AAC for Early Intervention: Myths and Realities

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  – Romski and Sevcik received financial compensation from ASHA for this presentation

• Nonfinancial:
  – Romski and Sevcik are members of the National Joint Committee on the Communication Needs of People with Severe Disabilities and advocate for communication services and supports for people with severe disabilities, including dispelling myths
  – In 2005, Romski and Sevcik published a paper in *Infants and Young Children* entitled “Augmentative Communication and Early Intervention: Myths and Realities”
Overview

This session will provide an overview of myths – widely held but false beliefs – that have hampered the use of AAC in early intervention services (e.g., that a child must be a certain age to benefit from AAC, or that AAC hinders or stops speech development). We will provide evidence to refute these common myths and discuss strategies for how to debunk them.

Learning Objectives

As a result of this activity, the learner will be able to:

1) Identify myths that hamper AAC service delivery to young children receiving early intervention services
2) Implement strategies to debunk these myths
AAC for Early Intervention: Myths and Realities

Agenda

- Introduction to myths and how they impact AAC service delivery
- Characterization of myths that hamper AAC early intervention service delivery
- Myth scenarios
- Strategies for debunking myths and responses to the scenarios
- Summary and conclusions re: debunking the myths

Augmentative and Alternative Communication (AAC)

- ASHA defines augmentative and alternative communication (AAC) as an area of clinical practice that addresses the needs of individuals with significant and complex communication disorders characterized by impairments in speech-language production and/or comprehension, including spoken and written modes of communication
- AAC uses a variety of techniques and tools – including picture communication boards, line drawings, speech-generating devices (SGDs), tangible objects, manual signs, gestures, and finger spelling – to help the individual express thoughts, wants and needs, feelings, and ideas
- AAC is augmentative when used to supplement existing speech, and alternative when used in place of speech that is absent or not functional
- AAC may be temporary, as when used by patients postoperatively in intensive care, or permanent, as when used by an individual who will require the use of some form of AAC throughout their lifetime
AAC and Early Intervention

- The role AAC plays in early intervention has advanced substantially over the last few decades (Sevcik & Romski, 2016; Romski, Sevcik, Barton-Hulsey, & Whitmore, 2015)
  - Looking back 30 years, the field was at a very different place in its thinking about what would be considered early intervention with AAC
    - The focus was on determining at what age the provision of AAC services should be considered; at that time, there were a variety of different perspectives about how AAC could be utilized, depending on the disability with which the child presented

AAC, Early Intervention, and Disability

- For children with physical disabilities (primarily cerebral palsy), AAC was considered a viable intervention strategy during the preschool years
- For a child who was having difficulty using speech for communication but evidenced a developmental disability (DD), AAC services were considered only after all other forms of speech and language intervention had been tried
- Thus, a range of myths developed and influenced the use of AAC with young children over this period of time
  - The research conducted and the resulting evidence base addressed a very distinct set of issues around whether or not there were prerequisites for language development, whether or not AAC would hinder speech development, and what type of communication modes young children could use
- Fast-forward to today, and AAC services and supports are now considered by many – but still not all – parents and professionals as a first line of communication intervention services and supports
Research Findings

- Findings across studies over this period of time have clustered around seven themes:
  1) Enhancing child communication and language development
  2) Increasing child speech development
  3) Evaluating assessment approaches
  4) Using typical child development models
  5) Exploring literacy development
  6) Including families and communication partners
  7) Examining early AAC service delivery models

AAC, Early Intervention, and Myths

- Despite these advances, the inclusion of AAC services and supports in a range of early intervention services and supports for young children continues to be hampered, primarily due to myths about the specific types of roles AAC can play
Defining Myths

• Myths are widely held but false beliefs
• There are myths about:
  – Funding for AAC services and supports
  – Beginning AAC services
  – The development of speech and AAC
  – Technology and the use of speech-generating devices with young children
  – And others...
• These myths seem to recycle themselves and continue to re-emerge in a range of contexts

More About Clinical Myths

• Romski & Sevcik (2005) argued that clinical myths are derived from individual professionals’ beliefs or assumptions, sometimes without any empirical support or despite empirical evidence to the contrary
• A modest research base along with the immediate demands of providing clinical services have fostered practices that rely more on a professional’s clinical intuition than on current research data (Cress, 2003; National Joint Committee, 2016)
• There are a range of clinical myths that have developed about the use of AAC with young children with severe disabilities.
  – Each myth has grown out of information expressed in clinical literature some time in the past but that has not necessarily been backed up by empirical evidence to support or refute its use
  – Unfortunately, the myths remain and have become integrated into clinical practice
  – Their use in clinical practice may result in young children being inappropriately excluded from early intervention AAC supports and services
Some Specific Myths About AAC

Myth:

AAC is a last resort in speech-language intervention

• Just the opposite: AAC can be a first line of defense!

• AAC can play many roles in early communication development for young children:
  - Provide an output mode
  - Provide input and output modes
  - Augment existing speech and/or vocalizations
  - Replace or mitigate challenging behaviors
  - Serve as a language teaching tool
Myth: Children have to be a certain age to benefit from AAC

- There is no evidence to support this.
- Infants, toddlers, and preschoolers with a variety of disabilities have benefited from the use of AAC (e.g., Cress, 2003; Romski, Sevcik, Barton-Hulsey, & Whitmore, 2015; Romski et al., 2010).

Myth: Children must have a certain set of skills to benefit from AAC

- There is a continuum of AAC systems that can be used to develop language skills (National Joint Committee, 2016).
- Access to these systems is critical if the individual is expected to make developmental gains.
- Early communication behaviors, including spontaneous and non-intentional behaviors, support the development of later symbolic communication (Siegel & Cress, 2002).
Myth:
AAC hinders or stops further speech development

• A number of empirical studies suggest that AAC actually improves speech skills and provides greater gain in speech development that spoken communication intervention alone (e.g., Beukelman & Mirenda, 2013; Romski & Sevcik, 1996; Romski et al., 2010)

Myth:
Speech-generating devices (SGDs) are only for children with intact cognition

• There are a broad range of SGDs available to use with children along the continuum of communication development, including recently developed apps on tablets and smartphones
• Children with developmental delays who are as young as 2 years of age have been taught to use basic SGDs for communication (Romski, Sevcik, Barton-Hulsey, & Whitmore, 2015; Romski et al., 2010)
Myth:

AAC devices are so expensive! No one can afford them or get them funded.

- Goldman (2016) rebukes this myth about cost and funding, at least in the United States; she acknowledges that it may take some work to obtain the funding BUT it is not impossible and actually quite feasible.
Myth Scenarios

Scenario #1: John

John is a 30-month-old boy with a genetic syndrome and significant developmental delays. He crawls toward light and vocalizes using vowels and consonants to get attention. John does not have any intelligible words; his mother reports that he understands about 15-20 words. He now makes basic requests using an AAC device with speech output.

As he moves from EI to preschool, John is being evaluated and an IEP is being developed. The SLP and the special education teacher report that “he is not ready for an AAC device.”
Scenario #2: Grandma

Nancy is telling her mother about her young son Daniel’s recent AAC evaluation and the speech-generating device they are going to get for him. Grandma expresses great concern to her daughter, saying, “why are you giving up on Daniel ever talking?

Nancy wonders whether or not her mother is right? Will the SGD hinder Daniel from talking? Is he too young?

Scenario #3: Mr. Harris

Mr. Harris is an educator and the director of a university child development center for young children. He wants the best for the children his center serves. The SLP/special education faculty who work with the center want him to invest in the latest computers that talk for the young children with significant disabilities the center is serving.

This request gives him pause. The budget is tight! Do they really need these computers? Isn’t this the family’s responsibility? Aren’t there other ways for them to communicate?
Strategies to Debunk Myths

- Have families speak
- Provide examples of success
- Use data and research studies for support
- Cite laws that support the goal
- Change pre-professional training programs
- ADVOCATE!!! ADVOCATE!!! ADVOCATE!!!
Conclusions

- We must actively debunk myths to ensure that everyone has access to communication
- Myths can hinder access to AAC services and supports during early intervention
- Use empirical data, clinical expertise, and family support to debunk each and every myth
- New evidence, technologies, and interventions about communication outcomes will continue to challenge myths about AAC and its use during early intervention

Desired Outcome

- Early Intervention
- AAC Services and Support
- Successful Child Communication
Go Do

- Examine your own perceptions and attitudes about AAC and early intervention given the information you learned in this activity
- Assess which children you serve may benefit from AAC services and supports and act on it!
- Join the NJC Network: https://www.asha.org/njc/

Thank You!
References


National Joint Committee for the Communication Needs of Persons With Severe Disabilities (NJC): [www.asha.org/NJC](http://www.asha.org/NJC)


