AUGMENTATIVE AND ALTERNATIVE COMMUNICATION PROFESSIONAL GUIDE

It is the right of every person to have access to a standardized communication modality that is understood by communication partners

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✓ AAC stands for Augmentative and Alternative Communication

- **Augmentative** - refers to systems/tools used to develop, support, and/or expand communication beyond what someone can say using speech.
- **Alternative** - refers to systems/tools which are used instead of speech.

✓ AAC can be Unaided or Aided

- **Unaided communication modalities** - do not require any tools other than the individual's own body.
- **Aided communication modalities** - require the use of external tools.

✓ AAC Vocabulary Characteristics

- **Core Vocabulary** - refers to the most commonly or frequently used words (more, want, go). They can be used to communicate a variety of messages across contexts.
- **Fringe Vocabulary** - refers to vocabulary that is more specific to a topic, environment, or individual (glacier, Halloween, freckles).
- **Robust Vocabulary** - varied vocabulary including nouns, verbs, and adjectives that allows the user to communicate a range of topics for a variety of pragmatic functions. It provides the opportunity for ongoing development of language content, form and use.

✓ Access refers to how an individual interacts with the system

- **Direct** - the most efficient access modality where the individual selects a target via pointing with a finger or other body part including eye gaze.
- **Indirect** - the individual makes a selection via switch or other modality (e.g. yes/no, body language, gesture) when given visual and/or auditory choices
- **Partner Assisted Scanning** - an indirect access method where the communication partner presents choices either visually, by pointing, or auditorily, by speaking, until the individual responds to their choice.

✓ AAC specific teaching strategies

- **Aided Language Input/Aided Language Stimulation** - communication partner models language using the individual's AAC system to teach how to use an AAC modality for successful communication. A response is not required.
- **Descriptive Teaching Method** - teaching strategy which uses high frequency (core) vocabulary to teach concepts rather than requiring context specific vocabulary.
- **Prompt Hierarchy** - using prompts appropriately is vital for teaching independent use of AAC systems. In general, prompts should move from least to most when trying to elicit a target response. In addition, prompts should be faded as soon as possible in order to reduce the risk of prompt dependency.

Types of Unaided AAC

- **Sign Language:** This is a robust communication system with its own rules of grammar and word order. It is the only unaided systemized communication modality. Sign language is developed for the deaf community. When sign language is used as a primary AAC method outside this community, the number of potential communication partners is reduced.

- **Gestures/Idiosyncratic Signs:** Simplified/adaptive signs and gestures serve as supplementary communication tools and support communicative functions.

- **Vocalizations:** May or may not be standardized and are often used to gain attention, communicate emotional state, and engage others.

- **Affect:** Often used to communicate emotional state and engage others.

Types of Aided AAC

- **No Tech Aided AAC:** Not all methods of aided AAC require the use of electronic devices or software. Paper language boards, flip books and communication notebooks are some examples.

- **Mid/Light Tech:** Static display communication devices that have digitized (recorded) voice output. They typically have surfaces that require touch with pressure to activate.

- **High tech:** High tech devices have dynamic displays which link to additional screens and allow a user to access a large amount of vocabulary in one device.

- **Communication Applications/Software:** A variety of communication applications/software exist for use on devices running iOS, Windows, and Android. These applications are designed to run within commercially available systems and do not require specialized hardware.

- **Dedicated Speech Generating Devices (SGDs):** Durable medical equipment, which is eligible for medical funding and is used to meet an individual's communication needs with specialized hardware and software. These devices may provide more full-featured support for integration with other adaptive equipment, along with more comprehensive manufacturer support for both hardware and software.

"Communication is about people, we all express ourselves in different ways."

AAC Evaluations:

Appropriate to consider when a child, adolescent or adult has no speech, limited speech, or unintelligible speech.

- Conducted by a Speech Language Pathologist (SLP) with experience using a variety of AAC systems.

- Input from the individual's team; may include SLP, teacher, OT, PT, family members, other caregivers.

- Most reliable access method should be determined in consultation with an OT with expertise in the area of Assistive Technology/Alternative Access.

- Access to vocabulary should not be limited by motoric or visual challenges. Consider alternative access or system features (key guards, switches, display colors).

- Determine funding source for the potential communication system (school district, medical insurance, DDD Supports Program, other).

- Use feature matching/comparison to determine what aspects are needed by the user and what devices have those features.

- Evaluations should include consideration and trialing of a variety of communication systems or applications. Company reps are available to demonstrate, loan equipment, and provide training to SLPs. They can serve as a resource but are not responsible for evaluating individuals.

- The user doesn't need to show mastery while trialing the system, just the potential to learn.

AAC Implementation:

- Early exposure to AAC is key.
- Continual access to the AAC System: get the user's team on board.
- Initial training and ongoing coaching for all communication partners. Family buy in and participation is essential.
- Access to a robust language system including core (high frequency) and fringe (topic specific/personal) vocabulary as well as phrases to increase efficiency of communication.
- Provide Aided Language Stimulation/Aided Language input. This should be provided by all communication partners thus training/coaching should be an important goal of therapy. Individuals using AAC must see their aided language system being used by partners in order to learn how to use it for communication.

- AAC systems should never be used to test the communicator on location of vocabulary (i.e. "find ____", "show me _____") they should be used to promote language use and social communication.
- Create opportunities to use the system. Ask open ended questions, and provide sufficient wait time.
- AAC is the modality in which you are achieving language/communication goals. Approach intervention using the evidence-based language strategies that you would use with a verbal language learner.
- Goals should reflect developmentally and pragmatically appropriate language skills. Goals should always be functional and based on individual needs. (e.g. increasing MLU, answering questions, commenting and interacting with a variety of communication partners, ordering in a restaurant, communicating with medical professionals).

Myths and Facts

1
Myth: "AAC is a last resort"
Fact: AAC is a tool that can be implemented while verbal speech is developing, improving, or deteriorating. Any individual whose communication needs are not currently met by speech is a candidate for AAC.

2
Myth: "It's too early"/"It's too late"
Fact: It is never too early or too late to provide access to language and improve communication. The earlier the better but age should never be a barrier to considering AAC.

3
Myth: "AAC will inhibit development of speech"
Fact: Research has proven that AAC will not inhibit the development of verbal speech. Often verbal speech increases with AAC use.

4
Myth: "There are prerequisites to AAC"
Fact: It is widely accepted that there are no prerequisites and that everyone should have access to an appropriate communication system.

5
Myth: "Prelinguistic skills are necessary before AAC"
Fact: Prelinguistic skills can be worked on in the context of language rich activities using robust AAC.

6
Myth: "Start with limited vocabulary"
Fact: Adults speaking with infants do not limit the vocabulary that they use. Similarly, when working with AAC, aided language input should be provided with a wide range of messages. It is unknown what the AAC user desires to communicate. Limiting vocabulary can restrict the formulation and expression of potential messages.

7
Myth: "High tech AAC is too much screen time"
Fact: AAC is not considered screen time because it is a communication modality.

Resources:

Project core - http://www.project-core.com/

New Jersey Coalition for the Advancement of Assistive and Rehabilitation Technology - https://njcart.net/

International Society for Augmentative and Alternative Communication - https://www.isaac-online.org/english/home/

PrAACtical AAC - https://praacticalaac.org/

QIAT- https://qiat.org/

ATAC of DRJN (Disability Rights of New Jersey)- http://www.drnj.org/atac/

Every Move Counts- http://www.everymovecounts.net/

United States Society for Augmentative and Alternative Communication https://ussaac.org/

Technology Lending Center-

https://www.assistivetechnologycenter.org/technology-lending-center

All SLPs should consider AAC supports for all individuals whose speech does not meet communication needs across settings. While evaluations by clinicians experienced in AAC are essential for determining the optimal system for those with complex communication needs, there are resources available to guide clinicians in implementing general AAC strategies (e.g. core boards, letter boards, partner assisted auditory scanning) while waiting for a complete assessment.