SPEECH-LANGUAGE THERAPISTS, BOOKSPACE FOR BABIES CHARITABLE TRUST

The aim of this project was to increase community awareness around the importance of talking and reading with babies and toddlers aged 0-3 years.

Research evidence shows that:

- over 16% of New Zealand children are ‘low performers’ in reading
- children from linguistically-deprived backgrounds are at a substantial disadvantage (‘30 million words’) by age 3 years
- children’s vocabulary and sentence structure at 2 years is strongly associated with their performance on entering primary school
- picture and story books provide a useful way of modelling talk with babies and young children

Our project used ‘books for babies’ as a way of working alongside parents to demonstrate their crucial role in promoting early social and communication skills, particularly listening and talking. Our target was to reach at least 10 vulnerable families who were unlikely to have books in the home.

We ran a 5-week pilot project in Newtown, Wellington, in February and March 2015 for parents with children aged 0 to 3 years, consisting of a 2-hour drop-in session at the local community centre to share stories and songs, offer a ‘tip of the week’, and give each family a new book to take home and keep each week. Sessions were run by 2 speech-language therapists with the help of 2 speech-language therapy students from Auckland University.

- 30 families attended the sessions, 14 of them (44%) for 3 weeks or more
- 32 children participated, 25 of them (78%) aged under 2 years
- 19 of the families (63%) had at least one other home language besides English

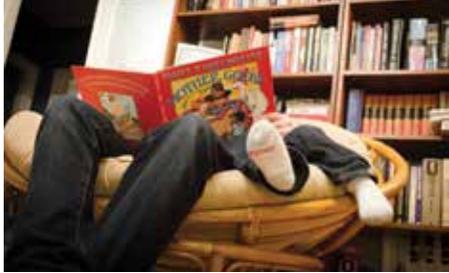
Feedback was gathered through a questionnaire and individual discussion. All parents enjoyed the sessions, found them interesting and beneficial, and would have liked them to



continue, but due to higher than expected numbers the large hall we used was not very suitable for discussion or conversation.

- We are confident of applying the same model in other contexts, but will need to consider the ratio of support staff to participants
- Our group was multi-ethnic but we did not fully attract our target group of ‘hard-to-reach’ or vulnerable families
- Future projects will need to be more targeted and located in more appropriate and accessible venues
- We hope to repeat the project, targeting specific groups in facilities that are local and accessible for them
- We were very grateful for the support of local partner agencies such as Plunket, Wellington City Council Libraries, and the early childhood centres and schools in Newtown. Local businesses The Warehouse and Moore Wilsons gave very generous donations of books and equipment towards this project.

Please let us know if you would like a copy of the full report: [amanda@bookspaceforbabies.org.nz](mailto:amanda@bookspaceforbabies.org.nz) [www.bookspaceforbabies.org.nz](http://www.bookspaceforbabies.org.nz)



# Let's Talk About It

ENCOURAGING PARENTS AS COMMUNICATION PARTNERS

WORDS: ASHLEY DEAN, LAURA BAIRD AND TARYN HASLETT

Recently The Listener highlighted the issue of a noticeable decrease in the quality of children's language upon entry to primary school in an article entitled "Let's Talk" (Blundell, 2015). The article describes a US study which found the amount of language children are exposed to can be influenced by their socioeconomic status.

"A child in a professional family heard an average of 2153 words an hour, a child in a working class family heard 1251 words and a child in a family on welfare just 616 words." They estimated by the time a child reached age four the "word gap" amounted to 32 million words.

This is particularly pertinent to our team at Counties Manukau Health where many of our families fall into the brackets of working class and families on welfare. We encourage parents to provide language-rich environments for their delayed toddler, only to realise they are unsure how to do this. Therefore, a large part of our service involves educating parents on how they can promote language development.

We support parents to become active communication partners using the following strategies:

## Training in play skills

Many of our parents are not confident about how to play with their children. We work alongside them, modelling pretend play and developmentally appropriate games to play. We use toys available in the home, and where toys are not available, we discuss ways of using household items in play.

## Building knowledge of early communication skills

Verbal language is sometimes viewed as the only way to communicate. We provide information and training to parents around early communication skills including turn-taking, anticipation, and joint attention. This enables them to identify

when and how their child is communicating. Once parents can identify these behaviours, they can respond appropriately.

## The importance of reading

Reading to children is one of the simplest ways to encourage language development (Debaryshe, 1993). Families are encouraged to become members of local libraries. This provides opportunities to attend story-times, wriggle and rhyme groups, and other activities which encourage both language development and community connections.

## Creating environment

The environment can play a significant role in early language development. Children are exposed to 500-1000 fewer spoken adult words in the presence of background television noise (Christakis et al, 2009). We encourage parents to turn off the television, have face to face interactions with a singular focus on the child, and use the other given strategies to promote language development.

Language input at an early age promotes vocabulary development, phonological awareness and literacy. Offering language input and stimulation when children are young gives them the best opportunity to develop these skills before they start school. Using the strategies above we support our families to provide language-rich environments for their children. Hopefully this will reduce that 32 million word deficit many of our children would otherwise be facing by the time they start school.

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# Area Annual Reports 2015

## WAIKATO - BOP AREA

### Hazel Gray, Area Representative

88 members

It has been a successful and busy year for our area, with attendance and contribution at teleconferenced area meetings steady. Our members cover a wide area, from Kawerau to Papamoa; Te Kauwhata across to Thames and the Coromandel; down the coast as far as Opotiki, Taupo and Rotorua, and down to Taumararui and Te Kuiti. We continue to have attendance from private practitioners, MoE and DHB employees, and it has been great to have perspectives from both education and health.

Our membership numbers have grown from 60 to 88 this year. Professional development opportunities have included the field supervisor's course, Stroke Rehab: From no-tech to go-tech conference in Christchurch, an ASHA-run webinar series of 13 complex dysphagia cases, impairment-based therapy for aphasia in Wellington, voice workshops, and the initiation of a paediatric dysphagia SIG for the area.

As always keeping members' interest in the area meetings has at times been challenging. The inclusion of professional development time is one way we have tried to maintain our attendance at meetings. One person volunteers or is nominated to present a case study, article or similar at each meeting, and to encourage discussion which can later be included as points in members' CPD logs.

Lack of reimbursement of membership fees continues to be a challenge for members in the education sector.

Cough reflex testing as an acute stroke nurse swallow screen has been initiated at Waikato and Tauranga hospital. FEES training has started in Tauranga and Whakatane hospital. Waikato hospital has started a coffee group for people with aphasia. Tauranga hospital has started a voice therapy group and a gavel club for people with aphasia. There have been many staffing changes across DHBs in our area this year.

We look forward to building on our membership numbers and encouraging member participation in the NZSTA this year.

## CENTRAL AREA

### **Emma Irvine, Area Representative**

#### **Gisborne, Hawke's Bay, Manawatu, Wanganui, Taranaki**

*44 members*

It's hard to believe we are already half way through 2015. I have settled into my role as Area Rep after taking over from Jodi White at last year's AGM. I would like to thank Jodi and the local therapists for their ongoing support. We continue to combine a face-to-face meeting with teleconference each quarter, both options being welcomed by members.

There have been a lot of staff changes across our region with most workplaces now reporting that they are fully staffed, which is fabulous to hear. I would like to welcome all those who have joined the Central Area over the past year.

Attendance at meetings has been reasonably steady over the past year with a great presence of health, education, and private practitioners joining both in our face-to-face meeting and via teleconference. It has been great to have so many members attending which makes for great discussion.

Hawke's Bay DHB now has cough reflex testing up and running and has seen an increase in the number of FEES they are doing.

New Plymouth recently set up an e-learning module for nurses who have completed dysphagia screening training – nurses are to complete this training every two years.

A particular highlight has been the increase in the number of professional development events our members have been able to attend. A wide variety of courses/seminars/conferences/webinars have been attended locally, nationally, internationally and online.

A major challenge recently for our members in Taranaki has been that their radiology equipment has broken down so they are unable to do VFSS. Unfortunately at the time of writing they were unsure of when this would be fixed. Fingers crossed it is in the near future!

## AUCKLAND AREA

### **Fern Jones, Area Representative**

*291 members*

Bombay to Wellsford – covering three large DHB areas Counties Manukau, Auckland and Waitemata.

It has been a busy year in Auckland with saying farewell to Emma Necus in September 2014. I have been settling into the new role as area rep and it has been great getting to know and speak with so many members.

This year we have seen fantastic attendance at area meetings with spaces struggling to accommodate all who attend. One of the challenges in the Auckland area is its vast geographical region and the number of members to accommodate. This year we have tried to move meetings to different locations around the city and different times in order to accommodate as many members as possible. The next area to tackle will be to try and co-ordinate teleconferencing or similar to get an even bigger reach. I would like to thank members for their patience and feedback regarding the changes to meeting locations and times. At the most recent area meeting we had great feedback regarding the time, location and parking facilities.

This year we have also been attempting to lead the meeting with topics of interest or with research shared with the wider Auckland SLTs which has been very engaging and has generated some good discussions during meetings. I am looking forward to this becoming a trend across Auckland meetings and tackling issues that are relevant for many of us in the area.

With regards to professional development, Emma Green at Auckland CDT is taking expressions of interest for a Hanen "It Takes Two to Talk" course for 2015/2016. If you are interested in finding out more please email EmmaGr@adhb.govt.nz. In addition to this Emma shares that there are lots of PD opportunities in Australia for Paediatric dysphagia. Information can be found on the Speech Pathology Australia site.

Professional development in the form of Google groups and twitter are becoming very popular in the region with access to up and coming research and access to international SLTs and focus groups. Therapists are reporting that this has become a great way of keeping up to date and liaising with professionals across the globe.

Talking Trouble Aotearoa NZ had their first SIG meeting recently which was a great success. It has been fantastic to hear of new areas of research in New Zealand and exciting to hear about the fantastic work this group have been doing. If you would like more information or to be on the mailing list you can visit their website [www.talkingtroublenz.org](http://www.talkingtroublenz.org)

I'd like to finish with a thank you to all Auckland members for their continued contribution to the profession. I will be taking extended leave from July 13th to November 11th and Jessamy Amm (TalkLink Trust) will be covering area rep duties in my absence.

## CANTERBURY - WESTLAND AREA

### **Megan Chinnery, Area Representative**

*197 members*

We continue to see an increase in the number of members attending quarterly meetings in the area, often resulting in the need to rearrange furniture in local cafes so we can all fit in! It is heart-warming to witness the support for NZSTA and each other as colleagues in the area. We have started alternating between breakfast and lunch meetings, which appears to be catching an even larger number of members, which is fantastic. The number of NZSTA members in the Canterbury/Westland area also continues to rise.

A major area highlight for Canterbury Westland was organising and hosting a free community Festival, part of the International Communication Project 2014, on Friday 3rd of October 2014 in Christchurch. This amazing event was run by the Canterbury ICP working party made up of local NZSTA members and led by Amy Oughton & Annette Rotherham.

This festival was aimed at raising awareness about the challenges faced by adults with communication disorders but was also a chance for us all to celebrate the lives of some of those individuals living within our community. The Festival involved performers/speakers, children and adults, whose communication abilities have been affected by neurological conditions or developmental conditions, as well as one guest speaker whose communication was affected by an autoimmune disease. We were very privileged to have a large audience including local MPs, Stella Ward (CDHB Executive Director of Allied Health) and Helen McLauchlan (NZSTA President). Another highlight was having "Mick the Mic" (the NZ ICP mascot) visit Christchurch and join in on the Canterbrainers Annual Choir Performance in 2014.

Members in our area did an awesome job supporting and raising the profile of our profession during Speech Language Therapy Awareness Week. Work places celebrated and promoted the week involving different professions and departments within their workplace with a variety of different activities. Some private therapists distributed postcards to local GPs and a display was created in Christchurch central city to promote SLT.

Our geographical area is vast so we are always searching for new ways to connect with therapists outside of Christchurch. Several therapists from outside Christchurch always contribute to the minutes and this contribution is really valued.

## WELLINGTON - NELSON AREA

**Claire-Ellen Roberts, Area Representative***90 members*

Meeting attendance in the Wellington/Nelson region has continued to rise with many members taking advantage of the teleconference options. 2015 has seen a change in area rep with Libby Coates (née French) stepping down from the role after 3 great years, with myself taking over.

Wellington continued to host PD events in 2014, such as Transforming practice in April and an Aphasia workshop and Head and Neck study day that was organised by the therapists at Wellington hospital in response to a need for PD. Many people took advantage of these events which was great.

The Memorandum of Understanding between Health and Education therapists working with children with dysphagia has been a wonderful step forward for our region. This has seen Ministry of Education SLTs upskill in basic dysphagia management so that with the Health SLTs they can work towards better joint care for these children.

ICP was a great focus for 2014, Wellington was lucky enough to host the Launch. It was a great event to start the project.

Unfortunately many therapists have continued to struggle with access to PD, particularly those in smaller or more remote locations.

2015 looks set to be another vibrant year for SLTs. I look forward to helping to develop the presence of the Association in our region.

## OTAGO - SOUTHLAND AREA

**Margaret Gaudelius, Area Representative***39 members*

Attendance at area meetings has remained steady throughout 2014, with a group of members meeting at the office of one of our members in central Dunedin each quarter. We have continued to utilize teleconferencing to connect with our members in Southland. Meetings are attended by a mix of members from private practice, health and education. It has also been a privilege to be joined occasionally by Life members. Increased attendance at meetings has led to richer and more diverse information as members share their professional development highlights and ideas and opinions.

2014 was the year of the International Communication Project (ICP). Members who attended the ICP launch at the NZSTA Conference in Wellington were excited about raising the profile of communication as an essential human right.

In July, therapists from Dunedin hospital held an Aphasia Day for clients and their families. Following this, a Dunedin Aphasia Community Support Group was established and has continued to meet regularly into 2015. This initiative has been well-received by the community and an article was written about it in a local paper.

Therapists from the Ministry of Education (MoE) and the Southern District Health Board (SDHB) have continued to collaborate around service provision for school-aged children with eating and swallowing issues. Local Level Agreements have been developed in each centre. MoE therapists completed professional development created by the University of Auckland to up-skill them in this area. In Dunedin, therapists from MoE have met once a term with therapists from the Child Development Service to share information and professional development.

Otago-Southland therapists have also continued to work

closely with Talklink in order to support clients who use AAC. SLTs from MoE have worked with private SLTs to run PODD mornings for students who use PODD (a low-tech AAC system) and their teams. Invercargill hosted a KiwiChat day for clients using high-tech AAC systems in October. Dunedin will have a KiwiChat day in June 2015.

I have been very proud of local members who have participated in various NZSTA projects and working parties over the year, those who have established Special Interest Groups, and those who have contributed articles to Communication Matters. Everyone has benefitted from your passion and dedication not only to your work, but also to our association. Thank you.

There have been a number of staffing changes in both the Ministry of Education and the Southern DHB over 2014. Both the MoE and the MoH are now fully staffed. Many therapists have come from outside the area and we want to ensure they feel welcome and supported. I would like to challenge both new members and existing members to get in touch, either through email or face-to-face at our next meeting.

I am standing down from the role of Area Rep in 2015, and am pleased to announce that Sharon Collins and Eleanor Jackson will be sharing this role from June 2015.

## NORTHLAND AREA

**Brooklyn Davis** (temporarily acting as area representative in partial capacity; the area representative role is vacant)

*19 members*

The Northland area stretches from Wellsford to Cape Reinga.

Northland experienced some change this year with regards to NZSTA area representation. The year started with Alexandra Cave stepping in as the new representative, however, she left the role near the end of the year and the position remains vacant. Thank you Alexandra for your time in the role. I came to the Northland area from Auckland late last year to spend my maternity leave closer to family. I have subsequently volunteered to chair a few area meetings during my time in Northland in order to remain connected with the profession. As with previous area representatives it is my aim to continue as a liaison between the NZSTA and Northland members, and I look forward to connecting with therapists in the area.

Unfortunately I cannot report on what happened up here last year other than to say that area meeting attendance through 2014 remained consistent with previous years. It is hoped that teleconferencing future meetings will increase member attendance over the upcoming year.

		<h2>Voice Remediation</h2>	
<p><b>AN ESSENTIAL VOICE EDUCATION OPPORTUNITY IN SYDNEY</b></p> <p><b>A complete Estill™ 5 day course</b> presented especially for Speech Pathologists, student Speech Pathologists, professional voice users and people with voice disorder, with a focus on the application of Estill™ principles to voice rehabilitation.</p>		<p><b>PRESENTED BY</b></p> <p> <b>HELEN TILLER</b> ESTILL™ CERTIFIED COURSE INSTRUCTOR WITH TESTING PRIVILEGES AND SERVICE DISTINCTION</p> <p> <b>BETH ATKINS</b> SPEECH PATHOLOGIST ESTILL™ CERTIFIED MASTER TEACHER</p>	
<p><b>VENUE</b> The Menzies Hotel, Sydney CBD</p> <p><b>DATES</b> 9am-5pm // 28 September–2 October 2015</p> <p><b>COST</b> Full Fee \$990 // Student \$880 Early bird rates available!</p> <p><b>CONTACT</b> Beth Atkins 0405 331 988 or voice.beth.atkins@gmail.com</p>	<p><b>REGISTRATION CLOSES</b> <b>18 SEPTEMBER 2015</b> PLACES ARE STRICTLY LIMITED</p>		

# Student body annual report 2015

## UNIVERSITY OF CANTERBURY

**Student Representatives: Elyse Andrews and Jun Chong**

*Number of student members: 67*

Speech Therapy Awareness week in September 2014 was promoted on campus with a display in the University of Canterbury's Library. The display promoted the ICP Project, and used the ICP speech bubbles. Students added to the display by writing what communication meant to them on the speech bubbles. The display also promoted the work that SLTs do, the degrees offered in the Communication Disorders Department, and upcoming community events. The third year BSLP class provided free seminars to the public themed *SLT across the Lifespan*. The NZSTA was promoted at the Communication Disorders Department Orientation day in February 2015 where Megan McAuliffe spoke to each year group, encouraging student membership.

In 2014, the new two-year Masters programme began. This allows those who already have a degree to qualify as a Speech Therapist in two years rather than the four years of the Bachelor Degree.

Ruth Price stood down as fourth year Student Rep when she left for her final block placement in August 2014, and was replaced by Elyse Andrews. Our recently selected third year representative is Jun Chong.

The student representatives work closely with SpeechSoc (the Speech and Language Therapy students' social club at Canterbury University) to support students from both Masters and Bachelors programs. Student reps and SpeechSoc are already discussing Speech and Language Therapy Awareness Week events for 2015.

## UNIVERSITY OF AUCKLAND

**Student Representatives: Ellen Faithfull and Caroline Bartholomew**

*Number of Student Members: 12*

Speech Language Therapy Awareness Week was a major highlight for us in 2014. With contributions from students, staff and clients we created a short video highlighting the theme of the week: Making the Connection (Whakawhanaungatanga). This video was shared on social media platforms such as Youtube and Facebook and circulated via email. The video aimed to show the importance of communication and swallowing in making connections with the world around us. Many family members and friends told us that the video made them appreciate the importance of communication in every aspect of their daily lives. Furthermore, it made them realise what a wide scope of practice speech language therapists have - more than lisps and stutters! It was humbling to have our hard work recognised with the NZSTA Awareness Week award. The prize, a brand new iPad, has become a great resource for our clients in the university clinic.

Following her graduation, Marie Jardine stepped down as second year representative and was replaced by Ellen Faithfull. Caroline Bartholomew was selected as the first year representative.

Our key focus this year will once again be Awareness Week. Another focus for us is disseminating our second year students' research initiatives and findings. Several previous students presented their research at the Professional Development Symposium in June, and Ellen presented some descriptions of current research at the last Auckland area meeting. Watch out for more research initiatives in the next issue of Communication Matters.

# Undergraduates in Research

WORDS: MORGAN CURRY



During the summer of 2014-2015, I was fortunate enough to be awarded a UC Summer Scholarship under Maggie-Lee Huckabee's supervision at the Swallowing Rehabilitation Research Laboratory at the Rose Centre for Stroke Recovery and Research. My application discussed my enthusiasm and passionate interest in dysphagia and it was with great excitement when I learnt of my selection.

The research project was entitled "Test re-test and intra-rater reliability of the TOMASS" – a swallowing test previously developed by the Rose Centre.

On completion of this project, the opportunity arose to publish my research; an achievement in itself. The previous research on the TOMASS from the Rose Centre was yet to be published and Maggie-Lee offered to amalgamate my research as a sub-study of her own research. This is awaiting approval for publishing and is a huge personal accolade.

The team focus of the Rose Centre created a positive working environment which encouraged all students to perform at a high level. I was surrounded by Masters and PhD students who were truly inspirational and generous in their time. Maggie-Lee encouraged independent planning, self directed learning and problem solving for all of her students at the Rose Centre. She demonstrated respect for her students and valued their contribution to dysphagia.

The Rose Centre provided many opportunities that I would have not otherwise gained as an undergraduate student. Some of my highlights include: attending a post graduate dysphagia course, radiation safety training course, and rising to the challenge of self-learning of statistics.

Maggie-Lee demonstrated great faith in my abilities, providing support when needed, but also gave room to develop my own skills. I often thought I was out of my depth with the post graduate level of statistical analysis. However, with Maggie-Lee's guidance and resources, I was well prepared to tackle the complexities of ANOVA, cronbach  $\alpha$  and intraclass coefficients. She was always available to discuss or critique my work to meet the project outcomes and offer suggestions and feedback to meet the research level standards. In addition, the expertise of the post graduate students, who were always available to provide not only academic support but collegial support, have inspired me to seek post graduate study. I have developed skills to achieve the research requirements beyond what I thought I was capable of.

Without the amazing leadership of Maggie-Lee, I would not have been able to achieve such a favourable outcome of published research.

In conclusion, I can see that participating in research at this level, could benefit many undergraduate students. It has significantly added to my professional development and career pathway separate from the SLT curriculum at Canterbury University. It may seem daunting to work with such a well known, and well respected researcher. However, I am extremely grateful for this opportunity and would encourage other students to approach a lecturer they admire.

## Collaborative Practice among Prospective Speech-Language Therapists and Primary School Teachers – A Placement Experience

**WORDS: ELENA BLOXHAM, UNIVERSITY OF CANTERBURY 4TH YEAR STUDENT**

As part of a university placement this year I participated in a research project that looked at building the foundations for collaborative practice among prospective speech-language therapists and primary school teachers (Leanne Wilson, Brigid McNeill and Gail Gillon). Speech-language therapists are encouraged to collaboratively create classroom environments that support children's learning and literacy development (Ministry of Education 2013). However, currently in the studies of these professions we are offered little opportunity to learn about each other's roles and professional knowledge that will support future collaboration. Throughout this placement a New Zealand based inter-professional education (IPE) was offered as an approach to address this issue. A case-study format was used to assess the impact of the programme on participants across professional knowledge and co-working practices in children's language and literacy learning.

During my placement I had one participant of the research project who was in their first year of primary school. I worked with my student teacher to plan and set goals for intervention that were based on phonological awareness skills. There were minimal guidelines as to how this placement should play out; we were required to be creative and inventive with our intervention as it was to take place within the classroom environment.

Intervention during my placement consisted of three weekly sessions in class. Each session began with a full class activity run by the student teacher and assisted by myself, and then I ran a small group activity of four to five children during reading group rotations.

Although experiences with the research project differed across students and places, I found it to be very beneficial and intriguing. My relationship with my student teacher was great. I learnt a lot about my client from her that I wouldn't have otherwise. Through this collaboration the student teacher learnt about the role of the speech- language therapist and the importance of the work that we do. My student teacher implemented her own phonological awareness tasks that she completed every day for ten minutes in a whole class activity, based on the activities she had observed me doing. My client, and participant of the research project, showed positive results and significant development towards their intervention goals. I believe that the results of my placement can be used to support further research into the efficacy of placement-based IPE and they show the important role of practicing SLTs in helping prepare student SLTs and teachers for collaborative learning and literacy intervention.

## The Weekend Of A Lifetime

CLEFT NZ YOUTH CAMP

**WORDS: KENNY ARDOUIN**



Like a well-intentioned (but not overly committed) hat enthusiast, or Johnny Depp in *Alice in Wonderland*, I wear a couple of different hats from time to time. One such hat involves managing Cleft New Zealand - the group for all those affected by (and all those working with people and families affected by) cleft lip and/or palate in New Zealand.

I have been involved with Cleft NZ in some capacity since 2005; I'll save you from doing the maths - I was 14 years old. At that tender age, I certainly could not have predicted the incredible opportunities that would come my way through this organisation. One hat led to another and looking back on it now, it is unsurprising that the prospect of a career in speech therapy has taken my fancy.

Despite many amazing opportunities, attending conferences around the world, standing up on stages giving talks, delivering uni lectures around NZ etc., the highlight of my 10 years has been achieving what the 14 year old Kenny longed for. You see, when I first made contact with Cleft NZ all those years ago, I wanted just one thing. To meet other people who were like me. Being a teenager is enough of a minefield as it is without the added complication of looking and feeling different in a world that you're convinced (ironically like everyone else) does not

*“attending to the emotional and psychological aspects of cleft”*

understand you. Having come from the UK where the need for peer supports for young people was clearly recognised, you can appreciate why I felt disheartened when I realised that at the time, Cleft NZ was predominantly a parents' support group.

It may have taken a while, but on 13 December 2013 that all changed as Cleft NZ launched Australasia's first youth camp for people affected by cleft lip and/or palate at YMCA Camp Adair. Nine rather timid teenagers arrived at the three-day camp on the Friday whilst nine confident friends went home on the Sunday having shared experiences, stories and phone numbers. We didn't have to do much, just set the scene and the rest happened organically as they all realised they had far more in common than they were different, that they were with like-minded people who 'get it'. On 10-12 April this year we delivered our second national camp in Whangaparaoa, this time with 15 campers. Words cannot do justice to the impact and confidence boost these weekends give the next generation, but suffice to say it is heartwarming to witness, and highlights the importance of attending to the emotional and psychological aspects of cleft, something that sadly often falls by the wayside currently in New Zealand.

These camps offer a way for young people (aged 11-18) affected by cleft in NZ to access peer support, develop strategies to deal with some of life's challenges, make friends for life and have one truly bonza weekend in the process! It's not a question of if there'll be a next camp, it's just a matter of when - so start spreading the word to everyone you know affected by cleft - with your help, one day these camps will become a rite of passage for everyone born with a cleft.

Kenny Arduin  
Chief Executive Officer, Cleft NZ (my orange hat)  
BSLP 4th year student, UC (my pink/magenta hat)  
[www.cleft.org.nz](http://www.cleft.org.nz)

# Clinical placement at Chailey Heritage special school, UK

**WORDS: EMILY HARNETT, UNIVERSITY OF CANTERBURY FOURTH YEAR STUDENT**

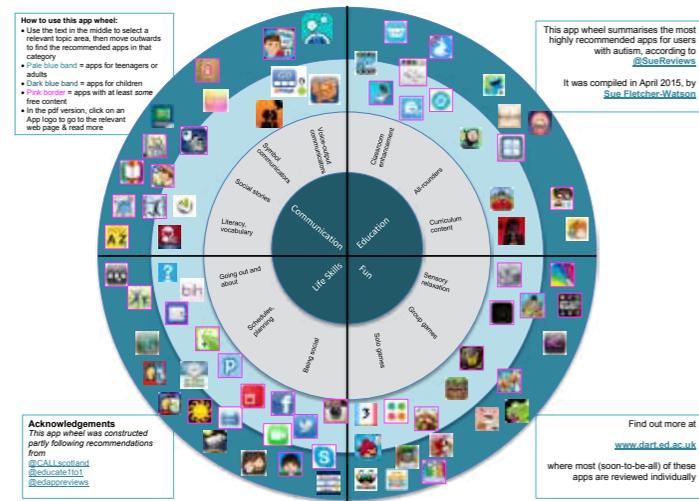
Chailey Heritage is a special school and clinic in East Sussex, England, offering flexible specialist services and clinical support for children and young people with complex neurodisability. I had the privilege of completing my third year clinical placement at Chailey Heritage. Working within a multi-disciplinary team taught me clinical skills that related both directly and indirectly to the field of Speech and Language Pathology, and provided me with a different and more holistic view of the clients and their lives. Working in a foreign country and health system was a beneficial learning experience. Learning in an advanced and innovative environment made each day different and exciting. My peers and supervisors were supportive and more than happy to answer any of my questions or help lead me to the answers. My ideas and knowledge were valued as fresh and up to date. Being asked for ideas and my rationale was a rewarding and lesson filled experience. This placement taught me many clinical and life skills but in particular highlighted the importance of a commitment to lifelong learning, positive working relationships, and adaptability.

Chailey Heritage was an incredible experience, and I would encourage any fellow students to go beyond their comfort zone to apply and learn new skills in an environment that is different from their own.

REVIEWS

## ASD App wheel

**WORDS: FERN JONES, SPEECH AND LANGUAGE THERAPIST, TALKLINK TRUST UPPER NORTH ISLAND**



*“It is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail.” Abraham Maslow*

An ASD app wheel was circulated recently, compiled by professor Sue Fletcher-Watson, University of Edinburgh, who is carrying out research into the use of apps for people with autism. <http://www.dart.ed.ac.uk/asdtech/app-reviews/> The website also provides links to her research and app reviews.

I noticed that there are only 3 communication apps on the wheel, and there are other communication apps that are equally as good if not better for clients with ASD. If clinicians are considering apps to support with communication, I would recommend that they use Joy Zabala’s SETT framework. This framework recommends that the student, environments, and tasks should be fully explored before tools are considered. <http://www.joyzabala.com>

People are welcome to contact any of the TalkLink offices and speak with an SLT for advice around AAC and ASD should they have any questions.



## Actions In Video app

**WORDS: HEATHER TAYLOR, SLT, MAHINAWA SPECIALIST SCHOOL**

The creator Geraldine Moran, a speech language therapist working in Ireland, developed this app to assist clients with understanding and using action words. She gives a clear explanation of its purpose and development. It draws on and acknowledges key elements of the Colourful Semantics approach to sentence building.

It opens with some options on how to use the app. You can manage sound, rewards and colour coding. You can choose to record your own, or your client’s, sentence production rather than using the pre-recorded sentence available.

Users watch a brief video and are then offered a choice of picture icons to arrange into a sentence. Once users complete the sentence, the full and correct text pops up and a recording of the sentence is read aloud. Students may repeat the sentence. Mistakes were an opportunity to directly cue scanning skills.

I tried this app with a range of students with developmental communication disabilities and found several features of it to be useful in practice:

- Videos are good quality, all students, junior and senior, were attracted and interested in the videos. Actors are performing clear actions, in an uncluttered background. Teachers also commented positively on the video quality.
- Navigation is easy.
- Videos can be re-played, allowing more processing opportunity.
- Each sentence structure has multiple examples of actors and environments (the boy, the girl, the lady, the man...) so

users focus on meaning. This repetition of structures assists with word finding difficulty. Students can re-use a sentence they’ve just laboured over.

- Sentence length can be managed to control success. The clinician can select the number of targets + distractors and manage the colour coding to control success, fade cues, and vary scanning demand.
- The app uses forced order, providing a no fail interaction. It requires moderate skill in swiping the icon into the target sentence square. Students with motor impairments may need support to maintain this as a language task.

Any drawbacks? A couple of the actors appeared grown up enough to be adults but were actually children. This was a point of confusion for swiping the correct subject up into the sentence. I found a couple of the advanced sentence videos had the bare minimum visual information presented in relation to the target sentence. In these situations students responded well to a ‘let’s check it’ approach to repairing the sentence. I could then give additional cues if required.

As a clinician I appreciate the challenge of finding ways to show students with early developing communication skills the meaning and placement of verbs. They are elusive compared to concrete nouns. This app does a great job of giving focus to verbs in simple sentences. The flexibility of replaying video and multiple opportunities to use and repeat the target vocabulary is also a strength. In addition, teachers appreciated that basic sight word vocabulary is reinforced along the way.

[www.actionsinvideo.com](http://www.actionsinvideo.com)



## Working with Vulnerable Children and Young People

NEXT MEETING: 25 AUGUST 2015

WORDS: SALLY KEDGE, LINDA HAND AND CLARE MCCANN, TALKING TROUBLE AOTEAROA NZ

1. We are interested to hear from SLTs who have provided or are currently providing communication assistance in police or court contexts for children, young people or vulnerable adults who are witnesses, victims or defendants. We want to develop a range of tools for the NZ context (code of conduct and ethics, resources and best practice processes etc) that can support those of us undertaking this work and also provide support for one another. Please email us if you have experience of this work and please let your colleagues know about this project. [talkingtroublenz@gmail.com](mailto:talkingtroublenz@gmail.com)

2. The Special Interest Group is for those working with vulnerable children and young people. This covers those with emotional, behavioural, or mental health difficulties, those involved with care and protection, and those in youth justice services.

NEXT MEETING: 25 August 2015. Topic: presentation and discussion of two case studies by SIG members, short report on her sabbatical trip investigating the intermediary system in the UK by Linda Hand, and an update on resources, research and clinical issues.

We invite interested SLTs to attend in person or via Skype.

When: Tuesday, 25 August, 4.30 - 6pm

Where: Tamaki Campus, The University of Auckland in Room building 721, room 324.

There is plenty of free parking available. There is information about how to get to the campus, including a map, on the website: <http://www.tamaki.auckland.ac.nz/content/tamaki-innovation-campus/en/about/tamakiinnovation-campus/map-and-location.html>

Skype: if you cannot attend in person, and would like to join us by Skype, please email us so we can set this up. Please RSVP by 24 August 2015 to: [talkingtroublenz@gmail.com](mailto:talkingtroublenz@gmail.com)

All welcome. Please feel free to pass on this invitation to your colleagues.

3. Advance notice of professional development opportunity. Dr Judy Clegg from the University of Sheffield will be visiting Talking Trouble Aotearoa NZ in December 2015. There will be a professional development workshop by Dr Clegg for SLTs. The date of this will be announced shortly on our website and via our mailing list. Dr Clegg has considerable research and clinical experience relating to vulnerable populations of children and young people, including within mental health, education, youth offending, behaviour and social deprivation contexts. She is also a court intermediary in the UK. <https://www.shef.ac.uk/hcs/staff/clegg>

Nga mihi  
Sally, Linda and Clare



## Annette Rotherham – Communications

[communications@speechtherapy.org.nz](mailto:communications@speechtherapy.org.nz)

I can hardly believe that it is Winter! Where did May go? I probably sound like my mother! I am sure you are all keeping busy. It was excellent to see so many turn out for the Professional Development Symposium in Christchurch and for our AGM. I always enjoy the symposium for the dynamic grassroots presentations by clinicians doing amazing things. I learnt some valuable ideas to tuck into my toolbox.

At the AGM, there were some big agenda items up for discussion but I really feel that the 15% rise in membership fees, which was voted in favour, is going to make a huge difference and ensure we keep abreast with other professional associations and have the capacity to provide the resources and services that skilled professionals deserve. In terms of assisting with the *Communications Portfolio*, I can see opportunities to improving our website, further developing our online learning platforms, cope with the increasing costs of publishing our magazine and journals not to mention distribution costs. It will also assist with engaging professional and experienced PR people and involving media to raise our profile and assist with Awareness and Advocacy. These are areas our clients and our profession need, particularly if we want to address the gaps in publicly funded SLT positions for at risks groups who currently miss out on our services.

With this in mind, Awareness Week 2015 13-20 September will soon be upon us. Resources such as posters and post cards will be available through Area Reps and the NZSTA administration one month before. For those that missed the SLT

stickers, we will see what we can rustle up. The theme is *Access for ALL*; and this year we are going to have more of a lobbying approach. Vulnerable Children, Youth Offenders, Mental Health, and Adults with Intellectual Disability, to name a few, are populations who currently have very limited or no access to Speech Language Therapy. Anyone who knows of people who have a story to tell in these areas, please contact myself or your Area Rep. so we can put a media contact in touch with them. Stories can be publicized at any time from now to awareness week and we can mention Awareness Week at the end of it.

Raising Awareness of communication disability and the impact on people's relationships, confidence, self worth and the many other psychological factors is a year round campaign. Increasing understanding of swallowing and feeding difficulties is a vital campaign too. The new prize that will be awarded in 2016, the Speech Language therapy Ambassador award, aims to recognise a therapist who shows this commitment and passion ongoing in all aspects of their work with clients, families, mentoring other therapists and within their work teams.

Please feel free to contact me on [communications@speechtherapy.org](mailto:communications@speechtherapy.org) with any of your plans and ideas, questions or comments around awareness raising activities.

Keep warm and Safe  
Ka Kite Ano  
Annette



## Karen Brewer – Maori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

### TĒNĀ KOUTOU KATOĀ. NGĀ MIHI NUI.

As I write this, I have just returned from the Professional Development Symposium in Christchurch. What a fantastic two days! We were fortunate to have Hemi Hoskins (manager of Te Puna Wānaka at Christchurch Polytechnic Institute of Technology) open and close the symposium for us. The manner in which Hemi conducted the proceedings showed that he knows and appreciates what SLTs do. It was great to see a significant number of Māori and Samoan presentations in the symposium, including an inspiring keynote from Professors Gail Gillon and Angus Macfarlane. Throughout the two days I noted recurring themes of listening to clients and communities, sharing power and not being the “expert”. In these vitally important concepts I was reminded of two kaupapa Māori guidelines – “titiro, whakarongo ... kōrero” (look and listen before you speak) and “kia māhaki” (don’t flaunt your knowledge).

While in Christchurch it was a pleasure to meet kanohi ki te kanohi (face-to-face) with the group recently formed to support the Māori and Cultural Development portfolio. We continued to discuss the role of the group and decided that we see ourselves as a kete or tool box to support the NZSTA Executive Council and the SLT profession in New Zealand. I also had the pleasure of meeting Anne van Bysterveldt (chairperson of the Programme Accreditation Committee [PAC]) and Sonja Macfarlane (Māori rep on PAC). We had a very productive discussion about the review of the Accreditation Standard for the Aotearoa/New Zealand Context and the institution of cultural competencies for speech-language therapy students. We will bring these developments to you as soon as they are ready.

While we were in Christchurch for the AGM and PD

symposium the Executive Council took the opportunity to hold one of our quarterly meetings. One of the things discussed at the meeting was the need to change the way we record the ethnicities of NZSTA members. Best practice nationally is to use the exact wording of the New Zealand Census. The rationale for this is that if everyone in New Zealand uses the same wording it enables comparison between different data sets. An important element of the census question is that it provides the option of nominating more than one ethnicity. This is not currently available on the NZSTA website, which restricts many people. When you renew your membership for 2016 you will be asked to update your ethnicity for our records, as per the census question:

#### Which ethnic group do you belong to? Mark the space or spaces which apply to you:

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- other such as Dutch, Japanese, Tokelauan. Please state:

I recognise this question isn’t ideal, and the categories don’t cater for the SLT workforce particularly well, but the benefits outweigh the negatives.

Ngā mihi nui  
Karen Brewer



## Jodi White – Member Networks

membernetworks@speechtherapy.org.nz

### HELLO TO EVERYONE

I hope those of you who attended the PD Symposium in June have been able to integrate your learning into practice. I was very inspired by many of the presentations I saw.

We have had some recent changes to our Area Rep ranks. I am pleased to announce the current Area Reps:

<b>Northland</b>	Vacant (Brooklyn Davis interim rep)
<b>Auckland</b>	Fern Jones
<b>Waikato/Bay of Plenty</b>	Hazel Gray
<b>Central</b>	Emma Irvine
<b>Wellington/Marlborough</b>	Claire-Ellen Roberts
<b>Canterbury/Westland</b>	Megan Chinnery
<b>Otago/Southland</b>	Eleanor Jackson and Sharon Collins

You can find contact details for each area rep in Communication Matters or on the website. Big thanks need to be given to our Area Reps standing down at this time – Libby Coates (Wellington/Marlborough) and Margaret Gaudelius (Otago/Southland). The contribution you have made is very much appreciated by the Executive Council and all of the membership.

I look forward to working with all the current Area Reps to maintain links. We also have a full complement of Student reps, their details are all available on the Website and in Communication Matters.

We are pleased to announce the launch of two new Frameworks – New Graduate and Return to Practice. There are now clear guidelines for how to progress through these frameworks to achieve Full Membership. Please check the NZSTA website for full details.

Please keep up the questions that you bring to area meetings, we take all questions seriously and attempt to respond to each. The responses can be found on the NZSTA website under the area meetings headline once we have had a chance to formulate our response and have these uploaded to the website. The responses to the recent area meetings should now be available on the website.

All the best and stay warm during these upcoming cold winter months

Jodi

# AphasiaNZ biennial conference

## 19-20 Nov 2015

APPLICATIONS TO PRESENT CLOSE 31 JULY

**WORDS: EMMA CASTLE**

The 2015 AphasiaNZ 6th biennial Conference is being held on Thursday 19 and Friday 20 November 2015 at the Waipuna Hotel and Conference Centre in Auckland.

**Dr. Amy Rodriguez**, a researcher at the Centre for Visual and Neurocognitive Rehabilitation in Atlanta, USA, will be the keynote speaker. Until recently, Dr. Rodriguez was part of the Centre for Clinical Research Excellence in Aphasia Rehabilitation (CCRE Aphasia) at the University of Queensland in Australia.

Dr. Rodriguez's presentations will provide updates and overviews of:

- Three neuroplasticity principles (*use it and improve it, intensity, and salience*) and examples of how these principles relate to the LIFT and CommFit program. The CommFit program, which seeks to promote communicative participation, also includes elements of personally relevant goals and activities.
- Intensity in aphasia rehabilitation, LIFT program outcomes, and barriers/facilitators to implementing intensive treatment in clinical settings.
- Exercise effects on cognition, outcomes of exercise and word learning research and how this may translate to individuals with aphasia.

**Dr. Cathy Stinear**, Deputy Director of the Brain Recovery Clinic, and clinical neuroscientist at the Centre for Brain Research at the University of Auckland, will also be presenting on neuroplasticity and recovery after stroke, with specific examples relating to aphasia. Dr. Stinear's current studies involve testing whether non-invasive brain stimulation, drug treatments, and coordinated movement patterns can promote plasticity in healthy adults, and recovery of function in people who have experienced stroke.

AphasiaNZ invites SLTs and professionals working with



people with aphasia to submit an abstract to present. If you have something to share that would be of benefit to your colleagues, then please get in touch! We are looking for submissions:

- Highlighting the latest aphasia information – research, a new activity, or the implementation / delivery of a support service for people with and affected by aphasia
- Sharing new thinking related to your practice as a SLT/health professional working with people with aphasia
- Sharing inspirational stories or remarkable achievements

Applications to present at the Conference and Symposium close at 5pm on Friday 31 July.

Conference registrations are now open, and will close on Friday 6 November.

### Come along to the conference to:

- Be challenged about your theoretical background and the treatments you provide
- Learn about the latest research into aphasia and neuroplasticity
- Network with other SLTs from around the country
- Discuss and explore psychosocial aspects of living with aphasia with people who are living successfully in our communities

And much, much more! AphasiaNZ Conferences will enable you to learn more about the lives and views of people affected by aphasia.

For more information about submitting an abstract or conference registration please email [info@aphasia.org.nz](mailto:info@aphasia.org.nz) or call 0508 274 274.

Information is available on [www.aphasia.org.nz](http://www.aphasia.org.nz) and updated regularly.

## Contact Details

### EXECUTIVE COUNCIL

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Vacant

(Brooklyn Davis interim rep)

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