

AAC for DHH Children with Complex Communication Needs

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Abstract

This poster defines and describes a range of Augmentative and Alternative Communication (AAC). Complex Communication Needs (CCN) and its impact on learners who are deaf or hard of hearing (DHH) with coexisting conditions and/or disabilities will be discussed. The efficacy of utilizing AAC to benefit learners with CCN will be analyzed. Strategies for early intervention professionals will be provided to aid in communication development in learners who are DHH with CCN.

Introduction: Augmentative and Alternative Communication

- It is estimated that between 40-50% of DHH children have additional disabilities (Lenihan, 2019).
- For young children with complex communication needs (CCN), augmentative and alternative communication (AAC) devices and strategies can be key to their development of language, literacy, and communication and cognitive skills.
- AAC can be utilized by those who are unable to use spoken or signed language. AAC can be adjusted or personalized for any individual.

“The primary purpose of AAC is to increase opportunities for communication by providing an additional modality through which individuals can communicate with many different people in their lives”

(Barker, Akaba, Brady, Thiemann-Bourque, 2014)

Individuals with CNN Who May Benefit from AAC* include those with:

- Autism Spectrum Disorder (ASD)
- ADD/ADHD
- Down Syndrome
- Cerebral Palsy
- Developmental Disabilities
- Intellectual Disabilities
- Acquired Disabilities (e.g., TBI, Stroke, etc.)

*Individuals that would benefit from AAC devices are not limited to those listed above.

AAC Device Options:

No-Tech or Low Tech	High Tech
<ul style="list-style-type: none">• Gestures• Body Language (body or head movements)• Facial Expressions• Eye movement or gaze• Non-speech vocalizations• Communication Boards (PECS)	<ul style="list-style-type: none">• An app on an iPad, Tablet, smart phone• Speech generating device (SGD)• Text-to-speech features on computer devices <p>(ASHA, 2009)</p>

Common Myths

- AAC devices will hinder or stop speech development
- AAC is a last resort after traditional therapy has run its course
- AAC will prevent the user from improving verbal speech
- AAC is only for children who are nonverbal
- Children must have a certain set of skills to be able to benefit from AAC
- Children must be a certain age to be able to benefit from AAC

References:



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Why Utilize AAC in EI?

“Augmented communication does not hinder, but actually aids, speech production abilities in young children with developmental delays.”
(Romski, Sevcik, Adamson, Cheslock, Smith, Barker, Bakeman, 2010).

Benefits to Utilizing AAC

- AAC Devices can be utilized to increase speech development (Millar, Light & Schlossler, 2006).
- AAC does not interfere with a child’s natural ability to develop vocal/verbal communication (Cress, 2003).
- AAC allows children with CCN to develop generative and functional communication (Cress, 2009).
- AAC may enhance an individual’s communication, language development, socialization and independence (Barker, Akaba, Brady, Thiemann-Bourque, 2014).
- The wide variety of AAC devices available can allow for individuals to be placed with an appropriate device depending on their individual needs.

Strategies for EI Professionals

- Discuss AAC device options with parents.
- Encourage parents to interact utilizing AAC devices at home. Enrich social communication of all environments. Caregiver input is a crucial factor in communication development (Brady, 2013).
- Support caregiver in strategies when utilizing AAC devices.
- Caregiver and professional support can make the difference in benefits from the AAC Device (Brady, 2013).
- Trial AAC devices and communication methods with the individual and their family.
- Discuss and identify meaningful contexts and vocabulary for the child and their family.
- Arrange the environment for the child to be able to access the device or communication partners.
- Appropriately model device or communication methods with child and family.
- Provide appropriate amount of wait time (around 10 seconds) for child to respond.
- Discuss AAC strategies with the family for successful communication methods at home.