

Jim ([00:00:00](#)):

All right. With that, I will turn it over to our presenter, Deborah.

Deborah ([00:00:08](#)):

Hello and welcome to this presentation. I am really excited to talk about a topic that is a passion of mine. I love the field of speech language pathology as a whole, but AAC in particular is an area that I've just always found myself drawn to. With that, we can get started. Just wanted to give you a little bit of background. I have been a speech language pathologist for a little over 15 years now. I've worked in a variety of settings, but primarily in the school district and in early intervention. For those of you who are familiar with what speech language pathology looks like in the school system, usually there are a lot of kids who need services, there are a lot of opportunities to collaborate with other members of the educational team, but there's not always a lot of time to do that.

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In one of those environments, it's really what I recognized the need for some really practical and concrete opportunities to implement therapy strategies for kids across the board, but specifically kids who need the support of AAC tools and devices. I just have one financial disclosure. I am the founder of a company called Voice Tech and it is a company that is set up to create more solutions for AAC and to support all the populations who benefit from the use of AAC devices. Before we get started, wanted to run through this really quick definition of AAC. In many cases, when we think about AAC, we think about AAC devices and today we are going to be talking mostly about AAC devices, but really, AAC is a broad term to help us consider all the different ways that individuals who are non-speaking may have an opportunity to communicate their wants and needs. It really helps us to make the distinction between verbal language, spoken language, nonverbal language, and communication, which our goal as speech language pathologists is always to be able to facilitate communication using all the different tools that we might have available for our clients.

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That's the quick breakdown of what AAC can be or look like. We have unaided AAC, which is really thinking about the role that gestures, facial expressions, signs, and ASL play in helping an individual to get their point across and helping to facilitate understanding, helping to facilitate communication. Then we have the aided AAC, which are then the rear communication boards, computers for those individuals, where that's appropriate for, and then speech-generating devices. A lot of times, again, when we think about AAC devices, we think about those speech-generating devices. However, AAC can be any of these things. Really, when we think about the role of AAC in communication and facilitating communication, we really want to be thinking about how we can use all of these different aspects to support an individual's ability to get their point across and to be able to participate in their daily activities.

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A really quick overview of the research that really helps us to understand how beneficial AAC is for communication is really looking at how, when AAC has been used to augment understanding, to augment communication, there has consistently been an increase in the individual's ability to initiate communicative acts. One of these studies in particular, the study by Walker and Chung, really goes into a case study where they were able to recognize a 51.4% increase in the individual's attempt to initiate spontaneous communication after they were using an AAC device for a year. One of the challenges that can be found when it comes to the research with AAC is that there's a lot of research that says it's good, that says it's beneficial, but there's not a lot of translation of that research into practice. One of the

reasons why that is just because there are so many barriers to being able to implement the use of AAC and to have it consistent.

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This is really important, because the thing that helps our clients learn, the thing that helps us learn anything, really, as individuals is consistency of practice. When there isn't a consistency of use of AAC tools and devices, then many clients are not seeing the benefits of it, so it makes it harder to be able to make the connection between the research that's out there that does say it's really good, it's really beneficial, and what we're seeing on a day-to-day basis. What I want to do is just talk through some of these barriers really quickly. Later on in the presentation, we'll get an opportunity to talk through how some of these barriers might be addressed as we're embedding some of these strategies into day-to-day life. Probably one of the most significant barriers is the lack of client motivation. You might have a client who has a device and it's always present, but they're not interested in using it.

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If it's on an iPad, they might just push the buttons and play with it, or move to other parts of the iPad and not actually engage with the program that's on there. If you're thinking about something that's a little bit more low-tech, such as pictures or a communication board, where if there is not a motivator that's present for the client, then they're not necessarily engaged with it. Another barrier is there not being a variety of AAC systems that are available or just accessible. One of those examples could be where you're looking at a client who would benefit from a certain type of AAC device or tool, but then that tool is maybe not available, either because it's not available through their school district, through their insurance, or any other reason why there is not a tool that would be appropriate for that client that's available for them to use.

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Another barrier is when we have insufficient or inconsistent training for teachers and caregivers. This is one of those barriers where, as SLPs, we have the training and we have the understanding of how beneficial AAC devices and other tools can be. In many cases, we have opportunities to share that information with teachers, caregivers, and other communication partners. However, the time that we have to spend face-to-face with the clients and, or with the teachers and caregivers doesn't always match their need to be able to understand how to implement the systems and how to consistently carry those strategies over into daily activities, and because teachers and caregivers are those who are primarily with the clients, that can result in scenarios where there is an AAC tool, there is an AAC device, maybe it's appropriate for the client based on their needs, but because the teacher or caregiver doesn't feel comfortable with navigating it or maybe doesn't see the value of using it consistently, it's just not getting used.

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That's going to, again, create a scenario where that AAC device is only maybe being used during a speech session and the client is not really getting the benefit of being able to incorporate it into their repertoire of communication tools. Another barrier is just decontextualized learning. This is one of the things that can tend to happen very often in the speech room or in the speech clinic, where there is a very controlled environment and there are very specific items that are being taught to the client using the AAC tool or device that are not present within the client's natural environment. What that means is, while they may be showing really good progress within that very specific context, they're not carrying it over, they're not generalizing it into the environments that they're in most of the time. That can also increase the likelihood that they're not going to use the device unless it's time for speech.

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Another barrier is the types of vocabulary that's available in AAC systems and devices in particular. Thinking about how, as individuals, we have such a wide range of needs, we have such a wide range of things that we want to communicate and share with others. When we present a tool or a device that maybe has vocabulary that doesn't match what the specific individual that we're using it with might maybe want to express or have a model for in their natural environment, that could make it a lot harder for them to recognize that it's something that they can use. An example of that is an instance where a client maybe has a device that's just for school and it has all of the school-specific vocabulary on there, but then it doesn't have anything that relates to what the client has access to at home. That means that the client can only use that device really functionally while they're at school, because they won't be able to associate the use of that device with the things that they encounter at home.

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When we really think about how we want to approach the process of incorporating AAC use into daily routines, we really want to be able to identify what those daily routines are, because that helps us to be able to understand what communication needs the client might have, what communication opportunities might exist, and how we can then incorporate our understanding of that client's developmental and communication needs into the assessment and certainly being able to bring that information to teachers and caregivers, so that they also can have an understanding of how this is relevant and how they can also take on the process of incorporating the AAC device or tool into daily routines. When we talk about a functional profile, what we're really saying is, "What is this client able to do and what is this client doing every day?" Thinking about some of the typical things that every person does. You wake up, you take a shower, you eat, you use the restroom, you put your clothes on, you do all these types of things.

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Those are all opportunities to identify what a client can do independently and how an AAC tool or device can be a part of that. Because that is something that would be happening on a day-to-day basis, there is a built-in opportunity for that tool or that device to be used functionally and for the client to really associate how they're using the device with the routine that they're already familiar with. When we talk about a routines-based interview, that's really getting to the heart of how the day flows for each child and for each family, and what instances exist where maybe communication is hard. In many cases, when we introduce AAC tools or devices to parents and caregivers, it could create this sense of it just being a tool to help clients to talk or to accelerate their process of communication with people around them.

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We really want to think about what is functional for the client and what is already a part of their day-to-day. If we want to teach vocabulary, we really want to look at what vocabulary they are encountering every day within their daily routines. One of the ways that we're able to identify that is when we, again, know what those routines are. Really engaging teachers and caregivers in this process of identifying what the client is doing during the day helps us to then recognize what opportunities there are for teaching vocabulary, for teaching independent use of an AAC tool or device, and really for being able to communicate with people in their environment. Of course, when we talk about the AAC assessment, that is then looking at the client specifically understanding their level of cognition, understanding what types of AAC tools and devices would be the most appropriate or would be the most accessible for them.

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There are so many different factors that can influence that, which we'll get a chance to talk about a little later, but really being able to think about what the client's day looks like, what opportunities exist for

teaching vocabulary, what opportunities exist for communicating with others, and then really looking at which tools and devices are available that would best support those needs. Then being able to really collaborate with teachers and caregivers, so that in embedding these strategies into daily routines, it's also coming with an understanding on the part of the teachers or caregivers, how those strategies are going to lead to their client or their child's use of the device in a more consistent and in a more functional way.

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The very first thing to do is to really ensure that the AAC tool or method is appropriate for the client's developmental level and communication needs. This is really where the AAC assessment comes into play, where it's understanding, "Does this client have the motor skills, does this client have the cognitive skills, does this client have an understanding of cause and effect to the point where they can use this type of device? Are there sufficient buttons that correspond to something that the client will quickly associate with a particular word or a particular need, so that they're not just pushing buttons, they're actually setting up to understand that, when they push a particular button, it associates with a need that they know that they have and that they have been communicating in other ways?" Another strategy is it's really takes some time to identify activities that are motivating for the client and to provide opportunities within those activities for them to communicate with at least one partner every day.

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We all like to do things that we enjoy and when children are engaged in activities that are motivating for their own sake and not motivating because maybe they're going to get a reward or they're going to get praised, that's going to really be an opportunity for them to be engaged. When they're engaged, they're going to be paying much more attention to the vocabulary that they're being exposed to during those activities, they're going to be much more interested in using anything that really relates to that activity. An example of that could be if there is a client who really enjoys playing with cars and you're setting up an activity where they're maybe driving their cars around. Previously, they might be used to just reaching for the car, maybe just using a sound, or some other way that is not necessarily as universally understood as using an AAC device or tool.

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That could be an opportunity where the device is present and they have it opened up to a picture of a car where there are opportunities there to request using the device, there are opportunities there to just model, "That's a car," and really enable them to make the connection between that picture that they're seeing on the device and the car that they have in their hand. Again, identifying family routines that provide the most opportunities for the client to communicate with at least one partner every day. Thinking about, what are those things that the family does together that they enjoy that is really consistent? Mealtimes are always a really good routine, family outings into the community are also really good routines. This is really where there's an opportunity to partner with parents and caregivers to be able to identify how they can support the client in using the device while they're out to the park or to a restaurant.

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That being, it's really starting from a foundation of having the client associate their device with the things that they do every day and then being able to build on that to support their use of communication while they are engaging in those same activities. Creating a list of functional words that communication partners can model for the client during daily routines and activities is a really good strategy for supporting teachers and caregivers who just may not have the time to think about communication opportunities or to think about the vocabulary that is associated with communication

opportunities. If we're thinking back to the example of family meal times or maybe community outings, being able to say, "Here's a list of words that you might use," or, "Here's a list of vocabulary that you might encounter when you go to the park."

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Try to identify the opportunities where you can model these words using the device and really just make it a part of this outing, so that for the client, they are, again, making the connection between this activity that they engaged in, that they enjoyed, and this tool that was presented to them for them to communicate with. Again, really thinking about what the most appropriate pragmatic function is for each client when modeling vocabulary. There are going to be times when there are natural opportunities for a client to request using the device, and that's a great opportunity to model the use of the device to request the desired item or action. There are going to be other times when it's more appropriate just for the clients to get a model of the vocabulary to learn how to use it to label. Again, modeling, labeling, using the device as well as using spoken language just to reinforce their understanding of the word and the association with the picture that's on their device or, if you're using a communication board, the picture that's on their board.

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Again, thinking about including aided AAC methods when modeling vocabulary using a device is really helpful just because one of the most important aspects of learning as a whole is that we learn more, we learn better, and it sticks better when we receive information through multiple channels. We're getting the auditory information, we're getting the visual information, we're getting the tactile information. That really helps our brains to make the connection and for what we're learning to stay with us longer than if we're just using one of those modalities. Another really important strategy is just being able to provide access to aided AAC tools and devices, so that clients can get to them independently. Again, we're not reinforcing this idea that the use of the AAC device is only during a speech time or only during a particular routine. In some instances, parents and caregivers are concerned about providing access to AAC tools and devices when what clients want to do is just push buttons and not necessarily use it for communication.

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One of the things that I found is that, with clients who really had the opportunity to engage with their tool or device outside of the more structured opportunities for communication, they were more likely to engage with it across the board. One of the things that we can incorporate into this idea of providing access is being able to really reinforce for the client that this is something that belongs to them, this is their talker, this is not just something that is restricted to a particular time of the day, but it's really theirs to use for their needs. In conjunction with opportunities where it's being used for communication, the client really gets a chance to learn that they can use it for communication and they can also play around with it and get to learn a little bit more about how it works, which is really important for also building their cognitive skills, also building their ability to navigate independently through all the different screens and buttons of the device.

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One of the things that can be challenging when it comes to thinking through how to implement these strategies in a practical manner is... It's all really good to talk about it in theory, but when you actually have an opportunity to put it into practice, it's not always that simple. This is a case study that I'm going to talk through to really illustrate some of the ways that this can be used, or these strategies can be used, to support a client who has these communication needs and really be able to find the opportunities that exist within their natural environment. This is a really quick profile for this fictional

client, Berto. He's a four-year-old, non-speaking, male child, has a diagnosis of autistic disorder, lives at home with both parents, his grandmother, and two older sisters, and is exposed to both Spanish and English.

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This is a quick profile of his daily routines and activities, where you can see he's home during the day, cared for by his grandmother while his parents are at work and his sisters are at school. He has these specific things that he does regularly, which is he goes to the park with his parents and siblings, goes to church with his whole family, and he is at Sunday school for two hours while they're at church.

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I put that little piece there about parents not having plans to enroll him in school-based services, because that's a really significant aspect of this profile to illustrate that he really only gets those opportunities to interact with peers on Sundays and then when his siblings are home at the end of the day. This gives you an idea that his primary communication partner during the day is his grandmother and, during the weekend, there are some family activities that provide communication opportunities for him to learn how to use a device. If we were to create a functional profile for Berto, we would want to look at what happens when he's at home during the day with his grandmother. Is he watching TV? Are they doing any types of activities together? Is she taking him out? Then being able to create a functional word list to say, "These are the shows that he's watching on TV", maybe his grandmother is watching them with him.

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What are the names of the characters? What are some things that are available in the home that are maybe also available on the TV show that could be part of that functional word list? There's an opportunity here to do the same thing with the park saying, "Are they going to the same park every weekend? What is at the park? How many opportunities does he have to interact with peers while he's at the park?" Again, what are some of the communication opportunities that are involved with going to the park, for instance? If this is a predictable part of the routine, is he typically initiating some type of communication to let his parents know that he'd like to go to the park? Is he participating in the process of getting ready to go to the park, and when he's transitioning out of the park, what does that look like?

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We're gathering all of this information and we are identifying the vocabulary that we can then present to this family as opportunities to increase Berto's understanding of what these words mean and how he can use them in his daily life, but specifically, how he can use them during these routines. Really, when we think about what some of the words might be, they are words that will not only occur during these routines and activities, they're going to occur at other times as well. Really, what happens is, by focusing on a specific routine that is consistent, that would be easy for parents and caregivers to incorporate the use of a device into, we're really increasing the likelihood that, in other times that this word is used or these words are used, the child will be able to make the connection between how his communication device was used and how he can also use his communication device during that time.

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One of the really important things to also keep in mind is, because every family has a completely different way of doing things, we want to identify how feasible it is to incorporate the use of a device into a particular routine over another. Whereas, if going to the park is a really stressful time because parents are trying to get the siblings ready, get Berto ready, and it's really chaotic, that's maybe not the best time to try to incorporate the use of the device, but maybe another time when they're going out



and involved in the same routine of getting ready, putting clothes on, putting shoes on, that would be an opportunity where the family could then practice. Again, understand that with more practice, comes more consistency of use and comes more generalization of those skills to other times as well. Thinking about the developmental profile for Berto.

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He has delayed adaptive, cognitive, social-emotional, receptive, and expressive communication skills, but has age expected gross and fine motor skills. What this means is that there are things that he might not be as independent with and that's a really important factor to take into the AAC assessment, to be able to identify, if he has a level of understanding that allows him to associate pushing a button on a device with getting a particular response from a parent or caregiver, then there are going to be a set of tools and devices that would be able to present to him and also that he might need more opportunities for the same word or the same set of words to be presented in order for him to really make the connection. Really want to also think about what parents' primary concerns and priorities are.

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Whereas in this case study, his parents are mostly concerned with tantrums and his communication deficits, and don't have a lot of familiarity with AAC modalities. What this means is [inaudible 00:32:38] really important to incorporate this information into the AAC assessment is that, if parents are not familiar with AAC and how to use it, then there's going to be a lot of education that needs to happen first. There are going to be lots of instances where parents will need to maybe see practical examples of how AAC can be beneficial. With some families who are bilingual or multilingual, they're concerned that being exposed to more than one language can impact their child's ability to acquire language. Sometimes some parents are concerned that the use of AAC might impact their child's ability to speak and, really, one of the most important aspects of the assessment process is recognizing where parents, caregivers, and teachers are and their level of understanding and buy-in to the whole process, because that does directly impact how likely they are to use the device and promote use of the device throughout the day.

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It's really important to think about, if parents are primarily concerned with tantrums or emotional regulation and communication deficits, that's really where you want to start in terms of thinking about functional wordless or thinking about specific routines, because that is going to be what gets the most buy-in, that is what's going to get the most collaboration from parents, because that is an area that they've prioritized and would like to see progress in. I wanted to pause here to just see if anyone has any questions about this information and then just to have quick discussion about some of the barriers that you've encountered in incorporating AAC use into daily activities for clients.

Jim (00:35:00):

Hi, Deborah. I have just made you a co-host, so you should be able to see that Q and A. It looks like there are two questions in there currently.

Deborah (00:35:10):

Yes. I see a question that says, "Do you have specific research articles or references you could share to support contextualize versus decontextualized learning or therapy?" Yes, I absolutely do. I, unfortunately, do not have any off the top of my head, but I would love to share some of those as a follow-up, because that is I think one of the really important aspects of making that transition for clients who are not making progress, because they're not generalizing the information that they're learning

within the therapy room. I see another question that says, "I see a lot of clients who will use their device at school or in therapy, but refuse at home to." There are so many reasons why that could be the case. One of the things that we want to take a step back for is to really assess the client, but from a behavioral standpoint, to understand what it is about the home environment that is making it difficult for them to use the device, because if they're using it at school or in therapy, then that means that, to a certain extent, they are motivated to use it.

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Something about the home environment makes them less motivated. There could be so many different reasons, so what you really want to do is to try to find what it is about the school environment, what it is about the therapy environment that motivates them to use the device, and what it is about the home environment that maybe is less motivating. I know I had mentioned a previous example where I had a client who just never would use her device at home, because none of the pictures on the device corresponded to her routines, her toys, or her items at home. There just was no reason in her mind to use it at home. One of the ways that we were able to overcome that barrier was to be able to work with the school to get some pictures that were more related to home into her device, then have that be a bridge for her to start using that device at home, and to recognize that she could also use it to communicate at home.

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Another question says, "Do you have specific resources for teacher-caregiver buy-in to using AAC?" I do certainly have some resources and I'd be more than happy to share those. I found that some of these reasons are and can be very specific to the individual. We really want to consider what might, again, be their barrier to them finding value in AAC. Sometimes they just need to know that it works, they just need to see the research, or they need to be able to collaborate with the provider to be able to problem solve. Maybe they're meeting some resistance or some lack of motivation on the part of the client and then they don't really understand how AAC works or how it's beneficial, so sometimes it can just be easier to not use it, because they're not having success with it.

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Again, collaboration between the therapists, the parent or caregiver, and the teachers is a really, really powerful tool for getting to understand why there might be a lack of buy-in and then working together to be able to resolve some of those challenges. I do see some more questions asking about handouts for families if they're concerned with the impact of AAC use on speech development or bilingualism causing a delay, and just resources for parents who want to know how to use AAC at home. We can send just some general resources that you might find helpful in terms of these specific questions and then share those after the webinar. I see another question that says, "One of my biggest challenges is that parents do not want their device to come home from school as they understand what their child needs or wants and don't need the device."

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Again, this is really going back to some instances when parents are... They just don't understand how it works and because it is a lot easier when you can read someone's mind to just do that. If they're comfortable doing that and don't really feel like they need the device... Again, it can be a very individual conversation, but it's really being able to highlight or underscore the importance of communication and the ability of the device to provide that to their child, not just at home, but out in the community when they're with other people who might not be able to understand exactly what they want, because they're not around them as often as their parent.

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I see another question, it says, "I'm a speech language pathologist working in the schools. How do we go about modeling AAC low or high-tech to students who may be disengaged with the device?" That's another really good question. It speaks to one of the barriers that I had described earlier, which is a lack of client motivation. We really want to think about what might be causing that lack of motivation. This is, again, where we really get to observations, really getting a sense of what is motivating for the client, and how incorporating the device into the activity... Starting with a more indirect way can be helpful for helping them to be more engaged.

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Another question says, "Do you have links to articles or information to provide parents to reassure them that AAC does not hinder verbal language development?" Yes. I have some references at the end of this presentation and I can also share some resources afterwards. Really thinking about how there are many instances where clients will not use AAC devices and tools, or parents will not reinforce the use of those devices and tools, because it's unfamiliar. Just thinking about things from a very human perspective, whenever we encounter things through not familiar to us, we're more likely than not to disengage or to be a little bit aloof. One of the ways that these strategies can really be beneficial is by keeping that in mind and thinking through, whatever it is that the client is already doing that already enjoys, how they can, first, become familiar with the tool and learn how it can be beneficial for them.

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There are some instances where... We have clients who are disengaged, because they feel like it's going to be work or they're already comfortable with communicating in a certain type of way and it's working for them. It can be a really uphill battle to get them to use an AAC tool or device. My recommendation is to not force it, but really to introduce it into activities and routines that are motivating, that they're already doing, and then slowly start to using the modeling first and then creating opportunities where they're learning that the use of the device is, really, a part of that routine or activity and it's not something that is optional. If I go back to the example that I used earlier of... If you have maybe a student who likes to play with cars, they're playing with cars, the devices there, and maybe you have the picture of the car up, there's really an opportunity there where you're first playing with the car and the student, you're modeling the vocabulary, and they're getting an opportunity to associate the word with the picture and with the actual object that they have in their hand.

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Then maybe there's an opportunity where you have access to the cars and then you can model the use of the device to request the car from you, where in that instance, they are learning that part of the activity is using the device to gain access to the car. I see a question here from a parent of a non-verbal student, "I'm still waiting for an AAC device from his school and we thought it would be helpful for him to use a printed copy of the AAC icons to keep track with him staying familiar with it." I think that's a really great strategy and one that really helps to build the association between the symbols or the pictures and the actual words or the actual objects. One of the ways that can continue to support is just by continuing to incorporate the use of those symbols or those pictures during the times when your child is engaging with a specific item.

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Think of it as, instead of a scenario where maybe you are presenting the symbols, you're actually watching and say, "Okay, when is he looking at a book? I'm going to bring out the picture of the book and just create that association for him of the word, the picture, and the actual item that he's holding." Again, that goes back to that idea of contextualized learning where that association that's happening on a cognitive level is allowing the individual to really form a context for what that item is, what the words

associated with that item are, and then what other items such as pictures can also be related to that particular item.

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I have another question or comment that says, "I have seen teachers struggle to follow through and using AAC or not wanting to take steps for the student with learning deficits to learn a few pictures at a time." Certainly, that can be one of the challenges that occur in the school setting, where there sometimes are a lot of students with a lot of different needs and sometimes they're just not enough opportunities for teachers to be able to follow through or to be able to implement the use of AAC in a consistent way.

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One of the things that really helps to address or support some of these challenges, again, is going back to the idea of... There's really collaborating with the teachers, collaborating with caregivers to be able to take on all these different aspects of the student's life, so that they're getting input not just from school, not just in the therapy room, not just at home, but across all these different environments. That can make it a lot less of a challenge when teachers are trying to implement the use of AAC in the school setting. Certainly, because AAC is an external thing and those non-verbal communication tools that non-speaking clients are using, can be very effective, especially when they're with the same people day in, day out and those people understand their cues or interpret their cues. Again, it can be a lot easier to default to that.

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One of the things to keep in mind when having this conversation with parents, caregivers, and teachers is, really, there is the aspect that involves the client being able to communicate their wants and needs and get their point across. There's also the aspect that has to do with, really, that opportunity for the client to make much more significant progress with their understanding of how communication works and all the different tools that they can use to engage with people, particularly to initiate communication.

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Again, one of the ways that I've approached it in the past has just been to really identify instances where the client is maybe not being as successful with communication, or the parents, family, or teachers are not as successful as they would like at interpreting their wants and needs or what they're trying to communicate, because then, that opens up an opportunity to say, "You may be in a great position to understand or interpret their cues 90% of the time, but this 10% of the time where you're having trouble, why don't we start using their device then, so that you can have the opportunity to understand what they want and what they need during that time that you're having difficulty."

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That really helps to support the buy-in, because it's looking at things from the perspective of the parent or their caregiver, their teacher, and saying, "It's not so much that I, as a clinician, am coming and giving you homework or telling you what to do and how to do it," from really saying that, "This is something that will be helpful for you in this particular time of the day or during this particular communication opportunity when you are having a hard time interpreting your child's needs or what they're trying to communicate. You can use this device at this time." In many cases, what happens when a parent, a caregiver, or teacher does have the opportunity to observe the effectiveness of this tool or device, then you you'll have a lot more buy-in and you'll have a lot more opportunity to be able to really present options for using the device or tool at other times.

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Really, it comes down to being able to start a conversation with parents, teachers, aids, and all the people who do spend a consistent amount of time with the client, helping them to understand what it is that the use of the device can do for the client, what it is that it can do to facilitate their ability to communicate with the client, and then really working with them to identify any specific barriers that might make it harder for them to implement the use of the AAC device. Whether that's in the school setting, in the home setting, or in any other settings where they would want to see the client communicate. One of the things that can make it really challenging for school-based providers is... You have those really high caseloads, you have all the meetings, you have all the paperwork, and it can be really challenging to be able to fit in time for teacher training, for parent training, and for just caseload management.

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That's certainly a challenge that I faced when I worked in the school setting. One of the ways that I was able to address some of those challenges was really by partnering with parents and teachers and being able to share resources, being able to share information, being able to build relationships, so that they understood that there was a part that I played within my role as the school SLP and then there was a part that they played. Really helping them to think through how they could support their child's access to their communication device, support their child's access to more consistent use of all their communication tools, really to see the relevance of using the device within all of these different settings, and being able to then themselves start to identify opportunities when they could teach their child how to use the device, instead of thinking that it was something that only needed to happen when they were in speech or when they were in the classroom.

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I'm going to take a few more questions and then we'll have to wrap up the presentation, but I will share my contact information. I'm more than happy to share resources and information to help with your specific cases and to be able to support your ability to be successful with the students that you work with. I have one question that says, "I've had difficulty moving a child from playing with the device to using the device for communication. Also, I've had difficulty keeping the devices updated for the quickly changing activities of the preschool environment. What are your ideas to deal with these difficulties?" The first part of the question is really looking at... Asking, "What is it that is motivating the child to play with advice and what does that look like?" If they're playing with it, are they exploring it or are they maybe doing something different with it than using it for communication?

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The reason why I make that distinction is because we do want the child to explore the device, because exploration is part of how we learn. When we're thinking about cognitive development, touching things, turning them over, pushing buttons, that is part of the learning process that allows us to form a context for what things are and what we can do with them. We do want to encourage exploration, specifically explorations of the communication-specific buttons on the device. Then what's happening is, even if the child is not pushing a button to ask for something or to label something, they're still getting the opportunity to push the button and hear the word. As their provider, as their parent, or caregiver, that's also an opportunity to, if that... The picture that they're pushing the button for, if there's an item that corresponds to that's readily available, that's an opportunity to bring it in and say, "You just pushed the button for bubbles. I don't know if you meant to do that, but here's some bubbles."

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That's what we would do for a child who maybe used the word bubbles, but wasn't using it for meaning, they were just playing around with it, because they heard someone say it. We do want to encourage exploration. If it's more of a scenario where they are interacting with it, not necessarily exploring it, but maybe it's not appropriate, the way that they're interacting with it, then, certainly, we want to be able to redirect to exploration, so that they are getting more of a sense of how they can use the device and what it's for. When it comes to keeping the devices updated for the quickly changing activities of the preschool environment, that can be challenging, because it's going back to this idea that it is really hard for us to come up with a comprehensive list of all the possible things that a child might want to communicate to others.

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One of the ways that I've supported or addressed this in the past has just been to stick with more functional things and more things that are universal. When it comes to requesting, thinking about the typical actions that might be involved in an activity, regardless of what the activity might be, or when it comes to labeling, thinking about some of the more basic things that are always going to be present... An idea or an example might be having a picture or a symbol that says "Toys" and then maybe having some preferred toys, but really having toys be a word that the is a catchall for any object or any item that's a toy. There is the opportunity for the client to then use the button "Toys" to label or to request the toys and then there's the opportunity, as the provider, as the teacher, or caregiver, to model the type of toy it is.

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I'm just going to take one more question and, as I said, I will have my contact information available to follow up on some of the answers to these questions. The question is, "I have a client who's becoming more verbal every week, when is a good time to transition away from the device to rely more on verbalizations?" This is a really good question, because it helps to illustrate the importance of how we want to share information with parents, caregivers, and teachers about the role of a AAC in communication. One of the ways that I have approached this in conversations with parents and caregivers in the past is that I've simply given them the example of the way that we communicate as individuals who use words to communicate. We use words, we use facial expressions, we use sounds, we use eye movements, we use our bodies.

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We're always using multiple modalities of communication. What that means is, when we are incorporating a device into a child's repertoire, we're just letting them know that that is one of the options that they have available to be able to communicate with the people around them and that, when they find a better option, they can choose which one they're going to use and when they're going to use it. An example of that could be... There are going to be some instances where our body language or our facial expressions are going to be sufficient for us to communicate something to the people around us and there are going to be times when we're going to need to speak very directly in order for us to get our points across. Being able to identify when a good time is to transition away from using the device is really something that we want to empower the client to do independently.

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When we are able to start with opportunities for the client to associate the use of their device with their own desire to communicate and they are familiar enough with the device to use it when they want, how they want, and with who they want, when they start to identify that they're getting more responses, it's much more effective, or it's much more convenient for them to use their voice instead of their device, then they're naturally going to be using their voice more than their device. We want to really be taking

data on that and using those observations to identify that we're going to make the device accessible still, but we're going to give them the opportunity to then decide whether they want to use their voice or whether they want to use their device.

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Really, that becomes possible when we are able to teach them that the device is something that they can use, it's something that's for them, and it's not something that we want to force on them, it's not something that they're doing for us. It's one of the ways that they can get their point across. One of the things that we can say for all of our clients is that they do have a point that they want to get across, they do have something that they want to communicate, they do have needs. With our understanding of those needs and with our understanding... Our ability to teach them how to use all these different tools for them to communicate those needs, they're going to be in a better position to make those decisions themselves.

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Thank you so much for your questions. Here are some of my references. I will go ahead and share them after this webinar as well. Other than that, I really appreciate your time. That is my email. If any of you would like to send me a message and follow up on any of your questions, I would be more than happy to take them. Thank you again and I'm going to pass it over to you, Jim.