AAC and Adults with Developmental Disabilities, Part 1
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Presenter: Rebecca Eisenberg, MS, CCC-SLP
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- [Amy] At this time it is a pleasure to introduce Rebecca Eisenberg this afternoon who is presenting AAC and Adults with Developmental Disabilities, and this is part one of a two-part series. Rebecca is a speech language pathologist and has worked in a variety of settings, including day habilitation programs, public and private schools, clinics, group homes and private homes since 2001. She is currently part of the tech team at WIHD in Valhalla and consults with schools on how to implement AAC in the classroom. Rebecca works with adults with developmental disabilities and trains individuals, their families, and staff to implement AAC in their home and community. Rebecca is also a children's book author and a Certified Autism Specialist. So welcome Rebecca and thank you so much for joining us today.

- [Rebecca] Well, thank you so much for having me, 'cause I'm really excited about today and being able to talk about part one of our series. So I guess I'm gonna just go ahead and start, 'cause we do have a lot of material to go over. This is AAC and Adults with Developmental Disabilities. So it is a two-part series. So what I'm gonna be covering today is a basic overview of AAC, assessment, communication goals, barriers that may come up and factors to consider when recommending a system for adults with development disabilities. I just wanna go over our learning outcomes, although I think there's also gonna be a lot more that you're gonna learn today. So the first thing is you're gonna be able to list three different assessments to use when conducting an AAC eval with an adult with a developmental disability. You're gonna be able to list three different communication goals for adults with developmental disabilities for different types of communicators and that's also something we're gonna going over, listing two different types of funding and two factors to consider when recommending an AAC system for an adult with developmental disabilities. So, while Amy already reviewed my bio, so I don't need to go over it again, but I do work with all ages, and I also see across the lifespan for AAC. I think today what's so great is to be able to talk about this population and that I do see children and adults and I've seen some of my
clients across the lifespan, which is really interesting. It’s really helped me when I’m working with children. It’s also helping me working with adults. So I’m excited to talk about all the different things we’re gonna discuss today in our one hour together. So just to kinda go over some financial and nonfinancial disclosure. I do receive royalties from Super Duper. I do have some games published with them, as well as a workbook. I also have three children’s books published, as well as an e-book, but they’re not related to today’s topic. I have a Teachers Pay Teachers account that’s also not related to this content.

And at this time I have no other financial disclosures. Here’s my email because I’m happy to receive any email. I know that we’re gonna be talking about a lot of things today and feel free to email me with any additional questions, ’cause I’m really always happy to answer it, because there’s some things I’m gonna be going over a little bit more quickly. And then other things that I’m gonna be focusing on a little bit more. Like Amy said, we’re really gonna take the questions at the end because I do wanna get to the content. I do think that sometimes questions come up that I may be discussing throughout the presentation, and I also have case studies at the end, so I’m gonna be talking just about like some different clients that I’ve seen and what we might do with those clients.

So like I said before, I’m just gonna give a little bit of an intro. Before we get into all like the meaty stuff, I think with the evals, I just do wanna talk about the types of AAC that there are, ’cause I know that people who are listening are coming from all different types of experience. Maybe you’ve worked with AAC a little bit or maybe you’ve been doing it for a long time, but I do wanna review that. I wanna talk about the types of communicators, because there are different types of communicators out there. The communication partners and environmental factors are just so important, just so important to talk about. Goals in an AAC report, the types of assessment and then funding, which funding could be an entire workshop in itself. But I’m gonna give you a
little bit of an overview today to get started and definitely tons and tons of resources, and links to be able to look to get more information. Okay, so just to kind of, I always like this slide in here a little bit, although I have references at the end. This webinar was really developed from personal experience. I mean, I've been doing this for about 20 years. It's also of course, I have my evidence-based all these different materials like the book, which I love the ”Transition Strategies "for Adolescents and Young Adults Who Use AAC”, and I love that book. I've read it. It has great references in it, great ideas. Also, research articles, "Circles of Communication" by Sarah Blackstone, which you'll also see at the end. PrAACtical AAC, which for anyone who's looking to find some information about AAC or anyone who's in the field of AAC, it's an amazing website. It has great references and great ideas. And there's also links embedded in my slideshow as well. So this is what I like to start with first in my slide is that empowerment is key. I'm really into empowerment, because I really do believe that anything that we can, lemme start again. If a client believes that we believe in them, it changes everything. This is with my children. This is with the adults that I work with that I tell them I know they could do it, and I have a lot of confidence in them. Empowerment is just, I think, the most important thing. We have to believe in our clients, and learning after 21 is possible, okay.

A lot of times people think that after someone graduates, well then we can't really, we're just maintaining. We can't reach more goals. We can't make progress. This is just not true. So I'm gonna be kinda talking about this throughout, but I think it's probably one of the most important things. It's never too late to learn how to communicate. I actually just recently started with a client who's in his 50s, has never communicated his whole life, nonverbal, and now he is communicating. He's a completely different person. He's not my only one. I have a lot of people who start 50s, 40s, even 60s. So you know, it's about empowerment. It's about believing them and recommending the right system and having the right supports. Okay, I'm also really big into
age-appropriate as well. So adults are not children. So we are not using activities that we would be using for children with an adult. So if you do tune into part two I am gonna be discussing more therapeutic activities for adults. A lot of the questions that I get, a lot of people email me about different resources for different activities. We're gonna be going over that in part two. But even for evaluation, a lot of the materials I use are all age-appropriate. Okay, so I'm big into Zero Reject model. That means that AAC should be considered for any option, as an option for anyone with limited expressive communication abilities. So nobody's rejected based on their cognitive or motoric impairment. All right. I always pretty much I haven't, I only think there's been one person I haven't been able to find some sort of communication system for them.

And also again, I'm sure that the audience knows this is that you don't have to be nonverbal to benefit from AAC. It's for anyone with any sort of communication disorder where they have trouble communicating. So most of my clients that I see do have some speech, but it's really used to augment their communication. Now for somebody who's nonverbal and really has no words, it is an alternative communication. So what are the different types of AAC out there? Okay, so we have no-tech. Now this is any sort of communication that is without electronics. So that could be a PECS book, which is Picture Exchange Communication System. This could be maybe a flip book. This could be a theme board or communication board.

We have low- to mid-tech AAC, which I'm gonna be going over a little bit today. That's actually an electronic device, but it's static. So that's a device like, if anyone knows what a Go Talk is or a Tech/Talk or a QuickTalker or a Step-by-Step or a BIGmack. These are devices that are electronic, but they're static. They're not dynamic. They don't change screens at all. And then we have high-tech, which we're gonna be discussing a lot more today. And also one of things I did wanna talk about is that there is no AAC specialty at this time, but hopefully it will be something in the works in the future. So that is something to note, because I know that we have different specialties
in ASHA and I just did wanna say that. So let's go onto no-tech a little bit. Now no-tech, I could also talk about for a long time, but I'm just gonna give sort of an overview of no-tech. Now no-tech, I think, is really, really important. So that could include eye gaze board, communication boards, picture exchange communication. What I have over here is a flip book. These are the Talking My Way cards over here, which I think are also excellent tools and the flip book. And one also thing to note is that a lot of companies have no-tech communication books that you could just print and download. So I know they have one for Saltillo which is a low-tech communication board that you can go ahead, it's free. You could just print out the book.

So why should every adult have a no-tech system? I'm a really big proponent in no-tech systems even when somebody has something high-tech. I just think it's always valuable to have a backup system, because technology breaks sometimes. Even let's say it's the summer right now and you're out at the beach or you're at the pool, there's a big glare on a device. So we need to have something as a backup. So it's cheap and available. It's easy to access 'cause it's portable. You could just stick it into your backpack if they need to. They could even stick a strap on it, and they could wear it. We could take screenshots of their device and use that as a backup, paper-based system, which I've done a ton of. It doesn't break down if it's laminated. It can be efficient communication as a backup system or even as a primary system, which we'll kinda discuss at the end with some of the case studies.

Okay, one of things I also, I'd just like to put this slide in, 'cause I do use PECS pretty, pretty often. It's not just for children. I've actually had some really nice success with adults using PECS. So I just like to say that. So now we're just gonna review low-tech communication systems. I don't have any pictures, but I will tell you where you some of the companies that I have used in the past that I have recommended low-tech communication systems from. Okay, so some of those companies are AMVI which has,
they have Tech/Talk. They have lots of other devices. AbleNet is another company. Enabling Devices. I know there's more out there. If you wanna feel free to email me, I could definitely email you more companies that have those devices available for sure. Okay, so another benefit for a low-tech is a backup system. It does have verbal output. Some people do use low-tech and high-tech as well. It could be ideal for some adults with developmental disabilities. It's not generally what I recommend for somebody through insurance because it will, and we'll talk about that a little bit later, but it has to be something that will be good for about five or more years. A lot of times with something low-tech, a lot of people need something a little bit more robust. It's great as an available tool in a program or group home.

So choices for dinner. So if staff go ahead and they put, let's say in a GoTalker or a Tech/Talk or Tech/Talk 32, Tech 32, that they're able to just put the choices in for dinner and then we could pass it around and everyone could figure out what they want for dinner. It can be portable because you could also, it's also useful for environments like the beach or going outside. It can be laborious for our communication partner, 'cause they have to change the boards all the time. And it can be really limiting which is why I don't generally ever recommend it for insurance, because usually it's something that will not last for five years or more.

Not durability-wise, just cognitive-wise, most people need a lot more vocabulary. You can't spell on the device, because it's not dynamic. And actually it can be very expensive. That's just the pros and the cons. Now we're just gonna go into high-tech, which I do wanna go over this term, SGD, which is speech generating device. So this is the insurance term that we use on Medicaid and Medicare evals. We don't really wanna call it like a talker or just a device on the report. We definitely wanna refer to it as an SGD. One thing I also wanna say about the word, dedicated, because this is something that I'm gonna be talking about throughout the presentation today is that the word dedicated means that you can't access anything but communication on this system.
Okay, so when you get something through insurance, Medicaid, Medicare, it is a dedicated communication system. So it’s not like an iPad with guided access. It is a dedicated communication system that is solely for communication. Okay, so these are some of the companies that I’ve used. Now of course there are more, but these are the ones that I have personally used. So Tobii DynaVox, these are some of the devices that they have over here, which is a Tobii or an Indi. Smartbox has a Grid Pad, and they have other devices as well. Saltillo which has Nova Chat and TouchChat Express. Now these are all insurance-approved devices, okay. PRC, which has the Accent, the PriO. The Monroe Speech Designs also has devices. AbleNet and like I said before, there are others.

Okay, so speech generating devices. I know a lot of times it’s been just one thing. I also wanna say is that there's currently a lot, there’s been a lot of changes with Medicaid and Medicare. Okay, so I’m gonna be giving an overview today, but what I need everybody to do is when there’d actually doing Medicaid or Medicare evals or private insurance, you definitely wanna check to make sure that you are familiar with all the new changes that are happening, because there are changes occurring right now with Medicaid/Medicare. So what I'm gonna do is just kind of give you an overview throughout the changes. I've being doing this for 20 years. These are some things that just don’t really change, part of the evaluation process of what we need to evaluate, some of the other things have changed with regards to certain trials and things like that.

But in an insurance, in insurance offered generally, we're not gonna refer to anything as iPads. However, there are changes being made right now. So I'm gonna just leave it at that. But in the past, we have never referred to anything as an iPad, only as a speech generating device. I'm gonna go over some of communication apps, because we are able to get these apps through insurance and Medicaid and Medicare, okay. Because a lot of these insurance-based devices, there are actual apps, okay, like TouchChat
Express is TouchChat. We could go through a couple different companies to get Proloquo2Go if you wanted or GoTalk NOW Plus. Plus, so these are different options here. So these are some of the apps. Now as everyone knows, there are many, many, many communication apps. But I’m gonna just review the ones that I’ve used before that are generally like research, that these are research-based apps. These are apps that I would say wherever I’ve gone these are generally the apps that people are using. However, there are definitely other ones, but like I said, we only have an hour, so we can’t. This is not about apps, there’s just more. We’re just gonna give you a general overview. But there are a lot more.

So TouchChat with WordPower is a very, it’s a very robust app. Poloquo2Go is another one that a lot of people do use for adults. LAMP Words for Life. And one other resource you don’t wanna miss is AAC Language Lab ‘cause they have tons and tons of resources. Sono Flex is another app. Clicker Communicator. Go Talk NOW Plus. And these are all apps that I've used with adults with developmental abilities. Speak for Yourself. Snap and Core First is a newer one from DynaVox. Tobii, Grid 3 is also, won’t say newer. It’s been out for a couple years now at least, or more, about five years. And then we have our text to speech apps like Verbally and Proloquo4Text and Predictable.

There’s also a text-to-speech app within Grid, but these are generally the ones that I have used. We’re gonna be talking just, I wanted to give you an overview of the apps, so when we go into evaluation, you’ll kind of understand why you’re testing these different areas, because that really goes into the recommendation for somebody. Okay, so this is also probably one of the most important things that we could cover today is communicative functions and the types of communicators. Okay, so these are different functions of language. I think just being in the field of AAC for so long, a lot of times what I’m seeing is, we’re just asking, let’s say, we’re asking our adults with development disabilities just a request that everything is about requesting if they want something for lunch or something for dinner, or they want the iPad. And requesting is
definitely an important communicative function, but it’s definitely not the only one, okay. So I really like to talk about communicative function, because it's so important that when I show this list to any of the families that I'm working with or if I'm working in any sort of group home or a day hab program, you know, really talking about, these are all the different functions of language. This is what we need to get our adults to be able to communicate, okay. And so again, like I said, empowerment, learning after 21 is possible. And you know what, we're gonna work on these different goals and we're gonna get them to be able to achieve as many as we hopefully can, okay. So requesting like I said, calling somebody, requesting a person.

So definitely making sure in their talkers that we're programming the people's pictures on that. I think that's really important, not just having some people just put names, but the client can't read, so that doesn't really help. Requesting assistance. I have some of my adults who will not ask for help. Most of my adults will not ask for help, because we're not gonna talk about it on this slide, but prompt dependency is a big issue with a lot of my adults, because they've been so dependent their whole life and so passive that they are very prompt-dependent. So they're very dependent on somebody else to prompt them to request, to ask for help. And a lot of times they are just used to people knowing what they want and kind of just, kind of dealing with maybe something they many not want.

So I used to work in a day hab program and they used to just get lunch for the adults I was working with and I would sometimes say to the staff, I would say, "Hey, did you ask them what they wanted?" And they're like, "No, we just got it for them." So let's just say may be that person doesn't like Chinese food, but they're having Chinese food. So this is something we need to work on as far as like it's requesting, but it's also making choices, and also initiating that communication as well. So requesting different actions. I wanna go, I wanna eat, I want a drink, I need some help. Protesting or rejecting something. Working on negation: I don't like, I don’t want. A lot of times
adults were not working on negation and that’s also really important, because as important as it is to say things that we like and that we want, it’s equally important to say what we don’t like and what we don’t want. Greeting people and having like that small talk, that’s also something that I work on with a lot of my adults, because a lot of times they’re not greeting at all. Naming and labeling is another function. Initiating, I talked about. Sustaining an interaction, now that’s having a back-and-forth conversation. So it’s not just you asking them a question and them answering it, them maybe answering it and asking you a question as well. So this does something that does take time to develop, but are very important part of having a conversation. And through conversation we develop social closeness, and we develop relationships which is so important. Indicating discomfort. I can’t tell you how many people that I have worked with that do not tell you if they’re uncomfortable or anything’s bothering them, because they just don’t know how to tell you.

And this is the kind of stuff that we’re gonna talk a little bit more in part two about how to, what kinda activities can I do to help them with these functions? But part one is just about telling you about the functions. Commenting, expressing their opinion. A lot of times, our adults are not expressing how they feel about things. Expressing their ideas and sharing information. What did they do today? Can they recall stuff that they did today? Telling a joke or recalling any sort of prior experience. Hey, where’d you go on vacation last week? Tell me about it. Telling a story, and that’s also something. If we want our clients to tell stories, that’s also something we wanna consider with certain communication systems. There are certain communication systems that allow you to add stories a little bit easier that others. Giving an answer, asking a question is huge and something that a lot of my adults do not do is asking questions. So we have to teach them how to ask a question through modeling. Modeling, modeling, modeling is so key. Like anyone knows who really, who knows AAC and has been doing it, we know that modeling is such an effective strategy. Demonstrating a motion. I had an adult where up until he was 21 years old in high school, he only communicated happy
and sad. And we worked on that and worked on that and it was just so important to
learn those different emotions. He learned what nervous was. He learned what
frustrated was. And when he had an issue in a day program, he went into his emotions
page and said, "Feel nervous, feel sad, feel mad." And it was real genuine. We really
figured out what was going on, which was really, really important. Expressing future
goals as well. And the reference for this is on the last slide. So another thing we’re
gonna talk about is the types of communicators, okay. So an emerging communicator
is someone who is a very beginner communicator, okay. So that’s somebody that is
just in the here and the now. We'll just be able to maybe tell you, just learning to use
symbolic communication, and may be asking you for a cookie, or telling you what they
wanna do at that moment, but this is not somebody that's going to be able to answer
questions about what they did this morning or what they had done the day before. So
here and now, emerging. And just one thing that I didn't have here in the slide that I'd
like to say is that, I don’t use the word low functioning at all. I just think it's a
derogatory term. I don’t like it. So I like these terms here, because I would like people
to use them.

So somebody with a communication disorder can also be considered someone like a
real, like let’s say, like someone who’s net nonverbal or minimally verbal or unintelligible
is a complex communication need. They have a complex communication need.
Somebody who’s just beginning to communicate, we wanna refer to them is an
emerging communicator or a beginner communicator. I just think that that's just a
much better term. I mean, I just don't use low functioning. And then we have our
context-dependent communicators. So these are communicators that mostly that we
see for therapy. Our goals could be combining symbols, working on those different
functions of language that I just reviewed. And being functional, they can communicate
in some context, but they won't be able to communicate in another. So an example is
let’s say an adult comes in, they’ll come in for our session, and they will do really, really
well in that session. But then, I hear when they’re going to day program, they're not
bringing their talker, and they are not using it with other people. So that is an example of someone who's context-dependent. So one of the things that we wanna work on is expanding into different contexts, expanding into different, with communication partners. An independent communicator is someone who communicates in complete thoughts. This is somebody who is most of the time literate and can communicate independently in all contexts, and with all communication partners. This is somebody who's going out for dinner, you know, ordering their food. They're not dependent on somebody prompting them or anything like that. They can communicate completely independently.

And some of those people still come for therapy, may be for advocacy, help, or maybe some more complex programming, or maybe some other things that are more related to maybe daily living, but not so much, there's a big difference between that context-dependent and independent, as well as emerging. So we did, I just did review this already, so I'm not gonna go through it a lot. But over here, so relies on non-symbolic modes of communication, and uses non-electronic displays or switches. Learning to use symbols. And I talked about the here and now. And the one thing that I really wanna note here, it doesn't describe their potential, just their communication status. There's definitely people that I've started out with them as emerging and have become context-dependent within a very short period of time. And so I talked about this a little bit already, the context-dependent user.

So they have reliable symbolic communication, okay. This is somebody who has their talker with them. And I'm gonna call it a talker, 'cause that's generally what I call it. But like I said, in an evaluation, we wanna refer to it as a speech generating device. So a context-dependent also relying on, oh, this is still a quote from over here, okay. And limited context. And even it could just be with a communication partner, maybe it's the same context, but with a speech therapist. They're communicating really well. But then maybe with let's say, their teacher or their staff member at their program, or maybe
even their employer, they’re not communicating as well. Okay, independent like I said before. So one person, an example I would say of an independent communicator is Alba Somoza, and if you do wanna check out her website. She’s an artist and she is completely independent. I just like to give an idea, a website, because she’s a real inspiration. Like I said before, this is not based on cognition. So really, our goal is to get people to be as independent as possible, ‘cause with independence, they’re gonna be able to communicate anything that they want. Support system and communication partners, this is a really, really important part of the presentation today, okay, because I think it also, the support system is really so important, because it’s also just a factor when you consider our communication system. So I’m not gonna read this whole thing over here, but who are their communication partners? And so are they living at home?

Are they living in a group home? If they’re living in a group home, are they communicating with their parents all the time? Are their parents coming to pick them up on the weekends? Maybe it’s not the parents, maybe it’s the sibling, or maybe that they don’t have, maybe their parents aren’t coming or they don’t have maybe the parents have passed away, and maybe it’s the staff members at the group home or the program that are their partners. So this is definitely something that we want to consider and talk about, because we may not wanna recommend a very complex system if that adult does not have the support system. Sometimes I have recommended things a little bit more complex, a little bit robust, knowing that their support is so great and that their parents are gonna be working with them or their sibling’s gonna be working with them, or maybe their group home or maybe it’s the manager at the group home, or their staff member or their aide, okay.

And just one thing I also wanna note over here is that for most of our AAC users, most of who they’re communicating with is family or they’re communicating with paid staff members or therapists, okay. So anyway, a very, very important factor. This is also one thing over here, I’m gonna put my pointer over here. Many staff from day programs
may not receive a lot of training, okay. So if you could get into a day program or you could get into a group home to train staff, a lot of times just to say, I just wanna say this is that we’re going through insurance, we’re getting insurance-based devices. Those vendors are there to go ahead and to do some of the training with that group home. And that does come with the purchase of the device through insurance. So it’s definitely something to take advantage of. If somebody has a dedicated device, go ahead and call that company and see if they could come out there and to train some of the staff. Building social networks, I talk about this a little bit throughout, Sarah Blackstone. So what Sarah Blackstone talks about is social networks and how that we need to expand on our networks, not just within context, but also with different communication partners.

So if we give practice during a therapy session, not just the therapist, but also being able to maybe take a walk around, maybe communicate with other people that are maybe less familiar. And it's also a great assessment. And here's a link for one of the videos. So who do we communicate with? We already talked about this with communication partners. This is something to just sort of consider when you're writing up the eval when you're considering what to get them. The level of support is just so important. So what happened, 'cause I see people across the lifespan is that I do notice that when they get a lot of support in say, in their school system, but when they are graduated from their school system, they are no longer receiving services anymore. I've seen this over and over again.

And obviously it varies depending on where you live. But in my experience, we really don’t have a lot of support for adults with development disabilities who may have complex communication needs. And so this is also an important part to think about. Are they getting speech? If they’re not getting speech, are they able to come for training? 'Cause that’s an important part of the trial period for the devices. I'm just gonna go over some tools that I've used. They're very helpful. But at this point they’re
not mandatory. However, like I said, the Medicaid/Medicare rules are changing. So
definitely something to know and to make sure you’re on top of all the different
changes. Okay, TASP is something that I’ve used before. The Augmentative
Communication Profile. I have used Functional Communication Profile many times, as
well as the EASIC. The Communication Matrix is a great assessment that is available
online and free. And I have also used social networks. I just have like a lot of tools in
my toolbox. So I do use some of these assessments, but a lot of times I’m using just
general conversation. We’re doing an activity that’s motivating for the adult, and that’s
how I’m getting a lot of my recommendations, so a variety of tools. So this is
something wanna ask yourself. What’s most motivating?

And one of the most important things is making sure that the adult comes to the eval
with somebody who knows them really well. I’ve experience adults coming with people
who may not even have worked with them before. Since they are nonverbal, minimally
verbal, have communication needs, we can’t ask them those questions. So we really
need somebody to come with them that knows them or at least have some sort of
background interview with their parent or somebody that’s close to them who knows
them, and that’s also on the AAC eval form in the background there. Is he or she
frustrated with communication breakdown? Sometimes they are. Sometimes people
just become passive, and maybe they’re not frustrated, which is why it may be it took
them so long. It’s common for a communication system.

And then this is a quote from John Costello, but we’re not gonna focus on the
frustrations of others. We wanna focus on the actual client and what they need. So
these are just different factors to consider: cognitive skills, access skills, funding,
carryover, communication partners, access to training. And what is their individual
supports? I know I’m talking about this a lot, but it’s just so important. This is
something I’m gonna kinda breeze through, ‘cause I wanna get through the actual eval.
So in your own time you could go back and you could look at this, but the different sort
of competence. Here are linguistic, operational, social, and strategic are really important when you are considering evaluating somebody and also training them on AAC. They have to be, at this point, one of the changes that they do need to be able to get regular training for the trial. So it’s really, when you're recommending a communication system, there has to be some training that goes along with it for sure. This is Medicaid/Medicare is an insurance five years at least. So we don’t wanna think about what’s good right now and next year. We wanna think about what’s good for the next five years or more, ‘cause if that device is still working in five years, you’re not gonna automatically get another talker, another device, okay. So we wanna really think long-term here. What are their needs now? What do we think their needs are gonna be five years from now? Will there be carryover? Again, a reference back to the support system.

We need to make sure that we are reaching out to anyone that's gonna be able to give them the carryover whether it’s their siblings, whether it’s the parents, whether it’s the staff members at the group home, or maybe they’re living independently and it’s the staff that come in to help them with daily living. Funding is a very big one. Now we have to, we should have funding or we have to have funding to go ahead and get a system, because these systems cost money. And do they have any past communication systems? Because if they just got a device two years ago from Medicaid/Medicare, unless there’s some really, really big reason, really, generally probably not gonna get approved for another one.

So it’s really five years. So we wanna ask them, "Did you go through, "when was your last AAC eval?" And just to make sure that it’s been at least five years, because in general, you’re not gonna be able to get another one. It has to be at least five years. Cognitive skills is very important. That’s something we're gonna be evaluating during our eval. Their physical status as well. The ambulatory/nonambulatory, 'cause maybe someone who is in a wheelchair, you might consider something a little bit larger in a
mounting system. Somebody who’s ambulatory, we want something that’s portable. We want something that’s not too heavy. Sensory status also, I’ve worked with a lot of clients who have real intense sensory needs. So that is something to consider when you recommending a system. Where are they working? We’re gonna get into this a little bit more in part two about how the vocabulary is different with regards to attending programs or volunteering, 'cause their vocabulary does change. It’s not the core vocabulary. But it’s some of the fringe vocabulary for sure.

So now we're just gonna get into the AAC eval process. I'm don't have a lot of time, but I am gonna give you a lot of references and a lot of links. And there are a lot of, there is a ton of other resources online to help you with this. The AAC should be done by a speech pathologist who specializes in AAC. The student should be trialed with several insurance approved devices, okay. So you definitely wanna, you don't wanna just try one device. You wanna try several. It can be done privately, but we're gonna talk about the pros and cons of that. And these are links over here for assessment forms. And a lot of times and most of the times, all of these companies also have templates as well, and they'll help you throughout the funding process. This, I love this quote over here from my Carrie Kane saying that, "An AAC recommendation is not a one-time process."

That it's really, it's not the end, it's just the beginning. And that's from a really nice article that was in "The ASHA Leader". Okay, so this is basically the template for a Medicaid/Medicare eval, as well as insurance, okay. So we're gonna go through this and just kind of, we're just kind of go to this a little bit, 'cause evals, we could talk about for a very long time over here. So we wanna talk about their impairment type and severity. I'm gonna put my pointer over here. The hearing and vision status is very important. So if they have a visual, any sort of visual issue, we wanna make sure to mention that in there. If they have some sort of visual issue, are they gonna go with something smaller or larger, or they gonna have a different background? Physical
status, language skills, cognitive ability. Okay, what are their specific communication needs? And our ability to meet the communication needs through treatment. What's their prognosis for using a talker or for using a communication device? And the features, you know, if anyone's ever heard of feature matching. But there's a lot of different features that go into all the different devices. So what kind of features are we looking for? Somebody who's spelling, you would think text. Someone who's spelling proficiently and is using spelling for communication, we want that text-to-speech feature to be predominant. Maybe something, let's say an app that has, that's their main feature is the keyboard. Let's say, somebody who's maybe not literate, we wanna go to a symbol-based system.

And there is a trial period with a speech generating device. This is something that is required through Medicaid and Medicare. And what are we recommending over here? So it is a very longer, it's a much longer process. But this is the general template. If you go back to the links, you'll get more information about it. A lot of times I'm using the iPad for evaluation purposes, and the AAC Evaluation Genie, I didn't mention the last time. It's a great tool to use, I love it, and definitely something you might wanna consider. If you're doing a lot of evals, it's a great app for evaluation. So sometimes I use Choice Board or a lot of times I'll just use the communication apps throughout the evaluation. So this is just what happens if your client won't sit, which I think most of you have already experienced. We wanna use motivating items.

We wanna make sure to get that background information. We wanna think long-term. These are things that we already talked about. And that assessment may take longer than a couple of sessions. I pretty much have a rule that I see everybody at least twice, okay. So we don't really wanna make, I think, a recommendation based on like one time. That's my personal opinion. But I like to see someone at least over two sessions before I make a recommendation. And we also don't wanna forget about speech, 'cause you also wanna include that in the eval. Their intelligibility and their prognosis
for speech and if they've had speech therapy and why that's not appropriate and why we're going with a communication device. We don't wanna forget about literacy and writing skills. Are they able to write their name? How legible is it? Can they identify letters and numbers? Can they spell? If they can spell, but they also need those symbols, then that's also something, another feature, that we wanna consider. Teaching literacy skills is the single, this is a quote and it really is probably one of the most important things that we could ever teach our clients in general, 'cause once you could spell, you communicate anything. But unfortunately over here, it's up to 90% of individuals who rely on AAC, enter adulthood without acquiring functional literacy skills. So this is unfortunately just a fact. So a lot of our clients do need symbol-based systems.

So go ahead, you could over here is my the evaluation form. We're not gonna have time to go over it today, but feel free to use it, print it out. It's something I've been using for 20 years. I find very helpful when I'm doing evals. This is another link to another resource about report writing. That's from AbleNet. This is a lot of more links here for funding. So lots of help out there for you. So what are our funding options? Our options are Medicaid, Medicare, private insurance, private pay, and there are other options, such as Axis VR. And there are other ones out there that may not be on this list. But these are generally our funding options. Let's say in the clinic that I work, this is usually what we see.

So speech generating device through insurance. We kind of already talked about this that we do get the support by the vendor. We can call them for tech support, which is really, really nice. And we do have to write a very thorough and comprehensive report because that is part of getting a communication system for somebody and it should be comprehensive, I think, because it's a very big decision deciding somebody's communication system. And like we talked about as dedicated, so there are more restrictions of communication only. However, it doesn't mean that it can't be unlocked
at some later for a fee. But it does come dedicated. We already talked about this. Okay, so here's some pros of our private pay, 'cause some people will come in with all the changes and maybe they just wanna buy an iPad with an app. So it's very easy to obtain. Just download it. And the restrictions are easily controlled. You don't have to be committed for five years or more, because if somebody wants a new app, they can go ahead and download it. And the support is the big difference. The support is through email or videoconference. It is not through, there's usually not a number that you could call unless you pay extra for that support. And this is the cons that I was talking about. But we also wanna make sure we get an eval before we go ahead and purchase anything.

And this is something we're gonna be talking about more in part two about choosing the right vocabulary for the AAC user. These are some of the goals, the functional communication goals, that I may have on a Medicaid/Medicare report. Now we wanna keep this medically based, okay. We don't wanna talk about education. We don't wanna talk about anything, 'cause it's considered medical equipment. So these are some of the goals that I have created that I generally use. So recalling past events, expressing their physical status especially at the doctor's office, expressing their needs and wants over here, participating in exchanges with medical personnel. It is considered medical equipment, and we need a prescription from a doctor. And this is after a trial. So that's how the rule is right now. I'm just gonna spend the next five minutes on case studies.

And then I'm gonna leave some time for questions. Okay, so our case study number one. His name is Ben, he has autism. He also has obsessive-compulsive disorder, he's 22. He used TouchChat until he graduated last year and had to return the device back to school, 'cause once someone's 21, they have to return the device if the school purchased it. He has limited literacy skills, great family support and attends a day program, but has a high turnover rate of staff. And the reason why I put that is that
what is his support network like? Well, it looks like his family is really the support network. We don’t have to worry about him getting a device through Medicaid or Medicare, because he returned it back to the school. So the school had purchased, they had given him a communication system. So he is somebody that we definitely need to get a device for. And if he had done well with TouchChat WordPower, it’s definitely one of those things that we wanna consider. However, we also wanna consider using something that also, trialing some other apps that he, that may be useful for him, definitely, symbol-based apps, because he has limited literacy skills right here. So we wanna consider that as well. Definitely somebody we wanna come in for training. Maybe hopefully, the family could bring them. The family could work on carryover. We have case study number two. Dan, who’s 40. He has an intellectual disability, and he also has a behavior disturbance diagnosis probably related to communication. Is very unintelligible and he needs some sort of system. People cannot understand him.

He has limited literacy skills. And his family lives far away, so he doesn't have a lot of family support, but he does have support in his group home. He attends a day program and a weekly sports class on the weekends. So one of the questions that I have about Dan is, what is his funding status? What kind of funding does he have? I’m going to look at all different types of communication for him. If he has and never used communication before, I may consider starting with something maybe no-tech and then maybe moving up to high-tech, or maybe looking at a high-tech communication system and hiding symbols to really teach him how to learn how to communicate. But definitely making sure that that group home is able to provide that support for him. And also having that vocabulary for that sports class on the weekend. I do consider that about what vocabulary we’re gonna need. Okay, we have our case study number three who’s Maria who’s 30. She has autism intellectual disability. She lives with her family. She volunteers. She’s out in the community. She received a device two years ago that’s not working for her. And her funding is private and Medicaid insurance. And she
can spell for communication, but needs some support with visuals, okay. So this is somebody who two years ago she just got a device through Medicaid/Medicare. Well, I don’t know if I'm gonna be able to go through Medicaid/Medicare now, because now it's only been two years. So what I'm hoping is that her family has support, and hopefully they're going to be able to possibly privately pay and get an app on her iPad that they may have to purchase. 'cause that's the big thing. We really wanna consider if something is good for five years or more. That's why the evaluation process should be comprehensive and there's a lot of different factors. Our case study number four is Andy who is 25. He works at a restaurant full-time. He has a job coach, great family support, lives in a group home. He's literate, so he uses an iPhone with limited features, various funding options, and he had it through his school system, but returned it when he graduated. So right now he's using an iPhone that his parents had purchased. But he does need something a little bit more robust, because the iPhone, the symbols are very, very small. And let’s say, like the keyboard is a little bit too small. So sometimes he needs something a little bit larger. So he is somebody that we’re gonna be able to go through Medicaid/Medicare insurance. Definitely something with a text-to-speech features, like Proloquo4Text or Predictable.

This is somebody that we wanna trial something like this. And again, our clients that I have that may have some sort of like iPhone that they're using and they're also using a larger base communication system. Some people are actually using watches right now, with the smart phone watch which is also a great thing, 'cause it's always attached to you, which I think is really nice once you put it on, and if you don’t take it off. So these are some of our other resources over here. There’s a lot more, but again you could email me and we could, and I could answer any questions. And these are some of the references I have here that I referenced to through the evaluation. Now we have about five minutes. So I did see a lot of questions come in, so I’m hoping to take some of the questions now.
- [Amy] All right, thank you so much. Let's see if we can answer this first or address this first question. If I have a student who I think is a good candidate for AAC, is it best practice to seek an SLP who specializes in AAC to do the evaluation?

- [Rebecca] Yes, definitely, 'cause the reason why I say that is because somebody who's doing it all the time knows what's out there and knows what's new. So I think that's really important, because we wanna be with technology, we just wanna kind of always see what's going on. Recently what's coming out recently, 'cause may be for that particular client, maybe let's say, you only have like one or two apps, and you make a recommendation based on just what you have, versus going to somebody who's doing it all the time. They know what else is out there and they also have a lot more apps to try. They have a lot more devices to try, and they're also I think go through the funding process all the time. So they have a lot of experience with that, and that is part of the process and a pretty complex part of the process.

- [Amy] Okay, great, thank you. The next question is, if a client has had AAC for seven years, do they still need to trial several different devices?

- [Rebecca] So that's a great question. So when I say, "Trial", I mean, they're two different types of trialing. So when you're having your evaluation you're gonna be trialing different systems during the evaluation. After you write the report, you are recommending one system for trialing. So you don't recommend more than one system. You're only gonna be getting one device. So when I say, "Trial", I mean that when we're having an eval, you don't just wanna try like one out. You wanna make sure to try at least three, so you get an idea of what they're using, I think most efficiently. Hopefully, that answers your question.
- [Amy] Yes, thank you. And I think maybe just as a sort of a follow-up to that, well maybe not. The same person is asking the two questions. So does the iPad--

- Oh sure.

- [Amy] Have any apps that a client can utilize eye gaze?

- [Rebecca] So that's a great, that's another great question. I know that's like definitely coming, okay. I know that it hasn't in the past, it hasn't been something we've really been able to use. When I go with eye gaze, I usually go with something from like Tobii DynaVox or there's other devices out there that are using eye gaze all time, even something you can attach to a computer. But I know that's something that is definitely like in the works for the iPad.

- [Amy] Okay, thank you. Ginger's asking, "Who are the two different types "of communication partners that adult AAC users "mostly communicate with?"

- [Rebecca] Okay, so the different types is family for sure. Okay, so that could be even their siblings, their parents. It may be very, very even close friends. But pretty much their family. And the second is paid communication partners. So these are our therapists. These are staff members. These are maybe teachers in the day programs. These are job coaches.

- [Amy] Okay great, thanks. I'm just kinda going through some of these. Let me, give me one moment. I believe there's one more question. You mentioned the term SGD for high-tech devices, but what about mid- and low-tech? Wouldn't those be considered SGDs as well, and thus billable under CPT 92609?
- [Rebecca] Okay, so great question. I’m so glad that the question was asked, because a low-tech device is considered a speech generating device. There’s different codes for it, and that’s something you’re gonna be writing in the recommendation section. Something no-tech, like a communication book, is not speech generating, because it doesn’t generate any speech. So that’s something that you’re gonna have to have like voice output. So that’s why it’s not speech generating. And you wouldn’t be going through insurance for like a no-tech. I mean, low-tech, you might like something like a ProxTalker or a Tech/Talk is insurance approved, so that is speech generating. So it is a great question.

- [Amy] All right, thank you. Just as a follow-up to the eye gaze question, this participant is saying that Tobii DynaVox has an eye gaze extension to use with Communicator and Snap + Core First. I hope I'm saying that correctly. It's used with, sorry, let me just expand this, used with a student with Rett syndrome.

- [Rebecca] Right, right. There’s a lot of different eye gaze systems out there for sure. They’ve really expanded it. When I started, it was something like you literally had to plug into the wall, and you couldn’t take anywhere. And now they have so many great things out there, you know, for children, for adults with different disabilities. So for sure, there’s definitely a lot of eye gaze systems out there.

- [Amy] Okay great, thank you so much. And I do think that that brings us to the end of our questions. We’ll give it just a few more moments to see if there any questions. But in the meantime, I just wanna thank you so much, Rebecca, for joining us today. We really appreciate you sharing your expertise. Like you said, there’s a lot to consider when it comes to AAC, so we appreciate your time. Let me just quickly, when is the next training? So part two is actually scheduled for September 12th. So it is not on the site yet, but should be coming pretty soon. so keep an eye out for the link to part two.
- [Rebecca] Yeah, and I’m really excited about that, because that, we’re gonna be talking about more therapeutic activities and to be able to work on some of those communicative functions. So it’s one my favorite topics to talk about is therapeutic activities. I love it, so I’m excited about it.

- [Amy] Yes, I think everybody will be really excited about it too, because that’s kind of the, I mean, the evaluation is obviously extremely important, but the therapy is kind of the fun part. So we look forward to that. And so just again, thank you so much, Rebecca, for joining us today.

- Thank you.

- [Amy] We appreciate your time, and to our participants as well, thank you so much for joining us. We look forward to seeing everyone again soon. Have a great rest of the day. Take care.

- Thanks.