ASHA CEUs

Information and Notes Pages

"An SLP's Guide to Training Communication Partners in AAC Use"

APPROVED PROVIDER ASHA CONTINUING EDUCATION AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

LingraphiCARE America is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. **See course information for number of ASHA CEUs, instructional level and content area.** ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for .01 ASHA CEUs (Intermediate level; Professional area).

www.aacdevice.com **888-274-2742**

Complete a 0.1 ASHA CEU Course

Speech-language pathologists (SLPs) are invited to participate in a one-hour ASHA-approved course offering, "An SLP's Guide to Training Communication Partners in AAC Use." To be eligible to receive 0.1 ASHA CEUs (Introductory level), please see the guidelines below.

For more information about ASHA's most up-to-date eligibility criteria, go to the FAQ section of the ASHA CE website: http://www.asha.org/CE/FAQs/.

Course Description:

This course addressed the common challenges and myths that often interfere with caregiver training and successful use of communication devices. By leveraging the components of successful communication, this course set the stage for setting realistic goals, patient-centered goals, with activities and examples to maximize the successful use of communication devices.

Learning Outcomes:

By completing this course, participants will be able to:

1. educate caregivers and patients of three common objectives used to achieve successful communication exchanges;
2. discuss and set realistic communication goals for patients and caregivers;
3. assess personally and contextually relevant communication needs of individual clients and their communication partners;
4. provide activities/home programming that facilitate incremental success and eventual achievement of communication goals.

Additional courses in the Applications of Technology track include:

- Incorporating Communication Partner Training into Aphasia Treatment (Introductory, 0.1 ASHA CEUs)
- Breaking Down Common Barriers to AAC Use (Introductory, 0.05 ASHA CEUs)

Processing:

Online course completions are reported to ASHA quarterly. Please allow eight to ten weeks for processing. Lingraphica will issue a certificate of participation to each SLP who completes a CEU course.

For more information, or to start a device trial, contact: **continuinged@lingraphica.com**

An SLP's Guide to Training Communication Partners in AAC Use

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Lead Clinical Consultant, Lingraphica

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Financial Disclosure

- Amanda Gunn is a full time, salaried employee of Lingraphica and thereby receives financial compensation from the Lingraphica Company.

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Why We Are Here

- SLPs have great intuition regarding who needs high tech communication devices
- There is a disconnect between identifying good candidates and successful implementation
- Good candidates "don't work out"
- Common reasons include
  - Lack of communication partner support/education
  - Lack of user motivation and/or comfort with technology

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Course Overview

- Bust the Myths – it's simply not true that…
- Restore our Sense of Normalcy – this is what normal communication looks like
- Completing a Functional Assessment – this is where my client is
- Setting Realistic Goals – this is what we can expect
- Propelling your Clients into Communication – this is what you do

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Course Learning Objectives

Participants will be able to:

- Educate communication partners and patients about three common objectives used to achieve successful communication exchanges
- Discuss and set realistic communication goals for patients and communication partners
- Assess personally and contextually relevant communication needs of individual clients and their communication partners
- Provide activities/home programming that facilitate incremental success and eventual achievement of communication goals

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Myth #1

AAC is only for individuals who are non-verbal.

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Myth #2

AAC is the last resort for
nonverbal/minimally verbal individuals.

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Myth #3

AAC will stifle an individual's verbal skills
and/or serve as a "crutch" upon which
the client will become reliant.

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Myth #4

The individual needs to have a set of prerequisite
skills to qualify or benefit from AAC.

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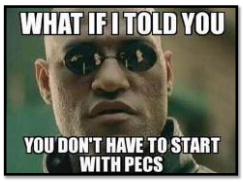
Myth #5

There is a hierarchy of AAC systems that each individual needs to move through, utilizing no- or low-tech strategies before gaining access to high technology systems.



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Myth #6

Individuals with severe disabilities–particularly intellectual disabilities–cannot have adequate cognitive skills to use AAC.

(Kangas and Lloyd, 1988)

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Myth #7

Providing access to an AAC system will obviate/remove the user's communication difficulties.

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Normal Communication - Definition

- *Functional communication skills* are forms of behavior that express needs, wants, feelings, and preferences that others can understand. When individuals learn functional communication skills, they can express themselves without resorting to challenging behavior or experiencing communication breakdown.

ASHA – Definition of Communication and Appropriate Targets - http://www.asha.org/NJC/Definition-of-Communication-and-Appropriate-Targets/

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Normal Communication - Modalities

- Touch Cues
- Texture Cues/Objects of Reference
- Braille
- Environmental Cues
- Facial Expression, Gesture, and Body Language
- Signing Systems
- Pictures and Visual Strategies
- Print and Symbol Systems
- Assistive Technology/Communication/AAC
- Eye Gaze/Partner-Assisted Scanning

http://www.icommunicatetherapy.com/adult-communication-difficulties-2/adult-learning-difficulties-intellectual-disability/total-communication/

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Normal Communication - Frequency and Volume

- Average US Speaker of English speaks 150 words/minute

(The National Center for Voice and Speech - Tutorials. (n.d.). Retrieved September 13, 2016, from http://www.ncvs.org/ncvs/tutorials/voiceprod/tutorial/quality.html)

- That translates to about 16,000 words/day (sample of 396 people – variance = 795 words per day…47,000 words per day)

(Study Finds No Difference in the Amount Men and Women Talk. (n.d.).

(Retrieved September 13, 2016, from https://ubrp.arizona.edu/study-finds-no-difference-in-the-amount-men-and-women-talk/)

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Normal Communication - Communication Content

60 % of our conversations are talking about ourselves—inherently pleasurable and rewarding *(Ward, A.F. (2013)).*

(The Neuroscience of Everybody's Favorite Topic. Retrieved September 13, 2016, from http://www.scientificamerican.com/article/the-neuroscience-of-everybody-favorite-topic-themselves/)

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Normal Communication - Communication Content

Other studies: Personal relationships, personal experiences, future social activity, future non-social activity, sport/leisure, Culture/politics/religion, Academic matters

(Dunbar, R. I., Marriott, A., & Duncan, N. C. (1997). Human Conversational Behavior. Human Nature, 8(3), 231-246.)

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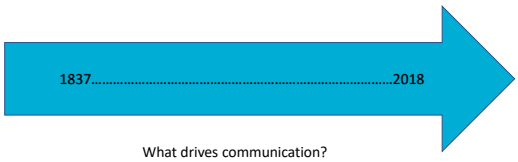
Normal Communication - Communication Content



What drives communication?

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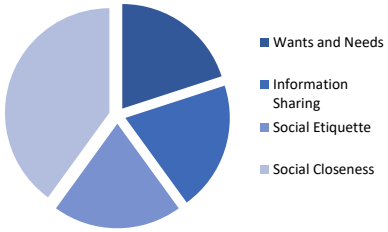
Normal Communication - Communication Content

It's Not Just Making Needs Known!



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Functional Assessment - Informal/Formal

- Assessing pre-morbid communication skills, patterns, styles
- Matters of Importance to individual with the communication impairment and stakeholders (those involved with the individual) – Personal Interest Form
- Areas of Risk
- Addressing client skills using different perspectives (patient/caregiver/SLP, etc.)
- Assessing varying levels of success/need (based on different situations/interactions)
- Present skills

- Standardized – Boston, Minnesota, Western Aphasia Battery, etc.
- Agency/Facility generated assessments
- Combination of tools
- Diagnostic methods – s/z ratios, intelligibility ratings, language samples
- Assessing "on the fly"

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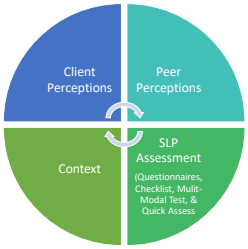
Functional Assessment



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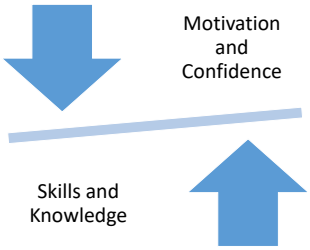
Establishing Goals



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Caregiver Research – Study 1

Spouse attitudes

Spouses expressed significantly more negative attitudes toward their loved one with aphasia

Most prevalent characteristics:

- Demanding, temperamental
- Immature, worried, nervous, confused

Negative spouse attitudes may severely affect treatment and the patient-clinician relationship.

Spouse attitude towards the person with aphasia (Zraick and Boone, 1991)

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Research – Study 2

Communication changes and SLP services

37%- Interactions with the SLP were "inadequate"
- Information about diagnosis and prognosis
- Training on how to facilitate functional communication at home
- AAC training

52%- More communication partner training

63%- More involvement in whole process

82%- More support and training overall

Communication changes and SLP services according to significant others of persons with aphasia (Johansson et al., 2012)

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Establishing Goals

- Immediate communication – “right now I want to communicate…”
- Long-term communication – “a bigger goal for the future is…”
- Improve natural communication skills – “I hope to someday…”
- Improve connections – “I want to connect with…”

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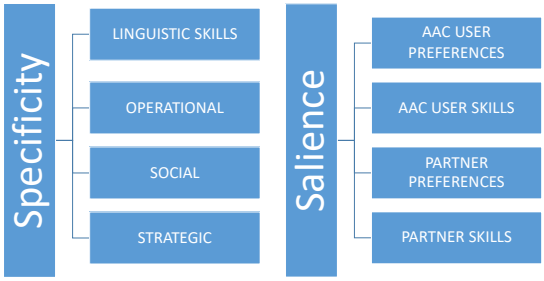
Establishing Goals



Light (1989)

Kleim, J.A., & Jones, T.A. (2008)

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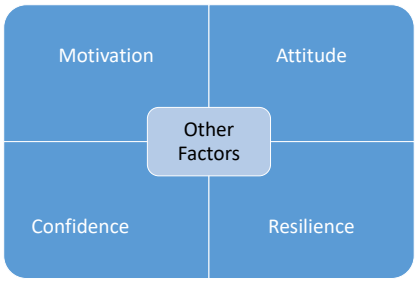
Establishing Goals



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Propelling Your Clients into Communication

Connect the tool with the goal:

"One of your goals (things that you indicated) that is important is ____, so we are going to do _____ to achieve that."

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Propelling Your Clients into Communication

Introduce the device by staying in communication mode

(not test mode)

Contextual Scenes

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Propelling Your Clients into Communication- Personalization

Lingraphica's Home Page Layout

Old Layout vs. New Layout

Old New

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Propelling Your Clients into Communication

Propelling Your Clients into Communication

Teach the multiple functions of the device

- Communication is the number one function of the device – but not the only function
- Therapy activities
- Learning
- Modeling
- Stimulation

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Propelling Your Clients into Communication

Create communication activities that are motivating, stimulating and result in success (positive practice)

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Propelling Your Clients into Communication

Provide **PURE** teaching:

- **P**ositive Intent (You're trying to tell me something…)
- **U**nsuccessful (I don't understand what you're saying…you're having trouble with the words)
- **R**easonable alternative (Let's find it on the device, see if you can show me, I can guess…)
- **E**xample of what the client could do next time

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Propelling Your Clients into Communication

Use scripting sequences that create connection and validation

- Elicit opinions
- Create laughter
- Promote decision making
- Allow venting

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Propelling Your Clients into Communication

- Know what you're teaching
- Keep the task specific to the goal
- Keep the tasks salient – everything should matter
- Continually assess your client's skill level – keep him/her successful
- Assess your client's interest/motivation – adjust activities that will facilitate hope, stimulate and work toward his/her most important goals

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Final Thoughts

We've learned that it is important to:

- Bust the Myths
- Restore our Sense of Normalcy
- Complete a Functional Assessment
- Set Realistic Goals
- Propel Your Clients into Communication

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QUESTIONS & ANSWERS

Thank you!

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