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MN Regions 5 & 7 Assistive Technology Community of Practice

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Calendar of Events

2018-2019 REGIONAL MEETINGS

Benton-Stearns Ed District Office, Sartell MN

9:00 A.M. – 11:30 A.M.

September 17

October 17

November 19

December 19

January 16

February 20 (possible project work day)

March 20

April 17

May 15

37th ANNUAL CLOSING THE GAP CONFERENCE

Mystic Lake Center, Prior Lake, MN

September 30-October 1 (Pre-Conference), October 2-4, 2019

CHARTING THE CS CONFERENCE

Arrowwood, Alexandria, MN

April 6 (Family Day), 7 (Pre-Conference), 8 & 9, 2019

AT Information: Listservs

AT Listserv

The AT Listserv is a wonderful resource for educators who work with students who use technology for learning. Members ask questions, share information, and discuss topics that are relevant to our day-to-day work with students ages birth through 21.

How to Join: To subscribe, visit or send a message with the word “subscribe” in it to the request address, mn.at@mailmanlists.us for further instructions.

To Post on the Listserv: Send message to mn.at@mailmanlists.us. Complete the subject line identifying the topic of your post. Type your message and send it. Remember confidentiality when posting!

QIAT Listserv

The Quality Indicators for Assistive Technology (QIAT—pronounced quiet) listserv is a place to share resources, questions ideas, and problem-solving in an on-going email discussion (there are archives and a website of resources to assist you, too). To sign up, go to the following website <http://qiat.org> and follow the links to join the listserv.

Augmentative and Alternative Communication (AAC)

What is AAC

According to the website [Explore AAC](#):

“The words that make up AAC have special meaning. **Augmentative** means to supplement or add to existing abilities. **Alternative** means to use something in a different way. So Augmentative and Alternative Communication (AAC) offers individuals a **communication system that can add to or replace speech**. This might be a book of pictures, a specialized app, or dedicated communication technologies. Think of AAC as a set of tools and strategies that are used to solve everyday communication challenges.

“People with severe speech or language difficulties rely on AAC to **learn language, supplement existing speech, or replace speech** that is not functional. For example, some children are born with difficulty controlling their tongue, lips, and vocal cords. Others may have difficulties learning speech because of Autism, Down Syndrome or other developmental disabilities. Some individuals may lose the ability to speak due to an injury or disease. AAC can help all of these individuals say what they want, and help them learn language along the way.

“There are many different kinds of **AAC systems**. An AAC evaluation team (usually led by a speech-language pathologist) typically determines an individual communicator’s strengths and needs then tries different systems or devices to determine the best fit for that person. When the AAC system uses voice output, it is often referred to as a speech generating device or SGD.”

Definitions (Explore AAC)

Communication

“Communication is about the social interaction and the message. We communicate to send and receive information—to express thoughts and ideas, learn new things, and build relationships with others.”

Language

“Language represents words, either spoken or written. We use words and combine them in a structured, rule-governed way. For example, we would never say, ‘Sister, how feeling she?’ but rather ‘How is your sister feeling?’ The rules of a language are primarily learned through exposure and practice.”

AAC Systems

“AAC Systems are methods of communication used to supplement or replace spoken or written language. A speech generating device (an AAC system with voice output), will have vocabulary organized to help the individual communicate. The vocabulary system might include words, phrases, sentences, keyboards or a combination of all of these.

Types of AAC

[ASHA](#) describes AAC as being either unaided or aided systems and that most AAC users use a “combination of AAC types to communicate.”

Unaided Systems

“You do not need anything but your own body to use unaided systems. These include gestures, body language, facial expressions, and sign language.”

Aided Systems

“An aided system uses some sort of tool or device. There are two types of aided systems—basic and high-tech. A pen and paper is a basic aided system. Pointing to letters, words, or pictures on a board is a basic aided system. Touching letters or pictures on a computer screen that speaks for you is a high-tech aided system. Some of these speech-generating devices, or SGDs, can speak in different languages.”

Myths and Solutions

Over the years, there have been many misconceptions and myths about AAC. Several years ago, the website YAACK published a chart outlining what research shows in relation to the myths/fears.

Myths/Fears	Facts	Solutions
AAC should be introduced only after giving up all hope of natural speech.	No one can determine how someone’s speech will develop. Children with severe communication deficits who only receive speech therapy may not obtain a way to communicate. A child who is not able to communicate effectively is at great risk for cognitive, social, emotional, and behavioral problems. (<i>Berry, 1987; Silverman, 1980</i>)	Speech therapy can take place in conjunction with AAC. The therapy team should periodically reevaluate the individual’s communicative ability in various environments, activities, and routines. (<i>Beukelman & Mirenda, 1992</i>)
The introduction of AAC reduces motivation to work on speech. (<i>Beukelman & Mirenda, 1992; Silverman, 1980; Van Tatenhove, 1987</i>)	The introduction of AAC correlates with the improvement of natural speech—even in situations in which no speech therapy has been given. (<i>Berry, 1997;</i>	Little research has been conducted to determine if certain types of AAC are more likely to facilitate the development of speech. However, a simultaneous

Myths/Fears	Facts	Solutions
	<p><i>Daniels, 1994; Romski & Sevcik, 1993; Konstantareas, 1984; Silverman, 1980)</i></p> <p>Studies have shown that typically developing children with access to sign and speech during infancy appear to begin to communicate (initially with signs) and develop spoken language at a much younger age than would otherwise have been expected (<i>Holmes & Holmes, 1980)</i></p>	<p>communication approach, in which speech is utilized by the adult alongside AAC, seems likely to assist in speech comprehension and production (<i>Beukelman & Mirenda, 1992)</i></p>
<p>Whenever present, even though very limited, speech should always be the primary means of communication. (<i>Silverman, 1980)</i></p>	<p>Children who are unable to communicate adequately are at risk for behavior problems, learned helplessness, academic difficulties, and social failure.</p> <p>Children who use AAC have shown improvements in behavior, attention, independence, self-confidence, class participation, academic progress and social interaction (<i>Abrahamsen, Romski, & Sevcik, 1989; Silverman, 1980; VanTatenhove, 1987)</i></p>	<p>The therapeutic team should assess what communication means is most effective with various partners in all environments, activities, and routines. If speech is understood with some partners, that should be the primary means of communication while AAC is used with those who have limited understanding of the user's speech.</p>
<p>A young child is not ready for AAC. (<i>Beukelman & Mirenda, 1992; Silverman, 1980; Van Tatenhove, 1987)</i></p>	<p>There are no known cognitive or other prerequisites that are necessary for a child to use AAC. (<i>Kangas & Lloyd, 1988)</i></p> <p>Even infants are known to engage in purposeful, communicative behavior well before the development of language. The early exchanges are very important in that they form the basis for</p>	<p>AAC programs must be individualized, age-appropriate, and developmentally appropriate. For young children this often means play-based interventions that focus on the development of communication-related skills, intentional communication, or basic functional communication, such as</p>

Myths/Fears	Facts	Solutions
	later formal, symbolic communication. (<i>Reichle, York, & Sigafos, 1991</i>)	requesting and rejecting. (<i>Beukelman & Mirenda, 1992</i>)
A child with severe cognitive deficits cannot learn to use an AAC system (<i>Kangas & Lloyd, 1988</i>)	<p>Children with severe cognitive deficits are capable of learning and benefitting from AAC (<i>Beukelman & Mirenda, 1992; Romski & Sevcik, 1989; Silverman, 1980; Kangas & Lloyd, 1988</i>)</p> <p>It is impossible to accurately predict a child's ability to learn AAC. (<i>Beukelman & Mirenda, 1992; Bodine & Beukelman, 1991</i>)</p>	<p>AAC interventions must be individualized to take into account the strengths and abilities, and to meet the needs of the child for whom it is being designed. This may mean starting out teaching intentional communication skills and basic communicative functions, and using nonsymbolic and/or self-developed, idiosyncratic means of communicating. (<i>Beukelman & Mirenda, 1992; Reichle, 1997</i>)</p> <p>All individuals, including children with severe cognitive impairments, have the right to be given opportunities to communicate by learning communication skills that are effective almost immediately, offer some control over the environment, and are age-appropriate. (<i>Beukelman & Mirenda, 1992; Reichle, York, & Sigafos, 1991; Silverman, 1980</i>)</p>
AAC makes a child look abnormal. (<i>Silverman, 1980</i>)	Acceptance of an AAC-user by peers increases significantly with full inclusion and active participation in regular school-related activities. Among young children, acceptance appears not to be related to the type of AAC (e.g., voice output communication device versus sign language versus	AAC users should be educated in regular classrooms alongside their peers to minimize attitudinal barriers. In addition, teachers, students and other significant persons who are to be involved with the child must be informed of the nature of the communication disability, and any discrepancies between

Myths/Fears	Facts	Solutions
	<p>communication board). (<i>Beck & Denis, 1996; Blockberger, Armstrong, O'Connor, & Freeman, 1993</i>)</p> <p>In the long run, a child is at greater risk of being judged non-typical when he or she does not have the ability to adequately express him- or herself. Teachers and parents often judge a child with communication impairments as socially and cognitively less capable than their peers. This results in lowered academic expectations and, frequently, decreased academic achievement. (<i>Rice, 1993</i>) AAC may help in reducing the discrepancy, both real and imagined, between the child's actual and perceived cognitive and social capabilities.</p>	<p>the child's language and cognitive abilities. (It is important, however, to keep such information-dispensing sessions separate from typical school activities in which students participate since the latter are opportunities to de-emphasize differences between the AAC user and his or her peers.) In addition, keeping the child's AAC vocabulary up to date, age-appropriate and relevant to the child's own interests go a long way towards facilitating acceptance by peers and others.</p>