




ASHA CEUs

Information and Notes Pages

“Breaking Down Common Barriers to AAC Use”

<p>APPROVED PROVIDER</p>  <p>ASHA CONTINUING EDUCATION</p> <p>AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION</p>	<p>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</p>
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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 0.05 ASHA CEUs (Introductory level; Professional area).

www.aacdevice.com

888-274-2742

Complete a 0.05 ASHA CEU Course

Speech-language pathologists (SLPs) are invited to participate in a one-hour ASHA-approved course offering, "Breaking Down Common Barriers to AAC Use." To be eligible to receive 0.05 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 provided fundamental instruction for overcoming barriers that prevent AAC use in patients who appear to be good candidates. Barriers may include general lack of motivation, psychological factors, lack of communication partner support, concern about ability to learn new technology, and device abandonment.

Learning Outcomes:

By completing this course, participants will be able to:

1. Describe common barriers to the implementation of AAC use among patients who are good candidates from a cognitive/linguistic standpoint
2. Identify internal and external factors that lead to device abandonment
3. Explain clinical strategies targeting both patients and families to encourage initial and continued AAC use in patients who receive functional benefit but do not use a device

Additional courses in the Communication Partners and Caregivers track include:

- What SLPs Need to Know About Training the Caregiver (Introductory, 0.05 ASHA CEUs)
- Incorporating Communication Partner Training into Aphasia Treatment (Introductory, 0.1 ASHA CEUs)
- An SLPs Guide to Training Caregivers and Facilitating Use of AAC Devices (Introductory, 0.1 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



Breaking Down Common Barriers to AAC Use



Your webinar leader:
Caitlin Mueller, M.S., CCC-SLP

Financial Disclosure

Relevant Financial Relationships:

Caitlin Mueller is an employee at Lingraphicare America, Inc.

Relevant Non-Financial Relationships:

No relevant non-financial relationships exist.



Learning Objectives

Participants will be able to:

- Describe common barriers to the implementation of AAC use among patients who are good candidates from a cognitive/linguistic standpoint.
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Why Isn't AAC Working?

“This patient is a good candidate, but he isn't using it.”

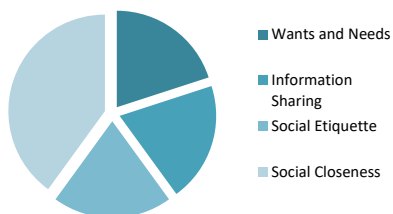
- General lack of motivation
- Psychological factors
- Lack of communication partner support
- Belief that AAC is “giving up” on speech
- Concern about competence with technology
- Irrelevant and/or unrealistic goals
- Device abandonment



Lack of Motivation

“My client doesn't want to use it”

- Device content – salient, meaningful, fun?
 - More than requesting wants/needs
 - Compare to typical verbal communication



Lack of Motivation

“My client doesn't want to use it”

- Real, personal photos vs. default drawings/photos
- Accessibility of motivating topics
 - AAC users' choice of topics is same as verbal speakers
 - Work
 - Hobbies
 - Family/friends
 - Religion
 - Travel

(Fried-Oken et al., 2015)



Communication Partner Support

Common Patterns Seen

- Take the majority of conversational turns
- Interrupt the AAC user (often with good intentions)
- Ask primarily Yes/No questions
- Focus on learning technology instead of focusing on the user's needs and desires
- Believe AAC is unnecessary because they already know the patient's needs



“Good” Communication Partners

- Focus on the collaborative nature of communication
- Allow time for the AAC user to create a message
- Create best possible environment (background noise, glare, etc.)
- Confirm understanding
- Use clarifying questions and systematic guesses
- Are persistent when breakdowns occur (“I really want to know what you’re trying to tell me”)

(Simmons-Mackie et al., 2010)



Communication Partner Strategies

- Presume positive intentions
- Allow partners to go through their own grieving process and adjust to the “new normal”
- Summarize information frequently; allow time for AAC user to indicate if partner is incorrect
- Use written/visual supports
- Teach cuing hierarchy (ask a question, expectant delay, point at device, etc.)
- Cue alternative methods if breakdown occurs



Communication Partner Strategies

- Information is meaningless without action
- Provide opportunities for patient and partner to practice communicating in sessions while providing direct instruction and training
- Praise what the partner is doing “right” – avoid putting communication partner on the defensive



Fear of Giving Up on Speech

“I Would Rather Talk”

- AAC use can improve verbal language
(Steele, 2004; Dietz 2007)
- AAC is one tool
 - Encourage continued focus on verbalizing, gestures, drawing
- Use AAC device to cue verbal speech through repetition and using photos/written words to stimulate language



Familiarity with Technology

Confidence Leads to Competence

- Clients believe high-tech AAC is “too complicated”
- Select a device that is simple while still meeting client’s needs
- Train the basics – charging, turning on, etc., and/or encourage family support for these
- Set client up for success
 - Create simple tasks that allow patient to engage with technology – touch one icon on a screen



Setting Salient and Realistic Goals

The Best Goal is the One Your Client Works On

- Tiered goals
 - Right now I need to...
 - A bigger goal for the future is...
 - I hope to someday...
- Goals around connection
 - I want to connect with....



Setting Salient and Realistic Goals

The Best Goal is the One Your Client Works On

- Consider goals in four areas of AAC competence
 - Linguistic skills
 - Operational skills
 - Social skills
 - Strategic skills
(Kleim & Jones, 2008; Light 1989)
- Connect the tool with the goal
 - "You said you want to _____, so we are working on _____ to help you build up the skills to do that."



Avoiding Device Abandonment

Initial Engagement, but now it sits in a drawer

- Factors associated with decreased device abandonment
 - Trial period
 - Create plan for support when issues arise
 - SLP
 - Family members
 - Device manufacturer
 - Device features
 - Portable
 - Resembles other, commercially available technology