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12-6-2019

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Recommended Citation

McCarty, Braden; Beck, Ann; and Larkin, Tricia, "Differentiated Social Skills Curriculum for AAC Users" (2019). *Graduate Independent Studies - Communication Sciences and Disorders*. 24.
https://ir.library.illinoisstate.edu/giscsd/24

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DIFFERENTIATED SOCIAL SKILLS CURRICULUM FOR AAC USERS

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An Independent Study Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF SCIENCE

Department of Communication Sciences and Disorders
ILLINOIS STATE UNIVERSITY
Fall/2019

Introduction

Communication is a basic human right. Every day, people express their ideas, emotions, wants, and needs with various conversational partners. Once young children learn to talk, social communication instruction usually does not take place in a formal setting. Children often learn appropriate means of conducting themselves in a social situation through daily interactions, a skill that continues to develop as a person ages. For individuals that require an augmentative and alternative communication (AAC) device to express themselves, social communication can become a difficult task. AAC users are often individuals that have difficulty with expressive language, but there are some circumstances where the individual has more complex communication needs. The American Speech-Language Hearing Association (ASHA, 2019) lists congenital and acquired disabilities that would warrant the use of an AAC device, such as cerebral palsy, intellectual disability, and traumatic brain injury. There is a possibility for communication breakdowns when an AAC user is communicating with a conversational partner, so it is important to be aware of different strategies that could be used in this situation during daily living.

Why Do AAC Users Need Differential Instruction?

Speech-language pathologists (SLPs) need to provide differentiated instruction to AAC users to provide them with strategies to have successful and positive interactions. Communication between an AAC user and non-AAC user can be difficult given the different—and sometimes unfamiliar—means of expression. Blackstone and Light, Collier, and Parnes wrote that communication partners of AAC users tend to

> “dominate communicative interactions, ask predominantly yes/no questions, take the majority of conversational turns, provide few opportunities for individuals using AAC to initiate conversations or to respond during conversations, frequently interrupt the

utterances of individuals using AAC, and focus on the communication technology or technique instead of the individual using AAC or his or her message" (as cited in Kent-Walsh & McNaughton, 2005, p. 196).

When these characteristics occur in conversation, AAC users are not given the same opportunity to communicate that a non-AAC user would receive. Kent-Walsh and McNaughton (2005) wrote that AAC users often take a passive role in communication by not initiating conversations or using a restricted linguistic form and a limited range of communicate functions. When AAC users feel confident and respected by their conversational partners in a social interaction, they will feel comfortable enough to participate in these interactions.

Instruction is necessary because it allows the individual to practice the skill in a more understanding environment than if they were in a real-life situation. Clinicians understand how to interact with AAC users more than the typical conversational partner would, given their experience in the matter. Kent-Walsh and McNaughton (2005) found that individuals who use AAC were more likely to participate in social interactions when they were given support by their clinician. In providing differentiated instruction, clinicians allow those participants who use AAC devices to communicate in a way that makes sense to them. The instruction must be specifically tailored to individuals' means of communication. Clinicians must take into account the specific environments and types of social interactions that their clients would engage in so that the clients can understand how these skills will transfer over into everyday life. Kent-Walsh and McNaughton (2005) reported increased conversational participation, turn-taking, and communicative functions used by individuals who use AAC following instruction.

Why Are AAC Users Entitled to Differentiated Instruction?

SLPs should consider The ASHA (n.d.) statement in their Communication Bill of Rights that claims, "all people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence" (p. 1). Examples of this include asking for or refusing objects, expressing feelings, and sharing comments and opinions. For people who communicate orally, their social instruction is often informally taught from a young age through personal experiences. When two children are yelling at each other in a classroom, the teacher will reprimand the inappropriate behavior and model an appropriate response to be used in future instances. These children will then begin to understand appropriate social behaviors and will realize the consequences of inappropriate behavior. When there is a difference in expression between communication partners, this type of informal instruction would not be appropriate. SLPs are specifically trained in communication, for both AAC and non-AAC users. It is our job to provide intervention tools for our clients to have more efficient communication skills, which could lead to a better quality of life.

Social instruction requires that clinicians use a team approach and clients work together as a group. Most speech therapy sessions in a clinical setting are done with an individual client. For individuals with complex communication needs, group sessions are necessary for the clients to practice these techniques before using them in their daily lives. For social instruction, groups consisting of multiple clients, as well as more than one clinician, allow for more opportunities for teamwork and collaboration. A treatment approach that involves multiple professionals requires effort; however, this is a great way to lead the group. Thousand and Villa wrote "efficient and effective teamwork is not something that 'just happens'; rather, it is something that must be developed. The interpersonal skills required for teams to function effectively often do not come

naturally; however, they can be learned" (as cited in Lund & Light, 2007, p. 332). In Lund and Light's research study, participants who were AAC users reported that teamwork was one of the reasons why their experience with intervention was a positive one. The researchers indicated "effective collaboration requires effort, but it is essential to positive outcomes" (p. 332).

How to Modify Instruction

In the field of SLP, clinicians must provide interventions that will teach their clients to be effective communicators. It is the responsibility of SLPs to modify their therapy instruction if the client is no longer benefiting from the previous methods. The National Joint Committee for the Communication Needs of Persons with Severe Disabilities (1992) stated that modifications must be made "to ensure that these environments will invite, accept, and respond to the communication acts of persons with severe disabilities" (para. 13). The same can be said for individuals who use AAC devices, as they are often individuals who have severe disabilities. Torrison, Jung, Baker, Beliveau, and Cook (2007) stated that adults with developmental/cognitive impairments may also have severe communication impairments. If a client is successful inside the therapy room, there is a better chance that they will be successful outside the therapy room.

In order for clients to be successful in the social intervention program, clinicians must first make sure that their clients' AAC devices are designed to allow clients to participate in the intervention. Because social instruction is implemented to aid these clients in communicating in their everyday lives, it would be beneficial to have symbols on an AAC device that are relevant in their lives and relate to their experiences. The vocabulary should be specific to the dedicated lesson in the intervention, but it should also include other responses specific to the individual. McNaughton and Bryen (2007) indicated that clients need access to core vocabulary words as well as words that allow them to express their own opinions.

AAC users would benefit from clinicians' help (or another person involved, such as the caregiver) to input phrases on the device to assist unfamiliar listeners in understanding any possible communication differences. McNaughton et al. (2008) discussed how a client's mother programmed various phrases on her son's AAC device to "assist unfamiliar communication partners' understanding of how they can improve the quality of the conversation" (p. 48). Even though the clinicians will only be providing instruction to the AAC users, it is important for non-AAC users to remember appropriate means of communication. The responsibility of a meaningful conversation should not only fall on the AAC user; the conversational partners should also realize that they play a role in a positive communication experience. Communication breakdown can occur less often in conversations between non-AAC users than in conversations where an AAC user is involved due to a quick response time expected by the non-AAC partner or due to the situation. McNaughton and Bryen (2007) introduced a method to allow AAC users to also provide quick responses, similar to that of non-AAC users, and suggest that clinicians provide pre-stored phrases within an AAC device. The researchers suggested that "these changes had a positive impact on the communication partner's perception of the user's communicative competence" (p. 225). Communicative competence is an important skill to possess, so it would be beneficial to teach AAC users how to demonstrate their skills to their communication partners.

When implementing social instruction intervention for AAC users, it is imperative to take into consideration the abilities of the clients. For some, it would be inappropriate to provide multiple modes of communication as this would be overwhelming. Others, however, could benefit from various modes of communication. Blackstone, Williams, and Wilkins (2007) wrote that individuals require different means of communication depending on the location, such as AAC devices, signs, or low-tech boards. In one example, a client might benefit from a low-tech board

with lesson-specific content that is used in conjunction with their usual AAC board. In a different example, a client might benefit most from only one mode, requiring the clinician to load the individual's AAC device with lesson-specific content.

The organization of these symbols is also important to consider. Light and Drager (2007) stated that "organization and layout of representations can serve to facilitate or impede the accuracy and efficiency with which the child is able to locate, select, and functionally use these concepts" (p. 208). When planning social instruction lessons, the clinician should remember to focus on each detail of the display, even something as simple as color. Light and Drager state that stimuli that is distinct in color can allow the participant to be quicker and more accurate when choosing the target item. For some clients, it might also be necessary to keep the various pages on an AAC board as uniform as possible. ASHA (2019) suggested that keeping the icons in the same location, even when adding in more, is beneficial because it minimizes the client's need to create a new memorization and motor plans to find that specific icon. For social instruction lessons, any words that can carry over between lessons would best be placed in the same area on the AAC board. When organizing AAC boards, clinicians should think of the specific lesson and add any vocabulary that would be relevant for that lesson onto the board. The Special Education Technology- British Columbia (2008) document indicated that clinicians should "consider what questions and comments peers frequently say, and then provide generic messages that can be use during this activity" (p. 30). Importance of choosing the words was also noted; some vocabulary is not needed, particularly those words that the client is able to communicate in a different way. An example of this would be a head nod for "yes."

Navigation of the AAC system is another element that might need to be modified for individual lessons. Typical AAC systems are usually organized into various pages that are divided

into categories (i.e., food, places, etc.). Light and Drager (2007) wrote that navigation can be difficult for several reasons: the client must hold in mind a conceptual model of the hidden pages in the system and the client must understand the relationship between the representations used on the menu page and the hidden pages of vocabulary. Even if the AAC user is well aware of the placement of every icon, it would most likely be beneficial for both the clinician and the client if the specific icons needed for the lesson were grouped together to make it the instruction run more seamlessly.

Clinicians must make adjustments to the lesson materials and/or the client's AAC device in order to provide a service that will benefit the client. Clinicians should also remember that they likely need to adjust their own responses in order to help the client communicate more effectively. Light and McNaughton (2014) indicated "it is confidence that actually determines the individual's propensity to act—in other words, to attempt to communicate in any given situation" (p. 4). Some clients will likely have difficulty participating in conversations, even in a "safe" place such as the therapy room. It is important that clinicians help every client realize that their participation in conversation is valuable and wanted. Some might require more support but instilling that confidence in them early in therapy is crucial for them to become assertive enough to implement the strategies they have learned into their everyday lives.

Clinicians also spend a majority of the time teaching clients about different communication techniques that they will need to participate in activities of daily living (asking questions, reporting a problem, etc.) but how do we help our clients fix a communication breakdown when we are not there with them on a daily basis? McNaughton et al. (2008) provided ideas to support our clients with communication breakdowns, including repetition, providing additional information, or directing communication partners' attention to the screen on the device.

Why Do Adult AAC Users Need More Social Context?

In our everyday lives, it is highly likely that social context will be involved. Whether the context is school, work, family, or a hobby, people are required to take part in social activities on a daily basis. Many of these social interactions will involve communication, so AAC users need more social instruction in order to participate effectively in these activities of daily living. Research supports this claim, as Torrison et al. (2007) stated that AAC users often have cognitive delays that require differentiated social instruction.

Light wrote that "communicating with the goals of social closeness and information transfer becomes increasingly important as individuals get older, replacing a central need for communicating to express wants and needs in younger children" (as cited in Holyfield, Drager, Kremkow, & Light, 2017, p. 202). Adult conversations are more complex than those shared by children, leading to the need for specific instruction for AAC users in order to communicate effectively. Light, Parsons, and Drager supported this claim: "social and legal expectations for adults, and even adolescents, are far different than those expectations placed upon children. Interaction among adolescents and adults is more complex and demanding than interaction among young children or between young children and adults" (as cited in Holyfield et al., 2017, p. 202). Because of the complexity of adult interactions, typical AAC instruction is not warranted. Adult AAC users require less intervention about the specific techniques of their device, but rather they need instruction on how to participate appropriately in typical adult conversations. Light and McNaughton (2015) wrote "traditionally AAC research and practice has focused on small measurable goals for these individuals" (p. 87). This type of intervention is perhaps more appropriate for a younger individual who is just beginning to explore communication with an AAC

device. For adults, social instruction is more necessary as it would prepare them more to be successful when they leave the therapy room.

Researchers have gained much information pertaining to AAC communication, but more is needed. Light and McNaughton (2015) reported that adults are continuing to experience difficulties in various aspects of their lives, including employment, family life, and communication living. Light and McNaughton also stated that "less than 5% of individuals with complex communication needs are employed even part-time due, at least in part, to a lack of effective and efficient communication and lack of functional literacy skills" (p. 86). Successful interactions in everyday life require adequate socialization skills. For individuals who use AAC, these skills might not be fully realized due to negative past experiences given their differentiated means of communication. For AAC users with communication concerns, the goal does not necessarily have to focus on the type of communication, but rather the means of communication. Light wrote "although the effective expression of needs and wants is important for activities of daily living, it is by no means sufficient to attain educational, vocational, social, and personal goals; rather, AAC intervention must focus on supporting individuals with complex communication needs in developing the skills required to exchange information effectively and efficiently and to build positive social relationships with others" (as cited in Light & McNaughton, 2015, p.89). Teaching the individual how to request or comment is not as useful or important if they cannot complete this action during conversation with others.

The main point of speech-language intervention is to help clients enhance their communication skills by teaching them techniques that they can use when and if they experience communication breakdowns in their daily lives. Researchers McNaughton and Kennedy and Trembath, Balandin, Stancliffe, and Togher said it best when they wrote:

> "Ultimately, the goals of AAC intervention must be that children and adults with complex communication needs have the opportunity to live happy and fulfilled lives where they are able to participate fully in education, employment, family, and community life; where they are safe and secure, and have access to needed services; where they are respected and valued for who they are; where they have the chance to develop friendships and intimate relationships; and where they have the opportunity to make meaningful contributions to society" (as cited in Light & McNaughton, 2015, p. 87).

Conclusion

Social instruction for individuals with complex communication needs is essential to a positive quality of life. Individuals with complex communication needs will often need some sort of intervention to learn appropriate methods of establishing communication with various conversational partners. AAC users can become the passive voice in a conversation, so clinicians must implement differentiated social instruction in order to help these individuals realize that they have every right that non-AAC users do when it comes to communication. Modifications are necessary to ensure that the individual receives the best possible intervention. These modifications will likely need to be altered for each client to meet their individual needs, which is an important factor to keep in mind when implementing this type of therapy intervention. In terms of social instruction, it is the SLP's duty to provide her clients with a skillset that will allow them to communicate their wants and needs effectively, leading to a more positive quality of life. SLPs must implement appropriate treatment that allows AAC users to practice strategies for positive social interactions that will lead to a better quality of life.

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