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- Email <u>customerservice@SpeechPathology.com</u>





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### AAC and Adults with Developmental Disabilities, Part 1

Rebecca Eisenberg, MS, CCC-SLP

Moderated by: Amy Hansen, MA, CCC-SLP, Managing Editor, SpeechPathology.com

continued

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- Must be logged in for full time requirement
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- Must pass 10-question multiple-choice exam with a score of 80% or higher
  - Within 7 days for live webinar; within 30 days of registration for recorded/text/podcast formats
- Two opportunities to pass the exam

continued

AAC and Adults with Developmental Disabilities



### About the course:

This course is a two-part series about AAC and adults with developmental disabilities. This one-hour course will focus on a basic overview of AAC, assessment, communication goals, barriers and key factors to consider when recommending a communication system for adults with developmental disabilities.

continued

### Learning Outcomes

After this course, participants will be able to:

- List three different assessments used when conducting an AAC evaluation with an adult with developmental disabilities.
- List three different communication goals for adults with developmental disabilities who are different types of communicators.
- List two different types of funding and two factors to consider when recommending an AAC system for an adult with developmental disabilities.



### About Me

 I am a speech language pathologist since 2001. I graduated Teachers College, Columbia University. I have been working in a variety of contexts since 2001 including day habilitation programs, public and private schools, clinics, group home, and private homes. I am currently on the tech team at WIHD in Valhalla and consult with schools on how to implement AAC in the classroom. I also work with adults with developmental disabilities and train both individuals, their families and staff on how to implement AAC in their home, program and community. My passion is for all ages but a keen interest of mine is working with older students and adults using AAC.



### continued

# Financial and Nonfinancial Disclosure



I RECEIVED ROYALTIES FROM SUPER DUPER PUBLICATIONS FROM MY GAMES AND A WORKBOOK THAT WAS PREVIOUSLY PUBLISHED.



I RECEIVE ROYALTIES FROM THE THREE CHILDREN'S BOOKS AND AN EBOOK THAT I HAVE WRITTEN AND PUBLISHED (NOT RELATED)



I HAVE A TPT ACCOUNT THAT I RECEIVE LIMITED ROYALTIES (NOT RELATED TO THIS CONTENT)

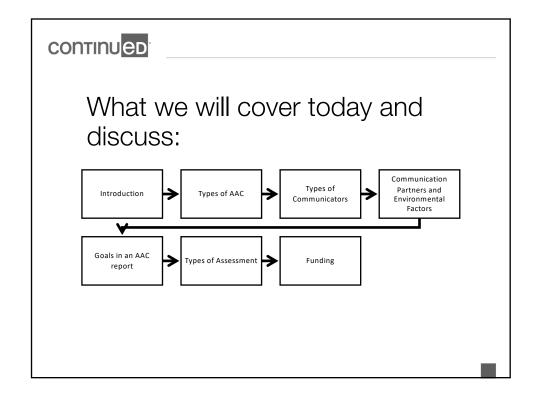


I HAVE NO OTHER FINANCIAL DISCLOSURES TO DISCLOSE AT THIS TIME



Contact info:

- becca@gravitybread.com





This webinar was developed with resources from:

- Personal experience
- The book, Transition Strategies for Adolescents and Young Adults Who Use AAC by David B. McNaughton and David R. Beukelman, 2010 <a href="https://www.amazon.com/Transition-Strategies-Adolescents-Young-Adults/dp/155766997X">https://www.amazon.com/Transition-Strategies-Adolescents-Young-Adults/dp/155766997X</a>
- Research articles (referenced at end of lecture)
- Circles of Communication/Social Networks by Sarah Blackstone
- PrAACtical AAC
- Links embedded in slide show

continued

Empowerment is key! Learning after 21 is possible!







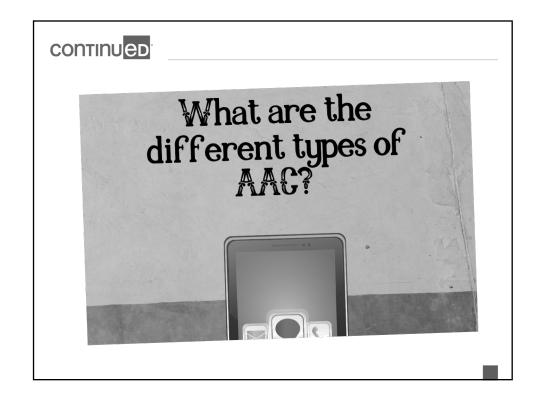
Age appropriate! Adults are not children, don't use activities for children and treat them like adults!



# Zero Reject Model

AAC should be considered as an option for **ANYONE** with limited expressive communication abilities.

**NOBODY** should be rejected due to severe cognitive or motoric impairment.



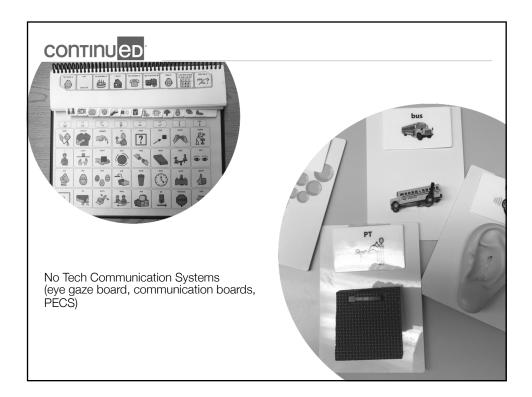


# Different Types of AAC

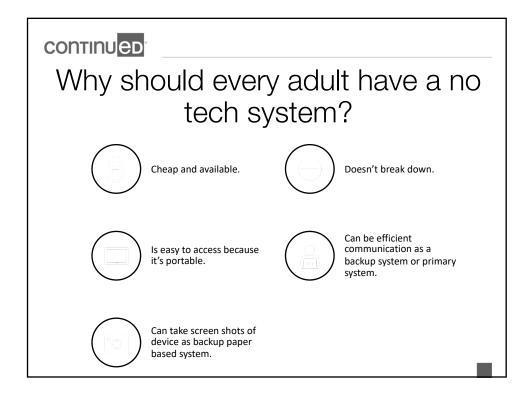
No Tech AAC: Any form of augmentative communication without electronics (e.g. PECS book, communication book, theme boards).

<u>Low-Mid Tech\_AAC</u>: Any device with voice output that is static or does not change screens. Typically mid tech devices have overlays of text and/or graphics that must be changed manually (e.g. step-by-step, Go Talk, QuickTalkers, 7-level communicator).

<u>High Technology AAC</u>: Dynamic display augmentative communication refers to a device or software that displays vocabulary as text and/or graphics on a screen and is able to be changed to another set of text and/or graphics electronically.







PECS isn't just for children!



### Low Tech Communication Devices

continued

### Pros and Cons of Low Tech

Backup system

Has verbal output

Can be ideal for some adults with developmental disabilities

Great as available tool in program or group home (e.g. choices for dinner)

Can be portable and useful for environments like the beach, outside, etc.

Is laborious for communication partner because you have to change boards

Can be very limiting

Can't spell on device

Can be expensive



### High Tech Communication Devices (Dedicated)

SGD: Speech Generating Device

continued

## High Tech Devices

- Tobii DynaVox (Tobii, Indi)
- Smartbox (Grid Pad)
- Saltillo (Nova Chat, Touch Chat Express)
- PRC (Accent, PriO)
- Monroe Speech Designs (insurance device with apps)
- AbleNet (insurance device with apps)
- There are others. Each of these companies has several insurance approved devices



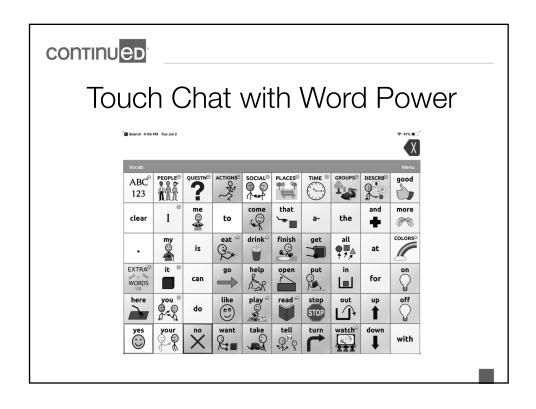


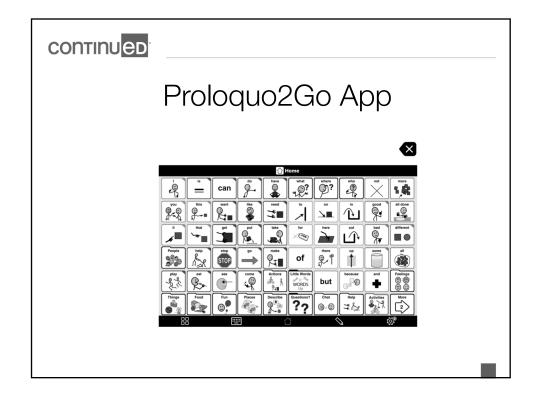
Speech Generating Devices ("ipads" that are dedicated) find them AbleNet, Monroe

continued

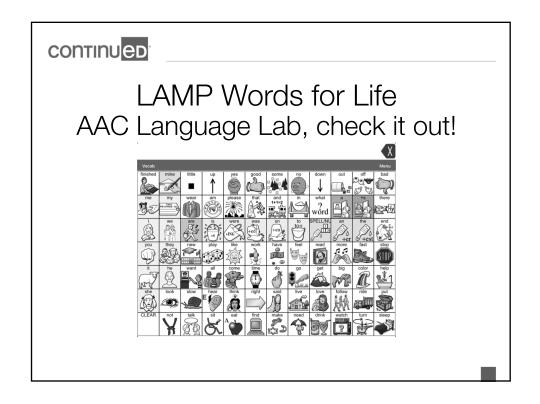
Communication Apps

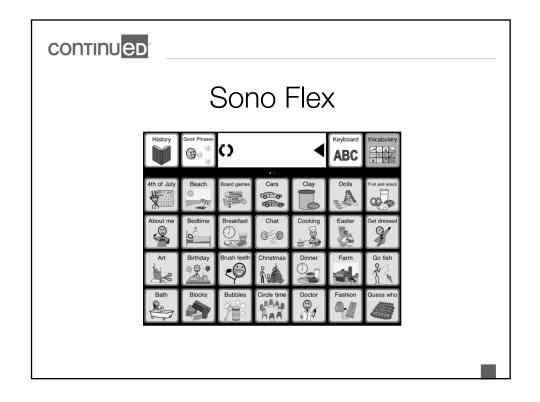




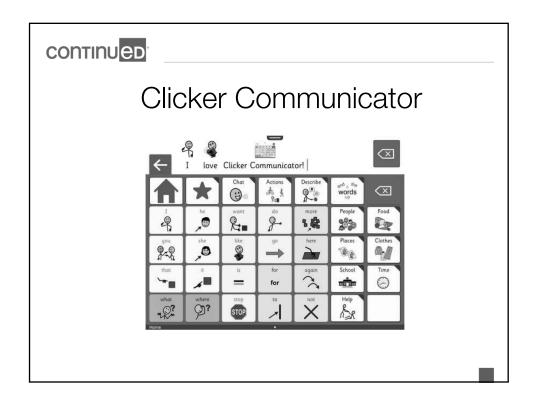


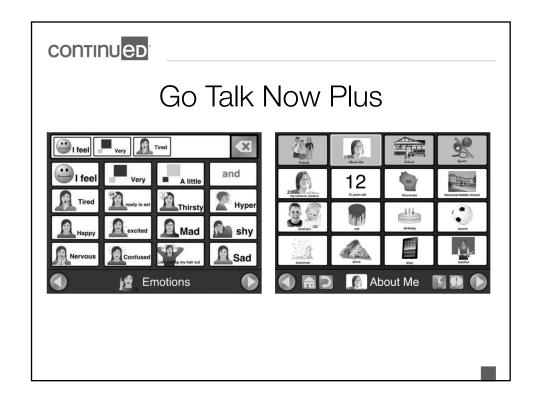




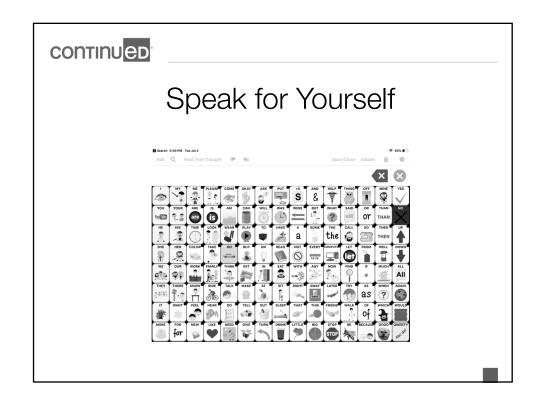


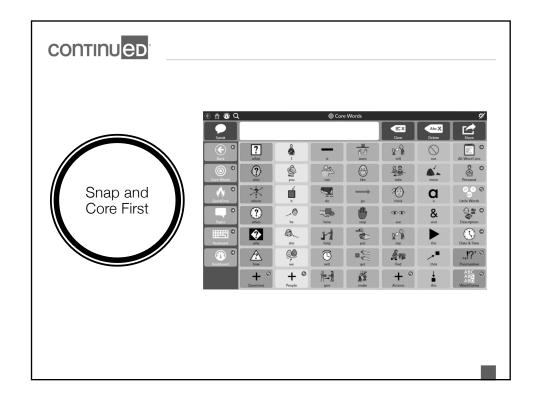




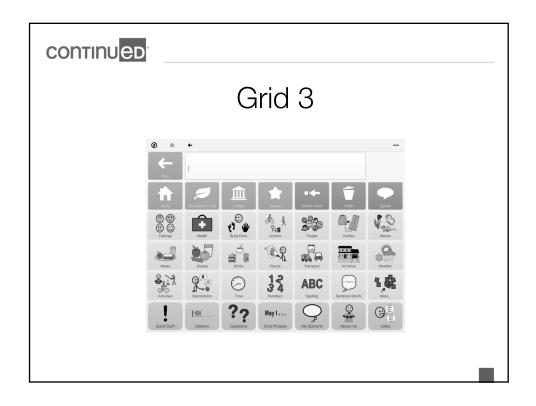


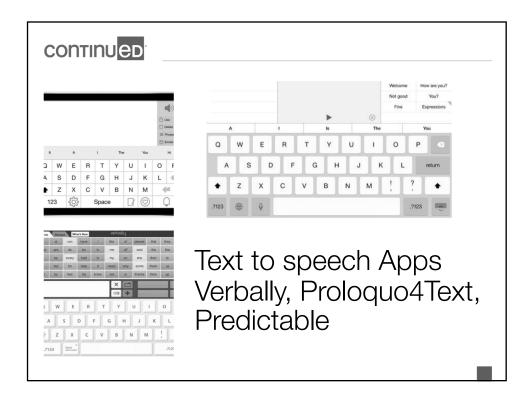






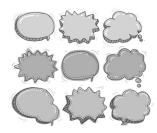








### Let's talk about Communicative Functions and Types of Communicators



continued

Requests object

Requests/Calls someone

Requests assistance

Requests action

Protests/Rejects

Greets someone

Name/Label

Initiates interaction

Sustains interaction

Indicates discomfort



Comments

Expresses opinion

Expresses idea

Shares information

Tells a joke

Recalls prior experience

Tells a story

Gives an answer

Asks a question

Demonstrates emotion

Express future goals

### continued

# Types of Communicators

#### Emerging communicators:

•May need photos, visual scenes, picture symbols communicate one symbol at a time

#### Context Dependent communicators:

- Combine symbols
- •Be functional in communicating within various settings but is limited in other settings and with other communication partners

#### Independent communicators:

- •Communicate in "complete" thoughts
- •May have lost ability to speak
- Usually have literacy skills
- •Can communicate independently





# What is an emerging/beginner communicator?



Relies on non symbolic modes of communication.



Learning to use aided or unaided symbols to represent basic messages.



Uses non electronic displays or switches for early communication



Unable to communicate beyond "here and now" unless their partners have shared experiences"



Does not describe their potential, just their current communication status

### continued

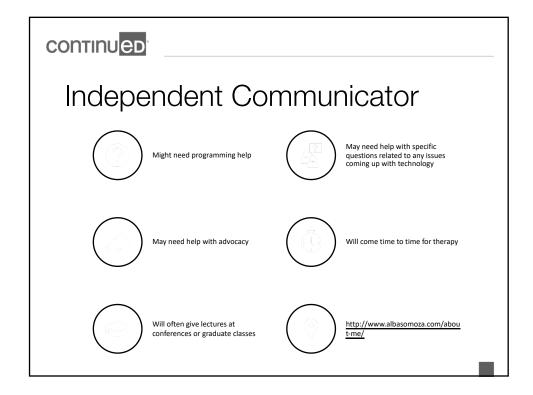
# The Context Dependent Communication Group

"An individual who has reliable symbolic communication may still be limited to specific contexts or partners for two reasons" (2003, Blackstone and Berg)

-Rely on unintelligible speech or customized communication strategies (2003, Blackstone and Berg)

-Can only communicate in limited contexts because they don't have access to appropriate vocabulary (2003, Blackstone and Berg)





# The type of communicator is not based on cognition!

 For example a child who is a beginner communicator can advance to being an independent communicator with experience and time.





What is the support system for an adult with developmental disabilities? It can vary greatly!

### continued

### Communication Partners

- Who are their communication partners when transitioning?
- What is the difference in the level of training?
- Communication partners for people under the age of 21 mostly include family members, teachers, therapists and peers. When they graduate and enter adulthood, many communication partners change. Now our clients might need to communicate with staff from their day program or group home, employers or potential romantic partners.
- How does this affect communication? As educators and SLPs, we know how to communicate with people with complex communication needs. However, staff from day programs might not receive this type of exposure or training. I recommend advocating—or even offering—staff training for those you know will interact with your clients. Effective communication becomes more difficult for AAC users if communication partners lack support and understanding.



# **Building Social Networks**

- How can we build social networks?
- http://www.augcominc.com/index.cfm/social\_n etworks.htm
- https://youtu.be/fB6d-u\_qz5s
- Also a great assessment!

continued

Who do we communicate with?





Who do AAC users communicate most with?

Major consideration when evaluating an adult for a communication system!!



### Level of Support

 Support changes because many individuals will stop receiving therapeutic services in adulthood.
 For some individuals I have seen their services completely stop and therefore there is no support for the individual or the staff.



continued

Do you need to use formal assessments or screening tools?



They are helpful but not mandatory!



### What assessments can I use?

- TASP (Test of Aided Communication Symbol Performance)
- Augmentative Communication Profile
- Functional Communication Profile
- EASIC (Evaluating Acquired Skills in Communication)
- Communication Matrix
- Social Networks

continued

# First questions to ask yourself before assessment

- 1. What is MOST motivating to him/her?
- 2. Is she/he frustrated with communication breakdown?
- 3. If you focus on the needs/motivations/frustrations of others you are doomed!

Costello, John (2013). AAC Assessment. Boston Children's Hospital



### Factors to consider

 Cognitive skills, access skills, funding, carryover, communication partners, access to training

continued

What is the individual's support network like?





### Communicative Competence

"Communicative competence is a relative and dynamic, interpersonal construct based on functionality of communication, adequacy of communication, and sufficiency of knowledge, judgement, and skill in four interrelated areas: linguistic competence, operational competence, social competence, and strategic competence."

#### References

Janice Light (1989) Toward a definition of communicative competence for individuals using augmentative and alternative communication systems, Augmentative and Alternative Communication, 5:2, 137-144, DOI: 10.1080/07434618912331275126

https://saltillo.com/downloads/chat/hands-on-tools-strategies-for-enhancing-collaborative-aac-support-teams-resources-for-organized/AAC%20Competencies.pdf

continued

Can they come for regular training?



What are your needs in 5 years from now?

continued

Will there be carryover?



continued		
	Funding?	

Doot communication evetores?	
Past communication systems? Habits?	



continued	
	Cognitive Skills

continued	
Physical Statu	IS
Ambulatory or non ambulat	ory?



# Sensory Status

### continued

Where are they working? Volunteering? Attending program? This is a major factor! Etc.





### The AAC Evaluation Process

- Evaluated by a speech language pathologist who specializes in AAC.
- The student should be trialed with several insurance approved devices.
- Can be done privately as well but there are pros and cons.
- Assessment Forms <a href="http://praacticalaac.org/praactical/aac-assessment-forms/">http://praacticalaac.org/praactical/aac-assessment-forms/</a>
- http://www.aacfundinghelp.com/report\_coach.html
- http://aac-rerc.psu.edu/index.php/pages/show/id/5
- http://vantatenhove.com/
- Each vendor has templates as well (e.g. TobiiDynaVox, PRC, etc.)

continued

## Don't forget!

"An AAC recommendation is not a one-time process, as SGD users may need many device upgrades throughout their lives.
 Determining their best communication system is not the end of the process—it is only the beginning." Carrie Kane, MS, CCC-SLP

The ASHA Leader

Jul 2015

Are We Ready for Growing AAC Needs in Group Homes?



### Medicare/Medicaid Insurance Report



I. Demographic Information

Date of Birth Medical Diagnosis Date of Onset



**II. Current Communication Impairment** 

Impairment Type and Severity: **Anticipated Course of Impairment** Hearing and Vision Status **Physical Status** Language Skills

continued

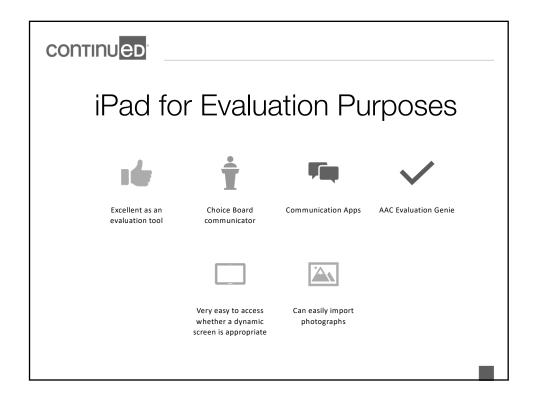
### Continued...

- III. Daily Communication Needs
  - Specific Daily Communication Needs
  - Ability to Meet Communication Needs with non SGD Treatment Approaches
- IV. Functional Communication Goals

  - V. Rationale for Device Selection
    Recommended Features of the SGD
    Input Features/Selection Technique

    - Message Characteristics/Features
    - Output Features
  - Other Essential Features
  - Recommended Medicare Device and Accessory Codes:
  - Description of Trial Period with SGD (including equipment and procedures):
    SGD and Accessories Recommended:
    Patient/Family Support of SGD:
- Physician Involvement Statement:VI. Treatment Plan
- VII. Signatures





# What happens if your client won't sit for an assessment or you can't complete speech/language assessment?

Motivate to communicate!

Use desired items/activities (age appropriate!)

Get background information

Assessment may take longer than a couple of sessions

Think long term if going through insurance/Medicaid!

Trial always necessary for Medicaid/Medicare.



### Don't forget to assess speech!!!!



Consider intelligibility



Consider prognosis



Consider length of use (e.g. if temporary might not want to recommend certain devices)



If individual is verbal and intelligible may just need Aided Language Stimulation

### continued

# Don't forget to assess literacy and writing skills!

- Can that person spell their name?
- Can they write their name? How legible is?
- Can they identify letters and numbers?
- What other words do they recognize and spell?







### Literacy

"Teaching literacy skills is the single most empowering things that we can do for individuals who require AAC" (Lindsay, 1989)

Taken from Beukelman and Mirenda text (2013)

"It has been estimated that up to 90% of individuals who rely on AAC enter adulthood without acquiring functional literacy skills, severely restricting their communication, their educational and vocational outcomes, and their overall quality of life" (Foley & Wolter, 2010)

continued

### Go over my evaluation form

- Others support available!
- https://www.ablenetinc.com/resource s/recorded webinars/aac-fundingreport-writing/



## See reports

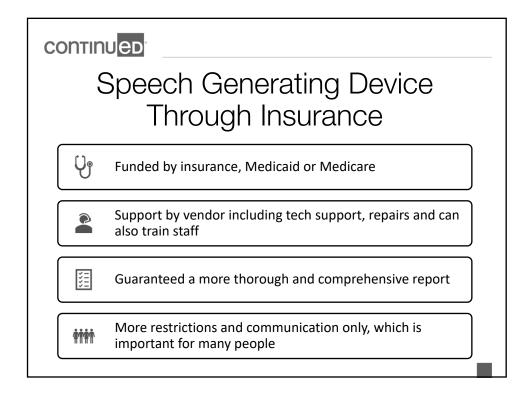
- http://aac-rerc.psu.edu/index.php/pages/show/id/21
- https://www.prentrom.com/funding
- Go to your vendor's website and they can guide you with funding!
- https://www.aacfunding.com/
- https://efunding.tobiidynavox.com/
- https://quicktalkerfreestyle.com/
- https://www.monroespeech.com/documentation

continued

# What are our funding options?

- Medicaid
- Medicare
- Private Insurance
- Private Pay
- Other (e.g. Access VR, etc.)





Funding rules change often! Stay informed



### The Private Pay (pros)



Easy to obtain due to private pay



Can be easily downloaded



Restrictions easily controlled and access to internet



Support contacted via email or video conference



Not committed for 5 years or more

continued

### Cons - Private Pay

- Open ipad (not dedicated, may leave to more internet use)
- No funding and technical support
- Often a parent purchases it without any evaluation
- No support with regards to training (an insurance device has unlimited access to a vendor that can provide free training)



# Choosing the right vocabulary for an AAC user

- Core Vocabulary
- Phrase Based Vocabulary: important for quick and easy communication
- Vocabulary related to their current situation (will discuss more in case studies)
- Visual Scene Displays (<u>Videos With Integrated AAC Visual Scene Displays to Enhance Participation in Community and Vocational Activities: Pilot Case Study With an Adolescent With Autism Spectrum Disorder by Tara O'Neill, Janice Light, and David McNaughton)
  </u>

### continued

#### FUNCTIONAL COMMUNICATION GOALS

#### Trial period goals:

Individual will express her needs and wants given minimal communication partner support with 80% accuracy (6-8 weeks).

Individual will participate in social communication exchanges with family, support staff and medical personnel given minimal communication partner support with 80% accuracy (6-8 weeks).

#### Exectended goals after trial:

Express ON sical status/feelings (pain, discomfort, changes, emotions) during (for onversational exchanges with family, support staff, medical personnel, peers, and others given minimal communication partner support with 80% accuracy (wsopial modifies).

Remide information about recent and past events or activities to family, support staff, medical personnel and others with minimal communication support with 80% accuracy (within 3 months).

Independently communicate needs and wants to all communication partners with 80% accuracy (within 3 months).

Independently participate in social communication exchanges with all communication partners with 80% accuracy (within 3 months).

Independently demonstrate operational competence with device (turning on/off, charging) 80% accuracy (within 3 months).

Communicate functionally and effectively with maximum independence in all environments and with all communication partners (within 6 months).



# Case Studies

A look at different situations

continued

# Case study 1

- Ben
- Diagnosis: Autism, OCD
- Age 22
- Used to use Touch Chat with Word Power until he graduated last year and had to return the device back to school
- Limited literacy skills
- Wonderful family support
- Attends a day program high turnover rate of staff



### Case Study 2

- Dan
- Age 40
- Diagnosis: Intellectual Disability, Behavior Disturbance Diagnosis
- Is very unintelligible and needs an augmentative communication system
- Others have difficulty understand him
- Limited literacy skills
- Negative behaviors related to communication
- Family lives far, he lives in a group home and has support there
- Attends day program and a weekly sports class on the weekends

continued

## Case Study 3

- Maria, age 30
- Diagnosis: Autism, Intellectual Disability
- Lives with Family
- Volunteers at an office 3 x a week
- Visits community often
- Received a device 2 years ago that is not working for her, needs a way of communication
- Funding includes private and insurance
- Can spell for communication but still needs some support with visuals



### Case Study 4

- Andy
- Age 25
- Employed at a restaurant full time with job coach
- Great family support
- Lives at group home
- Literate, currently used an iphone with limited features
- Has various funding options
- Had device through his school system but returned it 4 years ago when graduated

continued

### Other Resources and videos:

- https://www.youtube.com/watch?v=DQjFDfw3QL0&t=29s
- https://aacinstitute.org/
- https://praacticalaac.org/praactical/alphabet-soup-acronyms-foraac-practitioners/



### References

- Communicative Functions Worksheet, Created by Keisha Tipton M.A. SpEd. Adapted from Dewart, H., & Summers, S. (1995). The Pragmatics Profile of Everyday Communications Skills in Children / Weatherby, A. (1995). Checklist of Communicative Functions and Means
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- "Are We Ready for Growing AAC Needs in Group Homes?" The ASHA Leader, leader.pubs.asha.org/article.aspx?articleid=2389204.

