AAC **MYTHS** REVEALED

MYTH:
AAC* will fix all communication difficulties.

TRUE OR FALSE:
False

Why do we believe this myth?

Every once in a while, we hear or read stories of how augmentative and alternative communication (AAC) can change lives. Some of these stories are based on research results. Research confirms that AAC:

- Enhances an individual's ability to communicate effectively and efficiently

- Encourages use of natural speech

- Facilitates development of language and literacy skills

- Promotes establishing and maintaining social relationships

> See "AAC Myths Revealed—AAC will Keep Someone from Talking" and "AAC Myths Revealed—Some Speech Means AAC is not Needed" for details and references.

In addition, success stories from augmented communicators, their families, caregivers, and others highlight doors that have opened as a result of using AAC:

- Henry was able to tell his wife that she looked beautiful for the first time since his stroke.

- Marcy is making real friends that are her age.

- Jorge is able to share stories about his family and personal life again.

- Ross gave a talk to his support group about his disability and AAC to help others feel more comfortable.

Particularly exciting is when we see previously unknown capabilities in an individual. For example, a young woman named Julia Tavalaro lived in a nursing home for individuals with severe disabilities after experiencing two strokes that left her unable to speak or move her body. Despite being able to understand everything happening around her, Julia had no way to communicate with others for about six years. At that time, an SLP asked Julia if she could blink. She did. Then she asked Julia if she could look up. She did. The SLP began to recite the alphabet and asked Julia to look up when she said the letters of her name. Julia spelled her name. Before this day, no one thought Julia was aware of her environment let alone understood speech. After this day, Julia went on to write an autobiography (Tavalaro & Tayson, 1998), write poems, and advocate for her move to a better nursing facility. Without access to this simple form of AAC, Julia's life would likely have been much different.

The benefits of AAC as seen in both current research and personal stories of success can make it seem as if AAC is the magic key to fix communication impairments. What these stories may not necessarily indicate is how long it may have taken to be able to communicate successfully. The reports may not indicate the support needed from communication partners. They may not share how communication is still expanding into other environments.

> ***Definition:** Augmentative and alternative communication (AAC) refers to communication tools and techniques used individually or in combination to supplement communication for people who have difficulty communicating through speech or writing. AAC includes unaided communication techniques (e.g., pointing, gestures), low technology aids (e.g., communication books and boards) and high technology communication devices (e.g., devices and computers that have voice output also known as speech generating devices or SGDs).

Challenges to Address

Implementing AAC is rarely a matter of simply putting a device down in front of someone and listening to all they have to say. There are often issues and challenges to address including:

- Initial acceptance and ongoing use of AAC by individuals with complex communication needs and/or those who support them.
- Building skills of the individual and communication partners in using AAC.
- Limitations related to the AAC tool itself.

Let's look at each of these briefly.

Initial acceptance and Ongoing Use of AAC

In order for AAC to be used successfully, it is not only the individual with complex communication needs who must accept AAC as a valid and beneficial means of communication. It is often a two way road. Communication partners* (particularly frequent communication partners) must also accept it or it is far less likely to be used (Lasker & Bedrosian, 2001). Communication partners who accept AAC as a functional and viable means of communication will be more likely to respond to the AAC user's attempts to communicate and ensure the communication system is available for use.

For some augmented communicators and their communication partners, acceptance of AAC is not an issue. This group believes that AAC is a valid and beneficial method of communication to stay connected to the world and people around them. Ball et al. (2004) found that 96% of individuals with amyotrophic lateral sclerosis (ALS) accepted AAC because it helped them communicate, participate and maintain employment. In 2006, Fager et al. reported that 24 of 25 adults with traumatic brain injury (TBI) accepted low or high tech AAC recommendations. When looking specifically at high tech AAC, 94% of the adults surveyed accepted their SLPs recommendations.

This high level of acceptance is not always the case. Some augmented communicators and communication partners struggle with initial acceptance for a variety of reasons including:

- Fear that AAC will keep the individual from speaking. This is a common assumption but, fortunately, one for which there is no evidence.

  > Refer to "AAC Myths Revealed—AAC and Natural Speech" from DynaVox's Implementation Toolkit.

- Discomfort with technology or the skills required to build the competency. (see next section)
- Reduced cognitive abilities. The only people with ALS who rejected AAC had accompanying cognitive impairments (Ball & Beukelman, 2004).
- Expectations regarding speech recovery. Some individuals with traumatic brain injury reject AAC based on a belief that their communication impairments are not long-term (Fager et al., 2006). Some individuals with aphasia, or their family members, need to weigh "the relative value of AAC" compared with "speech alone" (Lasker, Garrett & Fox, 2007).

Even if AAC is accepted initially, the chance of abandonment still exists. Bailey (2006) reported that abandonment of AAC may occur when the *"family voice is not valued during AAC decision making."* Acceptance and long-term use of AAC is facilitated when families see that their goals and priorities for the individual will be met.

Abandonment may also occur due to lack of comfort with AAC as a result of poor or limited training. AAC users as well as family members and caregivers should receive training on both working the communication device (e.g., turning it on, adding/changing messages) and how to facilitate use of AAC in everyday activities.

A third reason for abandonment is lack of communication partner support. In their 2006 study, Fager et al. found that the two individuals who stopped using their communication device did so because of the lack of ongoing facilitator support. Partner support can include assistance with setting-up and positioning a device as well as support in learning how to use it. It should be noted that the lack of communication partner support could result from a vast number of options including lack of training, frustration, and physical, emotional/mental overload.

Finally, abandonment may occur simply because the communication device has not eliminated all communication impairments. For example, an individual with aphasia may continue to have difficulty putting grammatical sentences together even as his overall communication improves with AAC. An individual with apraxia of speech may attempt to use her speech more after being provided with a communication device but we may not see increases in the quality (intelligibility) of speech. We must all maintain awareness that the underlying diagnosis may have an ongoing impact on the individual's overall communication and use of AAC.

Thus, just as initial concerns, fears and lack of insight may lead to rejection; ongoing struggles may lead to abandonment. We should be aware of this

*Definition: Communication Partner—anyone who communicates with another person. This could be someone familiar or unfamiliar. A communication partner may help support the AAC user (e.g., providing prompts, adjusting the device positioning) or may simply participate in the interaction.

and work to avoid or overcome these struggles as quickly as possible. The following approach could help to decrease people's rejection of AAC:

> "The question may be, "What are people with acquired neurological conditions being asked to accept?" Are they being asked to accept a better communication tool, or are they being asked to accept that their speech is no longer adequate to meet their needs? (Weissling & Prentice, 2010)

The majority of people with acquired communication impairments (as a result of a stroke, brain injury, ALS, etc.) use AAC primarily to supplement their speech when it fails (Fager et al., 2006). Approaching AAC as one of several communication tools that can be used to support but not replace speech could significantly help to improve its initial acceptance and reduce abandonment.

Building Skills of the Individual and the Communication Partner in Using AAC

It is the exception rather than the rule that when we put AAC in front of someone they begin to communicate functionally with it. More frequently, individuals may be able to find some vocabulary, communicate motivating messages, and maybe turn the device on/off. They may not use it as often or as competently as we would like.

Knowledge and skills needed for competent use of AAC can be grouped in four areas of communicative competency (Light, 1989).

- **Linguistic**—understanding and production of the native language using appropriate vocabulary and sentence structure

- **Operational**—"technical skills to operate the system" including turning it on and off, charging, transporting, programming

- **Social**—skills such as starting, continuing and ending conversations; producing a variety of communicative functions (e.g., requesting, commenting, asking questions); and communicating for a variety of purposes such as expressing wants and need, sharing information, developing relationships and being polite

- **Strategic**– repairing and preventing communication breakdown, working with the limitations of the AAC tool (see next section)

Reviewing these areas, it becomes clear why use of AAC is rarely automatic! These competencies are not inherent. Fortunately, communicative competencies can be learned. Two important aspects of teaching these skills include:

- Partner Augmented Input, a strategy where the communication partner uses the AAC system themselves.

- Ongoing therapy and training (e.g., by a speech-language pathologist) for both the AAC user and the communication partner.

> More information regarding Partner Augmented Input and other strategies for use by communication partners in therapy, home, and community settings can be found on DynaVox's Implementation Toolkit.

As you intentionally work to address communicative competence, remember to use the individual's specific strengths, understand deficits, and establish realistic expectations for progress.

Limitations Related to AAC Itself

Realistic expectations are not related only to the AAC user and his/her skills. We must also establish appropriate expectations regarding AAC itself. An AAC system brings with it some communication deficits of its own including slower speed of speech, the synthesized voice and availability of vocabulary (McCoy & Bedrosian, 2001). But there are strategies and device features that we can utilize to address and sometimes overcome these limitations.

First, we know that communicating with AAC is slower than communicating with speech. It is just a fact. However, many devices do have rate enhancement features to help speed up communication. They may either require fewer steps to produce a message or use a letter, word, phrase or sentence prediction feature. Still, we must take into consideration the presence of a physical or visual impairment that may ultimately affect the speed of communication even with the use of rate enhancement features.

Though the quality of speech synthesizers in high tech AAC has improved dramatically over the years and continues to improve even today with greater intonation and options for emotion, they are still computerized voices and do not yet offer the flexibility of a human voice. Devices that offer the ability to record speech in addition to the synthesized speech may provide a way to remove this limitation for at least some messages.

Finally, both low and high tech AAC can present limitations in their available vocabulary. For individuals who are able to type with fair efficiency, this might not be a problem. They would be able to type any word they want to produce, even if it takes a little longer. Those who cannot type will have more difficulty since those customizing the device cannot possibly predict all the words and phrases an augmented communicator is going to need.

Once again, these limitations are not insurmountable. We can teach strategies and utilize device features to address them. However, we must be aware that they can affect use of AAC.

Realistic Results of AAC

- AAC can take advantage of and even leverage the strengths of individuals such as personality (e.g., desire for social interaction, knowledge of technology), characteristics of their diagnosis (e.g., recall of historical and personal events), and age (e.g., familiarity with social constructs and situations).

- Areas of challenge or deficit may be positively affected by AAC but may not be eliminated.

- The skills and attitudes of communication partners can affect use of AAC positively or negatively.

- Competent communication using AAC requires linguistic, operational, social and strategic skills which are acquired at varying rates.

- AAC should be part of a multimodal communication system* in which modes of communication are used singly and in conjunction with one another based on the communication environment and partner.

- AAC can help individuals with more severe communication disabilities participate more fully in their desired social roles.

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*Definition: Multimodal communication system refers a variety of different forms of communication that are used by one individual for a variety of purposes and in a variety of situations. Individuals with speech use multimodal communication when we communicate. We combine speech with pointing, gestures, facial expression, etc. A multimodal communication system might include any combination of speech, vocalizations, facial expression, body language, pointing, gestures, signs, low technology or high technology AAC. The prevailing view among the AAC community holds that a multimodal communication system should be encouraged for augmented communicators (ASHA, 1991; Blischak & Lloyd 1996; Loncke et al., 1996; Romski & Sevcik, 2005)

Romski & Sevcik (2005) state that AAC is "simply a tool, a means to an end—language and communication skills—not the end in itself." AAC cannot fix all communication difficulties but it can certainly make a significant impact in opportunities and skills.

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