

Tele-Engagement for Effective Clinical Intervention

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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

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- Managing Partner of Commūnicāre, LLC

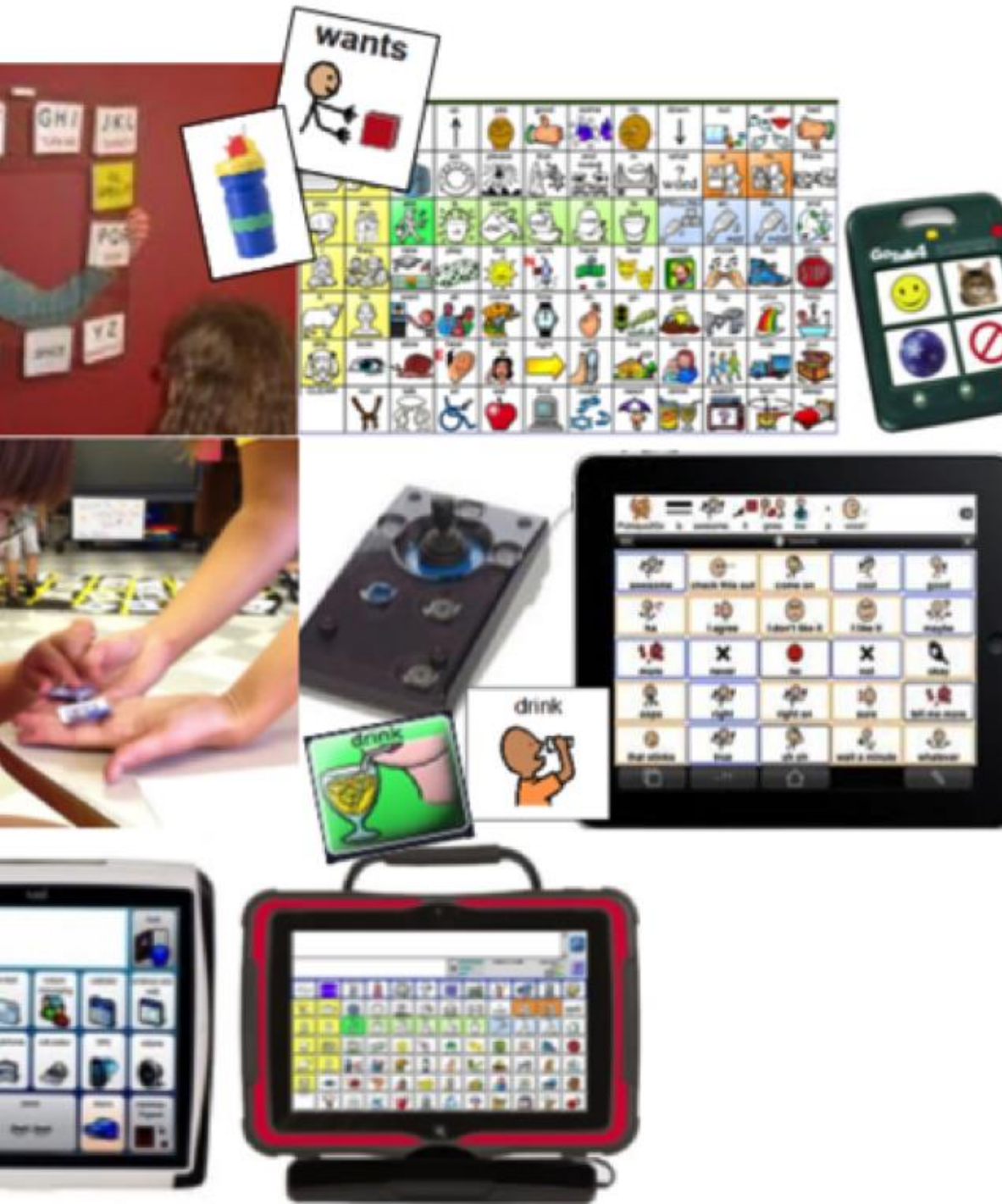
NON-FINANCIAL

- ASHA SIG 12 – AAC
- RESNA



Today's Plan

- Establish our understanding of tele-AAC and how we can replicate on-site elements in a virtual world.
- Understand the differences between on-site and remote service delivery, especially with respect to:
 - Sharing information
 - Manipulating content
 - Gaining and maintaining attention
 - Supporting shared engagement



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

- **Augmentative:** when used to supplement existing speech
- **Alternative:** when used in place of speech that is absent or not functional



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)



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



Communicare, LLC

AAC Fundamentals

- Multimodal process where effective communication is the ultimate goal
- 3-way process (triadic model)
 - Zone of proximal development
 - Input-output asymmetry
- A range of communicative functions
 - Direct, Request, Comment, Label, Joke, Question/ask, Tell, and State



Partner Fundamentals

- Equip communication partners with important information about how to encourage communicative independence
- Creating Opportunities
 - How we set-up the environment and/or interact with an item of interest to encourage an individual to use AAC
 - Directing, requesting, commenting, asking for help
- Modeling
 - Says "I use AAC, too" and occurs in the absence of any expressive demand
- Prompting
- Language Expansion

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.)

Notes

for data

Secure software

for video conferencing

Computer

to do it all

A 2nd camera

to show what you know

iPad

to model

A clinician

ready to connect





A partner
ready to help

Secure software
for video conferencing

Computer
to do it all

**An awesome
individual**
ready to learn

**A 2nd
camera**
to show what you know

AAC System
to work with

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

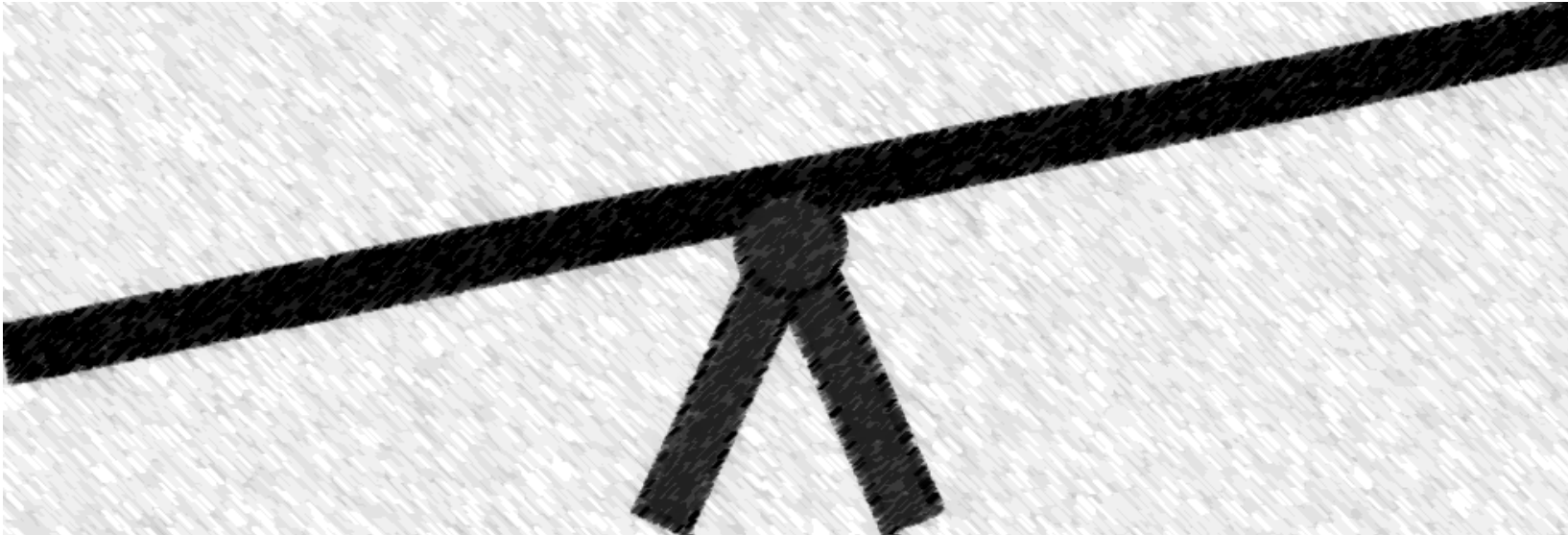
- Completing an initial tele-survey to determine
 - the players (the individual and their communication partner(s))
 - the environment
 - the technology/platform
 - how they want to connect (synchronous, asynchronous, scheduled, etc.)
- "Feature matching" for tele-AAC service delivery
 - It is not "yes"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

Tele-AAC Service Types

...consider tele-AAC consultation

**AAC modeling & co-
construction**

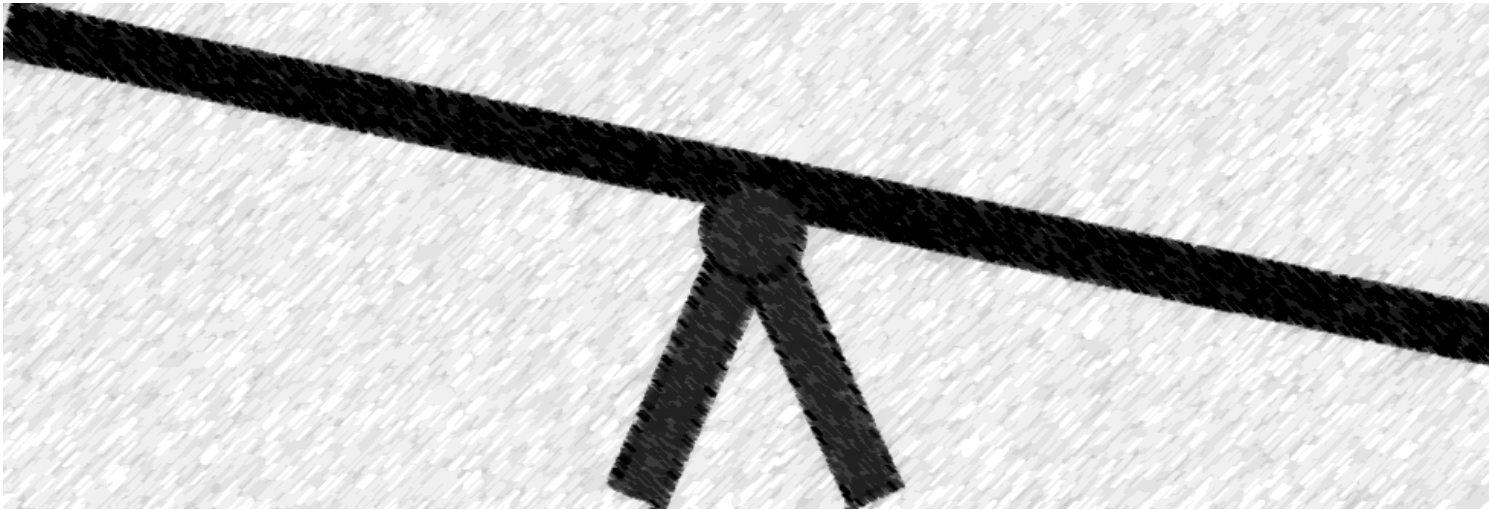


**Independent
AAC use**

Tele-AAC Service Types

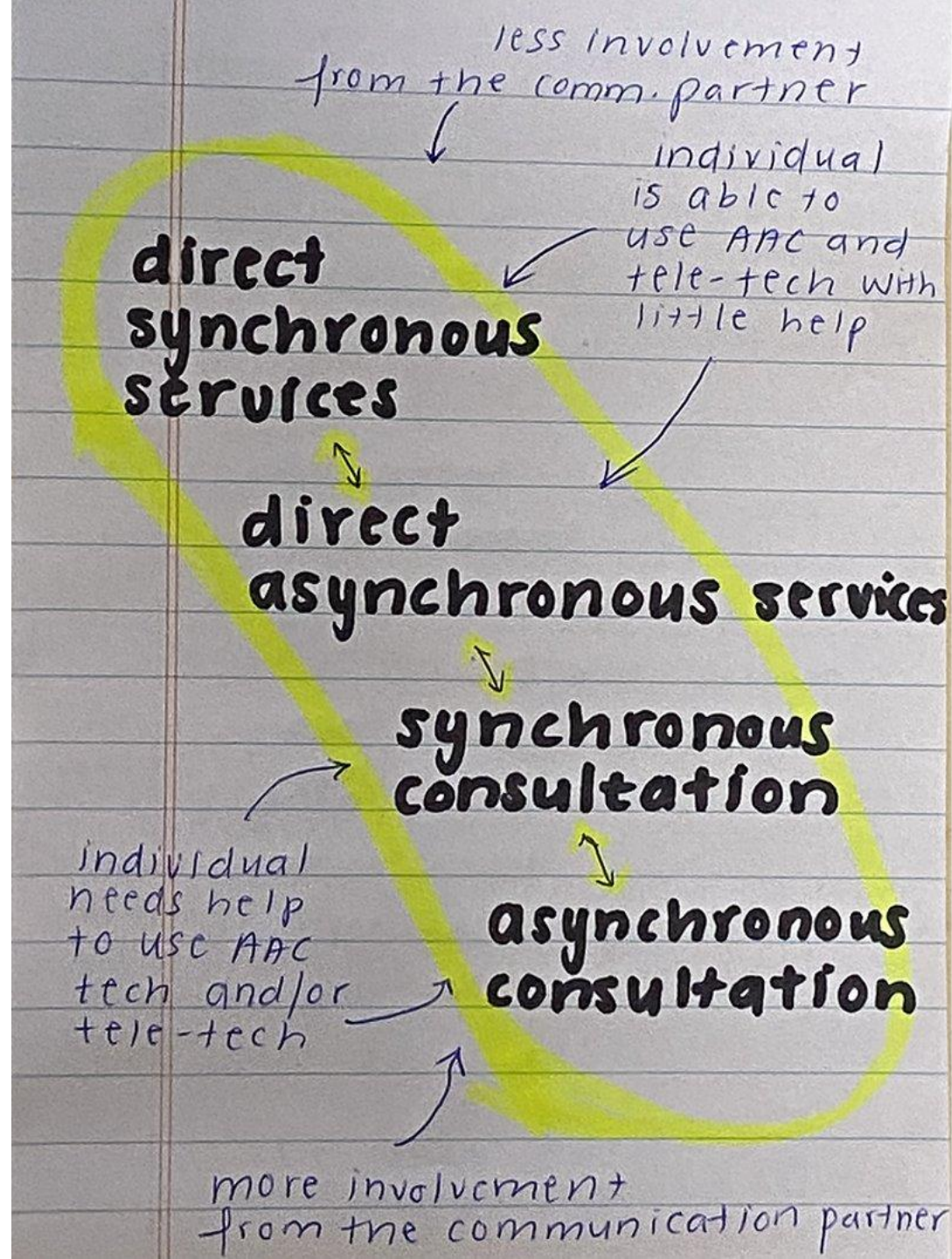
...consider tele-AAC direct service delivery

**Independent
AAC use**

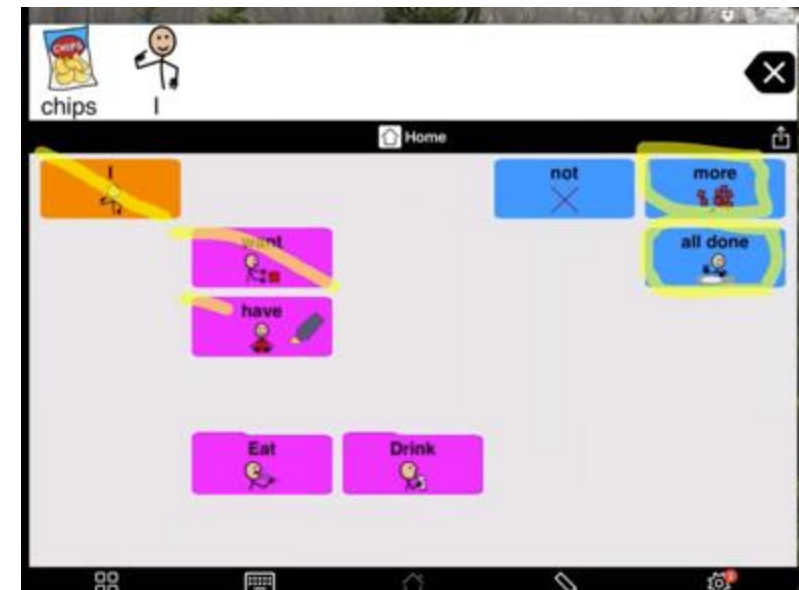
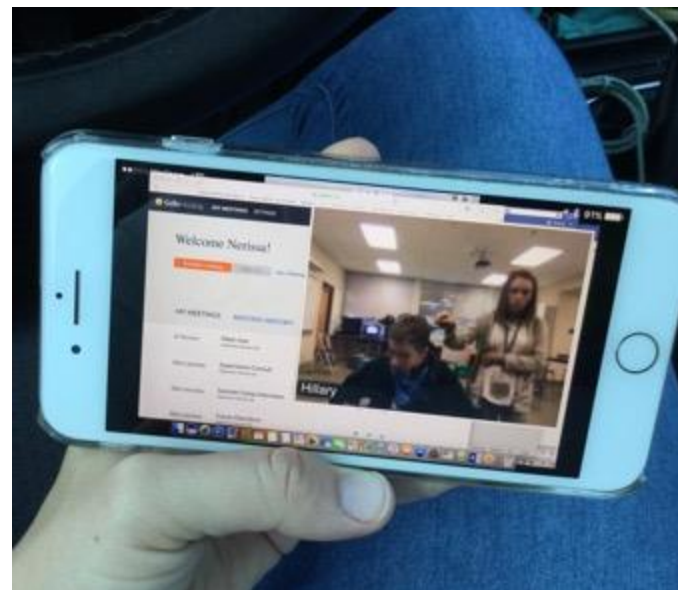
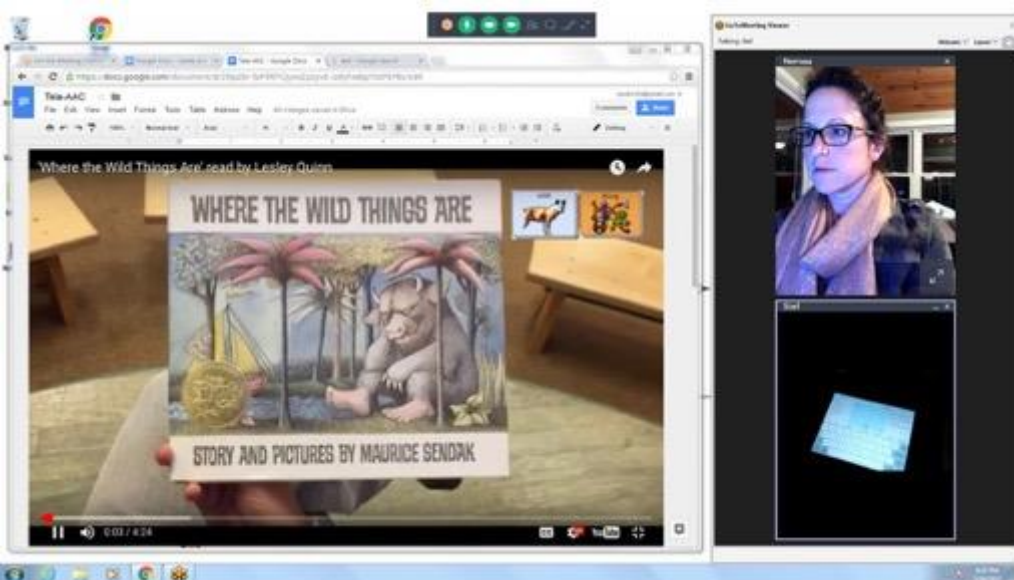
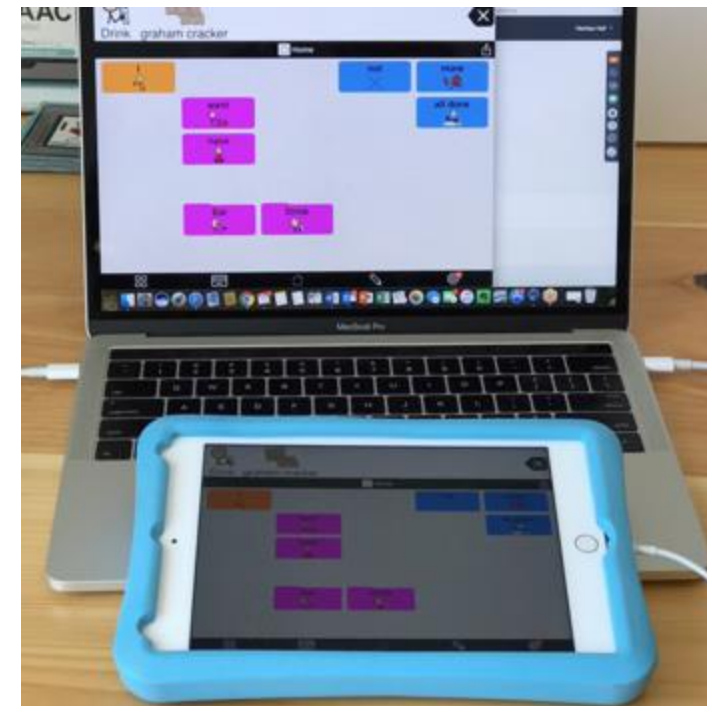


**AAC modeling & co-
construction**

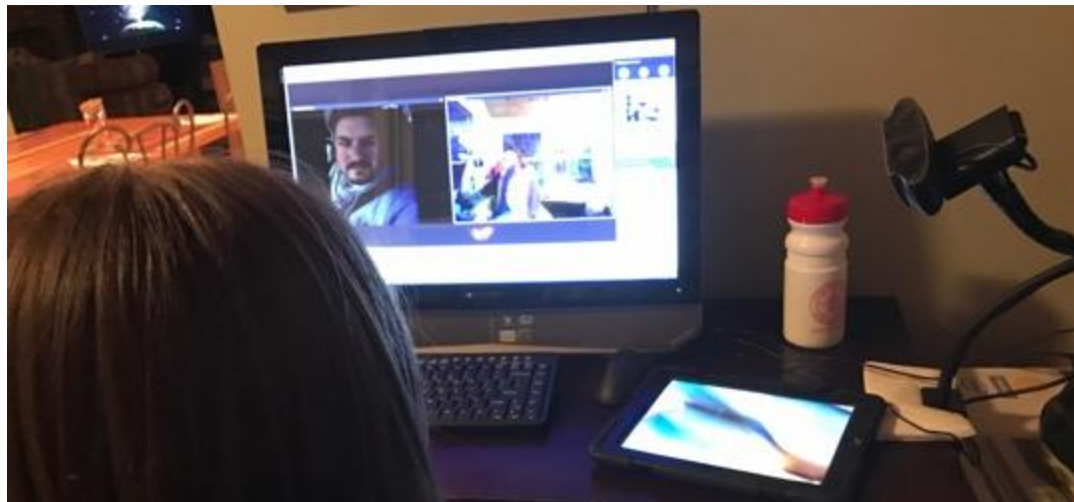
Continuum of Support



Clinician Set-up



Individual Set-up



AAC Fundamentals for Partners

- Equip communication partners with important information about how to encourage communicative independence
- Creating Opportunities
- Modeling
- Prompting
- Language Expansion

Creating Opportunities

- How we set-up the environment and/or interact with an item of interest to encourage an individual to use AAC
- Directing another
- Gaining access
- Asking for help
- Commenting



Modeling

- Says "I use AAC too"
- Vygotsky's ZPD
- Occurs in the absence of any expressive demand



Prompting

- Designed to teach a skill
- Response is expected
- Varies according to the task (hierarchy)



	<p>Independent (I or +):</p> <p>The individual finds the target on their own.</p>
	<p>Visual Point Prompt (VP):</p> <p>Pointing to the vicinity of the target or directly at the target.</p>
	<p>Verbal Prompt (V):</p> <p>Describing the target or verbally encouraging use of the device.</p> <ul style="list-style-type: none"> • natural verbal prompt: "What do you want?" • verbal mand: "You want doll. Push the 'doll' button."
<p>I like pizza</p>	<p>Written/Visual Prompt (WV):</p> <p>Using written words, picture icons, or icon sequences to show the target.</p>
	<p>Modeling (M):</p> <p>The communication partner uses the device to model/show the individual where the target is.</p>
	<p>Partial Physical (PP):</p> <p>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.</p>
	<p>Hand-Under-Hand (HUH):</p> <p>Physically helping the student to select a target on their device by holding underneath their hand and guiding their point/movement.</p>
	<p>Remember: STOP BEFORE YOU PROMPT!</p> <p>It may be helpful to count to 10 in your head to ensure you are providing appropriate wait time and avoiding over prompting.</p> <p><i>Communicare</i></p>

Language Expansion

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

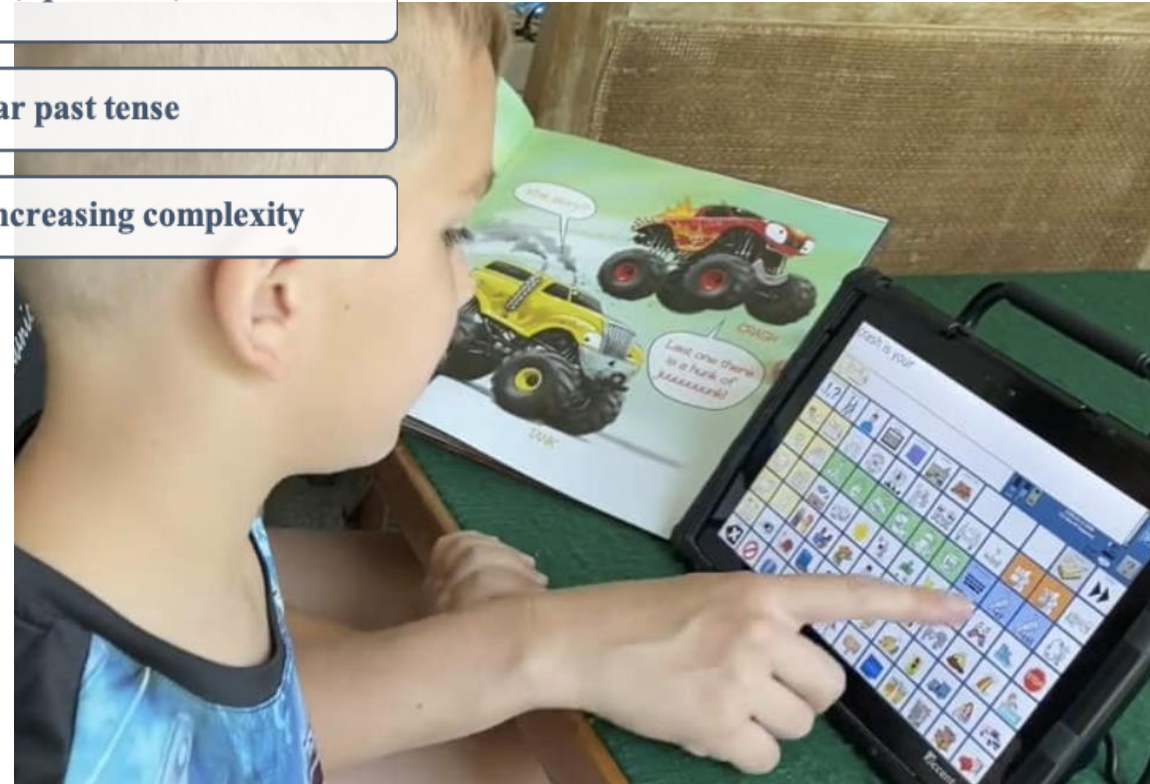
- Learning grammar and sentence structure, questions, negatives, irregular past tense

Stage 5

- Possessive 's, 3rd person present, regular past tense

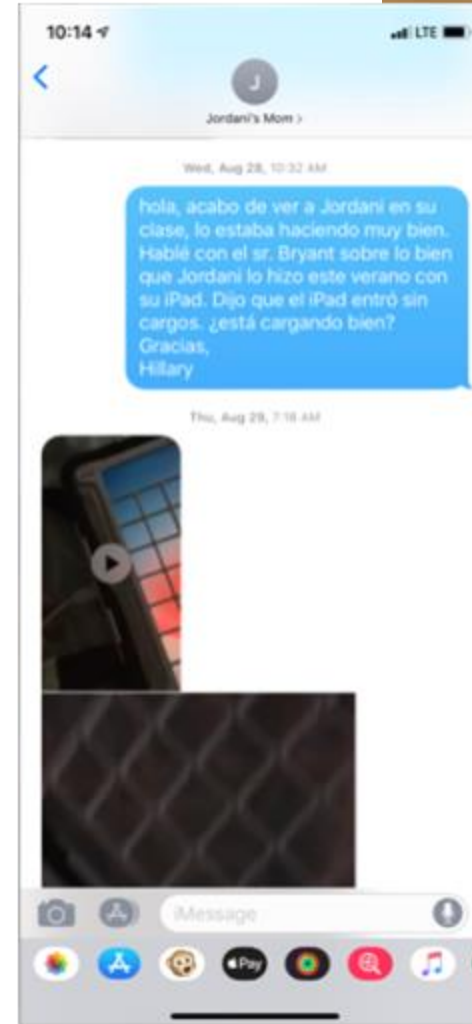
Stage 6

- Correct grammar and word order, increasing complexity



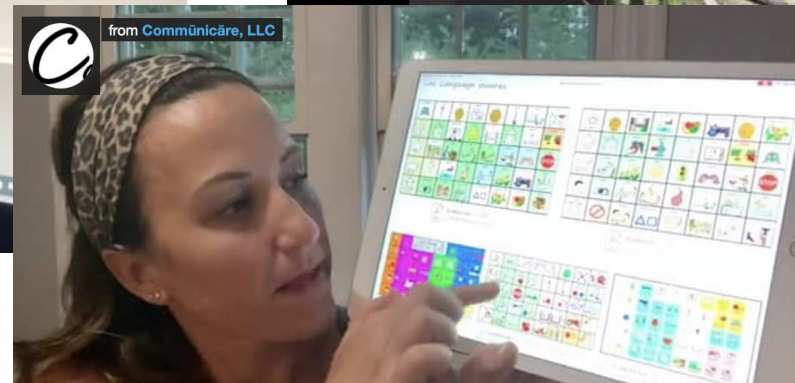
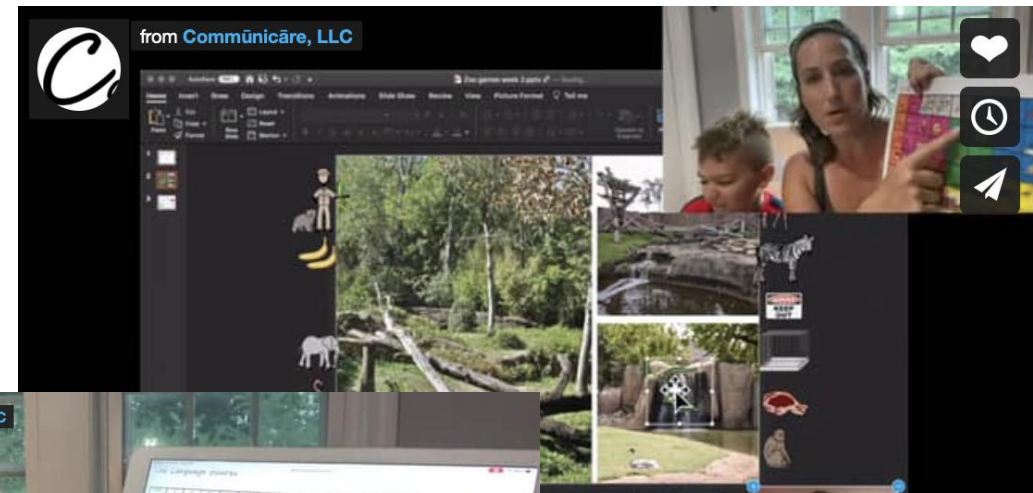
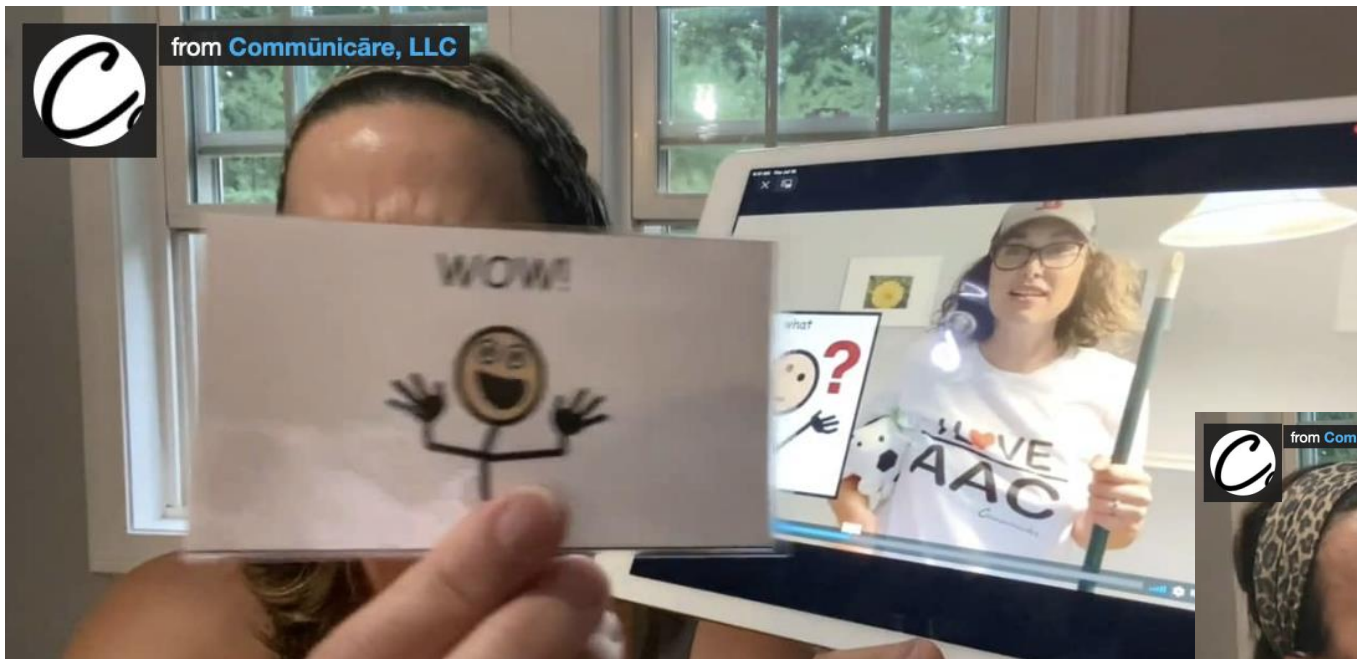
Synchronous vs. Asynchronous

- Both clinical
- Both goal-directed
- Vary in how one can control:
 - Pacing
 - Timing
 - Content
 - Focus and specificity



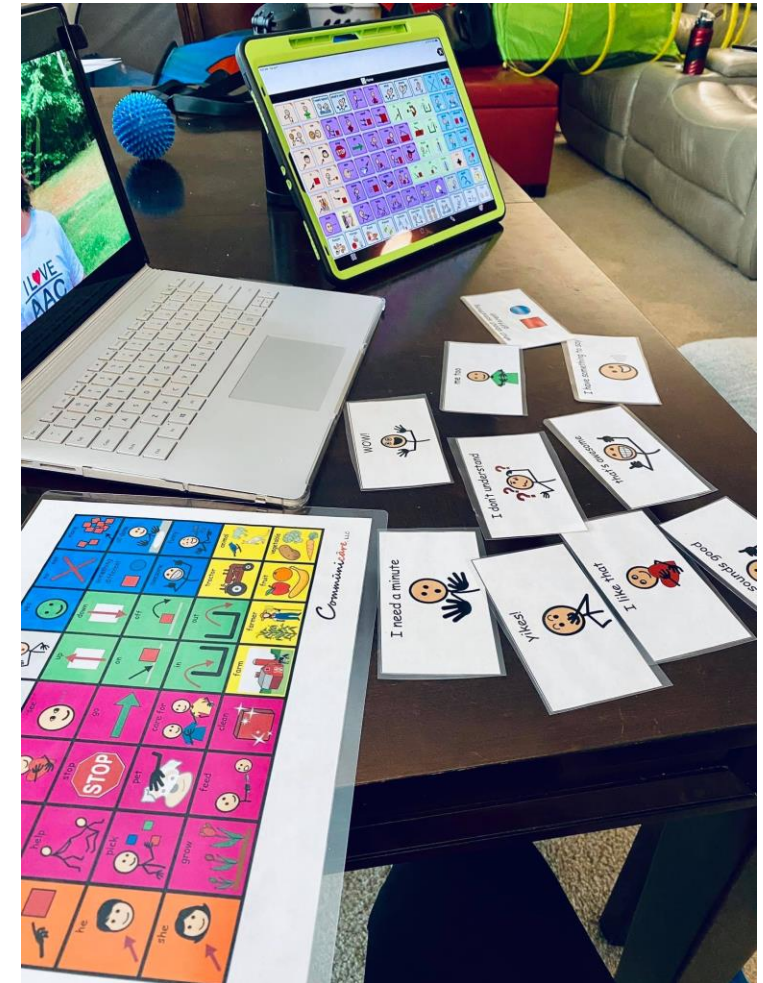
Tele-engagement: Setting up the Partner

- Establish a clear plan with the communication partner
 - clear expectations of partner's participation – partner is essential



Tele-engagement: Setting up the Equipment

- Have the right equipment
 - Two screens?
 - Large screen?
- Have the right materials
 - Alternative ways to engage depending on the goal of the task (comment cards)
 - Language boards
 - Material alternatives (i.e., hard copies of materials, replicas)
 - Behavior support tools



Tele-engagement: The content

- Session Structure or "Bookends"
 - Routine to the session (PowerPoint/Slides, organized tabs)
 - Consistency to support focus on content rather than navigation/manipulation
 - Attention getting options (quadrants, manipulatives)
- Motivating tasks
 - Involve interests and/or that key vocabulary
 - Short, successful bursts
 - Individually-tailored materials



Tele-engagement: Interaction

- Requires explicit forethought
 - Clinical sabotage
 - Planning for “unexpected events”
 - Embed motivation
 - Wait time “protocol”

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