## Tele-AAC: Getting Started

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#### 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

#### Hillary Jellison

#### FINANCIAL:

- Managing Partner of Commūnicāre, LLC
   NON-FINANCIAL
- ASHA SIG 12 AAC
- RESNA



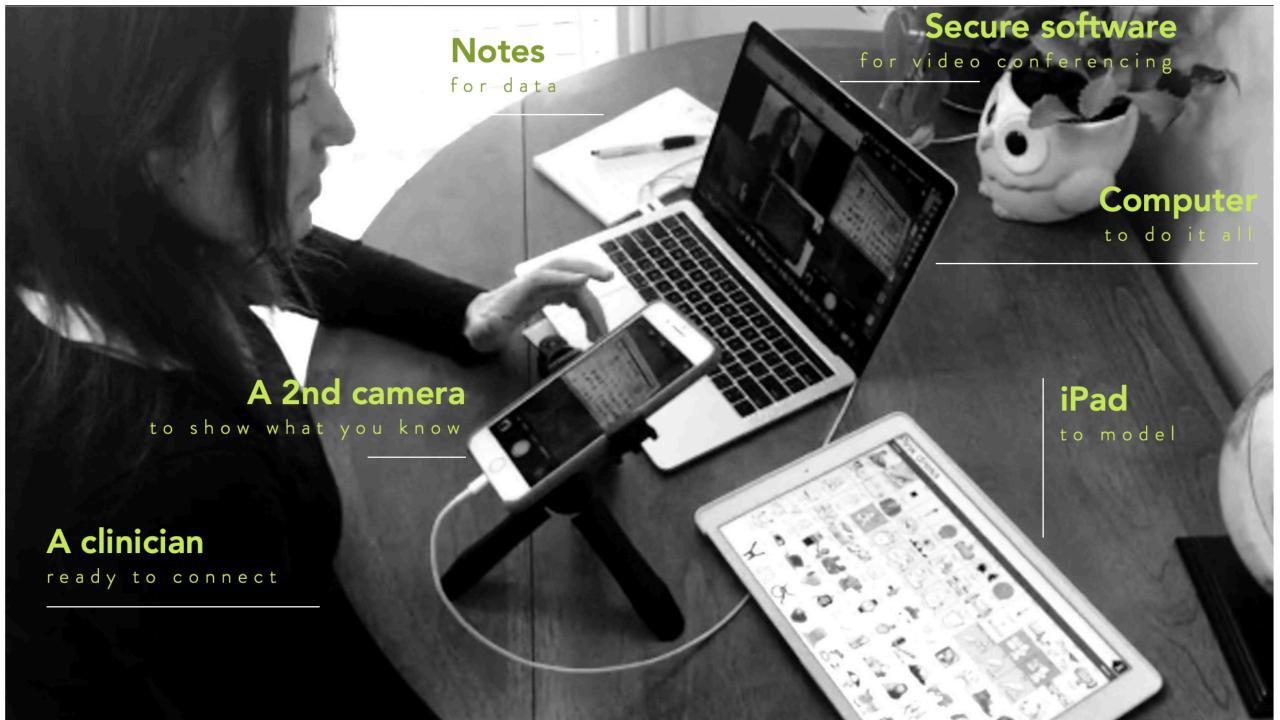
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#### Tele-AAC vs. Telepractice

• 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**

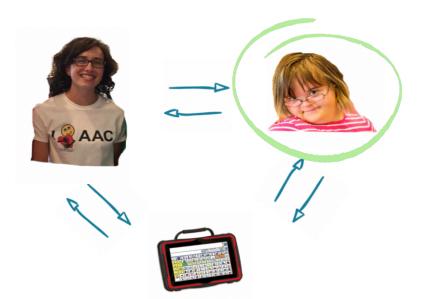
- Completing an initial tele-survey to determine
  - the players (the individual and their communication partner(s))
  - the environment
  - the technology/platform
  - how they want to connect (synchronous, asynchronous, scheduled, etc.)
- "Feature matching" for tele-AAC service delivery
  - It is not "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-candidacy: Initial tele-survey



#### Initial Tele Survey

		Tele-tech			
1. How do you p	refer to connect? (	select all that ap	oply)		
□ email	□live video conferencing	<ul><li>☐ sharing recorded videos</li></ul>	□video tutorials	□ phone calls	Other:
2. What technology	ogy would you use	(that has a web	cam)?		
□ phone	□ tablet	□laptop	□Chromebook	□desktop	□ other:
3. What is your	comfort level with	that technology	?		
□very comfortable	□ comfortable	□open to training	□not my strong suit	□terrified	□ other:
4. What is your	comfort level using	more than one	of those technolog	ies at once?	
□very comfortable	□ comfortable	□open to training	□not my strong suit	□terrified	□ other:
5. What platform	n are you familiar	or comfortable	with?		
□ Zoom	□GoToMeeting	□Webex	□Clocktree	□Doxy.me	□ other:
6. Internet Servi	ce Stability				
□Great	□Good	□ sometimes patchy	□often patchy	□not reliable	□ other:

 $\square$  NO

1. Do you have the individual's AAC System at home?  $\hfill \Box \mbox{ YES}$ 

2. Do you	have an alternativ	e lite-tech (pap	er-based version) of	the AAC Syste	m at home?
	$\square$ YES			$\square$ NO	
3. Do you	have a way of char	rging your AAC	C System at home?		
	$\square$ YES			□ NO	
4. How fa	miliar/comfortable	are you with t	he AAC System?		
□very comfortable	□ comfortable	□open to training	□not my strong suit	□terrified	□ other:
	miliar/comfortable ing, language expa		upporting your childing)?	d's use of the A	AC System
□very comfortable	□ comfortable	□open to training	□not my strong suit	□terrified	□ other:
	miliar/comfortable output not workin		roubleshooting tech- n, etc.)?	issues with the	AAC System
□very comfortable	□ comfortable	□open to training	□not my strong suit	□terrified	□ other:
7. How fa	amiliar/comfortable		dentifying and creat		ation opportunitie
□very comfortable	□ comfortable	□open to training	□not my strong suit	□terrified	□ other:
		Tele-E	Environment		
1. Where	will the tele-session	ı take place? (c	losed door room, at	a desk, shared	space, etc.)
2. Other j	people around the t	ele-environme	nt? (siblings)		
3. Days/T	imes available for	tele-sessions.			

		Communica	ation Partner		
1. Comfort visual sc		tudent's engagen	nent and focus to t	ask? (using token re	inforcement,
□very comfortable	□ comfortable	□open to training	□not my strong suit	□terrified	□ other:
2. Commu	nication partner's	other responsibi	lities at the time o	f tele-session?	
□siblings	□ work	□available to focus on tele	□not my strong suit	□terrified	□ other:

		Indiv	idual		
1. Abili	ty to sustain attention?				
□60 min	□ 30 min	□15 mins	□10 min	□ 5 min	□ other:
2. Need	for visual schedule?				
	$\Box$ YES			□NO	
3. Need	for token reinforcemen	t or reinforcem	ent schedule?		
	$\Box$ YES			□NO	
4. What	t is your child's best acc	ess method for	learning? (choos	e all that apply)	
□visual	□auditory	□tactile	□hands on	□other:	
	vating topics/engaging tass, etc.)	asks for your cl	nild? (TV shows,	movies, books, c	haracters,

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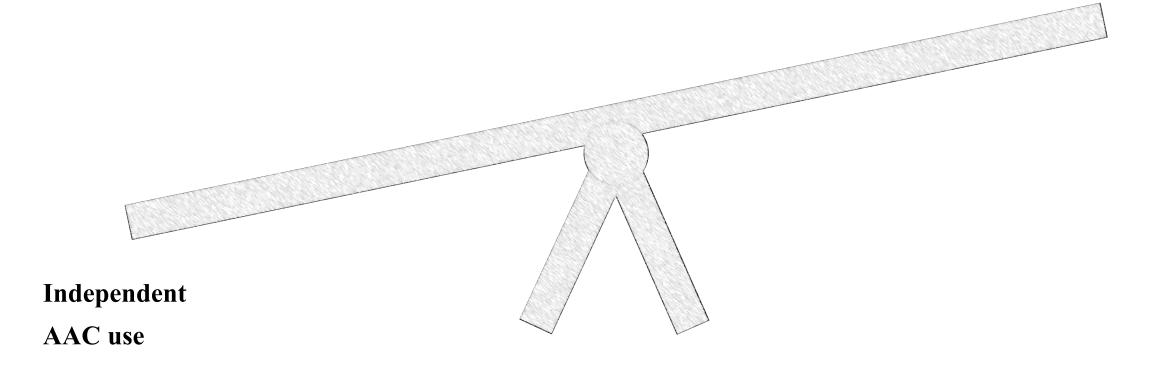
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## **Tele-AAC Service Types**

...consider tele-AAC consultation

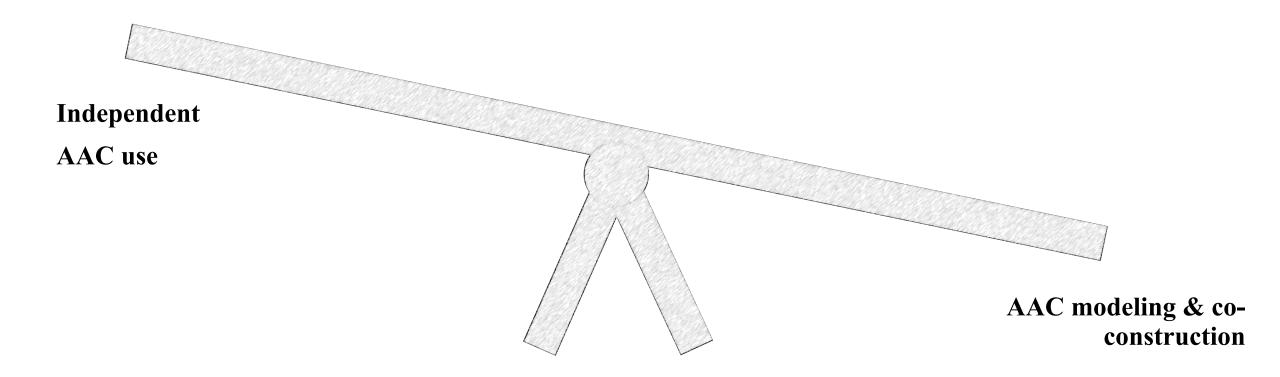
AAC modeling & coconstruction



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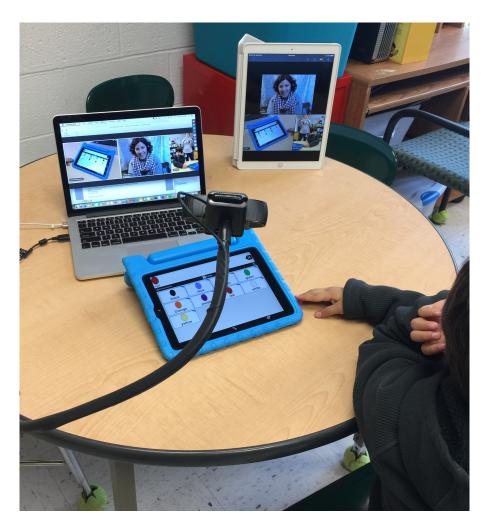
#### **Tele-AAC Service Types**

...consider tele-AAC direct service delivery

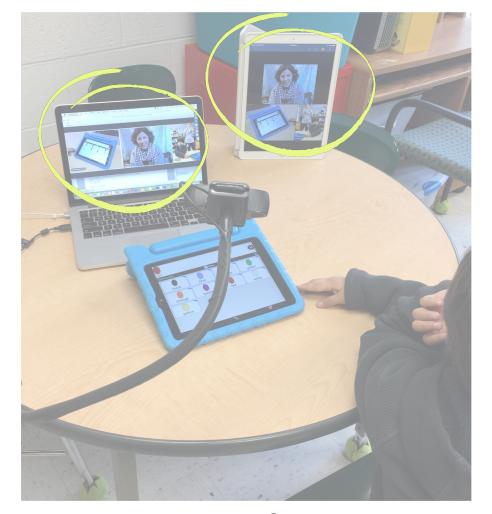




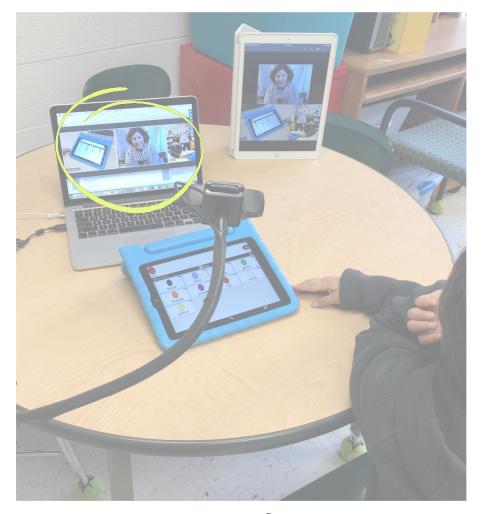
- Display screen
- Display software (Zoom, GoToMeeting, etc.)
  - Screensharing capabilities
  - Annotation
  - Chat
- Cameras
  - One (with toggle)
  - Two (for simultaneous viewing)
- AAC system/emulation
- Internet (hardwire when possible)
- Tripod/mounting (hands-free ideally)



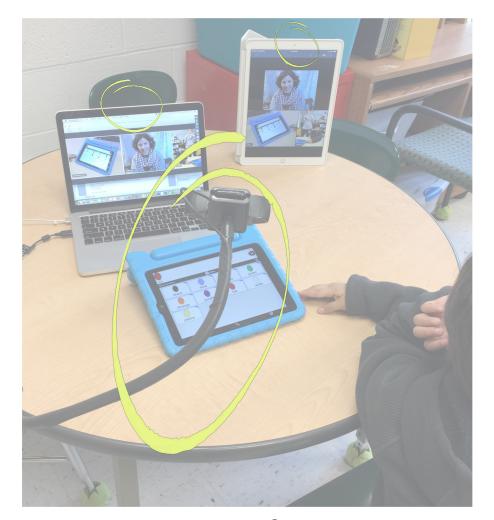
- Display screen
  - Depends what you wish to share
  - The more you plan to display the larger the screen should be



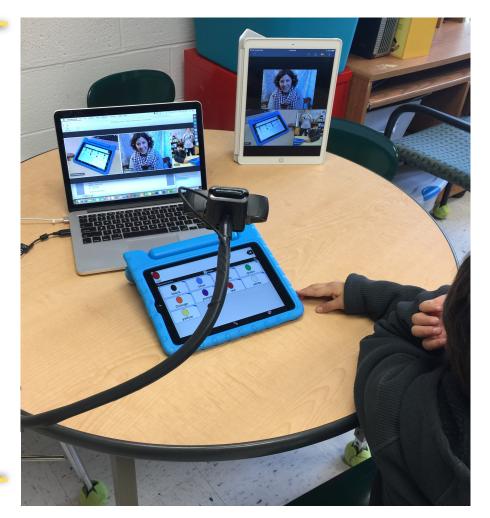
- Display software (Zoom, GoToMeeting, etc.)
  - Screensharing capabilities
  - Annotation
- Multiple "seats"
  - if planning on using two cameras, or
  - involving more than participant
- Recording features
  - if planning of sharing the content



- Cameras
  - One (with toggle)
  - Two (for simultaneous viewing)
  - Maybe more depending on the service



- Internet (hardwire when possible)
  - 150 kbps for screen sharing with video thumbnail,
  - 600 kbps for video calling, and
  - 1.5 mbps for video calling with many people/seats (using a 2nd camera counts as a seat)
- 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

- "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

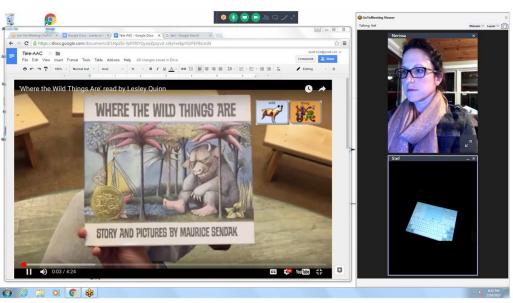
- Location of session area
- Minimizing distractibility of people and items
- Visual clutter of screen
- Organizing materials for easy sharing
- Items available for referencing

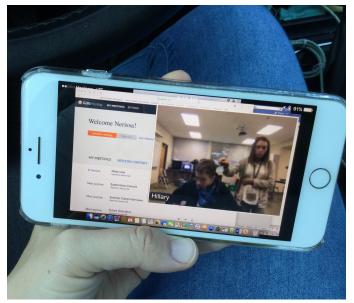


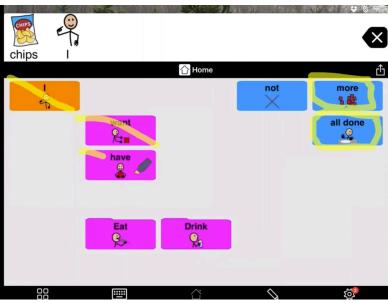






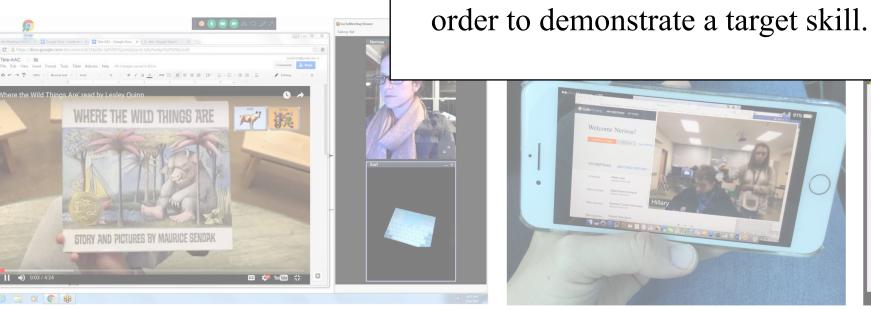




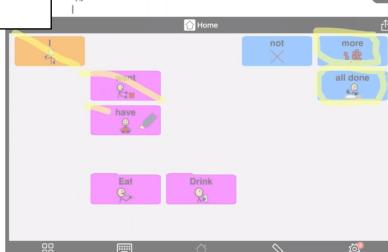


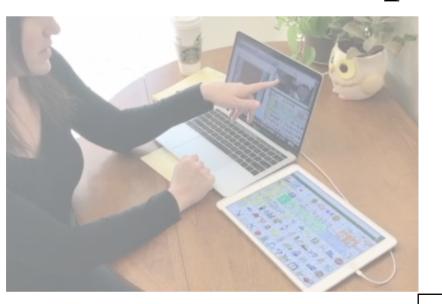






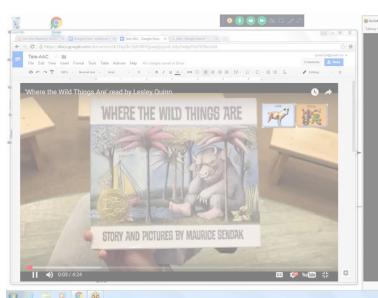




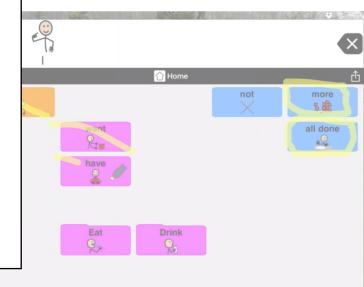


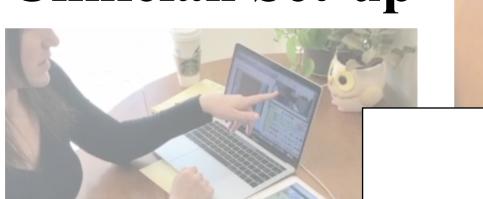




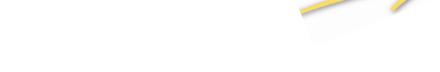


Clinician demonstrates a skill but modeling is important

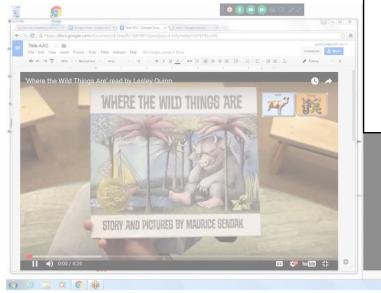


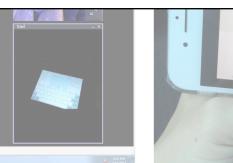


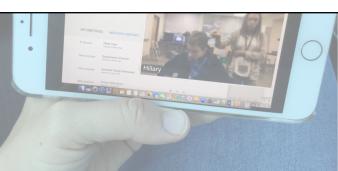


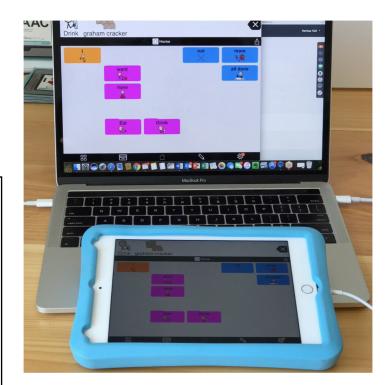


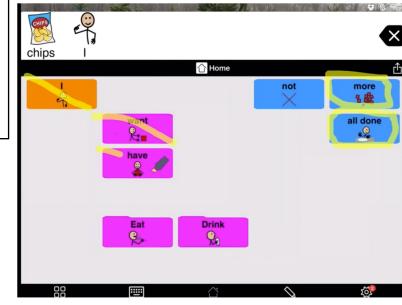
Clinician demonstrates a skill using annotation

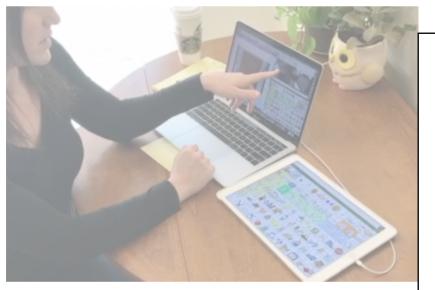








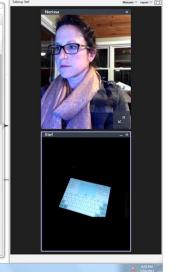


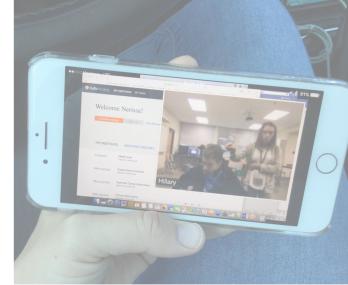


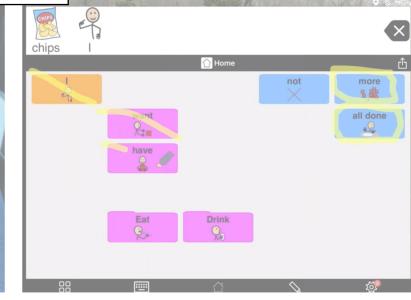
Clinician shares an activity and views either the individual or their AAC system

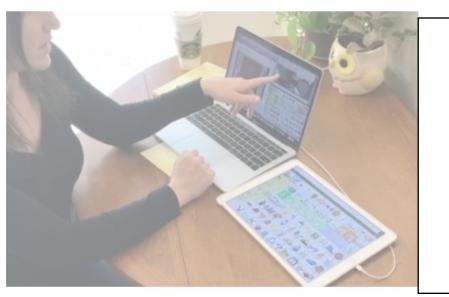




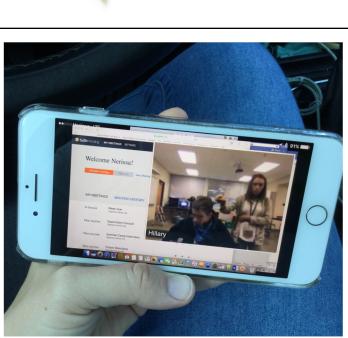




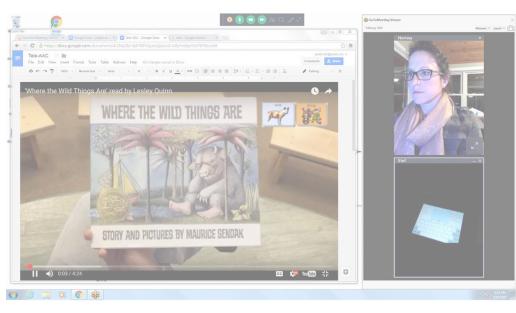


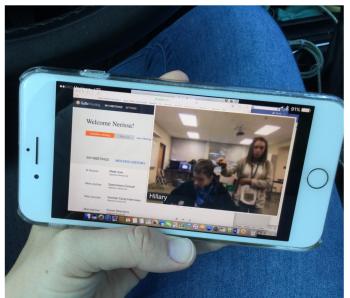


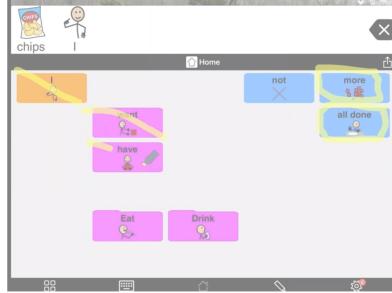
Clinician joins a video session to gather information/consult

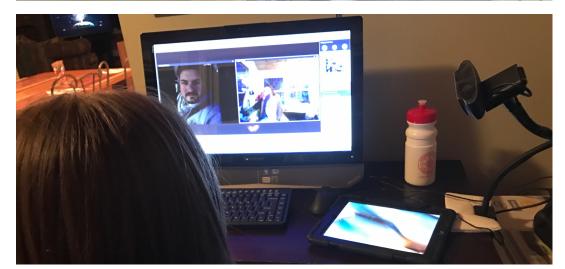




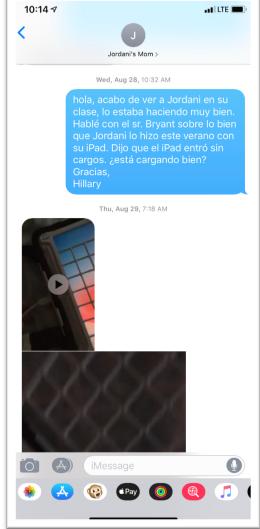




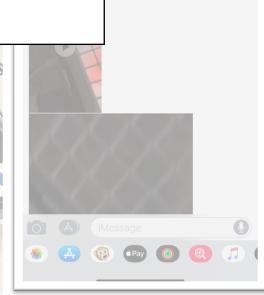


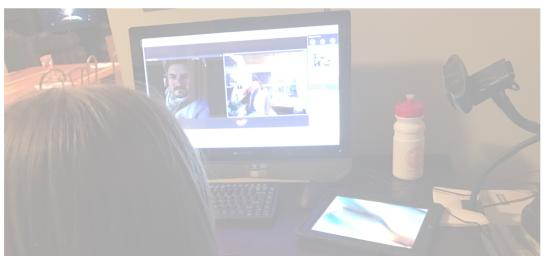


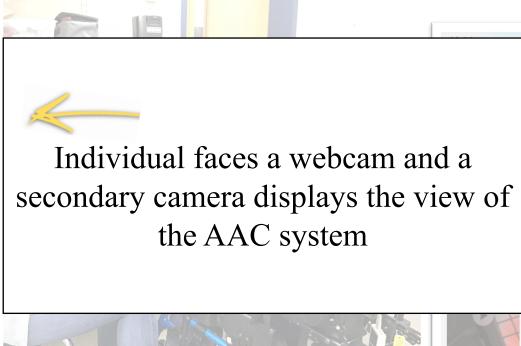


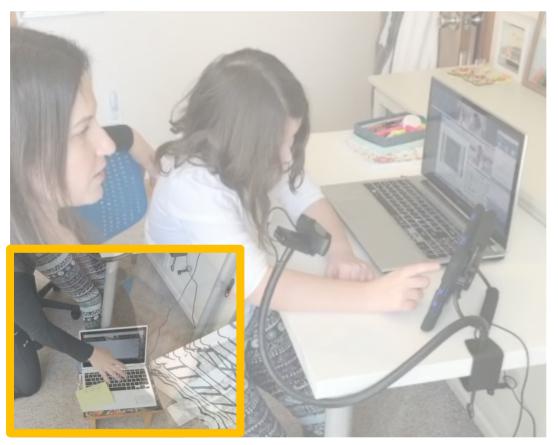


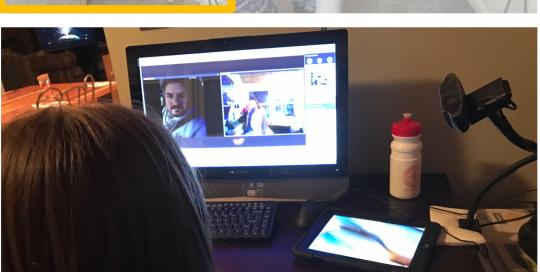




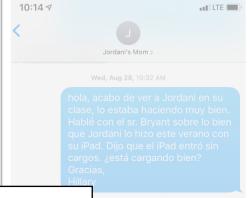






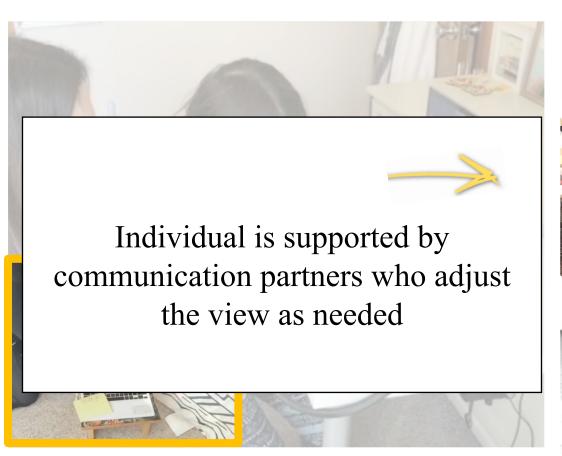


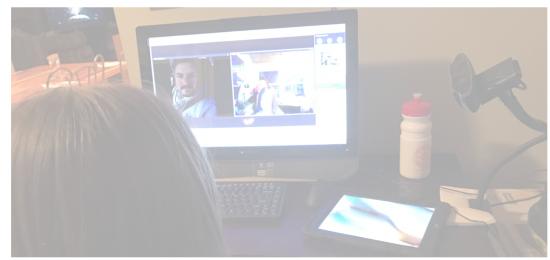




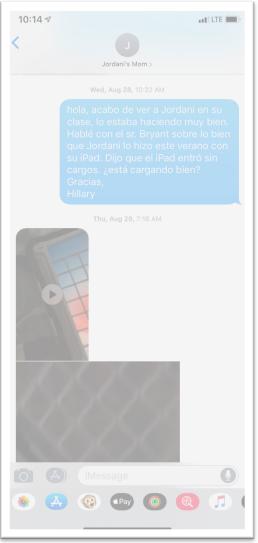
Individual toggles back and forth between face and AAC system view

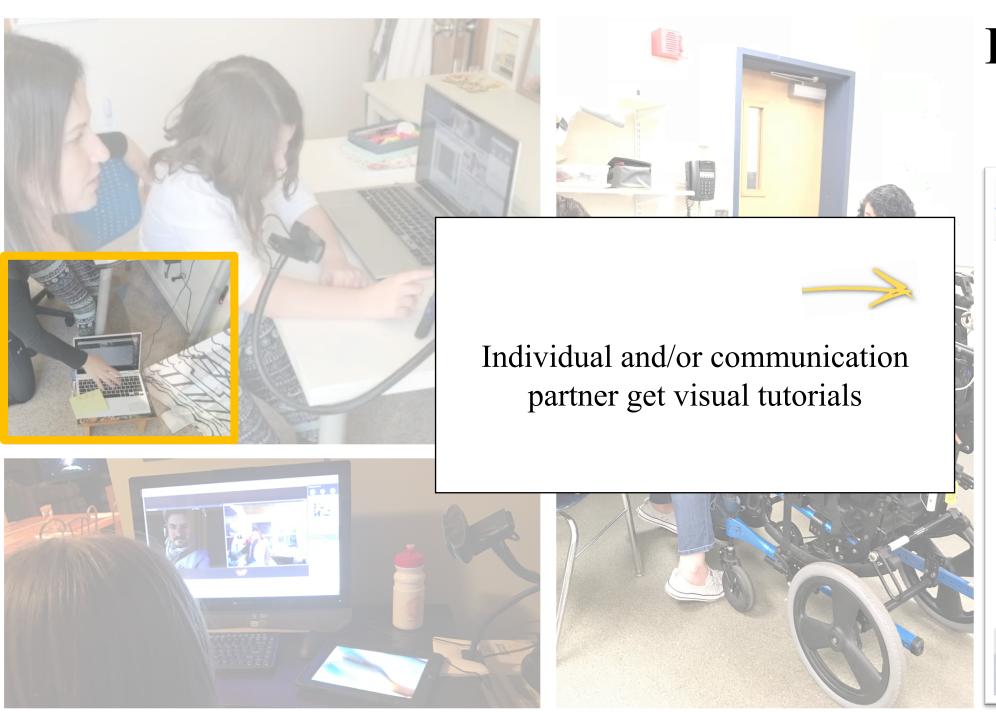


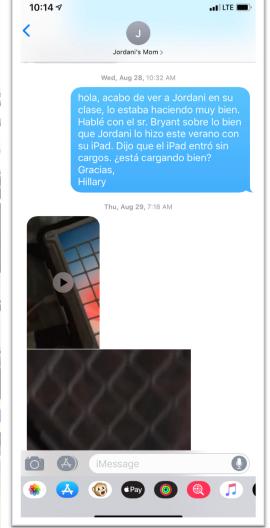












# Direct Text-Based Services

- Involves screen-sharing intervention materials that includes text.
- The individual using AAC needs to be able to read.

# Direct Tele-AAC with 2 SGDs

- Both the individual and the clinician have SGDs.
- Webcams (J-Mount) are used to project the image of the AAC system on both ends.

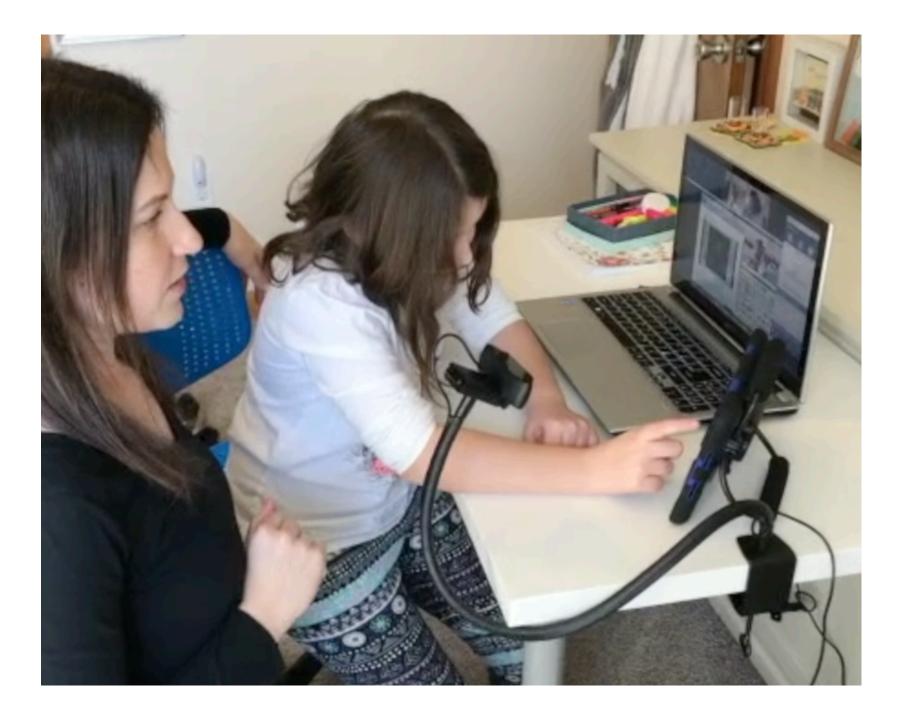
# Direct Tele-AAC with 1 SGD

- The clinician uses simulation/emulation software to model target words/phrases.
- The image of the individual's AAC device is projected through a J-Mount or comparable tool.

# Direct TextBased Tele-AAC



Direct
Tele-AAC
with 1
SGD



# Consultation via Tele-AAC

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

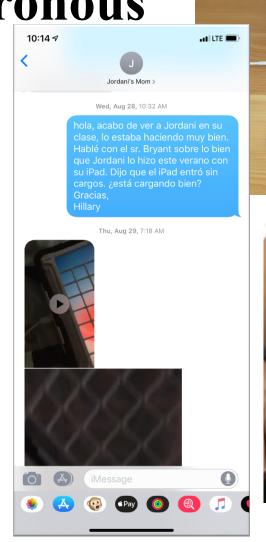
• In real time or store-and-forward.

• May involve the individual or not.

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

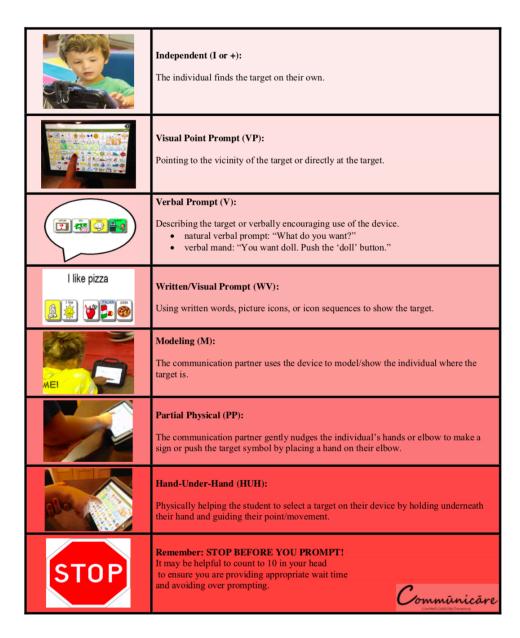
Tele-AAC Consultation: Synchronous or Asynchronous

- Teams will share videos of sessions, issues they may be having with the device, or where they are struggling with modeling.
- We can respond with a video, picture, document, or explanation.









- Modeling
- Prompting
- Communication Partner Training





Who We Are

What We Do

Camp Commūnicāre Tele-AAC

Resources

... specialists in Augmentative and Alternative Communication, Assistive Technology, Tele-AAC, and more...

> We also added information about Tele-AAC!

We have resources and ideas for you at home.

Who we are...

...and added enrichment packets for download!

We are a team. We specialize in augmentative and alternative communication (AAC), assistive technology (AT), and tele-AAC.

LEARN MORE-MEET OUR TE...

#### What we do...

We love what we do! We specialize in AAC, AT, Speech and Language, and Special Education. We offer a range of services in-person and remotely via telepractice (tele-AAC), such as:

- + Assessments
- + Consultation
- + Intervention
- + Tele-AAC and telepracitee
- + Professional development and trainings

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