

E-Zine

Spring 2021

**Proudly compiled by the
Communications & Events
Committee**

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We concluded a successful SASLHA Virtual Conference on the 15th and 16th of October. Thank you to our wonderful presenters who shared their experience and knowledge with such dedication.

Congratulations to the winners for Best Speech Oral Presentation and Best Audiology Oral Presentation. Thank you to our sponsors who made prizes for our winners possible.



**BEST ORAL
PRESENTATION:
AUDIOLOGY**

Ms. Vera-Genevey Hlayisi

Scarce Health Human
Resource Wastage: No work for
South African Audiologist? A
descriptive Study

(Session 6B)

Proudly sponsored by hearX group



**BEST ORAL
PRESENTATION:
SPEECH-LANGUAGE**

Ms. Natasha Pillay

Consensus Statement for the
management and rehabilitation
of communication and
swallowing function in the ICU:
A global response to Covid-19

(Session 7A)

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Health Calendar 2021



MARCH 2021 - INTELLECTUAL DISABILITY AWARENESS MONTH

- 3 World Hearing Day
- 16 Brain Injury Week
- 21 Int. Down's Syndrome Day
- 24 World TB Day

APRIL 2021 - PARKINSON'S AWARENESS MONTH

- 11 World Parkinson's Day
- 23 World Book Day

MAY 2021

- 3 Hospice Week
- 4 World Hand Hygiene Day
- 12 Int. Nurses Day
- 15 Kangaroo Mother Care Day
- 28 Child Protection Week

JUNE 2021 - CHILDREN AND YOUTH MONTH, NATIONAL BLOOD DONOR MONTH

- 1 Children's Day
- 6 Skin to Skin for Moms and Babies Week

JULY 2021 - MENTAL HEALTH AWARENESS MONTH

AUGUST 2021 - ORGAN DONOR MONTH, WOMEN'S HEALTH, CHILD SAFETY MONTH, AFRICAN TRADITIONAL MEDICINE MONTH

- 1 Breastfeeding Week

SEPTEMBER 2021 - MONTH OF DEAF PERSONS, DEMENTIA MONTH, ALZHEIMER'S MONTH

5 Silent Walk DeafSA, World Spinal Cord Injury Day

6 Casual Day

8 Int. Literacy Day, Int Physiotherapy Day

14 National ADHD Day, Occupational Therapy Week – SA

21 World Alzheimer's Day

23 Int. Day of Sign Language

OCTOBER 2021 - MENTAL HEALTH AWARENESS MONTH, WOMEN'S MONTH, SOCIAL DEVELOPMENT MONTH

6 Int Cerebral Palsy Day

10 World Mental Health Day, World Hospice and Palliative
Care Day

27 World Occupational Therapy Day

28 National Stroke Week

29 World Stroke Day

NOVEMBER 2021

3 Disability Rights Awareness Month

17 World Prematurity Day, Int Kangaroo Mother
Care Day

25 Kangaroo Mother Care Week

DECEMBER 2021

1 World AIDS Day

3 Int. Day for Persons with Disabilities

In honour of Mental Health Awareness Month

Top tips on promoting weekly wellness

1

With work and home-life being more intertwined, incorporate an **end-of-work day ritual**. Actively participate in the same activity when moving from “work” to “relaxation” mode. Examples may include switching off work notifications or placing your phone in a designated area.

2

When feeling overwhelmed, actively decide what is in and out of your **control**. By redirecting our thoughts to what we can control, we better manage what we spend energy on.

3

Create small **spaces** for relaxation. Set-up small areas in your practice, office or home where you can take a break. These spaces need to be comfortable and free from distractions. Incorporate enjoyable sensory experiences, such as comfortable lighting, relaxing sounds and smells.

4

Practice **sleep hygiene**. This includes putting into place habits, practices and environmental adaptations that contribute to a good night’s rest. Establishing a bedtime routine, limiting alcohol and caffeine as well as keeping electronics out of the bedroom might be a good start.

5

Research suggests a strong link between mental wellbeing and time spent in **nature**. Activities such as exercising in nature, gardening, bird watching and stargazing gives the opportunity to be aware of the present moment (a skill also used for anxiety management).

6

Practicing **gratitude** has been shown to promote positive thoughts. Practical ways to explore gratitude can be writing thank-you-notes, keeping a gratitude journal or writing about your blessings.



Marné Venter (OT, working in Mental Health)

Taking care of myself doesn't mean “me first”, It means “me, too”

- LR Knosts

In honour of National Stroke Week

Lessons learnt during the past few years: Working with the population with stroke

- 1 It is good to laugh at your mistakes.
- 2 Persons with stroke understand more than you realise - be careful what you say around them!
- 3 Looking through an old photo album can be a wonderful way to explore old memories, reveal speech and language skills, and build rapport.
- 4 Therapy should not be all about worksheets and wordlists - play games, discuss their interests and let them be themselves.
- 5 Sometimes you are the therapist and you don't have all the answers... It is okay to let the person know that there is not an easy solution to their disability.

by Amber Craps (Speech-Language Therapist)

A guide to DOWNLOADING YOUR CPD CERTIFICATE



01 Login to SASLHA website

02 Click on MANAGE PROFILE

03 Click on PROFESSIONAL
DEVELOPMENT

04 Click on either the
ENVELOPE icon to email
or the PRINT icon on the
LEFT side

05 STATEMENT OF CREDIT
will be emailed to you- this
is your CPD CERTIFICATE



BENEFITS OF MEMBERSHIP

Free online CPDs

Free webinars

Many free online
resources

Access to
international
journals

Job opportunities
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workshops

Best practice
guidelines

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advocating for our
profession

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community

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**News from
our Universities**

UNIVERSITY NEWS: WHAT ARE OUR ST and A students up to?

University of Pretoria:

How have you grown? Developmental screening at an ECD

Final year Speech-Language Pathology students provided developmental screening to the preschool children (from birth to 6 years old) at Wize Kidz Early Childhood Development Centre in Mamelodi during the month of September. The need for developmental screening was identified by the principal of the ECD centre, Ms Mmamodike Madzebatela. The ECD centre has an established history with the Department of Speech-Language Pathology and Audiology, University of Pretoria, as a site used for data collection with the participation of both caregivers and children attending the school. With caregiver consent, a variety of screening measures were used including mHealth technologies. Where developmental concerns were identified, caregivers received a referral form and feedback. Additionally, the students conducted three coaching and collaboration sessions with the ECD practitioners where topics discussed included infant directed speech, child directed speech and emergent literacy facilitation within the ECD classroom. The ECD practitioners and principal felt that the sessions provided them with valuable guidelines on how to stimulate the early communication skills of the children within a group setting. Students also mentioned that these visits were valuable opportunities for them to develop their clinical skills, specifically for encouraging ECD in vulnerable populations.

Written by Dr Renata Eccles

Representing local SLTs on an International platform

Being chosen to represent South Africa at the virtual Logopädie Abroad DBL Annual Congress held in June was such an honour. Attendees from other countries were friendly and willing to answer any questions that we had about speech-language pathology in their country. Not only was I given the opportunity to showcase how to become a Speech-Language Therapist in South Africa, but I was also in a prime position to learn about other countries' requirements for this profession. It was amazing to see that no matter where you are in the world, speech-language pathology has one goal in mind: assisting the client or patient in front of you in the best way possible that meets their needs. It was also insightful when interacting with the different representatives from around the world who were either undertaking postgraduate studies, or already working in the field. Hearing their different perspectives on which areas of speech-language pathology they are currently working in or wanting to venture into was very interesting. Although it would have been a great opportunity to meet these speech-language pathology representatives face-to-face in Germany, it was still an amazing opportunity to attend this event online and to learn about speech-language pathology abroad. I will forever be grateful for this opportunity to share our unique setting in South Africa.

Written by Sthembiso Ncube - Final year Speech-Language Pathology student



UP Students Inspired by IDA

The University of Pretoria's Department of Speech-Language Pathology and Audiology's philosophy is driven by the belief that professional care and support is most effective and valuable when it occurs in partnership with active participation by our patients/clients at every step along the patient /client journey. As part of this philosophy, all our third-year Audiology and final year Speech-Language Pathology and Audiology students completed two learning hall modules offered by the IDA institute, namely *Getting started with Person-Centered Care and client engagement* and *Ida motivation tools* in March. They have since been awarded the *Inspired by Ida* label, which they can use in their resumé and social media profiles to show their qualifications and dedication to PCC. They are the first group of university students globally to achieve this label, with many other universities from across the world following suite. There has been a noticeable positive change in students' views and treatment of patients/clients during their clinical rotations/ practicals. Positive feedback has also been received from the students with many of them going on to complete other courses available from the IDA institute.

As clinicians, pre-graduates and human beings, it's important that we remember '*People will forget what you said, they will forget what you did, but they will never forget how you made them feel*'- Maya Angelou.

Written by Dr Faheema Mahomed-Asmail



Learn a ton. Reading is fun!

The Reading Day event that took place at Confidence College in the Pretoria CBD on 15th October, was aimed at inspiring learners to read and add meaning to text in an interactive, fun, and creative way. This event was organized by Dr Mia le Roux (Department of Speech-Language Pathology and Audiology, University of Pretoria), board member of the Gauteng branch of the Literacy Association of South Africa (Litasa) in collaboration with Mrs Anélize van Eeden (principal of Confidence College) and Dr Renata Eccles (fourth year SLP practical module coordinator in the Department of Speech-Language Pathology and Audiology, UP). The final year Speech-Language Pathology students coordinated and facilitated the activities with the grade RR to grade 7 classes. The staff and learners dressed up in various costumes each relating to a specific story being read per class. The events at each class started with a song/ rhyme/ brief game focused on the story, followed by the story being read. The stories' characters came alive amongst drawings, crowns, cowboy hats, goat masks, and many more. The learners then had the opportunity to do various fun educational activities relating to the different stories read. The principal, Mrs Van Eeden, said that *"the atmosphere was loaded with excitement"* and felt that it was a highly successful event. The students felt that participating in the Reading Day was a privilege and working with the learners was exciting and rewarding. The students also conducted hearing screening on 33 children with the support of a Master's audiology student. There are plans to conduct hearing screening on more children next year. This community engagement project allowed students to accumulate much needed practical hours. Dr Eccles mentioned that the students *"got a chance to remember the reason they do all this hard work and the difference they can make!"* Finally, Prof Jeannie van der Linde, head of the Department of Speech-Language Pathology and Audiology at UP concluded with the following statement: *"As a department, we strive to improve the literacy of our children to ensure that they have the capacity to excel academically. Book reading from an early age is one of the best ways of improving literacy abilities in young children. Fostering a love for reading is therefore the name of the game."*

Written by Dr Mia Le Roux



First WHO Collaborating Centre in Africa promoting World Hearing Day

The [Department of Speech-Language Pathology and Audiology](#) at the University of Pretoria (UP) has been formally designated as a World Health Organization (WHO) Collaborating Centre for the prevention of deafness and hearing loss in November of 2020. This is the first WHO Collaborating Centre in Africa, and a big step towards improving hearing healthcare on the continent. With hearing loss expected to double in sub-Saharan Africa by 2040, the centre is a timely initiative with significant aspirations. “*This designation recognises the influential research conducted at UP to improve hearing care in Africa,*” says Prof Leigh Biagio-de Jager, Head of Audiology at UP and of the WHO Collaborating Centre. The department’s Prof De Wet Swanepoel leads the research group and will pursue the priorities of the centre. “*Access to hearing care is a global priority that is more pressing in Africa than anywhere in the world,*” says Prof Swanepoel. “*Equitable hearing care across the continent is therefore at the heart of the centre’s vision.*” The new centre creates a prominent platform to expand partnerships and build capacity across sub-Saharan Africa in hearing care. In line with the 2030 Sustainable Development Goals, the centre will support the development and implementation of accessible ear and hearing services in Africa.

The WHO World Hearing Day is celebrated on the 3rd of March each year. This year the theme was ‘**Hearing care for ALL! Screen. Rehabilitate. Communicate**’ and also marked the launch of the World Report on Hearing and was an opportunity to raise awareness on this topic amongst policymakers and the general public alike. University of Pretoria’s Speech-Language Pathology and Audiology Department launched a social media awareness campaign. Under-and postgraduate students made a short collaborative video which was shared on various social media platforms. Additionally, a presentation was created by postgraduate students for primary school children about the importance of hearing health care. SA College Private School asked their Grade 5 learners to then design a poster about World Hearing Day.



World Hearing Day concluded with a webinar hosted by Prof De Wet Swanepoel on '*Hearing care for all in the digital age.*' World Hearing Day 2021 was celebrated both nationally and internationally and succeeded in being a true call to action.

#[safelistening](#) #[worldhearingday](#) #[WorldHearingForum](#) #hearingcare

Written by Prof. Leigh Biagio-de Jager

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

DEVELOPMENTS IN RESEARCH

ManyBabies project

Sefako Makgatho Health Sciences University (SMU) was invited to participate in the international ManyBabies (MB) project. The project initiated by Stanford University strives to engage researchers from a broad spectrum of backgrounds and includes researchers from all over the world to engage in research on infant development. Two academics from the SLP&A Department, Ms Mikateko Ndhambi and Dr Marguerite De Jongh, were chosen to participate in this project and attended a symposium in Nairobi, Kenya, in 2020. These two researchers will coordinate this project in South Africa. This project aims to test several hypotheses about infant development globally. The main objective of this project is to bring researchers together to address the knowledge gap by focusing on outstanding theoretical and methodological questions about the nature of early development.



Ms M Ndhambi



Dr M De Jongh

Communication boards project

Nurses at DGMAHAH have accentuated the need for patients in ICU to communicate essential information as well as basic physical needs. At present communication in the ICU has been narrowed to procedure-related messages, yes/no questions and swaying the conversation towards the expected answers. Ms Khomotjo Kgare and Professor Anna-Marie Wium established a project in this area to assist in the meaningful communication between patients and healthcare professionals in the ICU at DGMAHAH. They recently conducted a survey among twenty healthcare workers at DGMAHAH to determine the clarity of instructions in the use of the communication boards; their ease of use; and the value of the communication boards for all role-players. Overall, the participants expressed their satisfaction with the communication boards. Ninety-five percent (95%) indicated that the instructions on the communication boards were clear, and the majority (65%) were of the opinion that the communication boards were an effective means for essential communication. Recommendations were made on the language used as well as the number of symbols on each board. The feedback obtained from the study will be utilized in developing communication boards that meet both patient and healthcare professionals needs. This is an ongoing project that is likely to gain momentum in the near future.



Ms K Kgare



Professor AM Wium

Future Professors Programme

One of our Audiology staff members, Dr Samantha Govender has been accepted to participate in the highly competitive Future Professors Programme. She was the only candidate selected from SMU for the 2021 cohort. The Future Professors Programme, a competitive and selective programme of the Department of Higher Education and Training (DHET) is aimed at preparing promising academics, particularly black and female scholars to become South African professors across the disciplines. It is a two-year fellowship, consisting of around 20 to 30 fellows from other SA Universities. It is a structured and intense programme aimed at accelerating their readiness for the professoriate. Women in leadership, including women who are part of the professoriate, is a minority globally. The opportunities given to develop females within academia have historically been scarce. This is particularly why participation within this programme is of significance. The programme has a research component whereby Dr Govender will be working towards the establishment of a Telehealth teaching, learning and research unit at SMU.

Dr S Govender



Community engagement projects

One of the key strategic objectives of our department is to cultivate a heightened sense of awareness and commitment toward community based care. We were therefore very excited to have received information from our students about a project that they have initiated. SLP&A students from first to fourth year have embarked on a student-driven initiative called Community Audiology. This initiative allows students to conceptualise, design, plan and execute their own community-based projects with the guidance of staff. The projects within this programme aim to raise awareness related to ear and hearing health as well as to celebrate audiology related awareness days such as World Hearing Day and Deaf Awareness Month among the local community. The Community Audiology programme further strives to intensify the efforts in early hearing detection and intervention of ear and hearing related disorders. This project also serves to stimulate robust peer engagements about Audiology and its collaborative role in the broader health community. Most of the planned objectives will start within the SMU community and will later be taken to the surrounding local areas. The project was officially launched on the 30th September 2021 to commemorate the National Deaf Awareness month in collaboration with South African National Deaf Association (SANDA) and Cirrus Healthcare Products. The event focused on encouraging good practices of ear care among the SMU community through health talks and ear screening.

SLP&A students during their community of audiology project



Community engagement project for vulnerable children

Five key research and developmental areas were identified and prioritized within the school of School of Health Care Sciences. One of these was community engagement. In assuring alignment to the key developmental areas, our department initiated two community engagement projects focusing on vulnerable children in two areas: Winterveld and Ga-Rankuwa. The team of staff and students involved in these two projects work at certain community centres in collaboration with volunteer groups in the area to provide academic and literacy support to vulnerable children such as those with HIV/AIDS and those in challenging socio-economic situations. Services provided include homework support, stimulation, teacher support and health talks as well as play-based group intervention. Of significance is that this programme has been assisting many children who are foreign nationals and refugees, with emergent literacy and academic support as these children cannot find school placement.



Certified Blackboard Specialists

The Covid-19 pandemic has brought to the fore, the importance of digital teaching platforms, innovative teaching strategies and accessible course design, to ultimately improve the educational experience for all learners. SMU aimed at capacitating their academics to become astute “e-teachers”, as well as the enhancement of the university's blended learning approach by launching the Digital Teaching and Learning Series which was arranged through the Blackboard Academy in the UK. This consisted of three phases of training (basic to advanced) and comprised a rigorous process of training and examinations. Three of our academics from SLP&A, Ms Katerina Ehlert, Ms Mikateko Ndhambi and Ms Anel Louw have successfully completed all phases and are certified specialists in Blackboard/ digital teaching.



Ms K Ehlert



Ms M Ndhambi



Ms A Louw

Splitting of the programme

The department of SLP&A is currently still offering a joint Speech-Language Pathology and Audiology programme. The department embarked on a three-day curriculum split workshop in March of 2020 whereby curriculum experts and staff worked toward developing an innovative, transformational and socially responsive curriculum. After a rigorous process of planning, consultation and reflection, we are pleased to announce that our new split programme has been approved at several levels (both at university level and external bodies) and is now with the Council for Higher Education for the final stage of approval. The split programme is scheduled to commence in 2023. We as a department are confident that the new curricula, which is student-centered, will produce graduates who are competent, confident and critical thinkers, ready to provide services to diverse patient populations and to meet their needs using innovative, technologically advanced and modern methods of service delivery.

Master's programme

This year highlights a milestone in our department's growth in that our Master's programme officially commenced and the first cohort of students were inducted. The Department of Speech-Language Pathology and Audiology is offering a research Master's Degree in Speech-Language Pathology or a Master's degree in Audiology. We hereby invite prospective students to apply for this degree course. Interested students are encouraged to download the Application Form from the University website, on www.smu.ac.za.

Inter-Professional Education and Collaborative Practice (IPECP)

SMU has a well-established Inter-Professional Education and Collaborative Practice (IPECP) programme where healthcare sciences students, including students from medicine and nursing, come together to work on stimulated patients and cases. The SLP&A staff and students have been actively engaged in this programme so that our students may develop the necessary competencies to be able to work within a healthcare team and to assert themselves as equally contributing members. Two of our academics, Ms Mothapo and Mrs Khumalo are our departmental IPECP champions and have been fully engaged in developing the IPECP curriculum. They will also participate in the Maastricht group IPECP training in December 2021.



Ms Rahab Mothapo

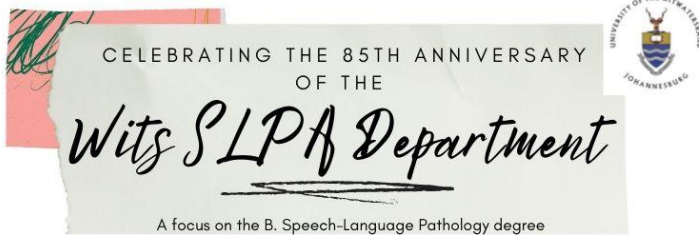


Ms Portia Khumalo

Saying goodbye

It is with mixed emotions that we announce to our community of colleagues within the profession, the retirement of Professor Sandra du Plessis and Professor Anna-Marie Wium. Both colleagues will be leaving at the end of December. They have made a significant impact on both our department and profession. They have served on various committees, organizations and boards and provided invaluable contributions to the department and the development of students. They will be missed, but we wish them both a blessed retirement and thank them for their roles in building the profession of SLP&A.





85 years of history of the SLPA Department at Wits University.

Based on an article written by the late Professor Claire Penn and reports provided by Dr Joanne Neille.

This year the Speech-Language Pathology and Audiology (SLPA) Department at Wits University celebrate its 85th anniversary. This article is going to focus on the journey to the B. Speech Language Pathology degree. The SLPA Department at Wits University is the oldest programme in South Africa which has produced many groundbreaking advancements in the discipline. These include research and clinical work on aphasia, stuttering and childhood language disorders. The Wits Speech Pathology and Audiology programme has a rich history with many changes and advancements occurring since the 1930s with a continued commitment to transformation, research output, and high standards of excellence.



In 1946 the South African Logopedic Society (now known as the South African Speech Language and Hearing Association) was formed at Wits and was based at the University until the 1980s. The first edition of the Journal of the South African Logopedics Association was published in 1948 and is now known as the South African Journal of Communication Disorders.

SLP and A grew out of the discipline of Phonetics with the establishment of a two-year diploma course in Logopedics at Wits University in 1936 with the first graduate qualifying in 1939. The diploma evolved into a four-year degree in 1946 as new programmes opened in the United States and there was international recognition of the discipline. The university speech and hearing clinic was also established during this time period and it is a clinic that continues to provide services to local communities. The Wits SLPA department was also instrumental in establishing the speech and hearing clinic at Charlotte Maxeke Academic Hospital. Over the years, services provided by the Wits SLPA Department have grown beyond the University Clinic and services are offered at many off-campus sites.

Initially, the department was housed three stories below ground in the William Cullen Library. In 1953, it was then moved into Yale Cottage behind the William Cullen Library. The department was provided with a permanent home from 1968 in the Social Science Building, now known as Umthombo Building. In 2000 the Department was incorporated into the School of Human and Community Development. In 2003, the first year of compulsory community service for Speech Therapists and Audiologists was implemented.

A significant change to the Speech-Language Pathology and Audiology programme occurred in 2018. The programme structure has been changed from a dual degree to a split programme. As a result of the evolving scope of each discipline, it was becoming increasingly challenging to accommodate the academic workload and sufficient clinical exposure into a four-year degree. The emotional effects of the heavy and demanding workload amongst some students and staff also contributed to the introduction of the B. Speech-Language Pathology and B. Audiology degrees in 2018.

The Department of Speech-Language Pathology and Audiology remains committed to strengthening research capability and outputs by academic staff, facilitating change in the profile and numbers of students; extending partnerships to ensure engagement with research, and making necessary changes to the curricula.



THE CHRONOLOGY OF THE Wits SLPA Department

A focus on the journey to the B. Speech-Language Pathology degree by Nancy Barber

Start at the beginning — 1930s

- 1936**– Two-year logopedics diploma was established.
- 1936**– Speech, voice and hearing clinic was founded.
- 1939**– First full time lecturer was appointed.



What happened next? — 1940s

- 1943**– Three year diploma was established.
- 1946**– Four year degree was established.
- 1948**– First journal was published.

What's more to it? — 1960s

- 1964**– Audiology was established as a discipline in South Africa.
- 1964**– First PhD awarded in the field.
- 1964**– First ever conference on aphasia was held in SA.
- 1968**– Moved to the social science building.



Further changes — 1970s

- 1970**– Centre for language and hearing impaired children was established.
- 1971**– Established as a full Department with an independent chair.
- 1971**– First black student, Jacob Semela, attended the SLPA programme .



And then...

1990s

- 1995**– Introduction of course-work Master's degree.
- 1998**– Eighth International Aphasia Rehabilitation Conference



Moving forward

2000s

- 2000**– Incorporation of the department into the school of human and community development.
- 2001**– Renaming of social science building to Umthombo building.
- 2003**– First year of compulsory community service.
- 2003**– Prof Claire Penn is the first A-rated scientist in the department.

As we move forward...

2010s

- 2016**– #Feesmustfall
- 2018**– Separate B. Speech-Language Pathology and B. Audiology degrees commenced.
- 2018**– Prof Claire Penn and Prof Jennifer Watermeyer received awards for Most Cited Researchers in the Faculty of Humanities.
- 2019**– Dr Jaishika Seedat, Associate Professor Amisha Kanji and Dr Dhanashree Pillay received the VC Group Transformation Award
- 2019**– Associate Professor Jennifer Watermeyer was awarded an NRF C2 rating .
- 2020**– Staff successfully transitioned to online learning and developed a hybrid clinical training model which incorporated teletherapy in response to the COVID-19 pandemic.
- 2021**– Renovations commenced for the simulation lab. The first of its kind on the African continent.



I have worked at Wits in the Speech Pathology and Audiology Department since 1986. In this time I had the privilege of working under the late Profs Aron and Penn both of whom contributed to my growth in academia and personally. I was the head of department from 2000 to 2005 during the transition to the school system. This was a challenging time but with the help of heads of schools (Profs Thoko, Norman and Maria) the department was successfully integrated into the school of Human and Community Development. I am very proud that students I taught and supervised (e.g. Prof Sharon Moonsamy, Dr Joanne Neille) now occupy leadership positions in the school. Others have achieved PhD's and are growing in their own right as academics (e.g., Dr Jai Seedat, Prof Jennifer Watermeyer, Dr Victor de Andrade). Working at Wits has been incredibly rewarding and I have developed so much as an individual and as an academic.



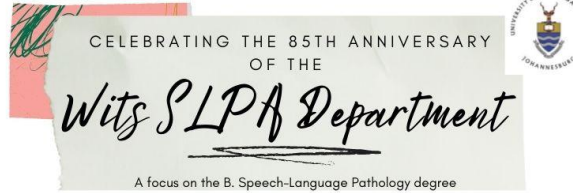
I do not regret one minute of it, despite the many challenges we faced when there were student protests for example. I have enjoyed teaching all the students that passed through the course over the years and it is truly gratifying to hear from them from time to time. Many have achieved great heights in the profession. As a Wits graduate myself I remain a proud and committed Witsie, as I prepare to retire at the end of 2021. Wits will always be my home and I will cherish my memories of the many colleagues and students I have known, forever.

-Associate Professor Heila Jordaan



Its quite fulfilling to be part of a wonderful, hardworking community. The variety of people inspire me to keep being the best version of myself. I am proud of being a student at one of the department which main goal is to help people to keep on communicating with their loved ones. With the institution and department history its also nice to celebrate while embracing the racial, gender and sexuality stereotypes that we work on improving everyday.

-Selematsela Matlou; Third Year Student



I can certainly say with my entire chest that I have been afforded no better opportunity in my life than to be a student at the University of the Witwatersrand. The institution is a centre of excellence, and prides itself on being a realistic representative of the multicultural community that is indicative of beauty of South Africa. Not only do they make a point to pride themselves on the content they teach and produce, but an important they take to heart, is how students take this content, and learn it meaningfully by contextualising it to their immediate environment. This not only makes sure that the content is indeed meaningful, but can be used to induce positive change to South African life. Being at an institution with such a rich culture; standing firm during the most turbulent of times, means that its resilience is essentially indescribable. If the institution itself can stand strong, surely it teaches its students the exact same skills. I am proud that one day I will have a qualification from the University of the Witwatersrand, knowing that the qualification showcases the skills of resilience, dedication and hard work, which are not necessarily learn in lecture halls, but the culture they have curated for their students.

-Amahle Shazi; Third Year Student



It's an honour to study at such a prestigious university as Wits. It's a privilege to be studying at a university that has such a long history and to be apart of that history. It's a blessing to able to study the SLP programme at a university which puts a high regard on academic success as well as a programme that has been around for as long as it has.

-Nicole Pataco; Second Year Student



Wits University has always been known for giving students the “edge”, for some students it often pushes you to the edge of your comfort zone but, in this, you find yourself being set apart from mediocrity into a degree of excellence. Studying speech language pathology had been a dream of mine and to see the physical manifestation of this dream has been nothing short of spectacular. Wits university has presented me with opportunities to meet likeminded students who have become lifelong friends, a beautiful campus and incredibly supportive staff in the speech therapy department who have given me sound advice and peace of mind amidst the chaos of tertiary education in a global pandemic and the daily stresses associated with studying in a prestigious university like Wits, where the expectations are high and the preparation for working life is thorough. I will always recommend Wits university to any who ask because of it’s long-standing history of academic excellence and the holistic experience you gain in your time here.

- Téah Slabbert; Second Year Student



CELEBRATING THE 85TH ANNIVERSARY OF THE
Wits SLPA Department
 A focus on the B. Speech-Language Pathology degree



I chose Wits because it gave me the opportunity to study what I love, Speech-Language Pathology. As a person who stutters this degree has given me the platform to be an advocate not only for myself but for other people with communication disorders. Being an SLP has been my passion and being able to fulfill that goal gives me a reason to be the best that I can be.

- Inga Nobeke; Third Year Student



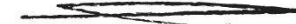
I feel honoured to be working at Wits in a Speech-Language Pathology that has so much history and excellence. Even though I did not train at Wits as a Speech and Hearing student. I am proud to be able to lecture in the department. Even though the department has made advancements towards aligning itself with the transformation agenda of the University – the transformation agenda is still a work in progress. I am glad to be a part of this transformative Decolonising move. Even though I did not train at Wits as a student I am so happy that I got to work with Prof Claire Penn, Prof Heila Jordaan and Prof Elanor Ross.

- Dr Anniah Mupawose; Senior Lecturer



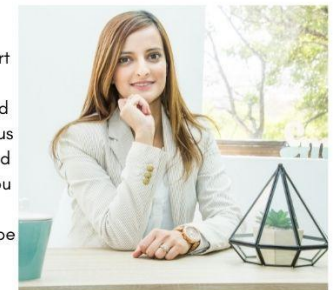
Being a part of a university with such a long history is truly an honour more so considering that Speech-Language Pathology and Audiology professional training began at Wits. 85 years later the profession has grown tremendously and it’s a privilege to be part of the team that continues to provide training to students. I recently saw a quote by Dr Thema that said “When you arrive, don’t block the door. Hold it open and show someone else the way”, this quote captures what it means to work at Wits where there are a lot academics who have made it, yet they are still very willing to hold the door open and show others the way.

- Ms Cynthia Sawasaw; Associate Lecturer




This university has been an excellent start to my career in Speech Therapy & Audiology. I have not only been awarded the opportunity to study at this prestigious university but also to be a researcher and clinical tutor too. I believe it prepares you adequately for the working world and gives you enough clinical experience to be a holistic practitioner.

- Rafeeyah Hassim; Past Student

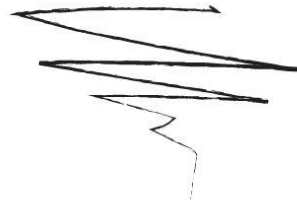


CELEBRATING THE 85TH ANNIVERSARY
OF THE
Wits SLPA Department
A focus on the B. Speech-Language Pathology degree



I am a proud Witsie, through and through! I completed my undergraduate studies at Wits, nearly 20 years ago, followed by my Masters and PhD. I have always felt privileged to work in academia, at the forefront of new knowledge, and with the potential, and responsibility to positively influence our students, course content, methods of teaching, methods of conducting research, the profession, and society at large. The Discipline of Speech-Language Pathology at Wits has evolved in addressing the needs of our country and has been instrumental in leading change across the decades. The discipline is renowned for leading transformation, not only in terms of the staff and student cohorts, but also course content and teaching pedagogies, and it has been a privilege to be a part of this process. As a new graduate, I felt well-prepared for entering my year of community service, and I believe that we continue to graduate students who are capable, cognisant of cultural and contextual sensitivities, and who can deliver equitable and high-quality services to all clients.

- Dr Joanne Neille
Senior Lecturer and Head of Department



I was often confused on what I wanted to study after matric. All I knew was that I wanted to help people. After asking for advice from a friend, I learnt about speech therapy. I was saddened by the fact that a degree that benefits people's lives had not been advocated for, and that's when I knew that this is where I belong. Helping people by also advocating for their rights

-Lonwabo Ndonga; Third Year Student

Being a student and now a clinical educator in the Speech-Language Pathology (SLP) Department at Wits has brought me into contact with other like minded people who are passionate about assisting those with communication difficulties. Studying SLP at Wits was a mixture of academic excellence, clinical excellence, and research excellence as well as laughter, spring rolls on the library lawns, annual balls and Nino's coffees to keep us going. I made a great group of friends, many of whom I am still in contact with today after graduating in 2006. I am grateful for the solid foundation in SLP that I received from such a long standing, ground breaking department. This foundation drives me to be a better clinician and researcher. But I am most grateful for the friends and colleagues I have made through studying and working at Wits.

-Ms Nancy Barber; Academic Intern



I am a true Witsie at heart...having only ever applied and studied at Wits. I am now fortunate enough to be able to work here everyday and be surrounded by the very people that I looked up to as a student. My history with the Speech and Audio Department started many years before I was born, with my great aunt, Flora Wade, studying and lecturing in the department. Some years later, my older sister would have her first of many diagnostic hearing tests in the Audiology department. This grew my lifelong connection to the speech pathology and audiology departments. The four year degree program was both challenging and rewarding. As an impressionable, young adult, I was eager to please and learn but as life would have it, I was presented with many obstacles along the way and opportunities to test my integrity and sense of self. As a qualified therapist I found my way back to the department and now have the privilege of experiencing this profession from a different viewpoint. My humility and consciousness are challenged daily by my students, their clients and my colleagues and I am infinitely thankful to be able to continue my journey at Wits.

-Ms Jenna Sher, Tutor



CELEBRATING THE 85TH ANNIVERSARY
OF THE
Wits SLPA Department
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I am so proud to be able to say that I studied at Wits! Being the oldest department in the country, there is so much history and it is a privilege to be able to build on those legacies.

- Dr Kim Coutts; Lecturer



Having joined Wits recently I am humbled at the opportunity to be part of such a historic and progressive institution. The university prides itself on research engagement and initiatives that cultivate practical and sustainable change and I look forward to being able to positively contribute towards these overall goals in my capacity as a new academic within the faculty.

- Ms Lavanya Naidoo; nGap post lecturer

Working at Wits in the speech therapy department has provided me with an opportunity to work with students as well as to work on my own professional development. Since joining in 2016 I am working on completing my PhD and have enjoyed both teaching and learning from the students over the years. Wits speech therapy department has a long history immersed in that of South Africa.

Although, we continue with our transformation imperatives it is important to also acknowledge the changes that have been made, and my only hope is that we continue to work towards diversifying the academy as well as the SLP profession.

-Ms Skye Adams, Associate Lecturer



SMU Hosts Business meets practice conference for Audiology students

Written by Azeema Mahommed

Running your own practice, working for yourself and having flexible hours while earning an income sounds amazing right? Let's walk through the process.

I opened my practice in 2014 when I moved to Pretoria, still wide eyed and bushy tailed, and I vividly recall the crippling confusion of not knowing where to begin in terms of business or opening a practice. Simultaneously I was not feeling confident enough with my clinical knowledge and skills. This was not the best combination - a healthcare provider lacking clinical confidence and business acumen. These two primary deficits were most notable considering how many people in South Africa are in need of the professional services provided.

Let's talk about an overwhelming feeling. I will start. Opening my private practice was mine. Yours could be not opening your own practice because of not knowing where to begin - you probably felt overwhelmed as a result.

Do you remember opening your private practice but being completely overwhelmed? Or, NOT opening your private practice because you were so overwhelmed and not knowing where to begin.

I lecture on a subject called Practice Management at Sefako Makgatho Health Sciences University (SMU) and recently completed my Masters in Business Administration (MBA). It opened my eyes to how much we as health care providers do not know about practice management and business overall.

What could we do differently to best serve and prepare our students for post community service was the question I found myself asking. I found that in the current economic climate, jobs are not guaranteed and the only person you can rely on is yourself and the skills you have.

Upon further examination, the following was conceived and decided: (1) students need to leave with practical business skills so that one day they can open their own practice should they want to or forced into the situation; (2) how do I give them all the relevant information (besides theory) in the shortest time possible; (3) as their lecturer who do I want to speak to them to aid their preparation?

Practice management thus gave birth to the following.

- The need to speak to people from different walks of life with different types of experience at different locations to speak to them to give them very real life feedback and experiences, talk is cheap, we need people who walk their talk.
- Practice management as a combination of business, actual speech pathology and audiology, marketing, Human Resources (HR), location, claims and so forth.
- Speakers and presenters from different field.

What needed to be learned by the end of practice management?

- What type of practice do I want? A practice that is rooted in audiology, speech therapy or a combination of both? Theory lectures were given to students before time. A practical assignment was given to them to work in groups. Some of the questions from the assignment would have been answered from presenters.
- Where do I open? - location and provinces.
- Do I need professional cover?
- What do I need?
- How do I open?
- Who do I need to register with? - banks, medical aids, BHF.
- How do I pay for equipment?
- What equipment do I need?

- How much equipment?
- What are my blind spots?
- Is it easy to run a practice?
- Will I make a ton of money?
- How do I manage my money from the first salary off com service?
- Money management skills.
- Personal growth and development .
- ***in the very least, if they know what they need and who to contact we would have won/made progress.

When would this knowledge of practice management be acquired?

- Initially, and ideally this was to be achieved during the lecture week. As unpredictable a practice and business can be, this was not easily achieved. Identifying opportunities to provide was key, and this resulted in after-hours work.

Why was this important?

- Volatile economy.
- No guarantee of jobs.
- In life having a choice of whether to open or not should be in our own hands.

What did we aim to achieve?

- The basic theory of business skills.
- Know where they have gaps in their knowledge.
- Have a business plan with relevant components covered, so when they post community service they can already open their practice.

Were the aims achieved?

- Based entirely of the feedback from presenters and students, this was a resounding yes.



African Connections

AFRICAN CONNECTIONS



From Left: Josephine Ohenewa Bampoe, Clement Amponsah, Nana Akua Victoria Owusu

University of Ghana *by Josephine Ohenewa Bampoe*

Speech and Language Therapy (SLT) is a relatively new profession in Ghana. In 2016, the University of Ghana commenced the first Master of Science (MSc) programme in speech and language therapy in the country. It is of note that it took over a decade to get the programme to a stage where all the critical elements were in place for a viable course to commence. The programme began with three local and one volunteer faculty, made up of Dr. Karen Wylie (Australian Speech & Language Therapist who has since 2018, left Ghana for Australia but continues to support the programme), Nana Akua Victoria Owusu, Clement Amponsah and Josephine Ohenewa Bampoe. Partnerships and links with the SLT profession in other countries (South Africa, United Kingdom, United States of America, Australia, Sweden) have been of immense value and support in the establishment and implementation of our programme in Ghana. A range of partner individuals and organisations have helped with strategy development, programme planning, funding applications and resources, curriculum development, capacity building, teaching and clinical supervision. So far, the programme has churned out 2 cohorts of 24 speech and language therapists. The third cohort of 14 SLT students is about completing their first year. The programme is made up of lectures and clinical placements (hospital and community based placements). Difficulties faced on the programme include inadequate faculty members, unavailability of clinical educators outside the university and unavailability of faculty with PhD training. The motivation behind the work we do is the desire to see every person with a communication disability in Ghana access SLT services.

I am a UK-trained Speech and Language Therapist working as a volunteer with King's Global Health Partnerships on their Stroke in Sierra Leone (SISLE) project. The UK National Institute of Health Research funds the SISLE project (funding ref: 17/66/63), which aims to improve outcomes for stroke patients in Sierra Leone. Based at Connaught Hospital, the largest hospital in Freetown, they have created the largest stroke register in Sub-Saharan Africa (1106 patients) and found that over 25% of stroke patients present with pneumonia but less than 1% have a documented swallow assessment.

There are currently no Speech and Language Therapists in the country (apart from me), no stroke unit or stroke multidisciplinary team working, and nursing staff have not received any stroke specific training. I arrived in Sierra Leone at the end of July and immediately began working on a sub-project within the SISLE study. The aim of this sub-project is to introduce a nurse-led swallow screen for stroke patients. Two Sierra Leonean nurses were hired to support the project and I helped to oversee their training through a combination of online modules, practice on healthy controls, bedside practicals, opportunities to present and discuss what they had learned, and reflections on their practice. I supervised the nurses completing numerous swallow screens which gave me the opportunity to learn more about the difficulties facing stroke patients and healthcare staff in Sierra Leone. I now aim to adapt and design training specific to this context with the help of these nurses, that can continue to be delivered by Sierra Leonean healthcare staff after I leave.

I've also had the opportunity to meet a very inspirational stroke survivor's group, initially set up as part of the SISLE project, but now running independently as the Stroke Association Sierra Leone (SASL). It was this group that directed the focus of the research and identified the need for training on post-stroke swallowing difficulties amongst healthcare staff. They also identified the need for more information about post-stroke care to be available to stroke survivors and their families. We are now working with them to address this need and create resources, partly inspired by the University of Stellenbosch's "Stroke Care at Home" booklet.

Written by **Maeliosa Ni Almhain**

maeliosa.ni_almhain@kcl.ac.uk





**Our
stories**

What inspired my Tik Tok videos

(Deepa Pillay)

Initially when I downloaded the Tik Tok app, “I thought oh another social media app” and I never knew that I would grow to love it so much. It was not long before I got addicted to it.

Initially I did not post anything as I had to figure out how to use the app, but it was not long before I posted my first video using music and voices from other people.

It was quite exciting. I found myself loving the whole idea of Tik Tok as I was able to express myself in many ways and at the same time I could be creative and funny. Tik Tok is fun and exciting with people from all facets of life expressing themselves in different ways. Growing up I always loved comedy and always loved making people laugh. It brought some sort of joy in my soul to see others laugh, smile and be happy. I mean, who doesn't love to laugh? It's definitely the best medicine.

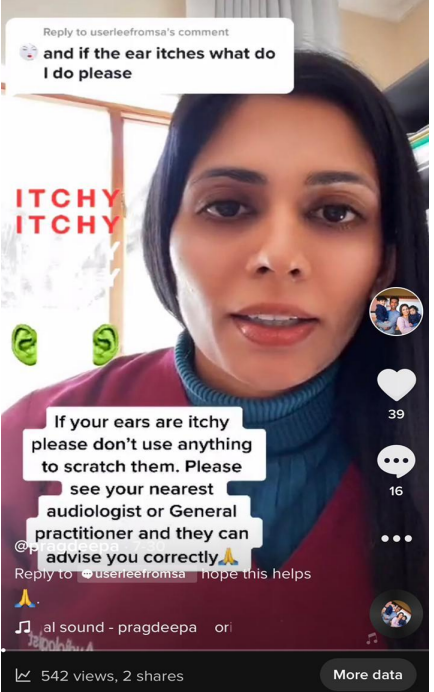
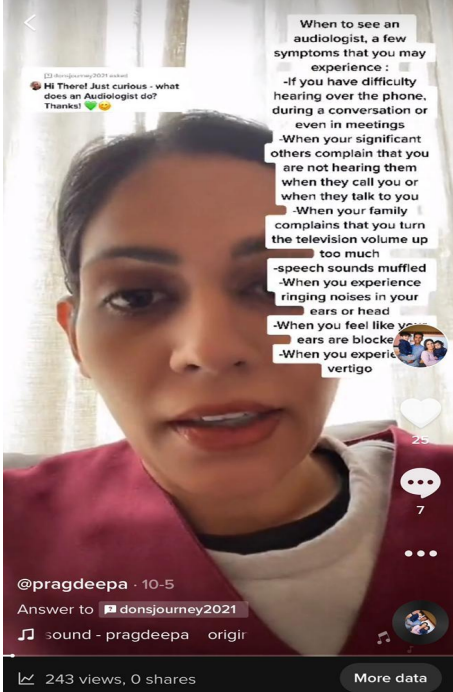
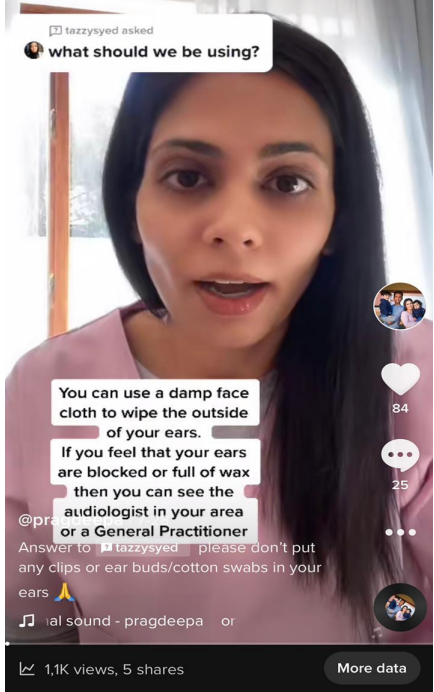
Some of the videos I watched were so informative and short which stuck in my head. At first, I was very skeptical about bringing audiology into my tik toks because of all the ethical rules, however I realized that it's not about promoting or marketing myself, but about sharing information with the public. That's when I became confident enough to do videos about Audiology and sharing some vital information with my followers.

My very first audiology video was about “when my patients tell me that they use earbuds and hairclips to clean their ears”. This video went viral, and I had an overwhelming response to this video. Many people were engaging and commenting and asking, “So how do we clean our ears?” This is when I realised that people out there assume that using ear buds or clips to clean their ears was okay. I also realised that people were thirsty for knowledge about their ears. I used this video as an opportunity to provide important and practical information to the public. I also enjoyed doing these videos as it was short and to the point. Pamphlets are a great way of providing information to the public about various aspects of audiology, but in this era people are drawn to social media. Not only is it more accessible but has a broader audience and that's why I chose to use this as a way of providing individuals with short videos that summarizes the important information as opposed to reading an article from google with all the audiology jargon.

There is so much information to share with the public and I feel that sharing knowledge is so important as you never know how it could help someone. Simple things like how to clean your ears correctly could prevent someone from damaging their ears long term.

Throughout my audiology career I felt that people lacked knowledge when it comes to their ears and the importance of it. Our ears are so important. It's one of the five senses and should be given as much importance as our eyes or any other sense. Providing information to people about their ears gives them some insight into the importance of ear health and at the same time can prevent and even assist with early detection of any other medical conditions associated with hearing loss.

With Covid being here to stay, it is difficult for people to move around as freely as they would like, however that shouldn't be an excuse to not provide these individuals with information. The more knowledge people have about their ears and ear health the better their quality of lives will be.



My name is Kerusha Palien the mum of Shanné Palien

Our story goes like this. When Shanné was 2 ½ years old she was not speaking many words and as a new mother and listening to grandparents who said don't worry she will speak. "As they say, some children speak late"..... My instinct kept saying take her through for a speech assessment and so I did. We went through to a speech therapist for this assessment. Upon the assessment they did a hearing screening test and she failed all frequencies on both sides. At this point in time we felt our whole world crushing down on her dad and myself. We were then referred to many audiologists. The struggle we faced to get an audiologist specialising in paediatrics was a nightmare. Eventually we were linked to this amazing audiologist. Shanné went through a series of hearing tests with her to establish the depth of her hearing loss. On conclusion of these tests she was diagnosed by her as Bilateral Profound hearing loss. As parents, Sebastian (dad) and myself, we didn't know at this point where to start and what will happen next. All we knew was we will do everything possible to help our child, as we wanted her to have access to sound. The audiologist took us through carefully each step of the way. She was fitted on with high powered ultra-hearing aids in September 2017. We started immediate speech therapy on the week she was fitted with these beautiful pink hearing aids. The hearing aid amplified the sound for Shanné and she made amazing progress with these. She was not upset and angry any longer, the tantrums stopped as she was able to communicate. She started learning new words and her first word was 'UP, UP, UP'...many other words came along with this and the child was able to communicate. We saw with this we had such a happy child. Of course we did lots of hard work and repetition of words. All the speech therapists used to say to us was TALK , TALK , TALK and we did just that Sadly this was not enough for her as she couldn't identify sounds that you could not recognise on the lips. We were introduced to Cochlear Implants and Shanné qualified as a candidate for Cochlear Implants. As parents when we heard of this option we were very excited that there would be technology that could help our only child living a healthy and almost normal life. She would hear and speak like every other child. We were blessed to have met an ENT who bilaterally implanted Shanné in May 2018. He met with us and discussed the process of the CI operation, what the CI would mean for her and the after care of the CI as there is no quick fix. Shanné's operation was 7 ½ hours long.... The longest day of our lives as parents...The operation site healed so quickly with no complications. I think that made this journey so smooth for us. Once Shanné was implanted we had weekly audiology appointments to get the mapping of the implant correctly and optimally for the child to be hearing at a normal to mild loss on the graph. Mapping and speech appointments continued every week for almost 2 years straight. We needed to teach Shanné to listen with her ears and not her eyes. Shanné learnt to react to loud sound and eventually very soft sounds.... She attends a short term remedial school - from 2019 at the age of 4 years. She repeated Grade 00 twice and is in Grade R this year. Here she was provided with intensive speech therapy 3 times a week, group therapy and also lots of homework where we reinforced all of this therapy at home. Every game we bought was to help and grow her speech in leaps and bounds. If therapy story time spoke of a boat, we would literally take her to the harbour to see the real boat (this would help her to identify the story with the real life item). We did this on many occasions. We tried to keep it fun bearing in mind she's still a baby to us. We would bath the dolls to teach her new words as bath time the CIs are out... Every activity and effort with the child counts. We would sometimes repeat a story book for the whole week so that she would learn even one word. I would actually write down the words in her vocab so we could push her further .. Sometimes we pushed too hard to compensate for all the loss. I'm not sorry for this, as all this pushing and hard work has motivated her even more. Shanné is speaking and reading in full sentences. She is able to read a book on her own and we are proud to announce she is promoted to Grade 1 in 2022. Cochlear implants were the best decision we have made for Shanné. It changed her life completely... I would make the same decision for her if I had to choose again.

When words fail you, I speak stroke

Written by Dianne Bayley

“The rrrred rrrrabbit rrrran down the rrrroad...”

“The Wwwwed wwwrabit wwwan down the wwwoad...”

“Okay, let’s try ‘Sister Suzie sowing socks for six soldiers.’”

“Thither Thuthie thowing thocks for thix tholdiers...”

I must have been two or perhaps three years old, most likely looking intently at my Mother’s red lipstick as she mouthed the words I seemed unable to replicate. Enunciation, no matter how well-meaning, did little to change the difference between what I heard and what I said. My sock seamstress remained thither Thuthie.

Almost 40 years later, I was in the back seat of a car speeding through Friday afternoon traffic and get my Mom to a hospital. Her head was on my lap, the vestiges of her trademark red lipstick serving only to highlight the contortion of her mouth as I tried once more to match what she was saying to what I was hearing.

The stroke left my Mom with some lasting paralysis in her right arm and leg, and the condition they called “aphasia”. Aphasia, the therapist told us, was like my Mom having to search for words, as if they had all tumbled from open books and lay in disarray on the floor.

Her sentences would have to be created from words she could pick out that most closely resembled what she wanted to say, sort of like trying to put together flat-pack furniture with no instruction manual.

An amazing thing happened, though. Whether it was because my Mom was the family storyteller and had my brother and me speaking at a very early age, or a throwback to the little girl with the wwwwed wwwabbir wwwunning down the wwwoad, I was the only family member who understood my Mother almost perfectly. When I translated her pick-up words into what she meant to say, people would ask, “How do you know that?”

“Because,” said, “I speak stroke.”

My Mother handled her physical limitations and the aphasia with the grace of the magnificent lady she was. My Dad and I had to remind her to lift her right hand and so she started walking with it behind her back held by her left hand, in a manner befitting an inspector of roses in her garden or – as she'd say in stroke – “those smell things with leaves”.

I believe her tremendous sense of humour helped her – and me – to speak stroke and somehow find a way to say what she meant, sometimes with a frustrated sigh; other times with hysterical laughter when she'd used a really strange word or even a swear word. The profanity was my delight, as she was not given to swearing and her eyes would open wide when she realised what she said, and both of us would giggle madly.

Seven years after the stroke my Mom passed away and the world lost a truly great spirit who never stopped working to make her body and mind better – and accepted that, periodically, she'd swear.

In 2020, ten years after my Mom left, our world itself seemed to have suffered a stroke. We were faced with a novel virus about which we knew nothing and nations around the world scrambled to save lives and find the words that would have the most effect in their description of this fierce killer.

It was like governments, the medical fraternity, pharmaceutical companies and allied care industries all had aphasia as they scrambled through prior coronavirus knowledge and words scattered across the planet, often landing in aphasia-like pile with no salvation for the suffering.

On 17 May of that frightening year, I went over to the pharmacy inside the local clinic near my home, where once a month I collected medication for a heart condition. As I stood in the pharmacy, the next person in line to be served, I got a pain in my head that even today I can't quite describe, but I recall putting my hand on my head and saying to myself, “This can't be good”.

I watched my right arm drop to my side and then felt my right leg going and tried to get to a chair nearby. The pharmacist looked up and called out, “She's having a stroke,” thereby setting the wheels in motion with a man and a wheelchair and someone calling a doctor I now know to be the best I could possibly have had.

Lying there, several hundred – thousands, perhaps – of brain cells short, I still don't know how I managed to warn the staff that I couldn't have an MRI scan. I also managed to tell them to call a specific friend to tell her what had happened.

Most of the next few hours – days, I believe – are somewhat blurry and mostly hearsay. Given the dreaded Covid19 protocols, I had nobody to talk to. It seemed even the nurses and doctor weren't listening to me as I asked about the Escher artwork on the ceiling. For those not familiar with this Dutch artist, he's best known for his "detailed realistic prints that achieve bizarre optical and conceptual effects".

For those not familiar with the immediate after effects of a stroke, there was not artwork.

What followed in the next few days was being walked down the hospital corridors, helped up by a very strong young man who acted as my right leg. Another therapist came to assist me with a somewhat useless right hand and a marvellous speech therapist arrived, possibly sent by the staff to figure out my Escher delusions.

One of the lasting memories of my ordeal was having a nurse hold my right hand a few hours after the stroke while the doctors conferred. I thought how kind it was, that someone took the time to stand there and comfort me, my hand in hers.

Then, the speech therapist explaining I had apraxia and she'd like to do some exercises with me. She said, "Sister Suzie sewing socks for six soldiers". I can't say whether I was able to mimic her at that stage, but I was overwhelmed by the certainty that it was my Mother's hand holding my useless, unfeeling right hand, and also organised a spectacular therapist to start me off at age two again.

I have long known – and always said – I am the luckiest person I know. I put it down to being Irish and having a life filled with amazement and adventure. Now 17 months after the stroke, I still lose words periodically; my left leg wants to go shopping but my right leg wants to go to the car; and I pick up a glass of water and it somehow slides through my fingers and smashes on the floor.

I cry for no reason. I am tough and strong, and I cry when I see something lovely or sad or funny. And, of course, I swear. Not in the way my Mother did – by mistake – but because some days deserve to be sworn at and sometimes it's hard to keep being thankful I'm still alive, when I'd really like to be alive and able to kick a ball with the local kids, and not misplace Sister Suzie's socks when I'm tired.

Some of the brain cells I lost apparently held the key to computer passwords and telephone numbers I used to know. Some took with them the names of much-loved authors and painters. But, importantly, I still speak fluent stroke.



Jamie's Story - A Road to Diagnosis

by Andrew Middleton (Jamie's dad)

On 3rd January, James (Jamey Boy) arrived and it was without doubt the happiest day of our lives. We brought him home with nervous excitement slap bang in the middle of the 2nd wave and spent the next 2 weeks enjoying the crazy wild ride that a newborn baby brings. Despite the lack of sleep and new parent stress of keeping this little guy alive, we were overcome with joy and to be honest I thought it was a lot of fun! Except the nappies.

Then after two weeks of blissful exhaustion we took James for his two week check up where the doctor picked up a hernia... No big deal (I thought), but he needed to go in for surgery immediately, which he did and he handled it like a champ. The next day, we noticed something was off and took him back the doctor, who straight away booked him into the NICU with sepsis. It all seemed precautionary and was only supposed to be 3 days, which became 14 days after a diagnosis of bacterial meningitis... Again I thought, oh well these things happen and he'll be right as rain in no time.

Towards the end of the 14 days, the doctor called again and said they had picked up a flow murmur in James' heart and she wanted to explain it to us in person... Yikes! My eternal optimism started to wane as we went over to Sandton Clinic. James was then diagnosed with a mild/moderate congenital heart condition. The doctor assured us that it was moderate in severity and he may eventually grow out of it... Optimism back! "But... there is more". Because of the hernia and heart condition they needed to test him for WS (what's that?!), again as a precaution with the doctor's view being that he didn't have it and she asked us to please not "Google it" and that the test will take about 2 weeks to come back.

As soon as I got home I spent the next 3 hours "google-ing it" and was shocked to discover how serious this could potentially be and despite a near perfect pregnancy and all clear scans, they were testing our little boy for an incredibly rare (1 in 10,000-20,000 births) genetic disorder, which had the potential of causing a wide-ranging and long term impact on James and our lives. WS is a spontaneous deletion of about 20-25 of James' genes (out of 20,000!), which occurs around conception and is generally only detected in toddlers... So SA doctors are on the ball!

After the initial google shock horror, I thought there is absolutely no way James has this. I called the Dr again and she reaffirmed to me that she was only following guideline testing and this was precautionary. So we got on with life for the next two weeks and tried our best to stay off the internet! Then on the 11th February (a day I will never forget) we got the news that James was positive for WS!



I can't really describe the feeling of going from complete and utter joy and elation on 3rd January, to a feeling of fear, sadness, grief and uncertainty in just 5 weeks. Our dreams felt crushed with an overwhelming sense of grief as if we were mourning the loss of someone, which I now realise was the loss of what we had expected and dreamt about as parents. We were immediately surrounded by support from all sides, without which I'm not sure how we would have coped. Family, friends, colleagues, doctors and strangers have all been amazing in their own unique way and for that we are both truly grateful.

After the initial shock and grief subsided, we started the long process of James' treatments and interventions, which will probably be life long. We met and spoke to families with WS kids and what we have both begun to realise it that there is a lot to be hopeful for in the future and WS is not going to hold James or us back in this life. We are so lucky to have James in our lives as well as and the friends, family and the support base, which we are privileged to have in front of us, you all know who you are. The perspective I have gained personally through this will no doubt benefit me and hopefully those around me for years to come and I'm really excited about the journey in front of us.

Many people (with good intentions) tell us we are "chosen" or "only given what we can handle" or don't worry you'll have "another one", which Calli and I both secretly smile to each other about as we have an absolute Gem in James and really this is just one of the many curveballs that life throws at all of us and is nothing to despair about. Our journey will be different but actually so is everyone's and if it took James to make me finally realise that then he's already taught me more than I'll ever be able to teach him.

Williams Syndrome describes the condition of a person who has an entire chromosome arm missing from their DNA. Features may include:

- Distinct facial features
- Heart problems
- Difficulty breathing
- Increased blood calcium levels
- Developmental delay
- Coordination difficulties
- Feeding difficulties
- Colic
- Dental issues

Many thanks to Andrew and Callie for sharing their story.



Diagnosing pain in non verbal children with ASD

On 21st July 2021, Prof Faith Bischof and Kate More, on behalf of SA-Child, did a presentation on the management of pain in non verbal children. Faith focused on children with CP and Kate focused on children with ASD.

This article is a summary of the presentation focusing on ASD as well as the resources recommended for the diagnosis of pain in nonverbal children.

Research has shown that up to 38,5% of children with ASD suffer from painful health problems and children with ASD most commonly suffer from gastrointestinal difficulties.

There are many factors affecting the reliability of pain assessments in children with ASD. One of the predominant factors in the literature is the mistaken belief that children with ASD have a decreased pain sensitivity. However, this is more likely due to difficulties distinguishing between pain and other unpleasant sensations. Reports of hyposensitivity to pain is more likely due to sensory perceptions or sensory integration difficulties (70% of cases). Pain behaviours are often challenging to identify for caregivers and professionals as many of the responses are affective and external comfort seeking behaviours (like hugs and cuddles) are lacking.

Poor socio communicative skills and decreased abilities to regulate expressions make it even harder for caregivers and professionals to differentiate a pain response vs a sensory response. This is exacerbated by the fact the self stimulating behaviours may increase release of endorphins which may results in apparent hyposensitivity to pain. Thus, one may see an increase in stimulatory behaviours rather than a direct pain response.

The following suggestions are made when assessing a child with ASD for pain:

Choice of semantics when assessing pain must be considered – discomfort, ouchie, eina, shoe shoe, etc, may be better choices for semantics. Try to get an idea of the words that parents use to describe pain when talking to the child.

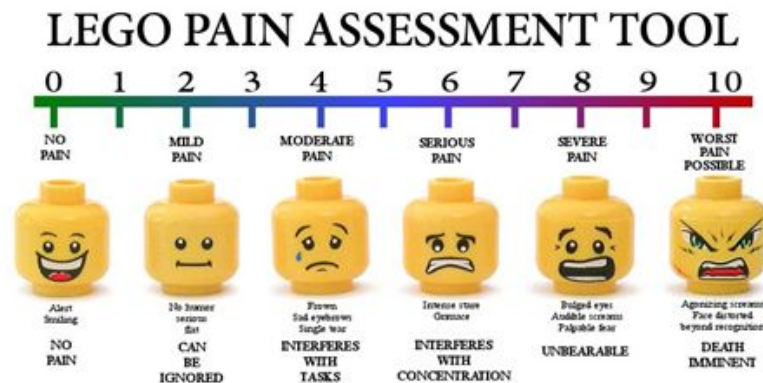
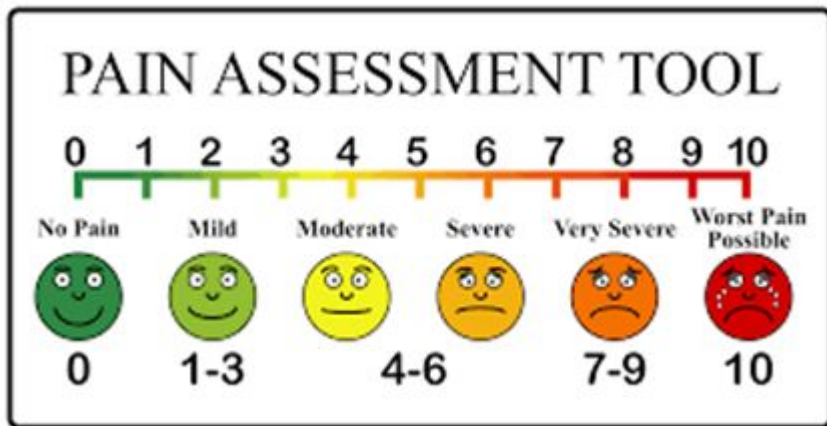
Facial expressions in children with ASD are similar to neurotypical children, so watch their faces and body language. Self regulating behaviours, self harm, physiological changes, or aggression should be observed as a measure of pain as well. Tapping or pressing on the painful area may be noted. Alternatively, avoidance of being touched in painful areas.

Anxiety and pain produce similar behavioural responses in children with ASD so the context of where these behaviours are taking place should be considered. (ie. A hospital or doctor's office, vs therapist's office vs at home). Many children with ASD rely on their parents or caregivers to interpret for them regarding how they are feeling. They are then more likely to respond to the parent's answers.

Here are a few of the suggested pain assessment tools:

Wong Baker Faces Scale Faces (with word descriptors and numbers.)

- In a large study preferred by a majority of children.
- Health professional or caregiver uses word descriptors and child points to face to describe pain he feels.
- Children with ASD are less interested in faces and may not interpret the subtleties of the various faces presented.



Created by Brendan Powell Smith. www.TheCircusDepartment.com. This chart is not sponsored, authorized, or endorsed by the LEGO Group.

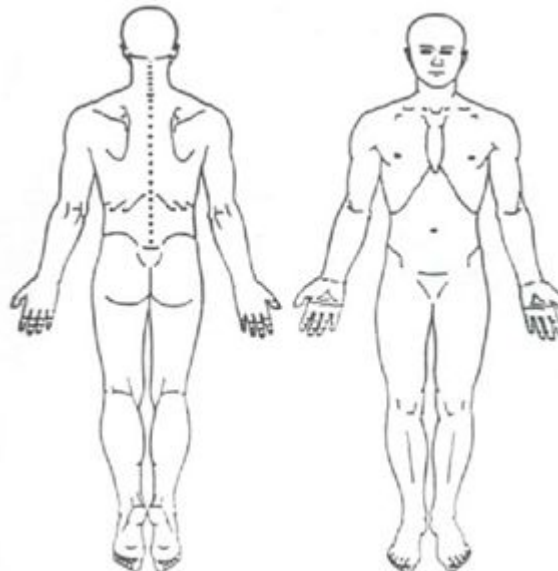
- The Oucher Scale uses photographs
- May be more culturally specific
- Can use photographs of the child and thus more relatable
- This scale has been found useful by parents

Pain Diary

- Useful for child who has chronic pain
- Recording daily incidents of pain
- Still requires caregiver understanding of pain location and severity
- May be a good option for caregivers and parents of children with ASD

Pain Diagram

- Useful for child who has limited verbal skills but interest in electronics or drawing
- Requires cooperation from the child



OUCHER!™

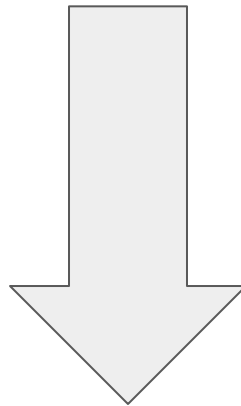


<http://www.oucher.org>

FLACC

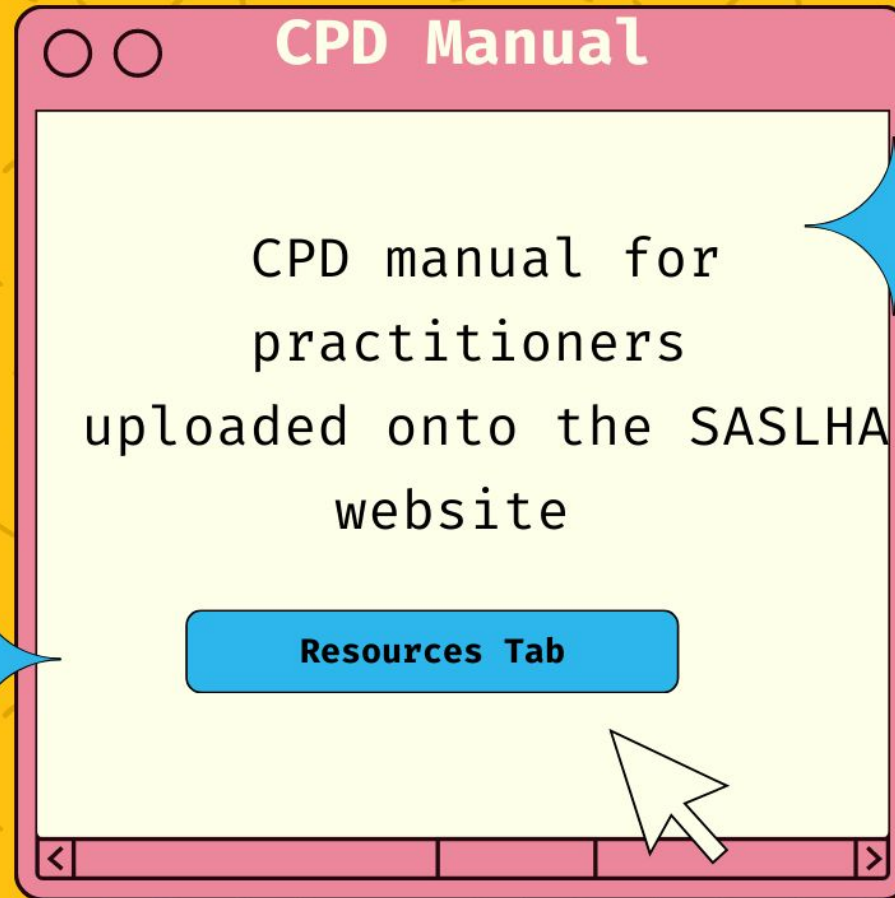
- FLACC is the acronym for Faces, Legs, Activity, Cry, Consolability
- Can be used by parent, nurse or therapist.
- Validated for use in children 4 to 19 years of age.
- Useful objective measure of post-operative pain in children with cognitive impairment

There is some indication that this measure is appropriate for nonverbal autistic individuals



Category	Description	Score
Face	No particular expression or smile	0
	Occasional grimace/frown, withdrawn or disinterested	1
	Frequent/consistent quivering chin/clenched jaw	2
Legs	Normal position or relaxed	0
	Uneasy, restless, tense	1
	Kicking or legs drawn up	2
Activity	Lying quietly/normal position, moves easily	0
	Squirming, shifting back and forth, tense	1
	Arched, rigid or jerking	2
Cry	No cry	0
	Moans or whimpers, occasional complaint	1
	Crying steadily, screams or sobs, frequent complaints	2
Consolability	Content and relaxed	0
	Reassured by occasional touching, hugging or being talked to, distractible	1
	Difficult to console or comfort	2

Uploading your CPD points onto HPCSA giving you nightmares?



Life After My Stroke: Re-learning to walk, talk and swallow

By Allan Hill

My name is Allan Hill and I am 91 years old. I had a stroke on the 22nd of June 2021. I could not walk, talk or swallow. I was not admitted to a hospital because of Covid so I needed to be treated at home. My doctor recommended specialist physiotherapy and speech therapy. It was then that I met my speech therapist. I do not recall much of this time but I do know that without her help, I would not have recovered as well as I have. The first thing she had to teach me was how to swallow liquids without choking. She had to work on the muscles in my face to restore my ability to smile and also to speak properly again.

My speech therapist taught me how to form simple words and then full sentences which I had to speak out loudly so that I could make myself heard and clearly understood. Thanks to her expertise, patience and understanding, I completed her programme and now have no problem eating, drinking and talking.

I am well on the road to regaining my independence again. I will always be very grateful for the expert help and assistance from the professionals and my family, who make it all worthwhile. Even at my age I am thankful and feel I still have a lot to live for.

I would like to phone my speech therapist one day just to say 'hello' (in a loud voice) and to thank her again for all that she did for me.



The Public Sector



“Everyone deserves a voice!”- October is AAC Awareness Month at Charlotte Maxeke Johannesburg Academic Hospital (CMJAH)

The Speech Therapy department at Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) runs an Alternative and Augmentative Communication (AAC) clinic that targets patients who will benefit from a no tech, low- or high-tech device in order to assist their communication.

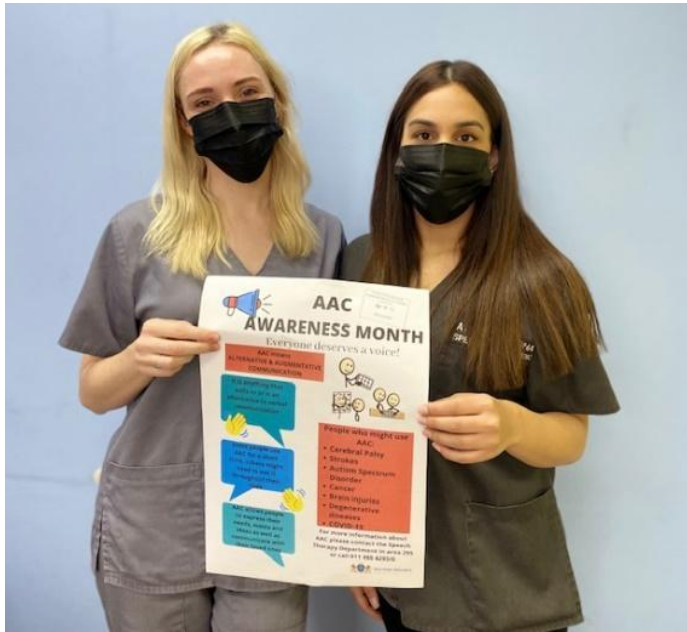
The team celebrated Alternative and Augmentative Communication (AAC) Awareness Month in October, and decided on the theme “Everyone deserves a voice!”

Due to the Covid-19 pandemic, and restrictions at the hospital following the fire, an awareness campaign was created through social media. A variety of informative posts were shared throughout the month on the hospital’s Facebook page, after liaising with management and the Public Relations Officer. The aim of this campaign was to create awareness about AAC amongst the public as well as advertising our services to other healthcare professionals and staff members.

The month started off with a poster introducing the basics of AAC. This was shared on the Facebook page, as well as put up around the hospital. This was followed by a picture series containing information about the various options for possible AAC users, based on the resources that can be found in the AAC clinic at CMJAH. The month ended off with a personal touch, by focusing on the experiences of patients and caregivers who are seen at our AAC clinic.

This was an exciting month for our Speech Therapy department, who are hoping to increase knowledge around AAC, resulting in improved services for our patients.

Written by Attiya Dadabhay & Tayla Oshry




Charlotte Maxeke Johannesburg Academic Hospital
...
 1 h · 🌐

Did you know that we all use some form of Alternative or Augmentative Communication (AAC) in our everyday lives? For example: waving hello, or pointing to something you want.

AAC is especially beneficial for people who have difficulty communicating verbally.
[#aacawarenessmonth](#) [#aacismyvoice](#)
[#everyvoicematters](#)

Here are some examples of the options available:


 Write a comment...
 



STROKE AWARENESS DAY 2021 CMJAH

By P. Ramushu ,N. Hassan, A Kola and K. Eckmann

When somebody has a stroke, every second that goes by is crucial because time lost is brain lost.

This year the Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) Multidisciplinary team decided to commemorate World Stroke Week by creating a series of online videos to raise awareness on the cause of a stroke, signs and symptoms as well as the role of the multidisciplinary rehabilitation team.

With specific regard to Speech Therapy we included possible swallowing, speech and language effects post stroke, as well as a brief discussion on the treatments and contact details for our department.

The purpose of an online video was to reach a wider audience by utilising the CMJAH Facebook page to create awareness about strokes and the effects they can have on your speech, language and swallowing ability. This video will remain online and will be accessible at any time hence making it a sustainable solution.

The mission of World Stroke Day is to bring awareness around the world about strokes, how they can be prevented, and how to help someone receive care quickly if they show signs of a stroke. These videos can also help stroke survivors and their caregivers who have not yet received rehabilitation to now access the treatment necessary.

The outcome of the videos is to assist in reducing the prevalence of new strokes and incidence of recurrent strokes while increasing public knowledge regarding strokes.

Recovery is a process. It takes time. It takes patience. It takes everything you've got.



Pam
Chief Speech Therapist &
Audiologist



Nabeelah
Speech Therapist & Audiologist



Aadila
Speech Therapist & Audiologist



Kirsten
Speech Therapist & Audiologist

STROKE AWARENESS

THE ROLE OF A SPEECH THERAPIST



Dad Jokes

@Dadsaysjokes



My boss always laughed at my jokes at work but since the pandemic she never laughs at them in Zoom chats. I asked her why doesn't she laugh at them anymore.

She replied, "Because your jokes aren't remotely funny."

Ethics Corner



Values? Duties? Rights? OR ...a moral enterprise.

In essence the practice of healthcare professions is a moral enterprise. (Booklet 1: Code of conduct).

In our daily practice as healthcare professionals, we make many decisions in relation to our patients and our workspaces. Those decisions, some without much thought to them, are led by our values, duties and rights. One may weigh heavier than another in a particular situation, but they nevertheless inform our ethical practice and cannot be separated.

In essence, the practice of healthcare professions is a moral enterprise. In other words, there are honourable ideals to which speech therapists and or audiologists should subscribe to in terms of conduct. Though clinical situations may vary and are becoming more complex in this post-modern world within a diverse country like South Africa, this does not change the obligations we have in keeping with the principles of the Constitution (Act No.108 of 1996).

If an audiologist chooses to sell a patient the most expensive hearing aid instead of what the patient can afford, they have broken their duty to act in the patient's best interest and to act justly, their value system contradicts the expectation to act morally as a practitioner and they have also abused the patient's right to choose.

To abuse the power we have as healthcare practitioners is unprofessional and lowers the standard of clinical practice for the profession. Our pride in our profession should be in demonstrating a dedication and a commitment to hold to the highest standards and to do so with integrity and truthfulness.

What is your duty towards a patient with a unilateral hearing loss? What right does a patient have after being given a hearing aid for the first time? Who makes the decision for fitting a hearing aid in one ear over another? *Can you refer a patient to another colleague without a referral letter?* What is your duty towards a patient that undermines you because you belong to a different ethnic group? Can you diagnose a hearing loss without bone conduction?

Can you ignore a 3 year old's need for nutritional intervention while attending to their speech needs?

How you respond to the above questions, points to your values and ethics.

All these and many more....

The questions beg an answer... Values? Duties? Rights? OR ...a moral enterprise.

References

HPCSA Booklet 1 General ethical guidelines for health professionals.

South African Constitution (Act No 108 of 1996)

Tech corner



Robust AAC apps for iPad

By Nikki Heyman

Alternative Augmentative Communication (AAC) devices can be divided into two types: dedicated and non-dedicated.

- **Dedicated devices** are those built with the only purpose of providing communication means to those who need this kind of support. They are AAC devices that are manufactured for sturdiness and reliability. The higher-end devices in this category are built on fully functional computers. Dedicated AAC systems include things such as Tobii Dynavox products, and Saltillo products like the NovaChat, Accent, and most recently Via Pro, which uses an iOS operating system. Unfortunately, PRC- Saltillo products are not available in South Africa and consequently AAC users are restricted in terms of choice and/cost. One disadvantage of a dedicated AAC device is they can be more complicated to maintain when manufacturers are not based locally (McNaughton & Light 2013)

- **Non-dedicated devices** are those mainstream electronic devices such as an iPad, Windows or Android Tablet or a laptop, to which AAC software or applications (apps) have been added. This makes them popular because they are relatively low cost, widely available, and form part of mainstream culture. Irrespective of the device that you choose, a robust AAC system should be chosen.

There are instances where you should consider a dedicated device (Enders, 2019).

- **Complex bodies:** The person needs alternate access to communication, and alternate access to their environment. Whilst tablets are improving in terms of access to the environment, a dedicated device provides easy access for environmental controls such as switching on lights, the TV, or adding switches. (In the context of AAC a switch refers to an adaptive device that allows people with movement-limiting disabilities to use technology and operate electronic devices. Switches may be a mechanical switch such as large button/joystick, scanners for eye-gaze, a sip/puff switch, a sensor switch that is activated by light touch movement such as an eye-blink).

- **Support and durability:** Dedicated devices offer support from the manufacturer and come equipped with rugged protection cases.
- **Features not on a tablet-based system:** For example, on tablets, the volume is lower. When you have a device that was meant as an AAC system the speakers are far better. An iPad Pro has better volume, but they are more expensive than a standard iPad.
- **Tablet is viewed as a leisure device:** When using a tablet as a communication device, nothing apart from the AAC application should be loaded onto the device. However, other applications like YouTube are preloaded onto a tablet, and often the child views the tablet as entertainment device and using the communication app becomes secondary.

There are a number of factors to consider when selecting an AAC system. These include environmental demands, individual abilities, selection techniques, symbols, and features of available AAC systems. The decision-making process used to select an appropriate AAC system for a child with developmental disability is complicated, (Boesch, Shukla Mehta, & Da Fonte, 2016). In addition to this there are a myriad of factors that impact on effective implementation of AAC which are beyond the scope of this article. However, it is well documented that modelling using the AAC system is critical to support learning and use. (Light & McNaughton, 2015; Lynch, McCleary, & Smith, 2018; Ronski, & Sevcik, 2005). Even when taking these factors into consideration, and using a feature-matching process, you may still find that there are a number of possible options to choose from (Enders, 2021). In such cases, consideration should be given to

- **Experience of Educators/therapists:** If the educators and therapists on the team are more familiar with a particular app, it may be preferential to choose an app that will facilitate modelling by the team working with the child.
- **Family input:** If the family don't like a particular app, you are going to be fighting an additional battle that is unnecessary if there is an alternate option.

Enders (2021) states that a common error is to start a new AAC user with only a few big buttons so that they are not overwhelmed and/or confused. However, when you add more buttons, you change the array, and the child must start again and relearn a different motor plan. As a 'rule of thumb' Enders recommends that you select the maximum number of buttons that the person can see and access independently.



Proloquo2Go



TouchChat with WordPower



Grid



Clicker Communicator



Avaz Pro



TD Snap



Talk Suite Pro



LAMP Words for Life



Speak for Yourself



Coughdrop

All the above AAC apps qualify as being robust in terms of core vocabulary.

- All of them can be used on an iPad.
- They have a dynamic display (touch screen)
- They have voice output
- They can be customised
- They have colour coding options.
- They offer electronic backup and restore
- They have keyboard access within the app, so you are able to spell if you want to.
- Most of them have the ability to turn off the keyboard if for some reason you have to do that
- Programming and tool locks
- Can import your own images in addition to the symbols that they come with.
- They have the ability to share the message window. For example, sharing to social media or email
- Can hide and show buttons to reduce or increase complexity.

There are two types of apps: Folder based, and motor plan based.

Folder Based apps:

The vocabulary is organised categorically. Folder based apps are more intuitive for many because if you understand categories and you need to find the word apple, you will automatically know that you need to find the category food, and then navigate to fruit and vegetables.

Some limitations of folder-based apps:

- They can require multiple navigations to get to the desired word because you may have to navigate to categories within categories.
- Words are repeated multiple times in the system, and it can be very difficult to keep these words in the same place each time. This can add an additional motor-plan challenge for the user.

Motor plan apps:

The buttons are organised with the intent of maintaining a consistent motor plan rather than categorised. The initial emphasis is on the motor plan, rather than learning grammar. A QWERTY keyboard is a typical example of a motor-plan organisation. Over time, you learn where the keys are, and you are able to type much faster. If the keyboard is changed to alphabetical order, it is initially difficult to find the letters to type, despite knowing the alphabet. Motor-plan based apps, typically require less navigation to get to a word; usually two and maximum three.

Some possible limitations

- The organisation of button placement is not intuitive in terms of language function and/or categories. It can therefore be more difficult to use initially.

Feature Matching Feature matching is the ‘gold standard’ in terms of selecting an appropriate AAC system. It is a collaborative process which involves using criterion-based assessment strategies to gather relevant information about a client’s communication and sensorimotor abilities, and applying AAC expertise to match the appropriate array of AAC options that offer features relevant for meeting the person’s needs and skills (Gosnell, Costello & Shane, 2011).

Sanders, Page, & Leshner (2021) point out that although feature matching is the ‘gold standard’, SLPs in their study expressed low confidence with aspects of feature matching for aided AAC. Whilst they postulate that one reason may be due to lack of familiarity with technology, they emphasise that new features, frequent updates, and new research, requires that SLPs remain current in this rapidly changing field. Dada, Murphy & Tönsing (2017) suggest that current practices in South Africa are informed by previous experience with various technologies and AAC systems rather than adopting specific approaches to assessment and AAC implementation.

Without delving into an in-depth discussion of feature matching, the following links can be used as a starting point for identifying the features that you may need.

<https://coe.uoregon.edu/cds/files/2016/09/FeatureMatchComparisonChart.pdf>

<https://linkassistive.com/wp-content/uploads/2018/08/Considerations-for-Choosing-Communication-Devices.pdf>

Angela Moorad has a very comprehensive Feature Matching List of top 11AAC apps on [Teachers Pay Teachers](#) for \$24. She updates this monthly with new features or apps. [Talk Suite](#) is a very recent addition to the list.

Most of these apps have at least one unique feature, that may help you decide on which app to use. Features with an Asterix are unique to that app.

Proloquo2Go (AssistiveWare) (\$249.99)

- Core based Crescendo™ Crescendo vocabulary offers consistent core word placement. Three pre-programmed vocabulary levels: Basic Communication, Intermediate Core and Advanced Core levels. Users can move up and between levels while customisations are retained.
- Gateway© is a core-based vocabulary set which is available as an in-app-purchase.
- You can modify more than one button at a time.
- Flexibility in the amount of space between buttons.
- Automatic backup to device, Google Drive and iCloud. Additionally, you can backup to iTunes, or Dropbox.
- Airdrop of page sets
- Search Feature
- Progressive language builds vocabulary in a developmental framework
- Recorded speech (only available on newer iPads)
- High quality voices included as part of the app purchase.
- Available in English, Spanish, French & Dutch. Allows for bilingual language switching
- Gender neutral pronouns
- * On the social page, expressions or phrases are available with inflection.
- * Scanning controls built into the app which can be used if a dedicated device is not used.
- * Several Colour coding system options or customisable colour coding Scanning built into the app which can be used if a dedicated device is not used.
- * Companion on Apple Watch allows you to use the watch as a switch to store phrases sentence starters and categories that can be activated from your watch.

TouchChat HD with Word Power (\$299.99) Saltillo

- Robust core-based page sets within Word Power (20, 25, 42, 60 80, 108 and 140 buttons)
- Space between button margins can be changed
- Predictive selection of words to facilitate grammar. E.g., if you tap “I” the app immediately goes to a verb screen
- Grammar support
- Pixon, Symbolstix, Saltillo symbols
- Play recorded messages
- Available in English, Spanish & French (Canadian).
- Hebrew and Arabic available as an in-app-purchase
- High contrast PCS symbols available as an in-app-purchase.
- Back up to iTunes, DropBox, Google Drive, AirDrop and email.
- Optional iShare subscription for cloud storage and easy sharing.
- Can import social pages from Dr Jill Senner and Matt Baud on www.talcaac.com
- The Voicekeeper available as an in-app purchase allows you to bank your own voice or use personalised synthesised voice
- Phonics Keyboard and early literacy in WordPower42 Basic and WordPower 60 Basic Can be imported into other page sets

- Acapela child voices available as in-app-purchases
- Alexa/Siri pages (under groups)
- * Chat Editor software on a Windows computer allows creating/modification of page sets which can then be transferred easily to the device
- * Head pointing on iPad Pro 12.9-inch, iPad Pro 11 inch, iPhone Max, iPhone XR, iPhone X, iPhone 12
- * The light version (\$9.99) can be customised and includes Word Power (no speech or back-ups)
- * Play audio files such as music from the media library or videos from the camera roll or YouTube™ link.
- * Includes the ability to create visual scenes with buttons around a photo or embedded within a photo.
- * Whiteboard embedded in the app
- * Tilting the device can make the message expand to fill the screen in large letters. This feature allows a person to communicate silently or in a noisy environment.
- * Can use the iOS keyboard which then allows use of keyboard extension apps.
- * Printable Low-tech back-ups available for different page sets

Grid for iPad (\$10.99 per month or \$349.99) SmartBox

- Available as Super Core 30 and Super core 50 and child/adult vocabulary can be selected.
- Remote editing from any Windows computer
- Grid for iPad does not support email, and social media but you can access Alexa, and print the message bar as a note
- Not supported on iPhone or iPod
- Easy sentence building with smart grammar tools. Uses core word prediction.
- Multiple keyboard options including phonics keyboard
- Text Talker can be used for literate users. It has good word prediction features.
- It also includes ready-made grids for Message Banking, enabling people who still have some speech to capture it and recall it from within the app.
- Access to Grid explorer (other page sets, games, social story templates)
- * Offered in 16 languages (English, Afrikaans, Arabic, Spanish, Portuguese, Italian, Hebrew, Czech, Dutch, Flemish, French, German, Polish, Greek, Slovak, Finnish)
- * Magic Wand tool for conjugation and word form modification
- * 30-day free trial, monthly subscription, or one-time purchase

Clicker Communicator (\$199.99) Cricksoft

Not as robust as some of the others but it has some unique features.

- Clicker Communicator (SymbolStix). PCS and Widgit symbols are available as in-app purchases.
- Switch accessible
- Clean interface
- Vocabulary sets can be shared or backed up via email, Airdrop, Dropbox, Google Drive One Drive
- 35 or 54 buttons per screen
- Can be used on a Chromebook
- * Bank of free learning grids
- * SuperKeys are very large five button target areas, coupled with a larger word prediction bar. Superkeys make direct selection much easier ([superkeys](#))

Avaz Pro (\$199.99) - AAC App for Autism

- Robust core layout is only complete up to 40 buttons per screen. You can have 77 buttons on the screen, but it requires some customisation for good core-word support.
- You can save and load phrases in the keyboard mode in just a single tap — with the Load and Save keys. Quick, one-tap access to 40 save slots helps constructing sentences a breeze.
- * Custom words can be added as a list, and they will populate automatically.
- * Zoom feature animates and zooms in a button that is selected to highlight it for the child and eliminate distractions. It can be turned on/off.
- * Analytics feature built into the app. Creates a graph identifying word types, grammar types, vocabulary used. This allows progress monitoring and gaps to be addressed.
- * Activity Dashboard helps parents incorporate AAC tasks into a specific daily living activity with conversation ideas and modelling ideas.
- * Built in communication partner supports and practice as mini games.
- * Keyboard is always accessible with one tap. Word prediction with pictures and words. You can save and load phrases in the keyboard mode.
- * Low tech book can be printed

TD Snap (\$49.99) Tobii Dynavox

Snap Core First is now called TD Snap

- Variety of grid sizes going up to 80 buttons in the page set.
- Behaviour supports like visual schedules, timers, and scripts
- Available in a variety of languages with the ability for bilingual learners to switch between them (English, Chinese (simplified), Czech, Danish, Dutch, Finnish, French (Fr & Canadian), German, Icelandic, Italian, Japanese (Hiragana & Kanji Core First Page Set), Norwegian, Portuguese, Swedish, Spanish)
- In app purchase for Gateway vocabulary, and PODD (Gayle Porter)
- Printable communication boards based on Core First, available in many languages.
- * TD Snap Text included for people who can read and spell without symbol support or who may be transitioning from symbol supports to literacy. Phrases are organised by topics, and keyboards offer some prediction.
- * QuickFires - A set of commonly used pre-programmed phrases to make it easier to communicate quickly during many typical daily situations.
- * Pathways for Core First® is a free downloadable learning guide for TD Snap Core First. It has video examples, lesson plans, and an interactive goal grid for tracking progress and addressing behaviour challenges.

LAMP Words for Life (\$299.99) PRC-Salttillo

Language Acquisition through Motor Planning (LAMP)

- Motor Plan based
- Three versions:
 - 1-hit – 84 early words that speak immediately when selected
 - Transition – about 200 frequently occurring words with an introduction to verb tensing. Most words require selecting two keys before a word is spoken.
 - Full – access to thousands of words by selecting three keys or less.
- Very robust and customisable
- Activity Sets – pre-made vocabulary builder sets designed to use during routine activities
- Available in English/Spanish
- Materials available from PRC for implementation and training
- * Uses Minspeak® language and is based on Unity® language system. Minspeak uses a small set of pictures to represent a large number of words in a communication device.
- * Vocabulary Builder™ allows you to hide/show easily with lists
- * Symbols have multiple meanings
- * Can programme in PASS software (**PRC Application and Support Software**) on Windows computer and transfer to a device via an iShare account.

Speak for Yourself (\$299.99)

- Motor Plan based app
- Very easy to hide/show with open/close features
- Cannot change the number of buttons on the page (144).
- Easy to use and accessible search feature.
- Easy to lock programming
- History (data collection)
- No word duplication. Programme will not allow you to add a word that is already in the programme
- Save vocabulary settings for multiple users. This is useful for therapists
- Icon background colours can be changed in the edit feature
- Beginners' vocabulary template
- Uses Smarty symbols, but you can change the symbols for any word that you think will benefit the person using the app
- * Buttons that navigate to a second screen can be identified by the top right-hand corner cut out.
- * Navigates back to home screen after any button activation
- * Whisper mode turns off the word speaking to allow for private communication or quiet settings
- * No word requires more than two navigations
- * Babble feature - hidden buttons are shown to allow user to explore the words. Programme reverts to original settings when babble is turned off.
- * Hold that Thought feature - allows user to save what's in the message window and access later

Coughdrop (\$6.00/month or \$200.00 Lifetime)

- Data logging - can log all communications and provide reports based on time, location and vocabulary
- Easy to print boards for backup book/boards
- Core-based. Similar to Speak for Yourself in layout and motor plan but it can be laid out with more folder-based setup if desired.
- Excellent support from the company.
- * Web based and therefore can be remotely programmed. Can be loaded on multiple devices through web access.
- * Runs on virtually any kind of tablet. Android, Windows, iPad, Kindle, Chromebook. Some platforms are faster/more responsive
- * Undo button in edit mode.
- * Ability to identify when modelling starts and stops in history/data logging
- * Free 2 month trial period /access for families and supporters.

Talk-Suite Pro (\$199.99) Ellenson Integration Enterprises

This is a very new app and whilst it is “relatively robust” (Enders, personal communication), with some big names behind the development, Enders cautions that its longevity and support still need to be proven.

GoTalk NOW PLUS (\$169.99) Attainment Company

Although it has some unique features, it does not qualify as a robust AAC app.

- It has a maximum of 36 Buttons per screen.
- Access to premium acapella voices
- Can store an unlimited amount of messages
- Buttons can be programmed
- Access to Symbolstix and GoTalk Image Library

In conclusion, it is worth mentioning that in the scope of AAC, Brain–Computer Interface (BCI) solutions are being widely researched to allow AAC users to control external devices by modulating their brain signals.

Blow your mind with this!

[Lucas Steuber Cognixion one](#) and this [Cognixion with Mai Ling](#)

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