Advocating and Addressing Communication: The other form of AAC

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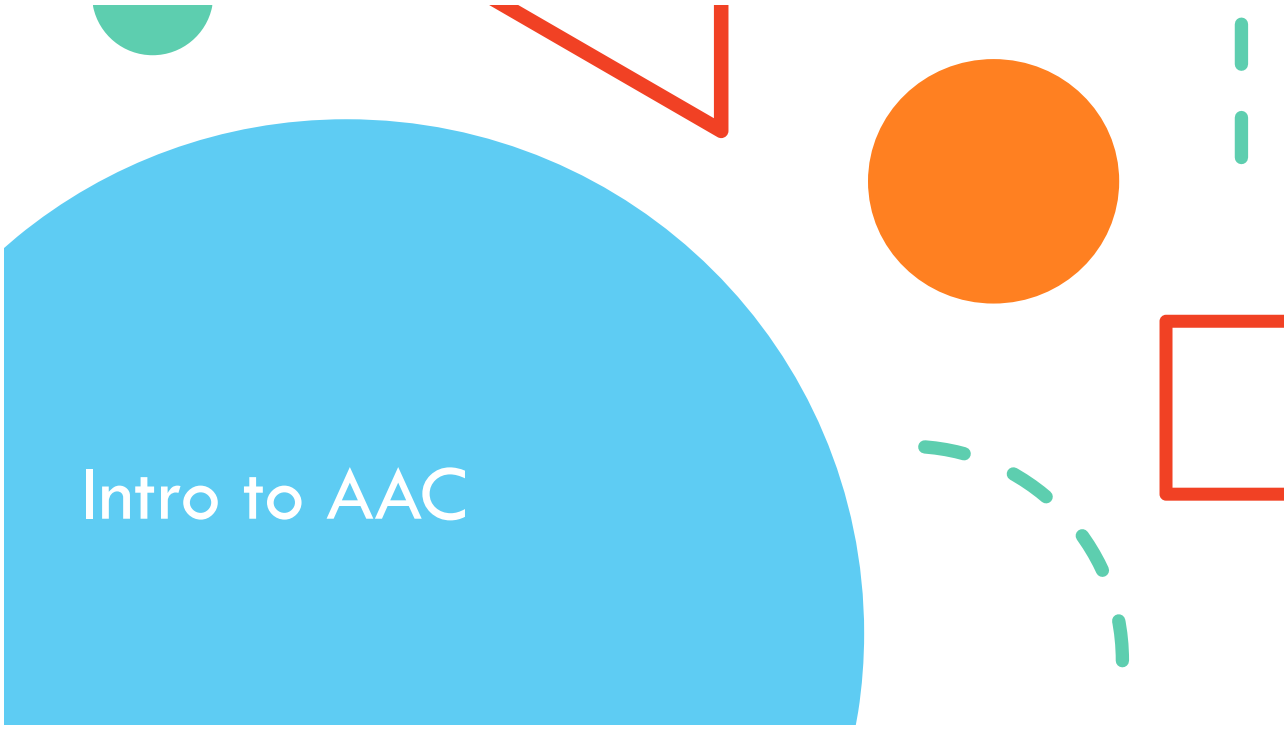
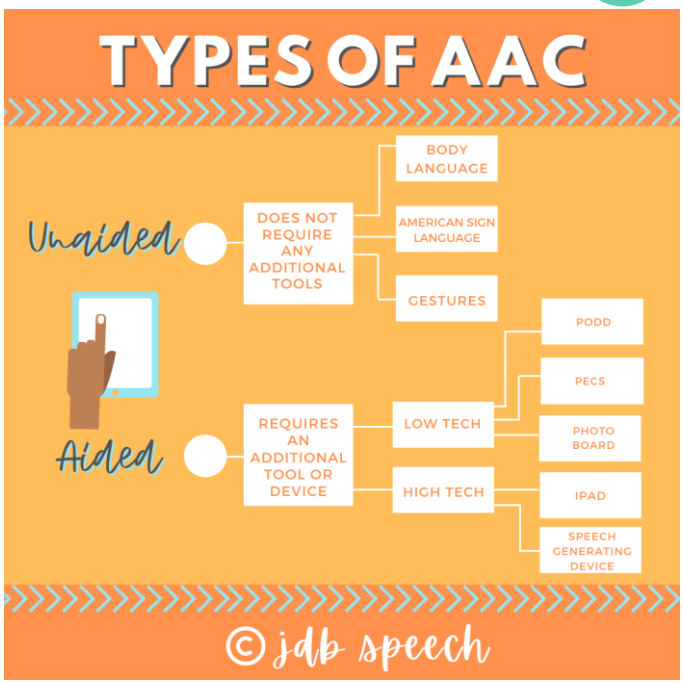

Intro to AAC

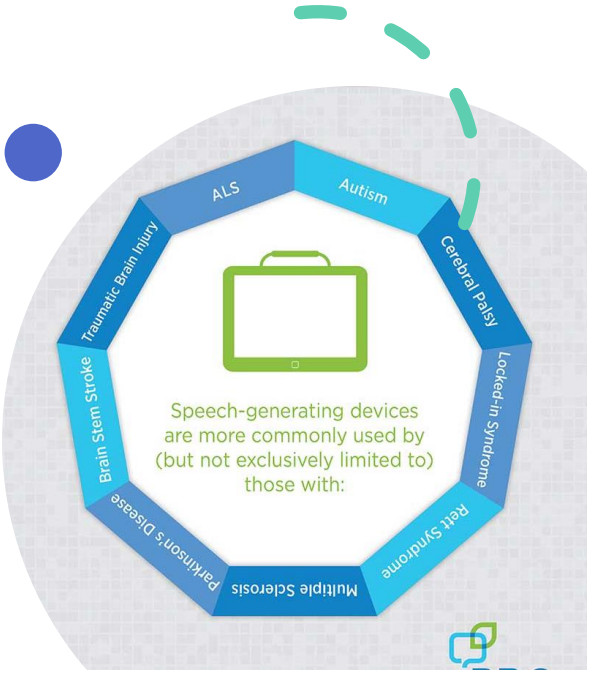
What is AAC?

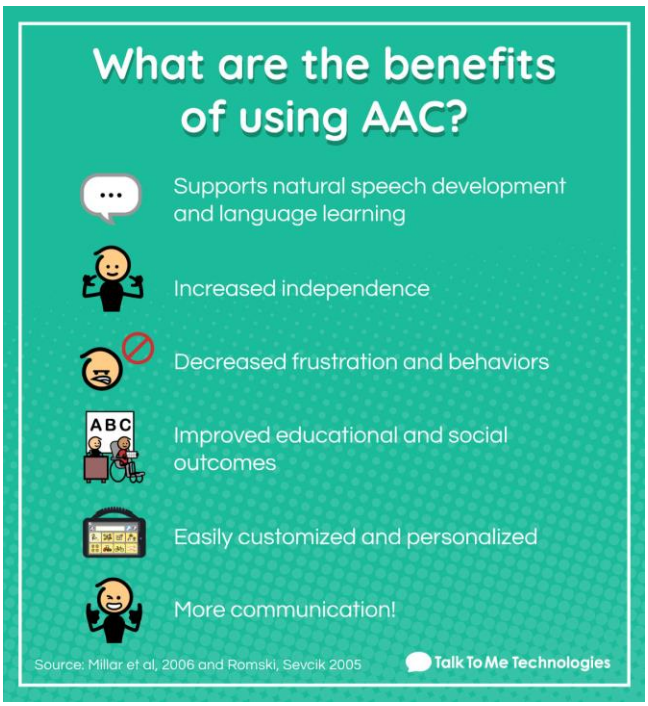
- AAC stands for augmentative and alternative communication
- Any form of communication beyond natural speech



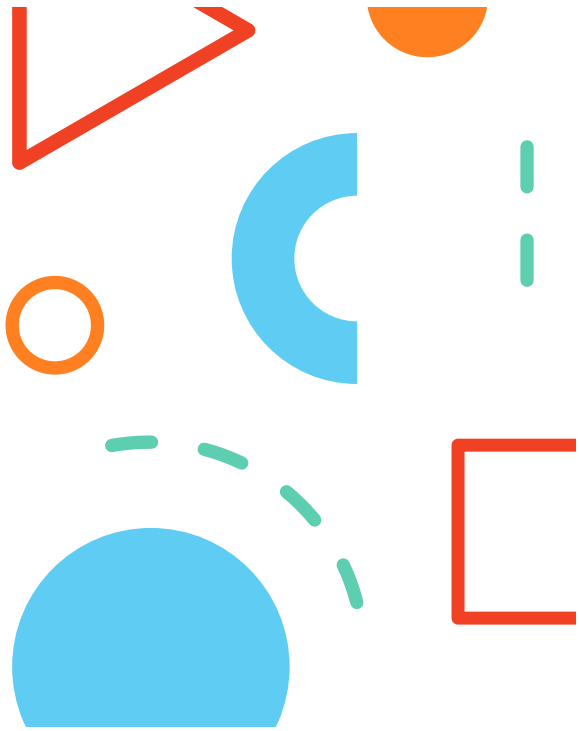
Who uses AAC?

- Anyone can!
- People who don't have access to vocal speech
- People whose vocal speech is hard to understand
- People who find it decreases the stress around communication




What are the benefits of using AAC?
Supports natural speech development and language learning
Increased independence
Decreased frustration and behaviors
ABC
Improved educational and social outcomes
Easily customized and personalized
More communication!
Source: Millar et al, 2006 and Romski, Sevcik 2005
Talk To Me Technologies

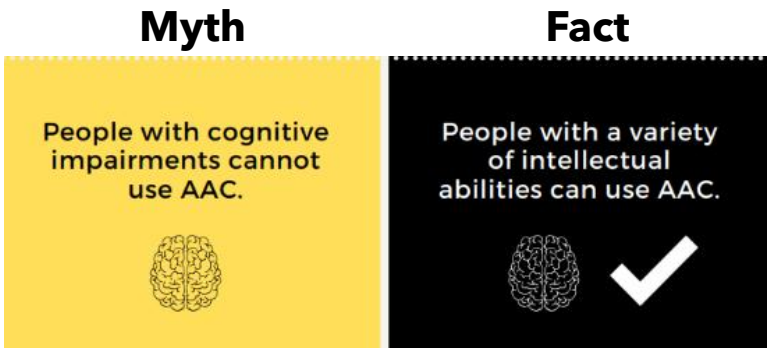
Statements on AAC



Myth	Fact
AAC slows down or hinders oral speech development.	AAC does NOT slow oral speech acquisition, it supports it!

Myth	Fact
You have to have use of your arms, hands and fingers to use AAC.	There are many other access options for AAC, including eye-tracking systems.

Myth
AAC is only for people who do not use any oral speech.
Fact
AAC is for anyone with challenges in oral speech. AAC can be used in addition to oral speech.
+ AAC


Myth
People with cognitive impairments cannot use AAC.
Fact
People with a variety of intellectual abilities can use AAC.

Best Practices for AAC

Communicative Competencies

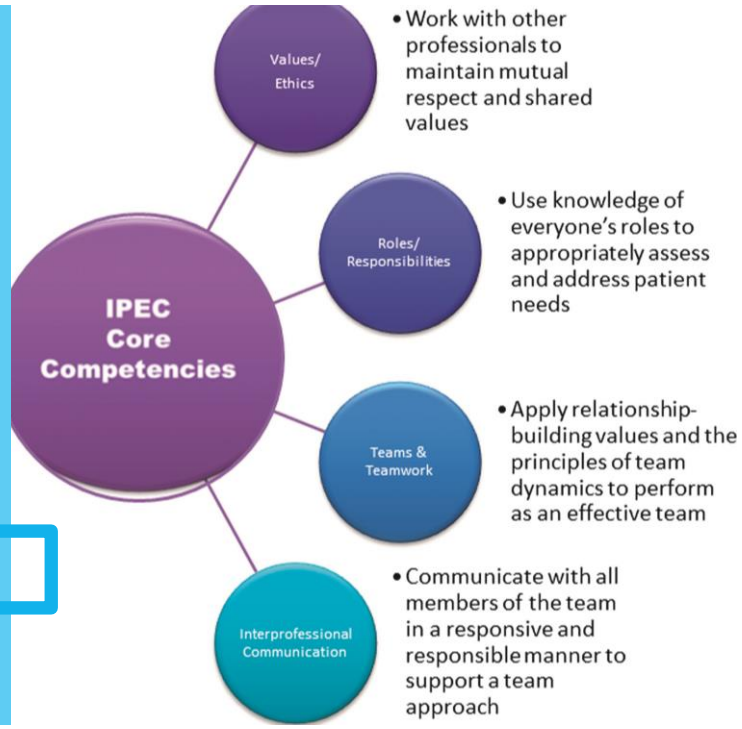
- Linguistic
- Operational
- Strategic
- Social

Communicative Competencies

Interprofessional Collaboration

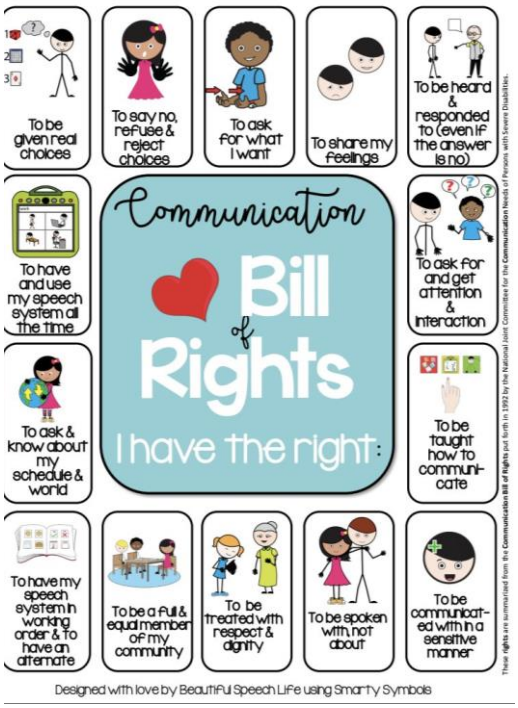
- WHO: Collaboration among multiple health workers
- ASHA: Priority on interprofessional collaborative practice (IPP)
- Extremely important to use collaboration in the world of AAC between therapists, families, teachers, and all communication partners

Effective Collaboration



Communication Partner Training

Advocating for AAC



Advocating for AAC users

How:

- Advocate for device access
- Advocate for presumed competence in communication partners
- Advocate for accommodations for communicative differences
- Advocate for device acceptance
- Advocate for environmental adjustments to facilitate device ease of usage

References

ASHA, WHO, IPEC, Skinner, Light & McNaughton

Visit: www.asha.org/Practice/Interprofessional-Education-Practice