

INTRODUCTION

Hi and welcome to the Cerebral Palsy Foundation's ParentWise Podcast series. I'm Robyn Cummins.

Today, speech pathologist Anna Bech explains the benefits of Augmentative and Alternative Communication - the use of gestures, facial expression, body language, signing, photos, picture symbols and voice output technology to communicate.

WHAT IS AAC?

Hi, I'm Anna Bech. Part of my role is to help find communication solutions for children and adults with cerebral palsy and their families.

Alternative and Augmentative Communication, or AAC as it's more commonly known, involves using aids such as signs, gestures, pictures, photos or technology, to either enhance or replace verbal communication.

The word 'augmentative' refers to aids that can be used as a tool to enhance speech that isn't always clear, or speech that is difficult for some people to understand. It doesn't replace speech, it assists speech.

The word 'alternative' refers to an aid that is used instead of speech.

It's estimated that up to 65% of children with cerebral palsy have difficulties with speaking.

As we know, cerebral palsy affects the control and coordination of muscles. Our ability to speak clearly depends largely on the movement and coordination of the muscles of the tongue and the mouth which ultimately play a vital role in the production of speech.

Some children may not be able to produce any sounds, others may be able to produce sounds but have difficulty controlling their movement enough to produce speech that is clear and understood by others.

Think of how frustrated you felt the last time you had a cold and lost your voice and tried to communicate with others. Ongoing frustration is one of the biggest challenges faced by children who have a great understanding of what's going on but they don't have the ability to express themselves through speech. If there's no assistive system in place, kids with speech difficulties simply can't tell others what they need or want. That's where AAC comes in.

There are many different types of AAC and everyone, whether they have a disability or not, has used AAC at some time in their lives.

Facial expressions, for example, are a powerful and informal form of AAC for all of us. Crying and laughing are one of the earliest forms of communication that babies use to communicate with others.

Eye gaze is another type of non-verbal communication that children have control over. So, to get something they want they might look to you and then look at the object they want.

AAC solutions fall into two broad groups – low tech and high tech. Low tech AAC includes signing, pictures, symbols and even objects. High tech solutions involve technology.

The most commonly used form of signing for people with cerebral palsy is called Makaton, which is a form of keyword signing. For example, instead of signing every word such as, 'I want the apple' a child using this system may just sign the 'I' and 'apple' to express the need.

Quite a few Australian speech pathologists are trained in using Makaton.

Parents can also attend courses or there are books they can buy.

Picture symbols are another form of low tech AAC that are commonly used with children with cerebral palsy. Some symbols look quite like the real object they represent and others can be more abstract. They are usually line drawings which represent an object, a word or a concept. For example an abstract word like 'under' can be represented by a line with a ball underneath it.

Photos are another effective form of low-tech AAC. You can take pictures of objects or food your child likes and use them to help your child to learn to make choices and to ask for things they want. During this process it's particularly important to match the photo with the real object it refers to, so that child makes the connection that the photo represents the real object.

Initially, you'd probably just use a single photo and pair it with the object you want your child to learn about. It depends on how much they understand language as to how many choices you would then expose them to. For example you could use two photos and teach your child to touch the one they want - the glass of orange juice or the glass of milk and then you could move on from there.

Using multiple systems to communicate is an option that is recommended. Some families don't like adopting more than one aid at a time, but by exposing your child to pictures and signs as well as speech, you're modelling different types of communication for them and giving the child the best chance to learn language.

Parents need to think about literacy development as well as speech development, so exposing them to words is also important. Adding a word below a photo or picture symbol means your child is experiencing different modes of communication that they can then later adapt or use.

At the high tech end of AAC are communication devices. Communication or voice output devices can be used by a child to express a need or ask a question. You can record someone's voice onto some devices, others use a computerised voice.

Individual words or sentences can be programmed into a device and when your child presses a button with their finger (or by using any other access method such as a head pointer or a switch), the device will then say the phrase or the word.

Many parents worry that using either single or multiple forms of AAC will stop their child from speaking – in other words, if they rely too heavily on AAC their child won't bother trying to talk.

This is one of the biggest myths surrounding AAC. There's been a lot of research which confirms that children will use the quickest and easiest way to communicate. So if they are able to speak, they will not rely on the AAC system, but will use their speech. I have also seen this in my clinical practice - for example, a child who was using signs to communicate, stopped using the signs when they were able to use the words clearly.

Giving kids every opportunity and exposing them to all types of AAC is extremely beneficial and a speech pathologist can give guidance in how to implement the system with your child.

READINESS FOR AAC

So what are some of the signs that might indicate that your child may need to use Augmentative and Alternative Communication?

Firstly, your child may be having difficulties with feeding or chewing, or they might already be seeing a speech pathologist.

A speech pathologist will be able to assess whether or not your child is making sounds correctly, if they are able to co-ordinate their tongue and mouth or if they're not putting words together.

Parents who have other children without a disability, or know children who are similar age to their child with cerebral palsy, will also have a pretty good idea of what skills children of a certain age usually develop. It is important to remember that there is such variation in normal development.

If you notice your child is not developing these skills – making sounds or making words – but they understand quite a lot, it's probably time to consider AAC. Most importantly, it's never too early to expose kids to AAC.

Expose your child to pictures, picture books, signs, gestures, as early as you can.

You can use these and see your child's reaction to what you're doing. Noticing how they are trying to communicate is probably the easiest way to check if they are ready to look at AAC.

There are also a number of skills your child must have developed before they can successfully use an AAC system – and particularly a technology-based system.

To use technology to communicate, a child needs to understand cause and effect. This means they make the connection between pressing a button, and making something happen (such as make a toy work, or music start).

A child also needs to have a symbolic understanding. This can be developed by exposing a child to pictures, photos or symbols. As devices represent symbols on them, a child needs to understand that the picture or symbol represents a real object or action, so that when they press the button, it communicates what the picture represents.

The other skill that should be established before looking at using a device is access. Children need a consistent movement to access the device, whether it's by pressing the button with a finger, or using a switch with their head, or using their eyes.

AAC can be introduced at any age. I've looked at a high-tech communication devices with a two year old before, but mostly I would use low-tech, or paper-based, systems with very young children as the initial step.

When matching an AAC solution to your child's needs, a speech pathologist would usually look at your child's skills and their motivation to communicate. They will also consider your family routine and the different sorts of things your child would be trying to communicate during that routine.

There's a lot to consider, particularly when buying a technology-based AAC system. They are very expensive and you want them to last for three to five years. So even though you're buying it for your child now you'll need to think about what you would like your child to achieve and be able to do with it in the future – like thinking about whether they may be able to use spelling in the next few years, for example.

If you decide to trial a communication device with your child and prove that it's effective, a speech pathologist can help you apply to government or various charities for funding. In

NSW, the only technology assessment services are TASC at The Spastic Centre and CATS at Northcott.

These services work with a locally based speech pathologist, for example, one from a disability service or a private therapist.

Speech Pathology Australia has a database on their website listing private speech pathologists who can support AAC use.

IMPLEMENTING AAC

Implementing the AAC with your child and trying to work it into your family's normal routine, can be the hardest part of the process.

Teaching your child to use an AAC system can be particularly difficult, if you or your child haven't been exposed to AAC before.

The most powerful way to use AAC is to integrate the teaching into their everyday environment – at home, at school, wherever the child may be. In this way, bath time and dinner time can also become important opportunities for learning and teaching. Teaching children within a therapy session is quite unnatural and is often not as effective as using it in the child's everyday environment.

Parents play a vital role in helping the child to participate and use the chosen AAC system and if parents and family members are not there to follow through and support the system, children are highly unlikely to be able to use the AAC system successfully.

If your child can learn to use AAC successfully there can be several benefits.

For example, AAC solutions can be used effectively to develop both your child's expressive and receptive skills.

Communication involves two major sets of skills – expressive skills which is the how and what you communicate and receptive skills, which refers to the child's understanding of language.

Receptive skills include understanding what's being said, understanding directions and understanding concepts. Not only can your child use the AAC to express themselves but you can also use the AAC to communicate back to them. For example, you could use AAC to show your child how something works or to explain a new concept or to represent the routine for the day.

CLOSE

Thanks for listening. We hope you've found these strategies and ideas useful.

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