Introduction to AAC in the EI Setting

Part I

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VEIPD

VCU School of Education
Partnership for People with Disabilities

Infant & Toddler Connection of Virginia

DBHDS
Virginia Department of Behavioral Health and Developmental Services

DEC RPs

E5: Practitioners work with families and other adults to acquire or create appropriate assistive technology to promote each child's access to and participation in learning experiences.

F2: Practitioners provide the family with up-to-date, comprehensive and unbiased information in a way that the family can understand and use to make informed choices and decisions.

INS1: Practitioners, with the family, identify each child's strengths, preferences, and interests to engage the child in active learning.

SARA

EDUCATION

- B.A. & M.A. in Communication Sciences and Disorders from West Chester University

CERTIFICATIONS

- Certificate in AAC from Stockton University
- Assistive Technology Professional Certification (ATP)

CLINICAL STRENGTHS

- AAC advocacy, coaching, education & community outreach
- AAC assessment & consultation

CAROLYN “KARRI”

EDUCATION

- B.S. and M.S. in Speech-Language Pathology from Old Dominion University in Norfolk, Virginia

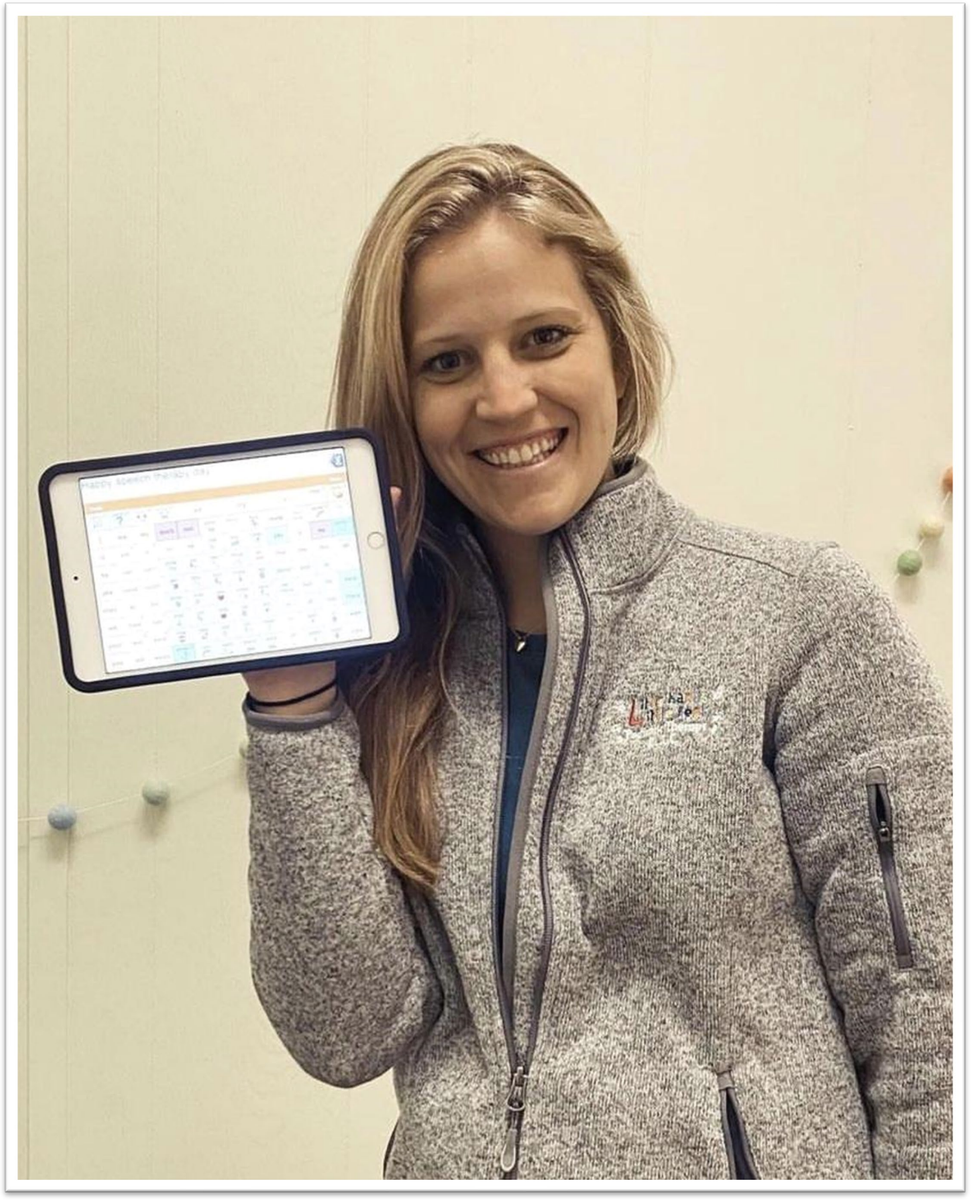
CERTIFICATION

- NLA Trained Clinician

CLINICAL STRENGTHS

- Neurodiversity-affirming practices
- Parent coaching & empowerment
- AAC Therapy & advocacy


good day for speech



Who’s attending?

A GLIMPSE INTO OUR PERSONAL LIVES

OUR BUSY SCHEDULES

Time	Activity
7 AM	Wake Up
7:30 AM	Story and Warm Milk
8:00 AM	Play
8:30 AM	Breakfast
9:00 AM – 12:00 PM	Get Dressed, Play, Outside Time, Art
12:00 PM	Lunch
1:00 – 2:30 PM	Quiet Time
2:30 – 4:00 PM	Play, Outside Time, Art
4:00 PM	Snack
4:00 – 6:00 PM	Play
6:00 – 6:30 PM	Dinner
6:30 – 7:00 PM	Bath
7:30 PM	Story, Warm Milk, Bedtime

DAILY ROUTINES

“naturally occurring activities happening with some regularity including caregiving events and simply hanging out times”

DAILY ROUTINES AND PARTICIPATION

- Daily routines are opportunities for participation & connection
- Promotes autonomy & independence
- Allows opportunities for skill development

What are some examples of how a child may communicate to participate in a daily routine?

DAILY ROUTINES WITHOUT PARTICIPATION

AAC IS A TOOL

AAC is a tool that can be put into place to facilitate:

-communication

-participation

-development

-progress

How familiar are you with AAC?

AAC DEFINED

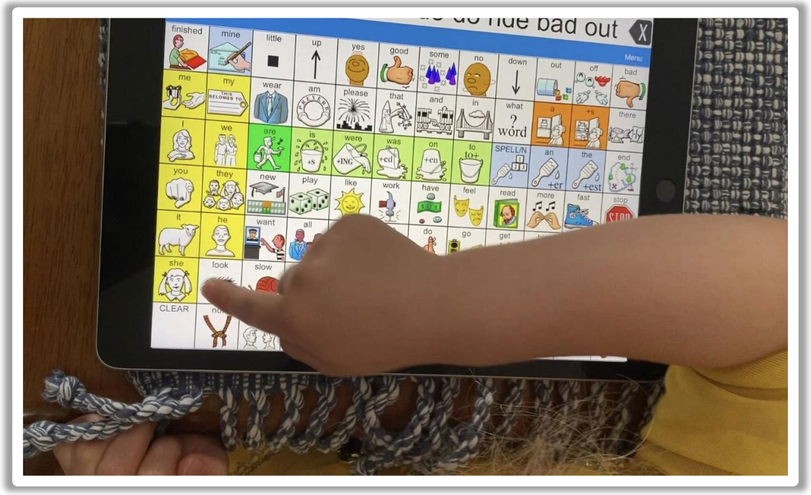
“all forms of communication (other than oral speech) that are used to express **thoughts, needs, wants, and ideas**”

(ASHA)ASHA Practice Portal

Examples of Current

- 2 year old child with apraxia of speech who cannot be understood across settings
- 2.5 yo child ASD who communicates primarily through gestures and hand guiding who is frustrated daily.
- 18 month old child with history of TBI no gestural use and no verbal language, difficulty with joint attention

AAC



Low-Tech

Mid-Tech

High-Tech

IDENTIFYING

IDENTIFYING

2 Myths, 1 Truth

There are prerequisite skills to AAC use (including cognitive ability, age, attention, engagement and symbolic understanding)

AAC is a last resort

AAC is best implemented early

Romski, MaryAnn & Sevcik, Rose. (2005)
Davidoff (2023)

IDENTIFYING

2 Myths, 1 Truth

AAC can be for anyone who cannot meet their daily communication needs

AAC is only for people who do not speak

AAC inhibits verbal speech production

Walters, Casy E. (2018)
Koerner, S.M., et al., (2023)

IDENTIFYING COMMON

Time

Buy-In

Knowledge

Resources

Time

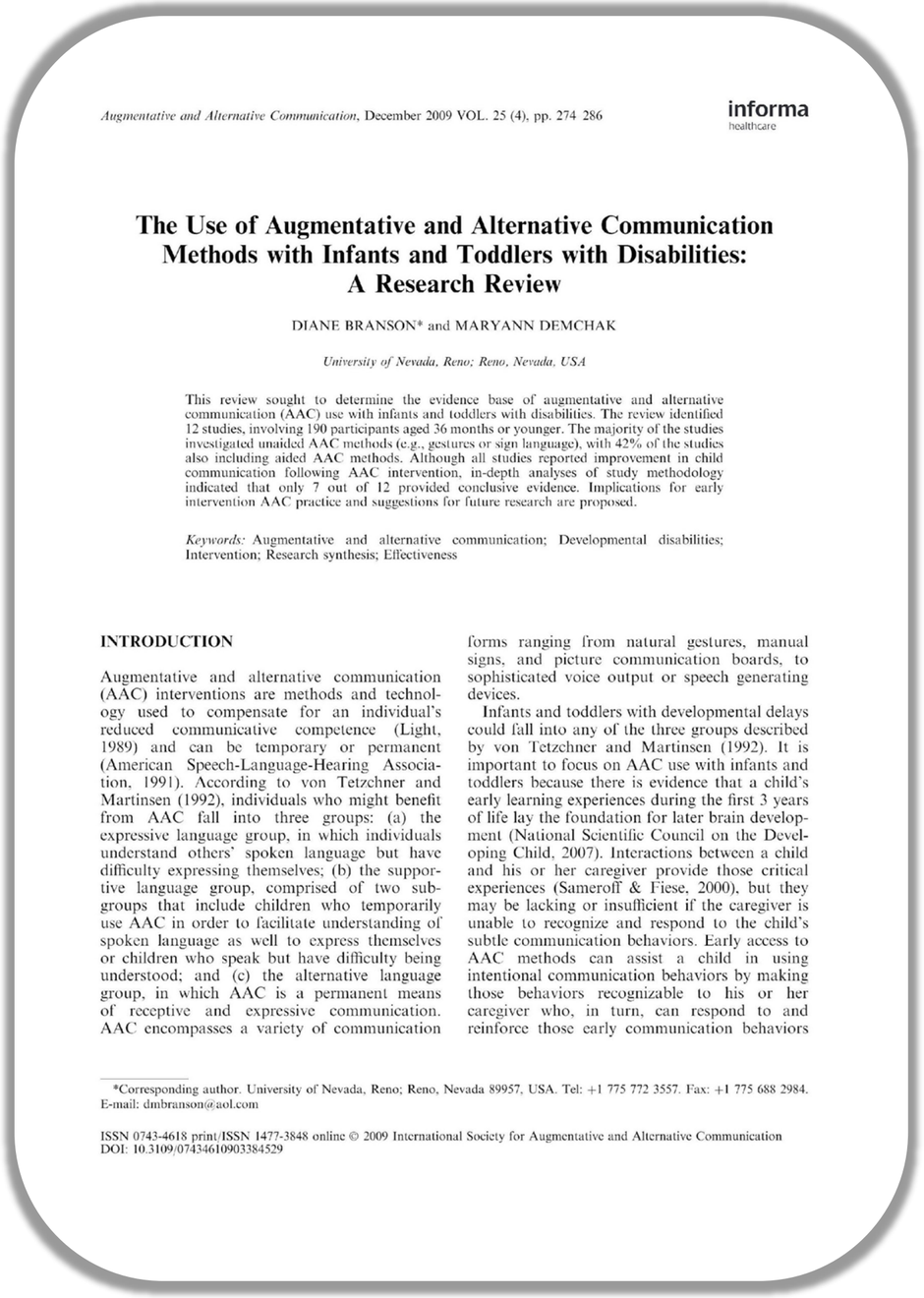
Buy-In

Knowledge

Resources

Reflection: Do any of these barriers resonate with you?

RESEARCH RELATED TO AAC IN EI



Augmentative and Alternative Communication, December 2009 VOL. 25 (4), pp. 274–286

informa
healthcare

The Use of Augmentative and Alternative Communication Methods with Infants and Toddlers with Disabilities: A Research Review

DIANE BRANSON* and MARYANN DEMCHAK

University of Nevada, Reno; Reno, Nevada, USA

This review sought to determine the evidence base of augmentative and alternative communication (AAC) use with infants and toddlers with disabilities. The review identified 12 studies, involving 190 participants aged 36 months or younger. The majority of the studies investigated unaided AAC methods (e.g., gestures or sign language), with 42% of the studies also including aided AAC methods. Although all studies reported improvement in child communication following AAC intervention, in-depth analyses of study methodology indicated that only 7 out of 12 provided conclusive evidence. Implications for early intervention AAC practice and suggestions for future research are proposed.

Keywords: Augmentative and alternative communication; Developmental disabilities; Intervention; Research synthesis; Effectiveness

INTRODUCTION

Augmentative and alternative communication (AAC) interventions are methods and technology used to compensate for an individual's reduced communicative competence (Light, 1989) and can be temporary or permanent (American Speech-Language-Hearing Association, 1991). According to von Tetzchner and Martinsen (1992), individuals who might benefit from AAC fall into three groups: (a) the expressive language group, in which individuals understand others' spoken language but have difficulty expressing themselves; (b) the supportive language group, comprised of two subgroups that include children who temporarily use AAC in order to facilitate understanding of spoken language as well to express themselves or children who speak but have difficulty being understood; and (c) the alternative language group, in which AAC is a permanent means of receptive and expressive communication. AAC encompasses a variety of communication forms ranging from natural gestures, manual signs, and picture communication boards, to sophisticated voice output or speech generating devices.

Infants and toddlers with developmental delays could fall into any of the three groups described by von Tetzchner and Martinsen (1992). It is important to focus on AAC use with infants and toddlers because there is evidence that a child's early learning experiences during the first 3 years of life lay the foundation for later brain development (National Scientific Council on the Developing Child, 2007). Interactions between a child and his or her caregiver provide those critical experiences (Sameroff & Fiese, 2000), but they may be lacking or insufficient if the caregiver is unable to recognize and respond to the child's subtle communication behaviors. Early access to AAC methods can assist a child in using intentional communication behaviors by making those behaviors recognizable to his or her caregiver who, in turn, can respond to and reinforce those early communication behaviors

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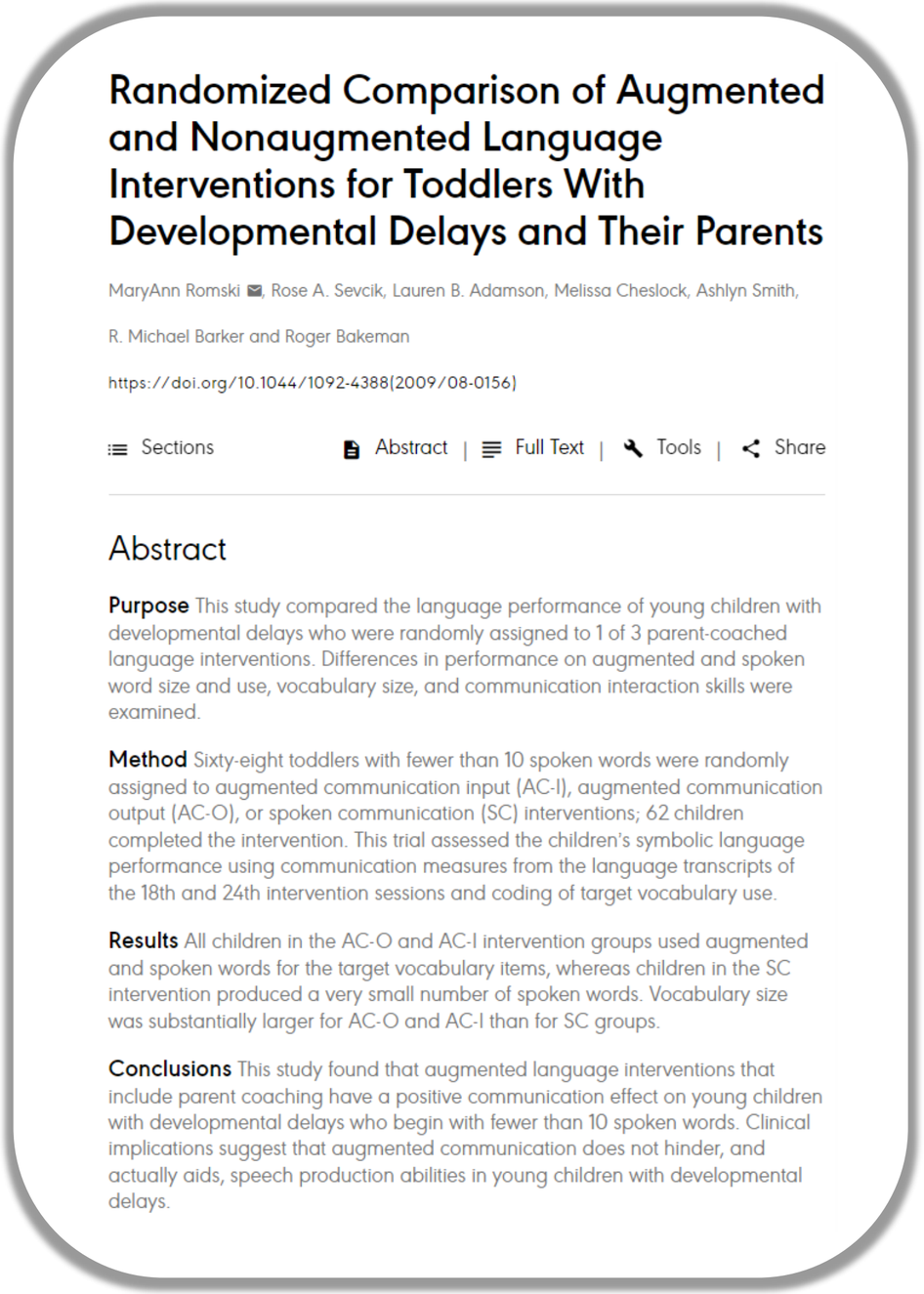
Branson & Demchak (2009) studied infants and toddlers with communication needs and **found improvements in communication in all 135 participants following AAC intervention**.



Randomized Comparison of Augmented and Nonaugmented Language Interventions for Toddlers With Developmental Delays and Their Parents

MaryAnn Romski, Rose A. Sevcik, Lauren B. Adamson, Melissa Cheslock, Ashlyn Smith, R. Michael Barker and Roger Bakeman

https://doi.org/10.1044/1092-4388(2009/08-0156)

Abstract

Purpose This study compared the language performance of young children with developmental delays who were randomly assigned to 1 of 3 parent-coached language interventions. Differences in performance on augmented and spoken word size and use, vocabulary size, and communication interaction skills were examined.

Method Sixty-eight toddlers with fewer than 10 spoken words were randomly assigned to augmented communication input (AC-I), augmented communication output (AC-O), or spoken communication (SC) interventions; 62 children completed the intervention. This trial assessed the children's symbolic language performance using communication measures from the language transcripts of the 18th and 24th intervention sessions and coding of target vocabulary use.

Results All children in the AC-O and AC-I intervention groups used augmented and spoken words for the target vocabulary items, whereas children in the SC intervention produced a very small number of spoken words. Vocabulary size was substantially larger for AC-O and AC-I than for SC groups.

Conclusions This study found that augmented language interventions that include parent coaching have a positive communication effect on young children with developmental delays who begin with fewer than 10 spoken words. Clinical implications suggest that augmented communication does not hinder, and actually aids, speech production abilities in young children with developmental delays.

Romski, et al. (2010) found **AAC implementation paired with parent coaching positively impacted toddlers with less than 10 words.** Findings of the study supports implementation of AAC in the birth to three population.

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Using AAC to unlock communicative potential in late-talking toddlers

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ARTICLE INFO

Keywords:
Late talking toddlers
Augmentative alternative communication
Intervention
Late language emergence
Expressive vocabulary

ABSTRACT

Purpose: The purpose of this study was to report on modifications we made to a standardized input-based word learning treatment for two late-talking toddlers. The modifications were the addition of an augmentative alternative communication (AAC) device and the requirement that the children use this device, or speech, to communicate.

Method: We used a single-subject design to track late-talking toddlers' progress through an input-based word learning treatment, which was part of a larger study. Because the input-based treatment protocol was not effective for each toddler based on absent or clinically insignificant treatment effect sizes, we modified the protocol. The modifications were meant to address each child's potential over-reliance on nonverbal communication and the potential impact of speech sound delay. We then measured their linguistic output.

Results: Both toddlers showed no evidence of learning during the input-based treatment. Each child's linguistic output increased by over 600 % once we made the protocol modification and introduced the AAC device. They used both AAC and vocal speech to communicate. Both toddlers produced novel words, and one began to produce multiple word combinations.

Discussion: While input-based therapy has an evidence base and has been successful for some toddlers, it may require modifications for children who have not learned the pragmatic convention of using spoken language, and for children with difficulty with speech sound production.

1. Introduction

This paper demonstrates the effect of modifying a standardized input-based language intervention by using an Alternative/Augmentative Communication (AAC) device with two late-talking toddlers. We will describe the standardized treatment, the individual characteristics of each toddler, explain the rationale for the modification, and describe the results. By sharing this information, we hope to encourage clinicians to explore the use of AAC with clients who share characteristics of the toddlers in this study, which include: late language emergence, a receptive vocabulary superior to expressive vocabulary, speech sound production delays, and an over-reliance on nonverbal communication. Although there is a literature that describes the effective use of AAC with toddlers (e.g., Romski, Sevcik, Barton-Hulsey, & Whitmore, 2015; Solomon-Rice & Soto, 2014), often the participants in those studies have more serious developmental delays, and are unlikely to be classified as late-talkers due to other primary diagnoses such as intellectual disability, autism, or apraxia.

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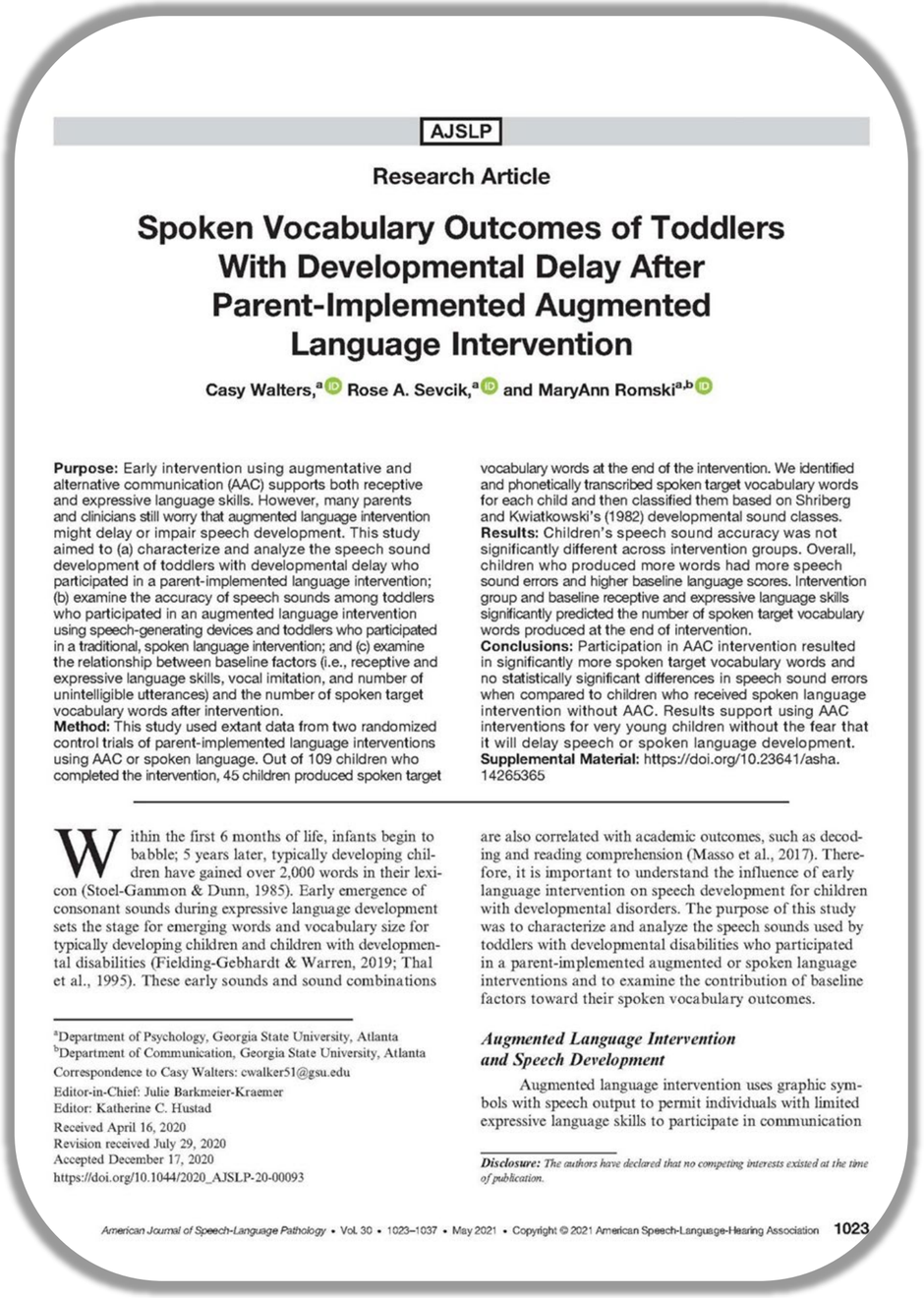
0021-9924/

Navarro, et al. (2020) did a single study design with two toddlers & **found an increase in linguistic output by 600 % after using AAC**; both AAC use and verbal speech production improved after treatment.



AJSLP

Research Article

Spoken Vocabulary Outcomes of Toddlers With Developmental Delay After Parent-Implemented Augmented Language Intervention

Casy Walters,[a] Rose A. Sevcik,[a] and MaryAnn Romski[a,b]

Purpose: Early intervention using augmentative and alternative communication (AAC) supports both receptive and expressive language skills. However, many parents and clinicians still worry that augmented language intervention might delay or impair speech development. This study aimed to (a) characterize and analyze the speech sound development of toddlers with developmental delay who participated in a parent-implemented language intervention; (b) examine the accuracy of speech sounds among toddlers who participated in an augmented language intervention using speech-generating devices and toddlers who participated in a traditional, spoken language intervention; and (c) examine the relationship between baseline factors (i.e., receptive and expressive language skills, vocal imitation, and number of unintelligible utterances) and the number of spoken target vocabulary words after intervention.
Method: This study used extant data from two randomized control trials of parent-implemented language interventions using AAC or spoken language. Out of 109 children who completed the intervention, 45 children produced spoken target vocabulary words at the end of the intervention. We identified and phonetically transcribed spoken target vocabulary words for each child and then classified them based on Shriberg and Kwiatkowski's (1982) developmental sound classes.
Results: Children's speech sound accuracy was not significantly different across intervention groups. Overall, children who produced more words had more speech sound errors and higher baseline language scores. Intervention group and baseline receptive and expressive language skills significantly predicted the number of spoken target vocabulary words produced at the end of intervention.
Conclusions: Participation in AAC intervention resulted in significantly more spoken target vocabulary words and no statistically significant differences in speech sound errors when compared to children who received spoken language intervention without AAC. Results support using AAC interventions for very young children without the fear that it will delay speech or spoken language development.
Supplemental Material: https://doi.org/10.23641/asha.14265365

Within the first 6 months of life, infants begin to babble; 5 years later, typically developing children have gained over 2,000 words in their lexicon (Stoel-Gammon & Dunn, 1985). Early emergence of consonant sounds during expressive language development sets the stage for emerging words and vocabulary size for typically developing children and children with developmental disabilities (Fielding-Gebhardt & Warren, 2019; Thal et al., 1995). These early sounds and sound combinations are also correlated with academic outcomes, such as decoding and reading comprehension (Masso et al., 2017). Therefore, it is important to understand the influence of early language intervention on speech development for children with developmental disorders. The purpose of this study was to characterize and analyze the speech sounds used by toddlers with developmental disabilities who participated in a parent-implemented augmented or spoken language interventions and to examine the contribution of baseline factors toward their spoken vocabulary outcomes.

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Augmented Language Intervention and Speech Development

Augmented language intervention uses graphic symbols with speech output to permit individuals with limited expressive language skills to participate in communication

Disclosure: *The authors have declared that no competing interests existed at the time of publication.*

Walters, et al. (2021) found that toddlers with developmental delays who used AAC during parent-implemented intervention developed a greater spoken vocabulary than those who were not using AAC

"It is never too early to incorporate AAC into language and communication intervention for the young child with a significant communication disability... communication services should be started as soon as a communication delay or disorder is identified and providers should consider the use of AAC"

ASHA
American
Speech-Language-Hearing
Association

IDEA Part C sub-part A section 303.13

- Services are **"designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infants or toddlers development as identified by the IFSP team."**
- Should take place within the natural environment and include assistive technology services that are **"used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability."**
- AT services include evaluation, acquisition, training, technical assistance, and team collaboration to ensure the success of the assistive technology

IDENTIFYING AAC USERS

Children who cannot regularly and consistently meet the demands of their current environment using verbal communication alone would benefit from AAC.

BENEFITS OF AAC IN EI

- opportunities to coach communication partners in a natural environment using language in context with a daily routine
- improved carry over
- improved participation

GETTING STARTED WITH THE TEAM

TEAM ROLES AND RESPONSIBILITIES

- Identifying AAC users
- Initiating conversations/educating parents
- Supporting parents
- Supporting the assessment process
- Carry over of communication in different activities

AAC finders checklist

Do you know someone who has difficulties communicating? Perhaps they would benefit from AAC. Talk to them to discuss their communication skills and needs.

Communication systems, strategies and tools that replace or supplement natural speech are known as augmentative and alternative communication (AAC). AAC helps people meet basic needs and participate in the world around them.
Early referral and support for AAC ensures the best outcomes.

AAC will not stop speech use. AAC is not the last resort. AAC can be used alongside existing communication.
Use this checklist to determine if the person you know/support would benefit from AAC.

Current communication skills

1. Describe how the person currently communicates:

2. How often do people around them *understand* their communication?

People	Mostly	Sometimes	Rarely	N/A
Intimate partners or close family members	❍	❍	❍	❍
Familiar caregivers, nursing staff, or disability support staff	❍	❍	❍	❍
Physicians, therapists, or other professionals	❍	❍	❍	❍
Unfamiliar new staff	❍	❍	❍	❍
Friends in a familiar quiet environment	❍	❍	❍	❍
Friends in a noisy public environment	❍	❍	❍	❍
Unfamiliar people in a new setting or context	❍	❍	❍	❍

3. Describe what strategies the person currently uses when they are not understood. What do they do? What do they add to get their message across?

4. List the environments where the person can currently communicate comfortably, effectively and independently:

AssistiveWare

AssistiveWare

Reason to communicate	Yes	Sometimes	No
Make a basic choice or request	❍	❍	❍
Order food in a restaurant	❍	❍	❍
Select the clothes they want to wear	❍	❍	❍
Ask for help or direct how they want to be helped	❍	❍	❍
Reject something they don't want or like	❍	❍	❍
Make a comment about something they have seen or heard	❍	❍	❍
List people they miss and want to visit or hear from	❍	❍	❍
Express how they are feeling	❍	❍	❍
Describe what is frustrating or irritating them	❍	❍	❍
Describe the nature of a pain they are experiencing	❍	❍	❍
Indicate where they feel pain or discomfort	❍	❍	❍
Request information about their own medical status and health needs	❍	❍	❍
Ask about people who have passed away or that they knew in the past	❍	❍	❍
Share their plans for the weekend with an acquaintance	❍	❍	❍
Describe a memory or past experience	❍	❍	❍
Tell what they think about a movie they watched	❍	❍	❍
Relay advice and concerns to others	❍	❍	❍
Greet others	❍	❍	❍
Contact a friend and initiate a conversation or make plans	❍	❍	❍
Participate in a conversation	❍	❍	❍
Introduce themselves to a stranger	❍	❍	❍
Tell a joke	❍	❍	❍
Choose between options of where to live or what treatment to pursue	❍	❍	❍
Communicate effectively when stressed or anxious	❍	❍	❍
Interact with colleagues or classmates at work, school	❍	❍	❍
Participate in group meetings and discussions, at work, school or community	❍	❍	❍
Ask a stranger for directions	❍	❍	❍

STARTING THE CONVERSATION WITH PARENTS

1 Identify Goals

- Review IFSP Goals
- Discuss communication needs at home.
- Identify barriers at home
- Review communications functions checklist (e.g., requesting, commenting, shared joy, transitions, etc.)

2 Introduce AAC & Debunk Myths

- What is AAC?
- What types are there?
- (Keep it brief)

- Too young for AAC?
- It will hinder my child's verbal communication
- "Wait & See" approach

3 Set Expectations

- Success is not always immediate.
- Set small goals and build from there!
- Set expectations of use and continue to educate throughout course of treatment.

4 Meet the Family Where They Are

- Handouts (be mindful of how many)
- Websites
- Social Media
- Do you have a parent who has agreed to have other parents reach out with questions about the AAC process?

Carolyn Sparrow MS ED CCC-SLP

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Carolyn Sparrow MS ED CCC-SLP


Helen Pruitt

Chapter 7: IFSP Development

The Individualized Family Service Plan (IFSP) is developed through a family-centered team planning process in which the family is supported to participate as an equal team member. The child's family helps the IFSP team and service providers understand the child's and family's daily routines and activities. The providers then assist the family in recognizing and utilizing existing learning opportunities and creating new ones that will help the child reach the desired IFSP outcomes. The resulting IFSP reflects the family's priorities, resources, and concerns; the child's functional strengths and needs; the IFSP outcomes the family would like to see for their child and family; and the supports and services necessary to achieve those IFSP outcomes.

The Initial IFSP Meeting

Service Coordinator Responsibilities:

1. Conduct, in person, the initial IFSP meeting within the 45-calendar day timeline. If more than one meeting is needed to complete the IFSP, the first meeting must be within the 45-day timeline.
2. Ensure that the IFSP meeting includes determination of entry rating statements for the three child outcomes (positive social relationships, acquiring and using

*Important information about Assistive Technology:

- When listing assistive technology on the IFSP, please specify whether it is an assistive technology device or assistive technology service.
- When listing Assistive Technology Device, the length, intensity (individual/group), and location should all be marked N/A. The projected end date and actual end date should reflect the anticipated and actual date of delivery of the device to the child, respectively.
- It is not necessary to list Assistive Technology Device in Section V of the IFSP when the provider is trying out potential equipment with a child to determine whether or not it is appropriate to meet the child's and family's needs and the IFSP outcomes. Once an appropriate assistive technology device has been identified and will be acquired for this child (through loan or purchase), an IFSP review is held to add this device(s) to the entitled services listed in Section V of the IFSP.
- Assistive technology services should be listed according to the provider of that service (e.g., if the assistive technology service is being provided by the physical therapist, then list the service as Physical Therapy/Assistive Technology Services). The frequency, length, method, etc. should reflect both the physical therapy service and assistive technology service, combined.
- Assistive technology services are services that directly assist the child with a disability in the selection, acquisition or use of an assistive technology device and include the following: evaluation of the needs of the child with a disability, including functional evaluation of the child in the child's customary environment; purchasing, leasing or otherwise providing for the acquisition of assistive technology devices; selecting, designing, fabricating, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices; coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with education and rehabilitation plans and programs; training or technical assistance for the child, family, other caregivers or service providers; and collaboration with the family and other early intervention service providers. If a provider is delivering any of the services included in the definition of assistive technology services, then Section V of the IFSP should reflect both the service that provider generally provides (e.g., physical therapy if the provider is a physical therapist) and assistive technology service as indicated above.

A subsequent page in these instructions provides an example of how to record an assistive technology device and service in the Entitled Services table in Section V of the IFSP.

**Developmental Services Provided by Nurses:

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**Developmental Services Provided by Nurses:

Section V. Services Needed to Achieve Early Intervention Outcomes

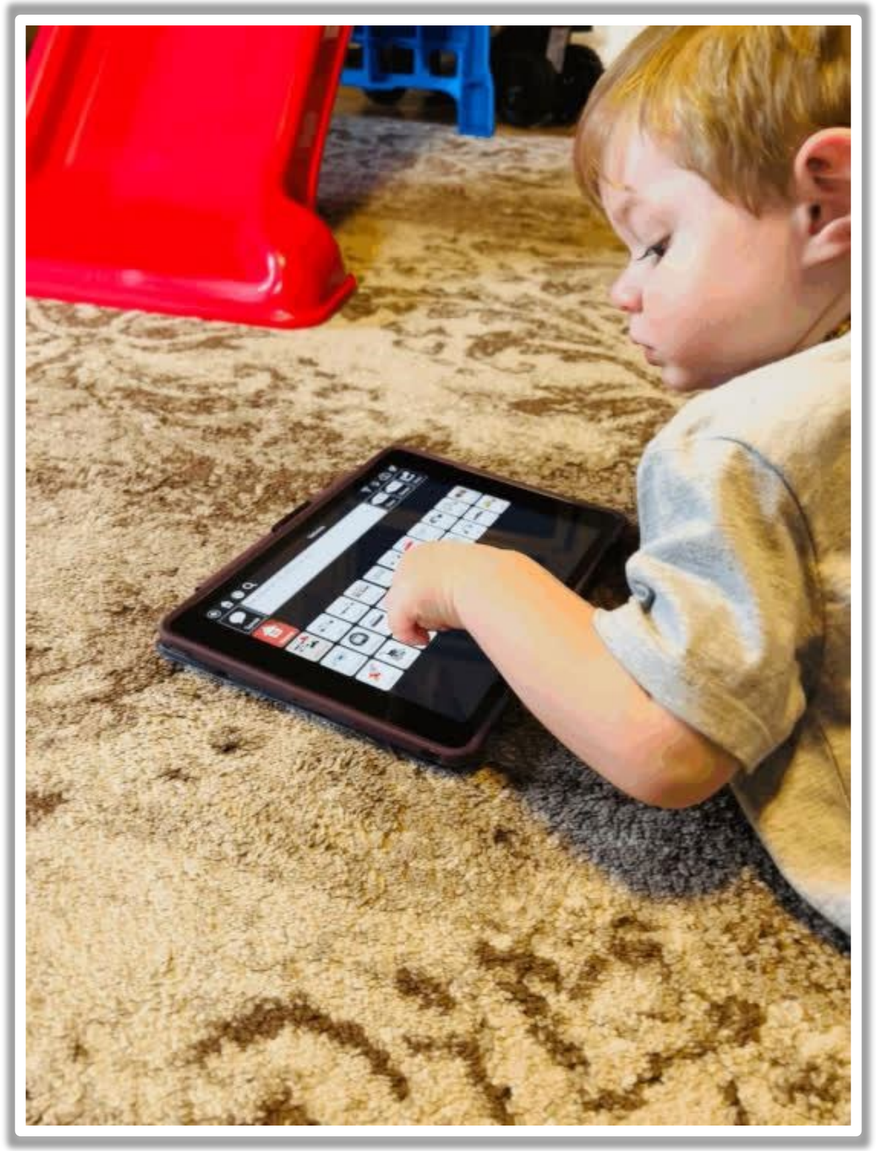
ENTITLED SERVICE	FREQUENCY (# x/wk/ month/once)	LENGTH (# min/visit)	GROUP (G) / INDIVIDUAL (I)	METHODS** (a,b,c,d)	NATURAL ENVIRONMENT/ LOCATION (Must be a natural setting unless justified below)	PAYMENT 1 Family Fee 2 Insurance 3 Medicaid, 4. State Funds 5. Local Funds 6. Part C	PROJECTED START DATE	PROJECTED END DATE	ACTUAL END DATE
1. Service Coordination	*	*		Service coordination					
2. Assistive technology device	NA	NA	NA	d	NA	donation	12/31/09	12/31/09	
3. Physical therapy/Assistive technology services	2/mo	60 min	I	a	home	3	12/1/09	6/1/10	
4.									
5.									
6.									
7.									
8.									

* This is the minimum frequency and length of direct contact from your service coordinator. The frequency and length of service coordination actually provided will vary since service coordination is an active, ongoing process that changes based on your family's priorities and needs.

** Methods: a = Coaching, including hands-on as appropriate b = Consultation c = Assessment
d = Provision of assistive technology device

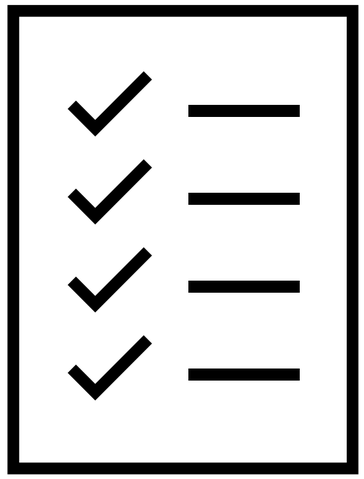
EXAMPLE OF HOW TO RECORD ASSISTIVE TECHNOLOGY DEVICES & SERVICES IN SECTION V OF THE IFSP

Case



Timeline

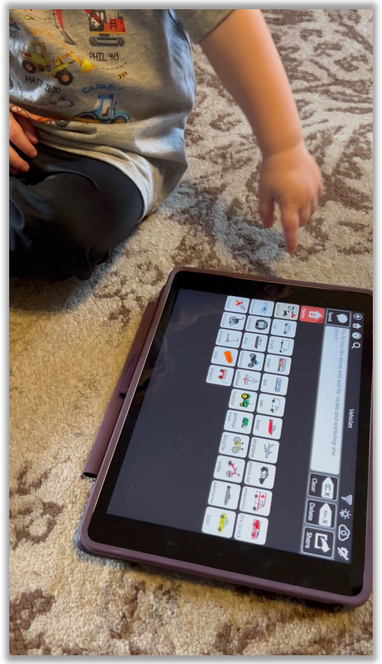
Timeline



Client Presentation & Concerns Prior to AAC

1 2 3

Timeline

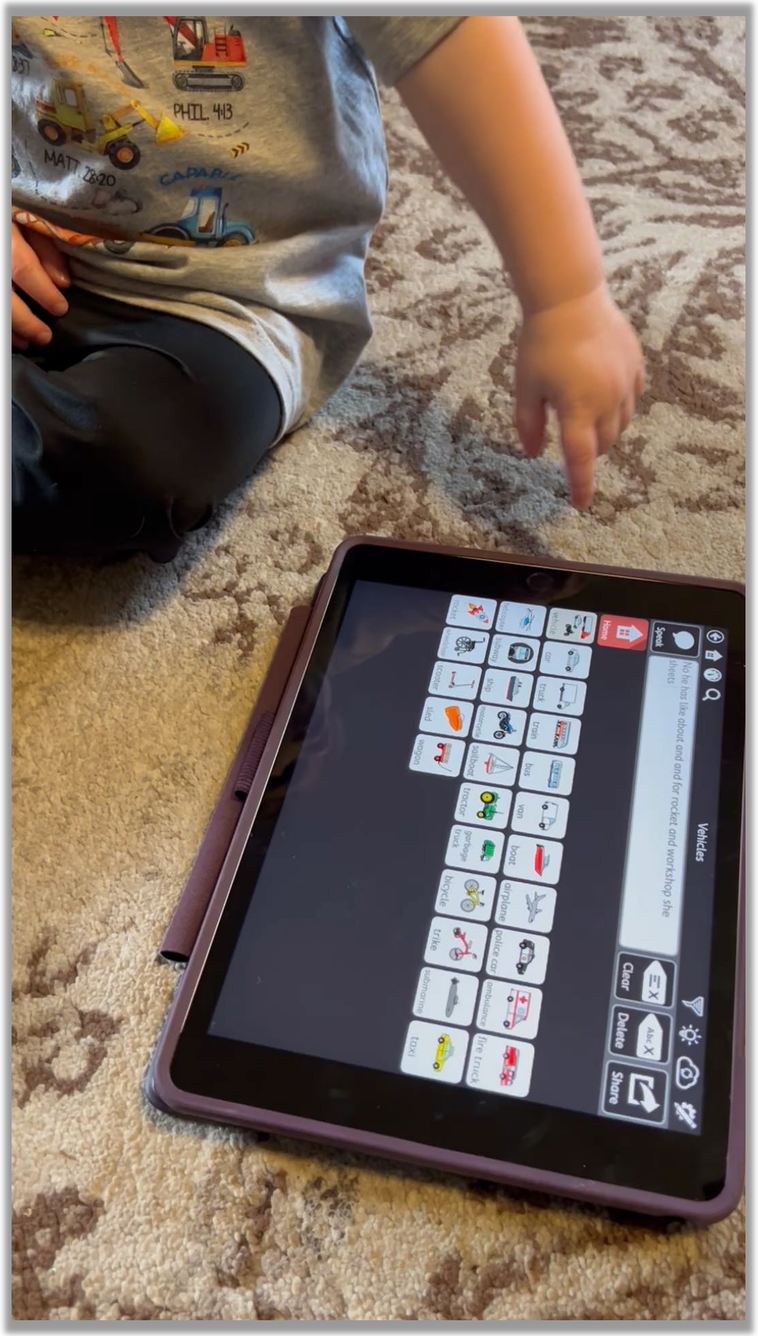


AAC Trial

1 2 3

Timeline

AAC Trial



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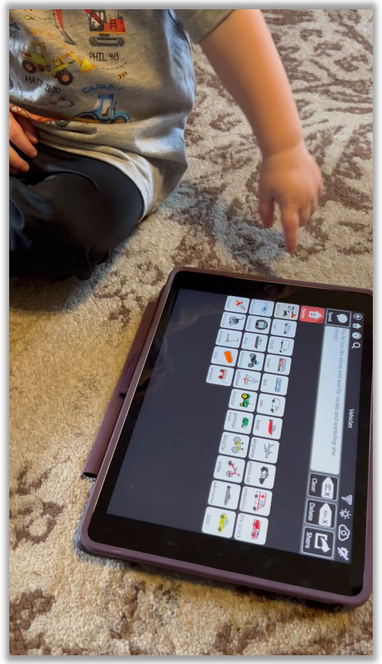
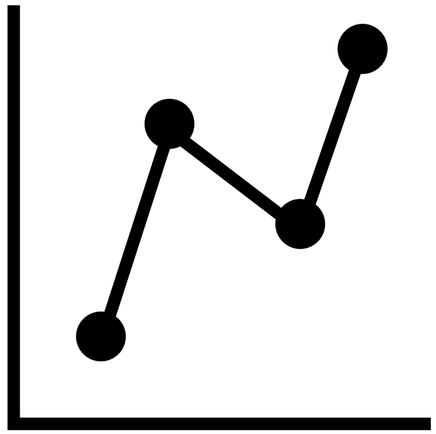


AAC Trial

1 2 3

Timeline



Post AAC Data

1 2 3

How can you share information from today with your teams to help identification of potential aac users in EI?

REVISITING DAILY ROUTINES & PARTICIPATION GAPS

Take Away

- AAC is best implemented early
- AAC is for anyone who cannot consistently or reliably communicate with others
- AAC helps children to participate in the natural environment & leads to inclusion

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Stay tuned for next month!

1

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2

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3

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