

Speech-Language Pathologists’ Experience with Augmentative and Alternative Communication in the Public-School Early Childhood Setting

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Abstract

Augmentative and alternative communication (AAC) devices are used to facilitate communication in individuals with speech and/or language deficits. By facilitating receptive and expressive language, it provides a means of communication in which a child can communicate and be understood by others. AAC is growing among the early childhood setting as research has shown that earlier access to AAC can improve communication skills even at an early age (Branson & Demchak, 2009).

Speech-language pathologists (SLP) play a substantial role in AAC intervention among preschoolers. They are responsible for conducting the evaluation, selecting the appropriate AAC method, providing intervention, communicating with and educating the family and other professionals, and ensuring the child has a naturalistic environment to use AAC to communicate (Singh, Diong & Kamal, 2020). As AAC intervention is growing, it is important to further research AAC practices directly from SLPs themselves.

Learning Outcomes

- 1.Determine how prepared SLP’s feel in their role of alternative and augmentative intervention in the early childhood setting.
- 2.Describe the challenges and benefits related to alternative and augmentative communication in the public school early childhood setting.
- 3.Explain how alternative and augmentative communication impacts individuals’ communication in the early childhood setting.

Introduction

Augmentative and alternative communication (AAC) is an area of clinical practice that supplements or compensates for impairments in speech-language production and/or comprehension, including spoken and written modes of communication (ASHA, 2023).

Augmentative means to add to someone’s speech (ASHA, 2023).

Alternative means to be used instead of someone’s speech (ASHA, 2023)

No-tech and low-tech AAC includes gestures and facial expressions, writing, drawing, spelling words by pointing to letters, and pointing to photos, pictures, or written words.

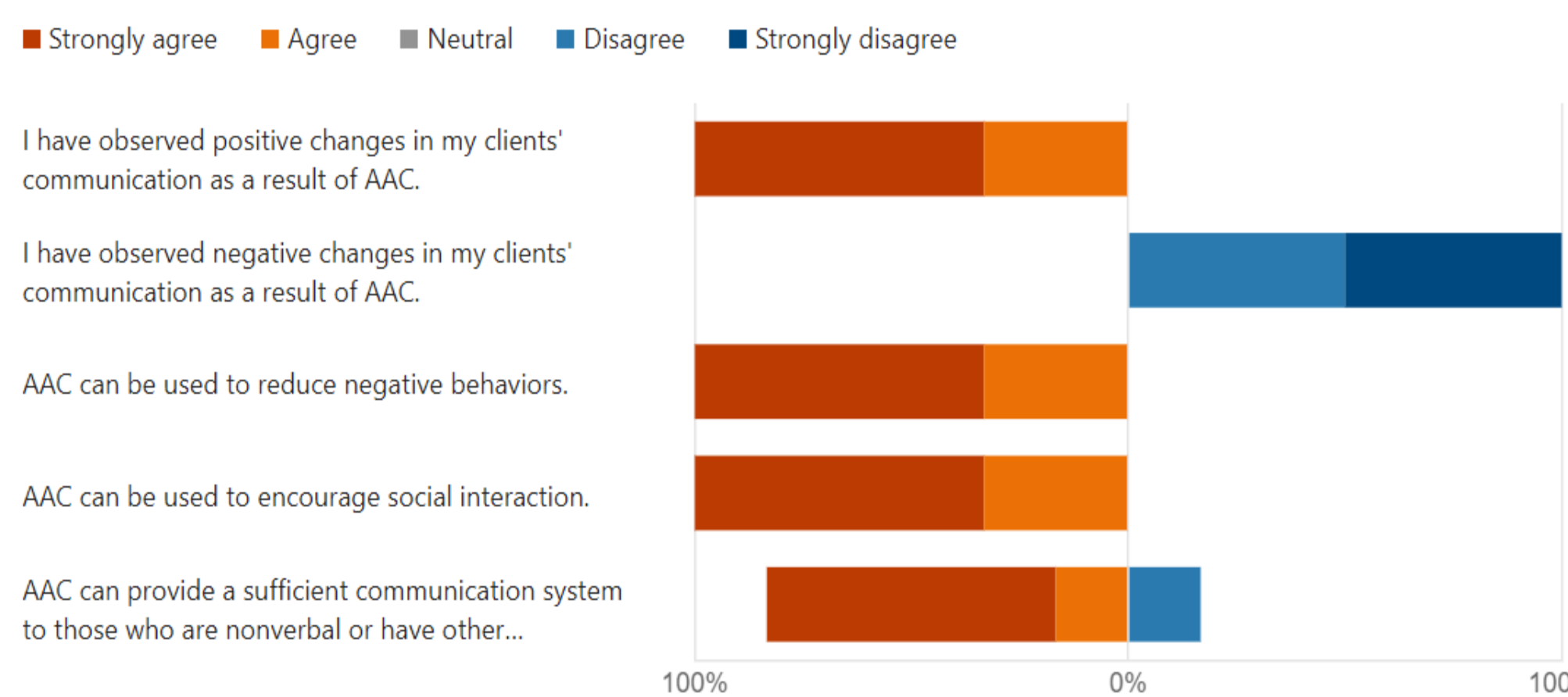
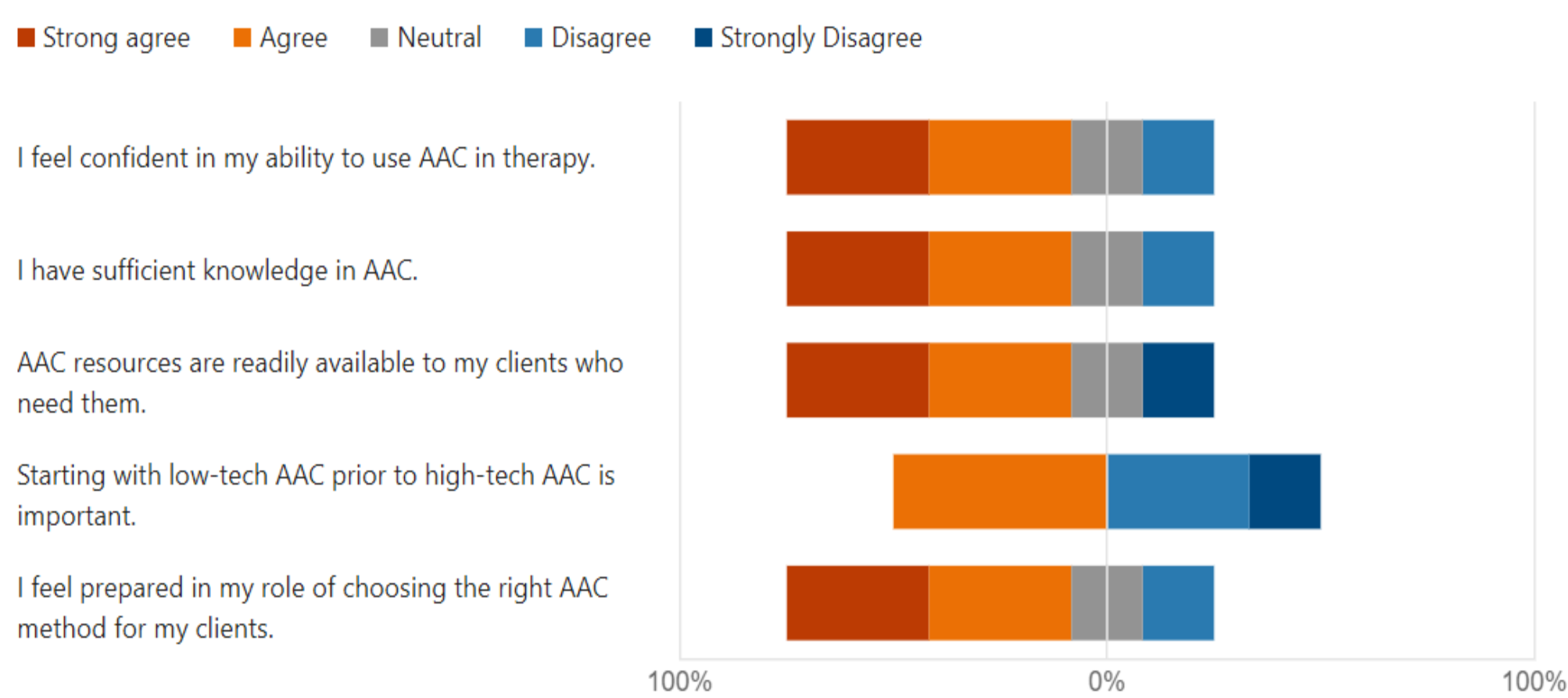
High-tech AAC includes using an app on an iPad or tablet to communicate and using a computer with a voice, sometimes called a “speech-generating device” (ASHA 2023).

The **public-school early childhood** setting provides services to children ages 3-5 years. Children with developmental delays and/or with a diagnosis requiring services can receive these in the early childhood setting.

Methodology

This study utilized a survey research design. The survey was completed electronically including yes/no questions and open-text responses that were completed by SLP in the public school early childhood setting with experience in AAC. The six resulting participants were ages ranging from 41-60 years with 1-30 years of experience as a speech-language pathologist. The data underwent thematic analysis to provide results.

Results



•What factors do you consider when deciding what type of AAC to use with a client?

- The child’s accessibility in using AAC: vision/scanning, mobility, fine motor, current communication/language abilities, and clinician’s experience with different devices

•What types, programs, or products (e.g. low-tech boards, TouchChat, LAMP, etc.) of AAC do you have experience with?

- No-tech and low-tech: PECS (Picture Exchange Communication System), GoTalk topic boards, choice boards, pictures, switches, and sign language
- High-tech: Language Acquisition through Motor Planning, TouchChat, TD Snap, Proloquo2Go

• Have you identified any barriers of getting an AAC device for a child in a public school early childhood setting? If so, what are they?

- No barriers: wide access to AAC and program includes AAC specialists
- Financial burden within districts ‘

• Have you identified any benefits of getting an AAC device for a child in a public school early childhood setting? If so, what are they?

- Provides a child with access to communication that allows them to begin communicating with intent
- Increase peer interactions, fosters independence, decreases frequency of negative behaviors

•What do you wish other professionals knew about AAC?

- Requires consistent modeling and use by the child to establish sufficient connections
- Does not prevent spoken language

•What therapy method(s) do you use when introducing AAC to a child?

- Modeling and prompting
- Use of core vocabulary

•Have you noticed any misconceptions about AAC among non SLP’s? If so, what are they?

- AAC hinders spoken language

Conclusion

AAC within the public school early childhood setting is dynamic and includes a wide array of programs and techniques. It is important for children to develop a language system and ability to communicate during the crucial time period of growth during early childhood. AAC can provide children with this communication system to allow them to become increasingly more independent and competent as social communicators given their individualized needs. This research study demonstrates that there is still room for growth and research within the profession to ensure that clinicians are prepared and confident in their ability to provide speech-language therapy with AAC using a dynamic approach.

References



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