

Language-Based Approach to AAC Assessment and Intervention

AAC Institute Self-Study Program

020524 Draft

Description

This course provides information on a structured approach to AAC assessment and intervention that focuses on language issues rather than technology features.

Module 1: Introduction and the Goal of AAC

Module 2: Language models in AAC

Module 3: Introduction to Language Representation Methods

Module 4: Outcomes

Module 5: Technology models and AAC devices

Module 6: Therapy

References

Module 1: Introduction and the Goal of AAC

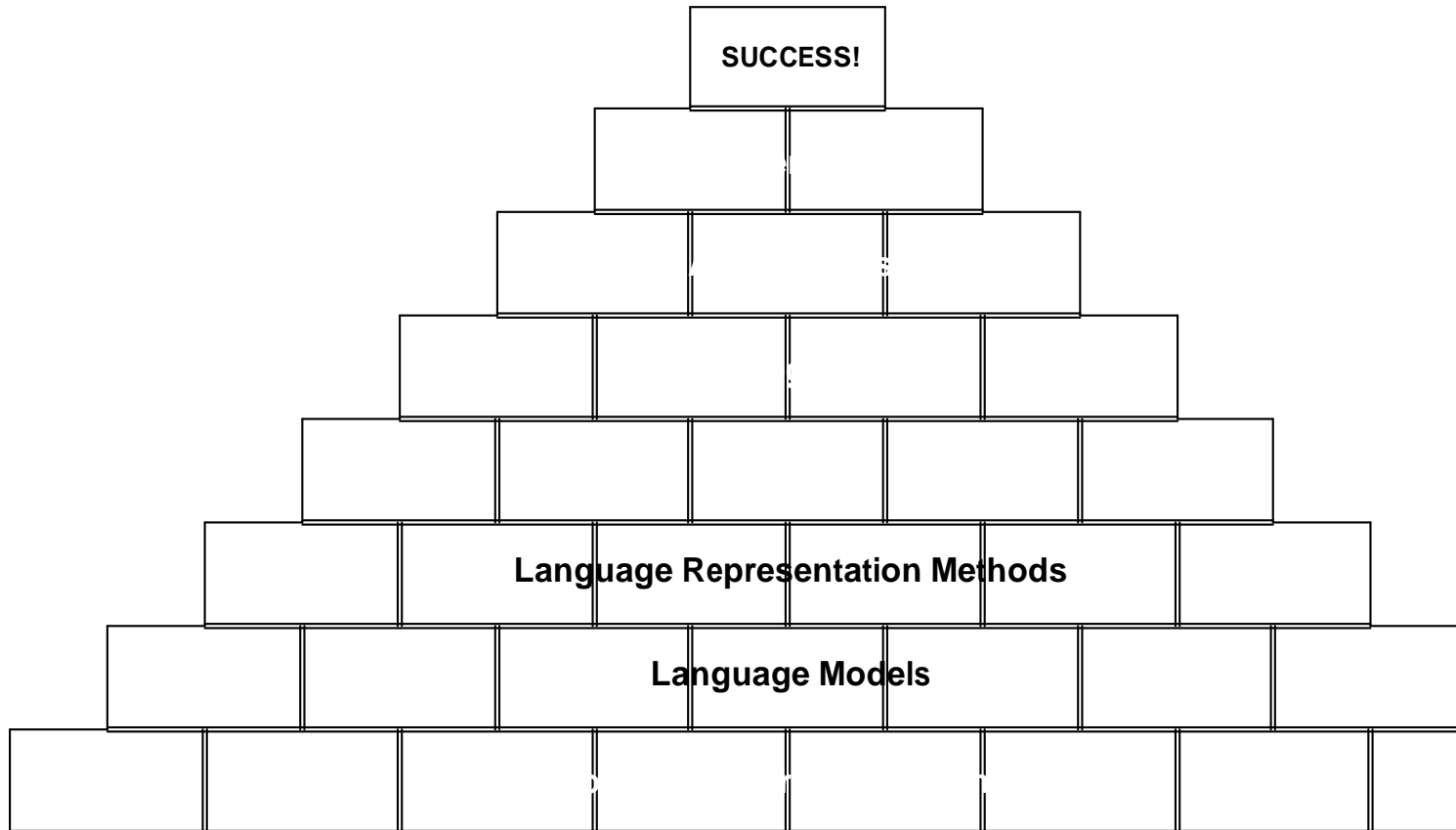
Slide 1.1

For people who rely on AAC (augmentative and alternative communication) and for those who have the responsibility of providing services to them, the process of achieving success can be one of the greatest challenges faced in life. Success may only be reached through the application of a structured and scientific approach to assessment and intervention.

Slide 1.2

The AAC field's focus is moving away from an assessment of devices - who can use what type of AAC device and a concentration on the technology per se - onto the development of effective interventions (Sevcik and Ronski, 2000). This course offers some suggested guidance for pursuing an evidence-based approach to this process.

Slide 1.3



AAC Language-based Model for Assessment and Intervention

Success is the final stage of building on a strong foundation.

This model conceptualizes an alternative to a technology and feature-focused assessment and intervention process. The model serves as a metaphor for building success on a strong foundation. Starting at the bottom, each level of the process should be completed and supported with evidence before moving up to the next level. A multi-disciplinary (family members, speech-language pathologist, occupational therapist, physical therapist, teacher, etc.) team approach is recommended with each level of decision being led by an individual with the appropriate professional knowledge and experience.

Slide 1.4

Evidence-based practice is essential. The ASHA (American Speech-Language-Hearing Association) Scope of Practice, the very definition of the profession of speech-language pathology in the United States, clearly articulates the expectation that speech-language pathologists (SLPs) provide services in accordance with the principles of evidence-based practice. Evidence to support AAC practice comes from two basic sources: 1) the knowledge base of the AAC and related fields and 2) the measurement of communication performance of the individual being served. The knowledge base of the field is the foundation of publications reporting research and clinical experience. The most valuable of these clinically are those that are based on actual people who rely on AAC and include quantitative performance data. Additional evidence is available in the form of reports of the communication performance of individuals with profiles similar to those of the individual being served. The AAC Institute Language Sample Library is a source of this data. Evidence at the individual level includes previous and current measured quantitative communication performance. The only assurance of AAC service delivery achieving optimized results is through evidence-based practice.

Slide 1.5

Quantitative performance measurement is essential. The collection and analysis of language samples form the basis of the scientific approach to AAC service delivery. Data collection, outcomes measurement, and the provision of services in accordance with the principles of evidence-based practice are expected of speech-language pathologists. In addition to AAC clinicians, researchers also measure AAC performance in their quest to contribute new knowledge to the AAC field. School administrators value data collection since IDEA (Individuals with Disabilities Education Act) legislation requires that all students with disabilities have outcomes measurement. Collected data can be placed in the student's IEP (Individual Education Plan) file.

Slide 1.6

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The first element of a strong foundation is agreement on the goal of AAC. For people who rely on AAC, success in life can be rather directly a function of the ability to communicate. Full interpersonal communication is an important ingredient for success in education, employment, and independence, which has been demonstrated by many people who rely on AAC. Communication effectiveness can allow individuals to advocate for themselves in other areas of their lives.

Slide 1.7

It is imperative that only the most effective interactive communication is the goal of the AAC intervention process. Anything less represents a compromise of the individual and would not be supported by most professional codes of ethics. For example, Principle of Ethics I from the ASHA Code of Ethics (ASHA, 1994) reads: "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally."

Slide 1.8

AAC clinicians working in the public schools may face conflicts regarding AAC service delivery. IDEA obligates the schools to provide services in accordance with the IEP. Therefore, school administrators will sometimes prevent the inclusion of AAC systems in the IEP. When this happens, the student's parents or guardian are generally not informed of this discrepancy and are operating under the misapprehension that the student is receiving the services that will achieve the most positive results.

Module 1 Quiz questions

1.1

Which of the following statements is false?

- 1. Increasingly, the focus of AAC intervention is on the technology features of AAC devices.**
2. Achieving success in AAC can be a significant challenge.
3. One of the last steps in AAC assessment is to choose an AAC device.
4. Language representation methods should be chosen prior to considering technology.

[1.] [1.] Which of the following statements is true?

1. A technology and feature-focused assessment process should always be used.
2. All aspects of AAC service delivery are the domain of the speech-language pathologist alone.
- 3. A structured and scientific approach to AAC service delivery is the key to success.**
4. Quantitative evidence is not really available to support AAC service delivery.

[1.] [1.] Quantitative AAC performance measurement

1. is used by researchers in creating new knowledge about AAC.
2. can fulfill in part the IDEA requirement for outcomes measurement for students with IEPs.
3. is used by AAC clinicians to support evidence-based practice.

4. All of the above.

[1.] [1.] The Goal of AAC

- 1. is the most effective communication possible.**
2. is to be able to identify colors and objects in the classroom.
3. is communication that is better than before intervention.
4. All of the above.

[1.] [1.] The most effective communication possible

- 1. leads to the highest possible personal achievement.**
2. is inappropriate as a goal of therapy.
3. is only to be pursued for individuals with funding to provide for AAC.
4. is synonymous with functional communication.

[1.] [1.] A compromise in communication performance for a student who relies on AAC

1. should never be disclosed to a student's parents or guardian.
2. may be appropriate if the school administration has a policy limiting what can be put into the IEP.
- 3. would not be supported by most professional codes of ethics.**
4. 1 and 2 above.

[1.] [1.] People who rely on AAC

1. seldom have the intellectual capacity for interactive conversation.
- 2. can be successful in education, employment, and independent living.**
3. place a low priority on effective communication relative to other issues.
4. have an unemployment rate under 15%.

[1.] [1.] Evidence-based AAC practice

1. is a good idea, but no one really expects it.
2. is expected of members of the American Speech-Language Hearing **Association.**
3. is necessary to achieve and/or confirm the most effective communication possible.
- 4. 2 and 3 above.**