AAC and Early Intervention: Building Foundations for Success Alycia Berg, M.S., CCC-SLP

Augmentative Communication Program Children's Hospital Boston at Waltham



- •Evaluations and Diagnostic Therapy
 •Clinical Supervision
 - Trainings and Outreach



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Learner Outcomes &

Session Goals

- Identify and clarify practice issues & misconceptions about AAC with very young children
- Use a feature-match approach to identify AAC tools and strategies for young children
- Learn techniques for incorporating AAC to support participation, learning & communication



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Who is At Risk? Individualized

- Heterogeneous group
 - ONo single disability or combination can define a need for early AAC intervention
 - Individualized assessment
 - OCommunication behaviors
 - OPhysical Needs
 - OSensory Status
 - OMedical Needs
 - OFamily Stressors



What do we mean by Early Intervention? IFSP

- Individual Family Service Plan
 - O Public Law 99-457; 1986 amend. extended FAPE to children 3-5 yrs.
 - O Section 619 Part H; mandated services to infants and toddlers (B-3).
- Family Centered Practice:
 - O The child within the context of the family
 - O Maximize the development of the child
 - O Optimize the family's ability to address the child's needs
- SLP role.
 - O Team effort in planning and service delivery
- O Provide direct service
- O Make referrals



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Continuum of AAC

Early Behaviors to Symbolic Communication

- Body Movements and Expressions
- Vocalizations
- •Words and approximations
- Gestures and Signs
- Communication displays
- Technology



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At Risk:

Earliest behaviors may not fit the expectation

- ●The Partner: Stressors, miss or misread, ? how to
- ●The Child: Responses are
 - subtle, delayed, inconsistent or absent

Because of these barriers
Interactions cannot be maintained, and
initiations decrease because they are seldom
successful



Communicative Interactions: 4 Primary Goals

- Express Needs and Wants
- Develop Social Closeness
- Exchange Information
- Fulfill Social Etiquette routines



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TOTAL COMMUNICATION

- Continued work on speech, while providing alternative methods for successful communication
- Decrease reliance on one communication method
- Enable child to adjust communication method based on own ability as well as on the requirements of different partners & contexts



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Why Implement AAC?

Light, 200

Increase PARTICIPATION

Develop SOCIAL INTERACTIONS

Maximize LANGUAGE learning

Encourage TURN TAKING

Express a RANGE of communication functions

Guide family & others for SUCCESS

Create EXPECTATIONS



Make me WANT to be Assessed!

(Costello, Gosnell, Berg, Abramson -Asha 2010)

- Engaging, Sustained Social Interactions that are FUN!
- Embedded in Meaningful and Familiar Routines
- Occur with High Frequency
- Incorporate Motivating Content
 Familiar People or Characters

 - O Sound Effects



O Play based (Topic Displays)



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AAC CAN help!

However, many children transition to preschool with underdeveloped, limited communication repertoires yet have restricted access to AAC modes

Cress & Marvin, 2003



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WHEN...

- Avoidance of social interactions
- Dependence on others to 'interpret' increases
 - Communication breakdowns occur
 - Successful interactions with others change • Frustration is evident

 - Learned Helplessness

Early intervention is critical -avoid playing "catch-up"

P.S. It's never too late to start!



So, Why Not AAC?

Common challenges

- Wait and See By 3 years old, a child typically
- 900-100 words 3-4 word sentences ~75% intelligible
- **Preregs** a child must demonstrate specific competencies before introducing AAC
- Fear- that AAC may interfere with speech development or using AAC means giving up on speech
- Too Overwhelming- using too many (?) pictures or words
- Access to tools and resources- Time, money, equipment
- Making it work- difficulty implementing AAC in daily routines

Myth Busters!

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Myth Buster # 1...

A child must exhibit pre-requisite skills before starting AAC

•It is necessary for the child to understand specific concepts/vocabulary that can be used for communication.

*Before participating in low-tech or high-tech AAC Assessment, an infant/young toddler must be able to follow directions.

•Voice output is not appropriate for infants and young toddlers

FALSE!



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6 months old

Clinical Assessment goal:

- · Turn-taking, social connectedness, anticipation
- · Switch use and access (on / off wait)

Clinical tools:

- Little Step-by-Step recorded with a single message "Peek-a-boo"
- Introduction to low tech eye gaze for symbols



High Tech "Infants" Age 14 month •Clinical Assessment goal: Use of an Eye Tracking System ●Clinical Tool: (Tobii P10 with custom SDPro displays) · Step 1: Calibration and interaction with the device Step 2: Navigation of Dynamic* page sets to intentionally engage Children's Hospital Boston **Device Calibration** 14 months old How to get a 14 month old to calibrate? Calibration task •Look, hold gaze, and track multiple targets • Be clinically creative and imaginative with set up • Remember, he does not need to understand the task to complete it! Children's Hospital Boston Myth Buster #2... The use of AAC will interfere with a child's vocal development Children's Hospital Boston

Myth Buster #2 Miller, D., Light, J., & Schlosser, R. (2006).	
 Research results indicate using AAC does NOT stop children from learning to talk. 	
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AAC Intervention CAN:	
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 Expand Vocabulary (Aided Language Stimulation) 	
Provide Input (Visual Supports)	
Provide a means of Expression	
 Support and clarify verbal speech attempts Increase participation 	
• morease participation	
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Making it work:	
Effective Strategies (Light 2005)	
Model speech and use of AAC in context	
WAIT! Allow time to communicate	
Scaffold for success	
 Provide multiple opportunities to be engaged 	
and interact	
Position yourself and tools appropriately to reduce demands (attention and access)	
reduce demands (attention and access)	

Janice Light & Kathy Drager / AAC-RERC

http://aackids.psu.edu

- Step 1: Identify meaningful contexts for communication with your child
- Step 2: Provide effective means for your child to communicate
- Step 3: Select appropriate vocabulary for your child
- Step 4: Set up the environment to support your child's communication
- Step 5: Use appropriate interaction strategies to support communication



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Engineering the Environment

Tips for eliciting communication

- Create a visually enhanced, language rich environment
- Put materials within the child's reach
- Create communication temptations (sabotage, interrupt routines, toys with many pieces)
- Have expectations



Tools and Strategies

No Tech, Low Tech, and High Tech



Var. differences between communication value	
Key differences between communication using natural speech and communication using AAC?	
There are frequently restrictions in what a person is able to communicate at any give time.	
Individuals (and others!) must often plan ahead for	
communications	
 AAC is often most effective in situations where the interactions are predictable. 	
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Speech	
Speech ● Verbal Speech Production	
OTouch Cues	
OCo-Active Movement OExpectant Pauses	-
OTurn-Taking	
OMulti-Media	
(3)	
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]
No Tech	
Sign Language	
•Signing Time video series	
 On-line learning for families 	
http://www.aslpro.com/ •Custom Sign Language Dictionary	
Custom Cigit Language Dictionary	

Low Tech Control of the environment Purpose Switch type Switch Placement Reinforcement Children's Hospital Boston Low Tech Symbolic Representations Objects Ofull, partial Photographs OCut out, Flat, Visual Scenes ● Line drawings (PCS) OTopic Displays, Communication Notebook Children's Hospital Boston Computer Interactions: A tool for language learning ● Establish Cause/Effect Virtual Play Vocabulary Building and Literacy Independent Access Visual Attention Communication

Computer Interactions: Software selection and Access

- Goals and Developmental Level
- Direct Access

OTouchscreen (cause/effect, targeting)

Indirect access

OSwitch (single, two-switch) with USB Interface box

Literacy Supports

OAdapted Stories



PowerPoint, IntelliTools, Boardmaker Family, Switchlt Maker, SoftTouch

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Early Learning Activity Websites

- Priory Woods School Touchscreen/ Switch
- helpkidzlearn.com- Switch
- SenSwitcher (northern grid)- Switch
- Starfall.com- Touchscreen
- Kneebouncers.com Switch





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Apple Apps for engagment and exposure cause/effect (not for communication!)

- Alphababy
- Baby Piano
- Peekaboo Bar
- Songs from Duck Duck Moose



Low Tech:

Single and Sequential Messages

- Goals: Initiation, participation and turn-taking
- Single target
- Record a single message
 - O Use an age and gender matched voice when possible O Record in 'first person'; the child is saying the message!
- Social Sequenced Scripts: A series of recorded messages
 LITTLE Step-by-Step, Sequencer, Big Talk Triple Play
- Co-planning for messages
- Interface options for access- add a switch



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Low Tech: Talking Photo Album

- Fits 4x6 photographs or symbols
- Remnants (tickets, drawings, etc)
- ●~10 seconds of recording per page
- Story telling, jokes, reading
- Access considerations



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On-going Needs

- AAC evaluation is an on-going process!
- Develop many modes for functional participation
- Provide opportunities for meaningful interactions.
- Bridge the gap
- Reduce frustrations
- Independence
- Expand language
- Develop early literacy



Remember! **Total Communication** Honor and value all attempts • Model use of a strategy and language expansion • Encourage and expand speech whenever possible • Don't be afraid to try something Children's Hospital Boston What Else is Needed to Make a Communication System Work? • Teams and families must meet regularly to coordinate any needed assistance for customizing, using, maintaining and carrying over use of the communication system. • A transition plan must be in place to assure that needed assistance, equipment and support is provided as they enter preschool. Children's Hospital Boston Funding: Insurance ● Local Loaner Libraries (Lacy Equipment Lab, CRCP-Regional Consultation Program, Easter Seals) Company Loans Local Charities Gifts

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For More Information	
●ASHA: http://www.asha.org/public/speech/disorders/AAC.htm	
 AAC Intervention: www.aacintervention.com 	
Creative Communicating: http://www.creativecommunicating.com	
Simplified Technology: <u>www.lindaburkhart.com</u>	
• AAC-RERC: http://aac-rerc.psu.edu/	
Creative AAC and El Resources:	
http://aac.unl.edu/early.html	
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Children's Hospital Boston-Waltham	
www.childrenshospital.org/ACP	
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www.childrenshospital.org/ACP	
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•IT'S NEVER TOO EARLY TO START	
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