

Augmentative and Alternative Communication

Developmental Behavioral Family Readiness Center (DBFRC)

Joint Base Lewis McChord (JBLM)

Introduction to AAC

Presented by

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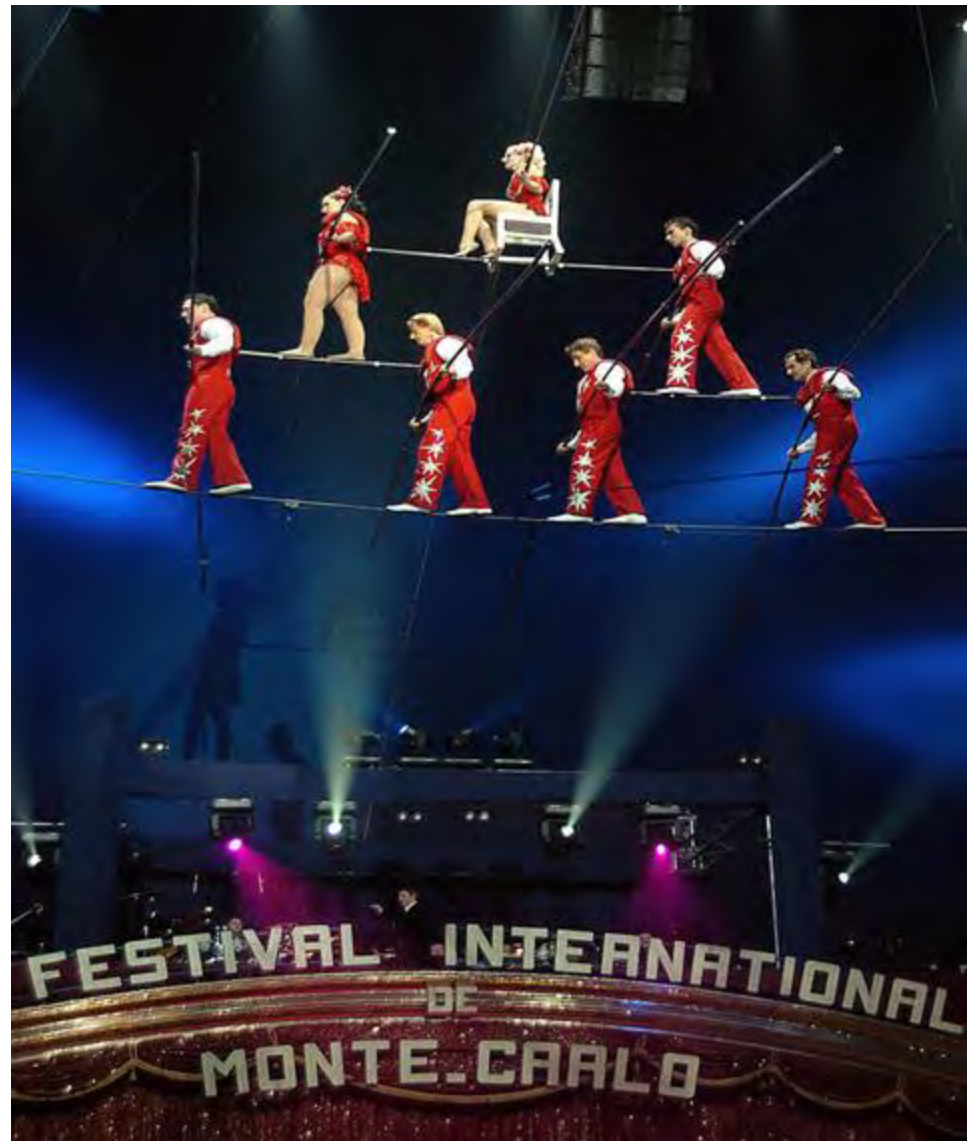


Disclosures:



I have no disclosures to provide.

This is a
simulation of a
team
implementing
AAC



Main goal: Understanding best practices to successfully implement AAC in all environments with all members of your TEAM

1. Preemptively Prepare (training)
 - a. Intro to AAC
 - b. Myths/Facts
 - c. Presuming Competence
 - d. Access is a human right
 - e. Modeling



AAC requires these beliefs:

1. AAC promotes speech instead of inhibiting speech
2. AAC Impacts children 3 years and younger
3. AAC has no prerequisite skills including intent to communicate
4. Core Vocabulary is essential to communicate with a device.
5. We all learn communication by being submerged in language rich environments



AAC requires these beliefs:

Share research and facts

- Annotated bibliography of AAC Myths and realities
- AAC Myths and Realities (ASHA)
- 10 things you may not know about AAC
- Show videos of AAC use from you tube
- tobiidynovox success stories with videos
- Record students from your LEA using AAC!!
- <https://us.tobiidynavox.com/pages/success-stories>



Types of AAC:



No tech: Doesn't require extra equipment (iconic gestures, pointing, ASL)

Low Tech: Doesn't require a battery (visual schedules, picture exchange books, writing/drawing, alphabet board)



Mid-tech: Static Display Devices (1 to 128 locations with or without levels)

High Tech: *Dynamic Display Device (simple to complex)*

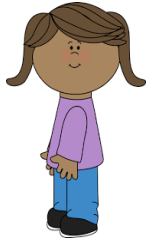


***SGD:** Speech Generating Device

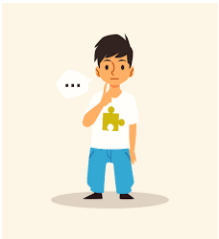
Who benefits from AAC?



- Xavier is a 10-year-old boy who has cerebral palsy and is in a wheelchair. He communicates verbally throughout his day. He can be hard to understand and fatigues quickly from talking. Xavier has limited use of his hands. He is a very happy boy with lots of friends.

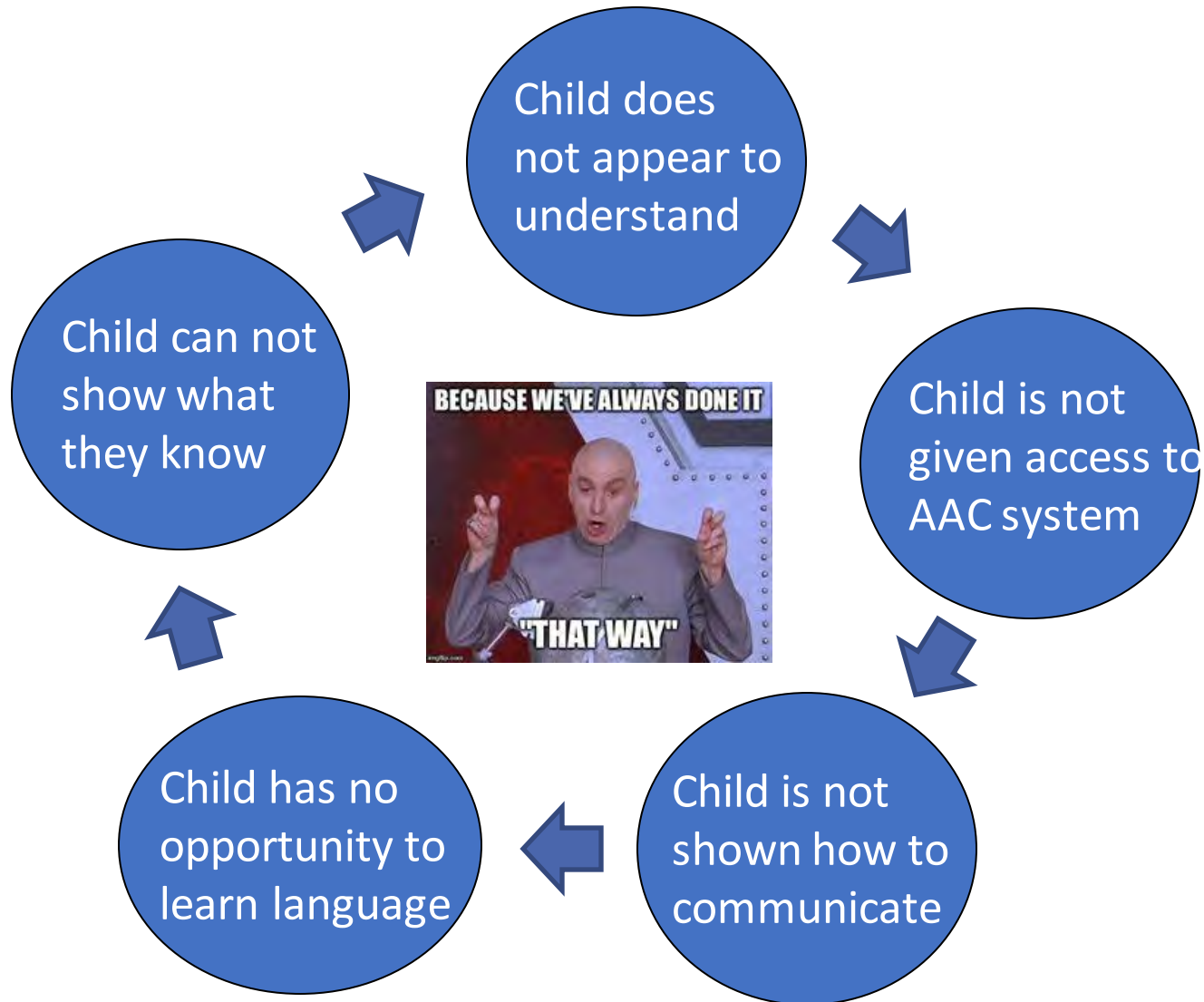


- Sarah is a 6-year-old girl with autism and does not have any spoken language. Sometimes when she is upset, she vocalizes but is otherwise very quiet. She has significant behaviors which include throwing items, biting and hitting. She does not follow verbal directions consistently but seems to follow her daily picture schedule. She loves watching videos.



- Mason is a 4-year-old boy with down syndrome. He loves to vocalize and “talk” but most of what he says can-not be understood. He has a few words that he uses consistently such as (no, mom, snack, and mine). Mason is stubborn but can follow multi-step directions when he is motivated. When around his peers he may run away or scream for no reason. Mason loves books and dancing.

Pre-Requisite Model Myth: Debunked

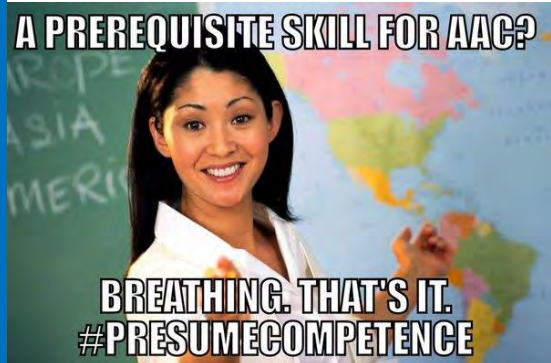


Best Practice: Access

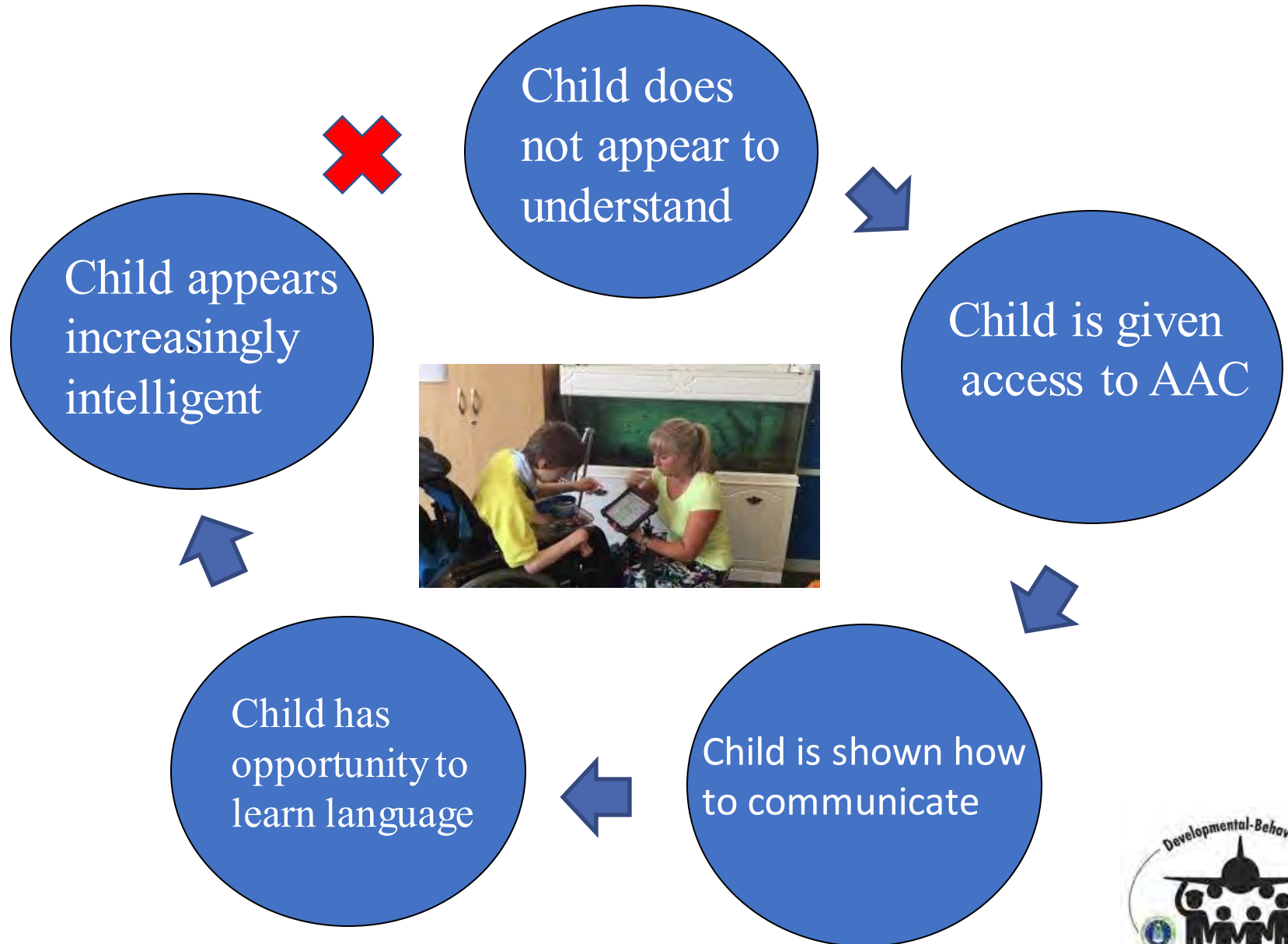


Access to communication is considered a Human Right

The place of “communication” in human rights is usually seen in light of Article 19 of the [Universal Declaration of Human Rights](#) (UDHR), which states that everyone has a “right to freedom of opinion and expression”, including the right “to seek, receive and impart information and ideas through any media and regardless of frontiers”.



Presume Competence: = Access Model



AAC Intervention

Compared to Typical Language Development

Typical Language Development

1. We talk to or model language for babies over a year before we expect a first word.
2. Young children learn to speak one word or “chunks” before we expect complete sentences
3. Babies hear and are exposed to language all day.
4. Babies are encouraged to babble and play with sound in a no pressure fun environment. They are acknowledged even if vocalizations aren't words, or full sentences.

AAC Intervention

1. We model language using their system for a long time before expecting any words or language back.
2. We teach CORE words/phrases before we expect complex sentences and single words are honored.
3. AAC device is modeled across settings, activities and caregivers
4. AAC users are encouraged to play with their system (e.g., Press buttons) in a no pressure, fun environment. What they say is responded to in a respectful, engaging way. Even if it doesn't make sense.



AAC Myths

Myth: We shouldn't introduce an AAC system if we want the child to talk verbally. It will just slow them down or they will only use the device.

FACT: Research has shown that providing access to AAC does not have a negative impact on verbal speech. In many studies, it had a positive impact!

Myth: I should limit the number of words in an AAC System based on an individual's cognitive level. (symbol recognition, communicative attempt)

FACT: It is best practice to choose vocabulary size on several variables.
Primarily we want to focus on what the individual can ACCESS.



AAC Myths

Myth: Individuals need to show good behavior to earn their communication system.

FACT: Just like you wouldn't duct tape someone's mouth closed. You cannot take away someone their ability to communicate based on their behavior. Instead try to redirect or use consequences just like you would another student who is blurting things out or demonstrating inappropriate behaviors.

Myth: I should always start with a small or easy to learn AAC system and then change it once the individual shows the ability to use the system

FACT: It is best practice to provide access to provide a robust AAC system that can grow with the individual. Learning new systems is a huge cognitive load and often requires completely starting over each time.



AAC Myths

Myth: I should program in new and relevant vocabulary into the system for each unit. Or I should make a separate unique boards for different activities.

FACT: It is best practice to have one consistent AAC system that the individual can use across activities.

Myth: Low tech must be used before high tech.

FACT: The answer is “no.” The provision of AAC tools and techniques is not an ordered list. It is a series of decisions made and revisited regularly based on the individual’s current and future skills and needs. The provision of AAC tools and techniques—especially robust tools and techniques—provides opportunities to teach and foster successful communication both now and as language skills and needs develop in the future.

Myth: You can be too young/old for AAC

Fact: There is no age requirement/limit for AAC



Why High Tech AAC?

Why does AAC tend to have a positive impact on speech production?

- Communication Effects
- Motor Effects
- Acoustic Effects (SGD or verbal model)
- Scaffolding Effects



Access and Opportunity to communicate is a Human Right.

“There are still voices that remain less heard, or even unheard. People with communication disabilities are at risk of being part of the group who are ‘unheard’.

- [International Communication Project](#)



EVERYONE needs the least restrictive access to See,
Hear, and speak in order to learn language

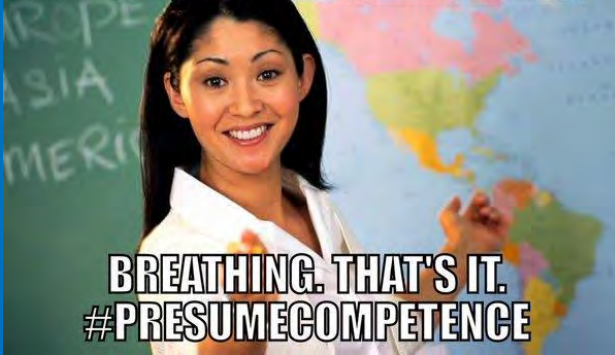


Best Practice Modeling

- When we find out a child isn't developing verbal language in the typical way, we want to expose them to language using a different modality **AS SOON AS POSSIBLE!**



A PREREQUISITE SKILL FOR AAC?



ALL Day
All TIMES
IN ALL
ENVIRONMENTS



Best Practice: Modeling

There are so many things you can do in ALL environments

- You can label things around you
- Tell jokes
- Ask for things
- Say hi/bye
- Request help
- Share information
- **Read books together using RAAP!**
(Read, Ask, Answer, Prompt) Intervention method



FAQ

1. What if an individual drops or throws their AAC system?
2. What if we go somewhere that (e.g., swimming pool) we can't bring the device?
3. What should I do if other people don't see the point or keeping it accessible?
4. What if the student stims on the device, seems to be playing, or is just pressing the button repeatedly?
5. Why a dedicated speech system and not just on his/her personal or school tablet?



Top 5 Access Tips

1. Set up a charging station in a central location and make that the "*Systems Home*".
2. Whenever possible encourage the AAC user to be the one holding it/responsible for carrying it/transitioning with it- Takes ownership of it.
3. Use visuals or reminders to remember that the device is out/on and accessible to the individual who needs it.
4. Always have a back-up or low tech AAC system at the ready. High Tech will allow you to print the pages you make.
5. Use the device for communication only!
 - Do not use for videos, games, books
 - Make it visually distinct from "fun device"
 - Have visuals "This is my voice please don't take it away".
 - Name it and take ownership of "your talker"



Funding

- **All WA state residents have access to the Assistive Technology Lending Library and can rent a “trial device” or have it on loan to try new apps (2 weeks per loan and can renew loan just like other library’s).**
- **Washington Assistive Technology Act Program**
 - <https://watap.org/loan>
 - FREE to parents or providers in the school (\$30 shipping)
 - FREE Consultation with SLP Experts in AAC, free training and online learning
- **WA State funding resources for AAC:**
 - <https://nwacs.info/aac-funding-sources>
- **General Help**
 - <https://aacfunding.com/>
 - <https://nationalautismassociation.org/family-support/programs/naas-give-a-voice-program/>
- Private Insurance Funding
- Ben’s Fund
- **Free with Medicaid/Tricare**
 - With SLP Evaluation
 - Dr RX as durable medical equipment (DME)



Resource for AAC/Emergent Communication

- Top three BIG programs and software companies for HIGH TECH SGD AAC Software and Dedicated Devices. Numerous smaller companies and AAC programs
- **LAMP AAC Program** (Free and paid Tool, resources, training, success stories)
 - Evidence Based for Children with ASD and/or difficulties with motor planning (\$300+)
 - <https://lampwflapp.com/support/faqs>
- **Tobiidynovix** (Free Tools, resources, training, success stories)
 - Funding Consultant by region that is frequently a SLP
 - <https://www.tobiidynavox.com/blogs/live-training>
 - (\$50 for full Snap+ Core First app).
- **Proloquo2go** (Free and paid training, resources, videos, materials) (\$250-\$500)
 - <https://www.assistiveware.com/support/proloquo2go/overview>



Where can I learn More?

- **UW Speech and Hearing Sciences Program**
 - <https://sphsc.washington.edu/augmentative-alternative-communication>
- **Seattle Children's AAC**
 - <https://www.seattlechildrens.org/clinics/augmentative-alternative-communication/>
- **My favorite website for SLP providers and families**
 - <https://praacticalaac.org/>
- **LAMP AAC Program (tons of evidence for motor-based learning)**
 - <https://lampwflapp.com/support/faqs>
- **Tobii Dynavox**
 - <https://www.tobiidynavox.com/blogs/live-training>
- **Speech and Language websites (podcasts and videos for parents)**
 - <https://www.speechandlanguagekids.com/aacpage/>
- **SLP Website for Speech and Language**
 - AAC Training Guide for Providers
 - <https://speechmusings.com/>



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Schlosser, R., & Wendt, O., (2008). Effects of augmentative and alternative communication intervention on speech production in children with autism: A systematic review. *American Journal of Speech-Language Pathology*, 17, 212-230.



- Speechy Musing (AAC Training Guide for SLPS) <https://speechymusings.com/>
- [International Communication Project](#)
- **Article 19 UDHR states:**
 - Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.
- [Universal Declaration of Human Rights](#)
- <https://www.un.org/en/about-us/universal-declaration-of-human-rights>



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