TeleAAC and the Advantages for the Field

Nerissa Hall, PHD.CCC-SLP, ATP

hall@AACcommunicare.com

www.AACcommunicare.com

www.communicarelearning.com





Nerissa Hall

FINANCIAL:

- Book royalties (Tele-AAC, Plural Publishing, USA)
- Managing Partner of Commūnicāre, LLC

NON-FINANCIAL

- ASHA SIG 12 AAC
- ASHA SIG 18 Telepractice
- RESNA

Today's Plan

- 1-1:05 Introduction and Disclosures
- 1:05-1:30 AAC fundamentals (including language advancement) and stakeholder involvement
- **1:30-2:00** Overview of tele-AAC
- 2-2:20 Tele-AAC as a continuum of service delivery for best practices
- **2:20-2:50** Case examples
- 2:50-3:00 Q+A



Learning Goals

Our goal is to be able:

- Detail how tele-AAC differs from telepractice in general;
- Describe tele-AAC as a continuum of service delivery for individuals using AAC; and
- List at least two different ways tele-AAC addresses elements of best practice in the field of AAC.



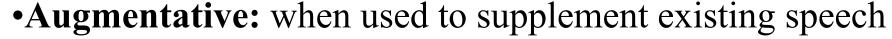
What is AAC?

- Anything other than verbal speech
- Lite-tech
- Mid-tech
- High-tech
- Gestures and signs
- Facial expression



What is AAC?

Augmentative Alternative Communication



•Alternative: when used in place of speech that is absent or

not functional

me ⊕	mom	dad (5)	sister	brother	grandma (a)	grandpa
she 5						
PEOPLE	QUESTN C	PLACES	9.0		T.	ABC 123
I	can	to	ACTIONS D	4.0	6	DESCRB
® A	do	drink E	B	feel E	a	more
it	have	finish D	help	go	the	that





Aided vs. Unaided AAC

Unaided Communication

- Can be used without an external aid or tool:
 - Gestures
 - Vocalizations
 - Speech
 - Manual sign or other signing systems

Aided Communication

- Requires an aid, or includes tools such as:
 - Real & mini objects
 - Tactile Symbols, Pictures, Icons & Photos
 - Communication books
 - Speech Generated Devices (SGDs)



AAC Assessment

- Physical assessment:
 - Hearing, motor (fine/gross), vision
- Cognitive assessment:
 - Memory, executive functioning, attention
- Language assessment:
 - Receptive and Expressive Language
- Communication need:
 - Environments, people, content
- Ability to communicate without Communication device:
 - Gestures, facial expression, pointing, physical manipulation
- Trial different devices and access mode
- Treatment Plan



Access Methods

- Direct selection: using touch selection with finger or head stick, joystick, head pointer, eye-gaze
- Scanning: (automatic and step scanning)
 - Auditory scanning: user listens to auditory feedback to make a selection
 - Visual scanning: icons are highlighted and a switch is used to make a selection

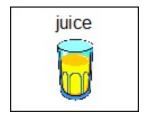


Symbols

Jertin dinin Tertin dinin Ti Societi

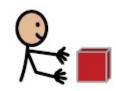
- Real photos
- Mayer Johnson Boardmaker Picture Collection Set (PCS)
- Minspeak pictures (Prentke Romich Company)
- Pixons (combination of PCS and PRC)
- Symbolstix (News2you)







wants





No-Tech/Low-Tech/Lite-Tech

- Picture Exchange System (PECS)
- Communication books that require sequencing to compose message, with Velcro or pointing on a board

Mid-Tech: Static Display

- Made with a paper overlay
- Digitized speech:
 - voice recording
- Set number of buttons
- Set number of overlays:
 - slide in different overlays



High-Tech: Dynamic display













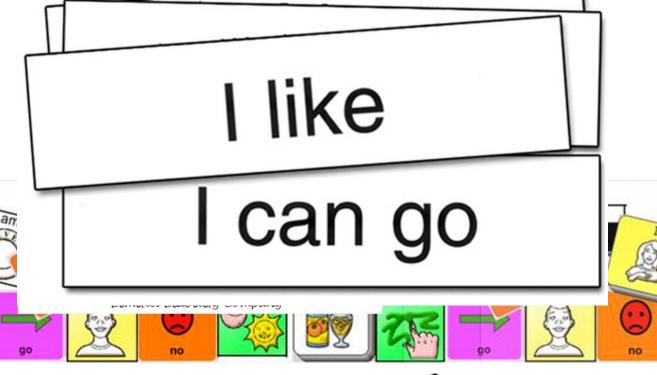






Vocabulary

- Core Language
- Fringe Vocabulary
- Phrases
- Single letters/keyboarding



Language Advancement

Stage 1	•1 word at a time; direct another's behavior, make requests, label items & objects		
Stage 2	•2-3 word phrases, combining words to make more meaningful phrases		
Stage 3	•Using meaningful word order, progressive –ing, plural -s		
Stage 4	•Learning grammar and sentence structure, questions, negatives, irregular past tense		
Stage 5	•Possessive 's, 3 rd person present, regular past tense		
Stage 6	•Correct grammar and word order, increasing complexity		





Communicative Functions

- Direct
- Request
- Comment
- Label
- Joke
- Question/ask
- Tell
- State

Foundational Theories

• 3-way process involving the AAC system

• Zone of Proximal Development

• Input-Output Asymmetry



Partner Fundamentals

• Equip communication partners with important information about how to encourage communicative independence

- Creating Opportunities
- Modeling
- Prompting
- Language Expansion



Independent (I or +):

The individual finds the target on their own.



Visual Point Prompt (VP):

Pointing to the vicinity of the target or directly at the target.



Verbal Prompt (V):

Describing the target or verbally encouraging use of the device.

- natural verbal prompt: "What do you want?"
- verbal mand: "You want doll. Push the 'doll' button."



Written/Visual Prompt (WV):

Using written words, picture icons, or icon sequences to show the target.



Modeling (M):

The communication partner uses the device to model/show the individual where the target is.



Partial Physical (PP):

The communication partner gently nudges the individual's hands or elbow to make a sign or push the target symbol by placing a hand on their elbow.



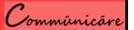
Hand-Under-Hand (HUH):

Physically helping the student to select a target on their device by holding underneath their hand and guiding their point/movement.



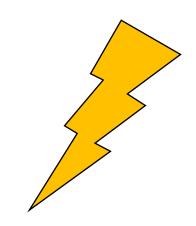
Remember: STOP BEFORE YOU PROMPT!

It may be helpful to count to 10 in your head to ensure you are providing appropriate wait time and avoiding over prompting.



Tele-AAC vs. Telepractice

• Includes an AAC system or AAC tool



• The treating clinician has "eyes on" the AAC system (may mean having a second computer or iPad to be able to have a visual of the student, etc.)







Direct Services

- Real-time services that replicate in-person sessions
- Can involve other team members
- Synchronous

Consultative Services

- Intensive consultation for those with little AAC experience
- Can be for supervision
- Can be "hands on"
- Synchronous or asynchronous

Assessment Services

- Supports collaboration
- Can be synchronous or asynchronous depending on case
- Less overwhelming for individual



Considerations for Privacy and Security

- Check in with ASHA for up-to-date information
- HIPAA compliance
 - BAA agreement
- Environmental considerations
 - Private treatment area
 - Who can hear?
 - Who can see?
 - How is content from the session shared/stored/secured?



Candidacy for Tele-AAC

- Completing an initial tele-survey to determine
 - the players (the individual and their communication partner(s))
 - the environment
 - the technology/platform
 - how they want to connect (synchronous, asynchronous, scheduled, etc.)
- "Feature matching" for tele-AAC service delivery
 - It is not "yes" or "no," but rather how are we going to provide the service?

Transparency: a clear discussion about what it will be and what it won't be



Candidacy of the Individual

- Remember the triadic model of AAC use...
 - How much modeling and co-construction is needed?
 - Alertness and overall availability?
 - Ability to sustain attention (and for how long)?
 - Ability to shift/adjust attention
 - How often are movement breaks needed?
 - Tangible support options (like visual schedules, token boards, etc.), are they needed and how?
 - How do they best receive information (visual, auditory, tactile, manipulative, etc.)?



Candidacy of the Partner

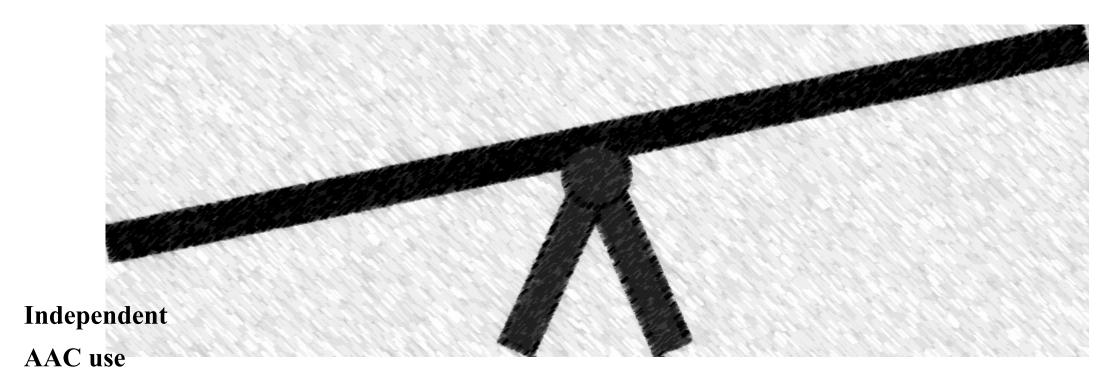
- Comfort level with technology
 - AAC technology, and
 - Tele-technology
- Comfort with AAC modeling (as a strategy)
- Familiarity with engagement strategies (behavior modification)
- Availability for live tele-sessions



Tele-AAC Service Types

...consider tele-AAC consultation

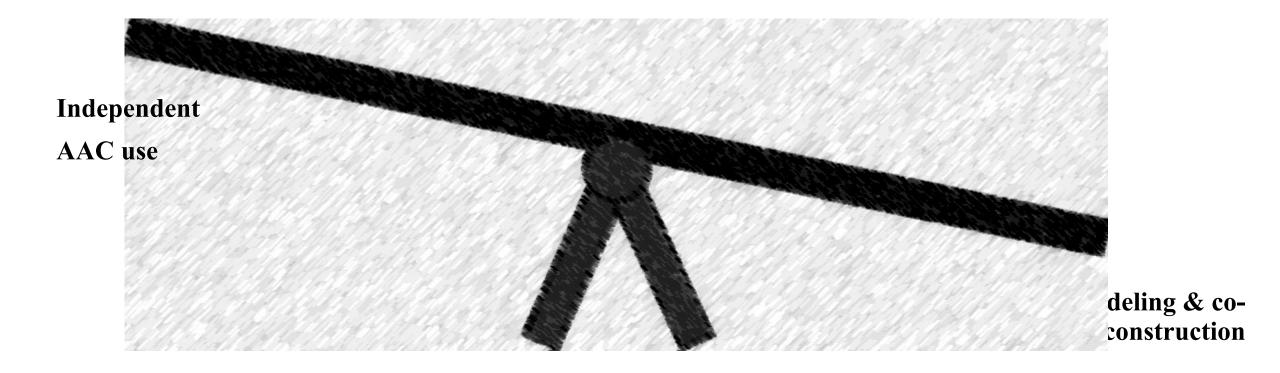
AAC modeling & coconstruction





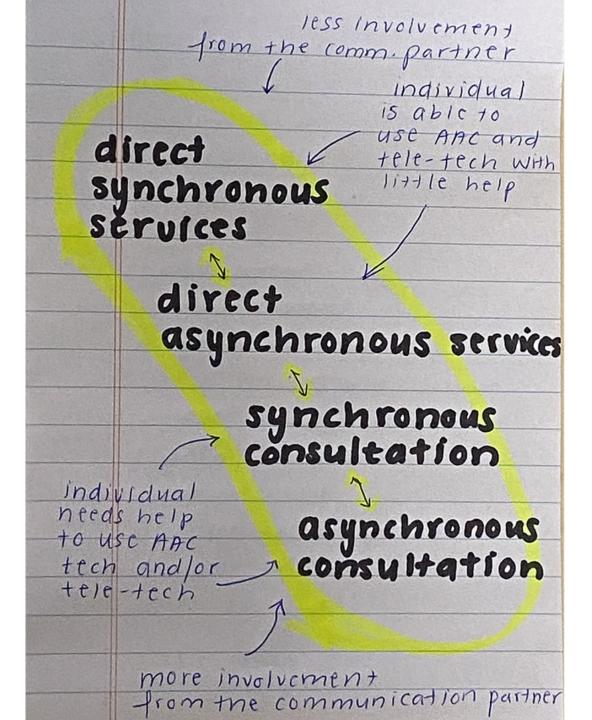
Tele-AAC Service Types

...consider tele-AAC direct service delivery





Continuum of Service Delivery





Sommūnicāre, LLC

Tele-AAC Equipment Needs

- Display screen
- Display software (Zoom, GoToMeeting, etc.)
 - Screensharing capabilities
 - Annotation
 - Chat
- Cameras
 - One (with toggle)
 - Two (for simultaneous viewing)
- AAC system/emulation
- Internet (hardwire when possible)
- Tripod/mounting (hands-free ideally)



Tele-AAC Software Suggestions

- Pictures/photos
- Videos
- Word processing/presentation tools
 - Document
 - Slides
- Interactive websites
- Back-up mode of communication (to triage challenges with connectivity, etc.)





Tele-engagement Training and Support

- "Must-do's" before session begins
 - clear expectations of partner's participation
- Involve visuals (multimedia)
- Careful management of amount of verbal information
- Use of variable prompting
- "Bookends"
 - Routine to the session
 - Consistency to support focus on content rather than navigation/manipulation
- Motivating tasks





Arranging the Tele-environment

Individual's End

- Location of session area
- Minimizing distractibility of people and items
- Clearing the desktop
- Physical tools (schedule, hands-on material, fidgets)

Clinician's End

- Location of session area
- Minimizing distractibility of people and items
- Visual clutter of screen
- Organizing materials for easy sharing
- Items available for referencing



Consultation via Tele-AAC

• The clinician works with team members that are working with an individual needing AAC support.

• In real time or store-and-forward.

• May involve the individual or not.

• Real video or photo images or simulation/emulation tools.



Tele-AAC Consultation: Synchronous or Asynchronous

- Highly customized
- Highly relevant
- Creates a permanent product for future reference
- Digestible



AAC and Tele

- Powerful combination because:
 - Seamless integration of communication partners
 - Generalization across environments
 - Improved access



Facebook Twitter Instagram hall@AACcommunicare.com