

Communication Matters



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THE JOURNAL OF COMMUNICATION MATTERS / ISAAC (UK)

Shared Interaction - Lessons About Life - British AT Scholarship - Communication Book Project - Siblings of Children who use AAC - Working in a Pandemic - Communication Charts - LESS is More Framework - Storysharing Technique - Rock 'N Roll Therapy - Mentoring - Using Play to Develop AAC Usage



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Contents



This is Tomás from Northern Ireland using his AAC to help read 'Green Eggs and Ham' by Dr. Seuss. His mum Sinéad has written an article about their experiences which you can find on page 36.

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Communication Matters / ISAAC (UK)
3rd Floor, University House,
University of Leeds,
Leeds, LS2 9JT
Tel: 0113 343 1533
Email: admin@communicationmatters.org.uk
Website: www.communicationmatters.org.uk
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Editor

Emily Campbell and Karen Merchant
Email: admin@communicationmatters.org.uk

Design & Production

Karin Wall & Emily Campbell

Advertising and Overseas Subscriptions

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Email: admin@communicationmatters.org.uk

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Chair's Report

HELEN WHITTLE

Lots of work has been going on behind the scenes at Communication Matters since the last Journal was published, to make sure that the virtual conference is a huge success.

The conference will run over five half days (from Monday 13th - Friday 17th September). Each day will include a Keynote speech from a high-profile researcher or practitioner, from the UK and internationally, to inform us about developments in the field of AAC. Each day will have presentations from AAC users from across the UK, giving insights into their lives and experiences during the past year. We are grateful to all these speakers, and to everyone who had a paper accepted, for taking part in CM2021.

The theme of the conference is 'Making Connections' and, in that spirit, we have included a social session in each half-day event. Please take part in these live events and enjoy connecting with those that you have not had the opportunity to see in person recently. They will culminate in the virtual AAC Awards ceremony on the 17th of September. Thank you for all the nominations. The conference will also feature many of the suppliers that you have all had more virtual access to over the last 18 months. Many are doing presentations about new products and services, and some may be new to you, so please take time to look. We are delighted with the level of support and sponsorship from the AAC suppliers - thank you.

We continue to be very grateful for the support we have received from all our members in terms of awareness-raising and fundraising over the last year. One of our members has carried out a 500 mile Challenge for himself to raise money for CM. We are very grateful to Jamie and all his support team who have completed this challenge during July. Please see Jamie's link for more information and please support him - <https://www.justgiving.com/fundraising/jamie-preece5> - he has only just completed this amazing challenge.

Emily, our Charity Manager, is back in the CM office at the University of Leeds, one day per week, with conference support from the team at MEETinLEEDS, which is great. MEETinLEEDS have been instrumental in supporting us to be able to put on the virtual conference. They will be behind the scenes helping us and all the speakers to ensure that things run smoothly. We are also being supported by a number of Speech and Language Therapy students, who have volunteered to be technical assistants during all the presentations to help iron out any difficulties. We are grateful for their assistance and hope they enjoy their introduction to the world of AAC in the UK.

The Trustees are continuing to represent CM on many committees and initiatives, all virtually at present. Both the Communication Access UK and Mentoring projects will be giving us an update on their work as part of the conference.

Looking forward to seeing you all virtually at the conference in September!

CM2021 International AAC Conference - Registration Now Open!

The Communication Matters International AAC Conference will take place virtually from Monday 13th – Friday 17th September 2021.

Over the course of five half days online, participants will enjoy a diverse programme of keynotes, plenaries, presentations, posters and talks from AAC supplier companies. Many presentations will also be made available to delegates to watch in their own time after the conference week has ended.

The conference provides a unique forum to meet and exchange information with representatives from all disciplines associated with AAC, including AAC users, parents, personal assistants, professionals, and suppliers of AAC equipment. Communication Matters encourages and supports AAC users to attend.

We are aiming to welcome over 400 attendees to the conference, which will include 80+ presentations, social events and more.

This year's conference theme is 'CM2021 - Making Connections'! We know we can't meet up in person, but we don't want that to stop us from networking and socialising together virtually and there will be plenty of opportunities to connect this year at #CM2021conf.

Registration is now open! So don't delay and book your place today by going to our conference website now - <https://eu.eventcloud.com/cm2021conf>

If you have any questions, please email admin@communicationmatters.org.uk.



Trustees' News

A Big Thank You

BY NICOLA HAYTON, TREASURER

The Board of Trustees wanted to extend a huge thank you to all our brilliant fundraisers who have supported the charity. Through their hard work, efforts, challenges, and generosity, alongside grant income and a number of cost savings, we have managed to survive through these unprecedented times.

As the country begins to re-open, we all hope to get back to our normal lives, but as we are all aware, it is a long way off. Until we can hold physical events safely again, our income is still uncertain. However, Communication Matters continues to offer virtual events, support, and resources for AAC users, their families, and professionals, with our limited and often restricted income. So, as we move forward, we continue to fully appreciate the contributions from the AAC community - whether that's driving 500 miles on a mobility scooter, attending an online conference, or participating in a virtual balloon race - we are so grateful for your support.

Communication Matters is continuing to support AAC users, their families and professionals, so please continue to support us. We still need your help and commitment to help us continue the work we're doing.

We'd just like to take this opportunity to also express our gratitude to the MEETinLEEDS team for the continued support they have provided for both the CM office and the CM virtual conference throughout the pandemic.

We look forward to hopefully seeing you all soon!



Shared Interaction in AAC: A Pilot Training Programme for School Staff

EMMA BARRINGTON

Assistive Technology Specialist, Speech and Language Therapist, Barnsley Assistive Technology Team

Email: emma.barrington1@nhs.net

ANDREA LEE

Assistive Technology Specialist, AAC Team Leader, Barnsley Assistive Technology Team

Email: andrea.lee12@nhs.net

Background

As part of the specialised service at Barnsley Assistive Technology Team (BATT), children are assessed who have the potential to become more independent or more socially competent AAC users. Some children, however, do not make the progress that would be anticipated, or their devices are abandoned. From clinician experience, one reason for this is associated with the level of support that key communication partners are able to provide. There is evidence that inadequate support and lack of training can be a barrier for successful use of powered communication aids (Baxter, Enderby, Evans & Judge; 2011).

The NHS England (NHSE) specialised AAC service specification enables BATT to support implementation through local teams by providing advice and training. Local teams involved in AAC also carry out training to support implementation of AAC with children and young people (Wallis, Bloch & Clarke, 2017).

Parent training programmes are established in other areas of Speech and Language Therapy practice and more widely across child development settings. The authors had experience of delivering a parent training programme called Hanen It Takes Two to Talk (ITTT; Pepper & Weitzman, 2004) for children aged 0-5 with language delay.

Hanen ITTT involves group parent training, delivered by a trained Speech and Language Therapist (SLT). Between group sessions, communication partners participate in individual video sessions with the child, designed to enable them to practice strategies alongside the SLT.

The strategies taught through Hanen are widely used in training across Speech and Language Therapy, focusing on language and communication development through promoting partner strategies such as creating opportunities, and pausing within routines. Many of these strategies have been shown to benefit children who use AAC. For example, Clarke, Soto & Nelson (2017) discuss how recasting can benefit an AAC user's language acquisition. At present however, Hanen do not offer a programme which is aimed at, or evaluated for, AAC users.

Pennington & Noble (2009) explored Hanen ITTT for children with motor disorders, some of whom used non-powered AAC. Although they reported that parents found the programme beneficial, parents of children with the most severe motor disorders found it difficult to apply to their children due to their differences with the children that it is primarily aimed at: children with language delay.

Other partner-based AAC training programmes exist, although these do not appear to have published evaluations. Elklan (Lee, McLachlan & Elks; 2012) offer an accredited AAC training package aimed at communication partners, and You Matter (Bousaki, Lloyd, Latham, & Moore, 2011) is an AAC training programme that includes video feedback with professionals and family. Kent-Walsh & McNaughton (2009) outline a strategy instruction protocol, for assisting learners to acquire communication strategies and generalise them over time - similar to the principles of learning employed by Hanen. They advise that the appropriacy of strategies would vary according to the needs of the AAC user and the skills of the communication partner, providing further rationale for training using a tailored, individualised approach.

Hanen packages were not appropriate for delivery within the NHSE service specification as part of this project, and any adaptations to Hanen courses are not permitted under copyright unless approved by Hanen. However, the authors were keen to find out whether a programme using a similar structure to Hanen could be an effective training and implementation approach for powered AAC users. To explore this, a pilot delivery of a programme based on these principles was run with a local school.

Aims

To assess whether a programme including communication-partner training and coaching-based intervention is beneficial to AAC users and their communication partners

Method

Client group/setting

The target group included children known to BATT, who had functional powered and paper-based systems but where the team around the student agreed that the system had more potential than that which was being achieved. This potential was considered in the context of a range of factors, such as the people that the students used their system with, the places they used it in, and/or the communication purposes they used it for.

The project was delivered in a school alongside the students' communication lead, who had worked closely with BATT in the past. A different staff member was identified to work with each student (see Table 1).

Table 1: A Table Providing Details of The AAC Users and Partners

| AAC user (student) | Age (years; months) | Access method/vocabulary | Supporting adult (partner) |
|--------------------|---------------------|--------------------------------|----------------------------|
| A | 9;08 | Direct, switch/Symbol Talker A | TA1 |
| B | 14;06 | Eye-gaze/Supercore 30 | Teacher1 and TA2 |
| C | 8;11 | Eye-gaze/Word Power | Teacher2 |
| D | 15;10 | Direct/Supercore 30 | TA3 |

Structure of the programme

Two group training sessions were delivered to the partners (teaching staff), led by the BATT clinician. Three video coaching sessions were carried out with the clinician, partner and student. The sessions were planned weekly (see Table 2).

The programme aimed to include elements of both training and intervention, based on the principles of learning employed in Hanen.

Table 2: A Table Outlining the Programme Schedule

| Week | Session | Summary |
|----------|--------------------------|---|
| 1 | Video session 1 | Baseline video of student interacting with partner Pre-programme outcome measures (C.O.D.E.S, TOMs, confidence scale) |
| 2 | Group training session 1 | Group discussion and reflection on videos New strategies introduced Partners complete session plan 1 |
| 3 | Video session 2 | Video of student and partner based on session plan 1. Reflection and tuition between partner and BATT therapist |
| 4 | Group training session 2 | Group discussion and reflection on videos New strategies introduced Partners complete session plan 2 |
| 5 | Video session 3 | Video of student and partner based on session plan 2 Reflection and tuition time between partner and BATT therapist Post-programme outcome measures (C.O.D.E.S, TOMs, confidence scale, feedback questionnaire) |
| 6 | Parent session | Group session with parents - summary of strategies, progress and goals |

The group training sessions introduced key strategies through teaching, observation of video footage, and activities. At the end of each group training session, partners were asked to write and practise session plans, focusing on putting the strategies in place in natural, everyday situations.

At the end, a parent session was carried out to share the student's progress and explain their goals.

Outcome measures

The following measures were carried out in week 1, and again in week 5.

1. C.O.D.E.S. (Jans, Wise & Goodwin; 2011) framework was completed by the clinician alongside the partner to record the student's communicative abilities and goals.
2. TOMS (Therapy Outcome Measures; Enderby & John, 2015) for AAC was used to rate activity, participation, wellbeing and support jointly with the partner.
3. Each partner was asked to rate their confidence on a scale of 1-5 in five areas, based on the learning outcomes of the training. Partners also completed a short questionnaire in the final session.

Results/Findings

The outcome measures were completed with 3 out of the 4 partners. Unfortunately, one student was unable to participate in the final video session due to illness.

C.O.D.E.S.

During the initial completion of the framework, partners were generally more focused on goals around requesting or using familiar nouns as part of a regular routine, such as snack time.

Following the programme, all students had made gains in at least one area of the C.O.D.E.S. framework. For example, student D moved from using a few family names, to also using appropriate vocabulary for motivating foods, drinks and activities.

TOMs

2 of the 3 students improved in activity, participation and/or wellbeing. Student A's scores were more varied and either stayed the same or decreased. Only student D improved on support.

Table 3: A Table Showing Pre and Post TOMs Scores for Each Student

| Student | TOMs domain | | | | | | | | | | | |
|---------|-------------|------|--------|---------------|------|--------|-----------|------|--------|---------|------|--------|
| | Activity | | | Participation | | | Wellbeing | | | Support | | |
| | Pre | Post | Change | Pre | Post | Change | Pre | Post | Change | Pre | Post | Change |
| A | 2 | 2 | 0 | 4 | 3 | -1 | 4 | 4 | 0 | 3 | 2.5 | -0.5 |
| B | 3 | 5 | +2 | 3 | 3.5 | +0.5 | 2.5 | 3.5 | +1 | 4 | 4 | 0 |
| D | 2 | 3.5 | +1.5 | 2.5 | 3.5 | +1 | 5 | 5 | 0 | 2 | 3 | +1 |

Staff confidence scale

Staff confidence scores indicated positive change or no change across all questions. In particular, partners indicated that they felt more confident in responding appropriately, using theoretical models, and giving opportunities for students to use all methods of communication.

Table 4: A Table Showing Pre and Post Confidence Scores for Partners

0=not confident at all, 5=completely confident

| Student | Area of confidence | | | | | | | | | | | | | | |
|---------|--------------------------|------|--------|---|------|--------|--------------------------------------|------|--------|--------------------------------|------|--------|--|------|--------|
| | Using theoretical models | | | Giving students opportunities to use all methods of communication | | | Responding appropriately to students | | | Identifying your own strengths | | | Identifying and choosing useful vocabulary | | |
| | Pre | Post | Change | Pre | Post | Change | Pre | Post | Change | Pre | Post | Change | Pre | Post | Change |
| A | 2 | 3 | +1 | 3 | 4 | +1 | 3 | 4 | +1 | 2 | 3 | +1 | 3 | 3 | 0 |
| B | 3 | 5 | +2 | 3 | 5 | +2 | 2 | 5 | +3 | 3 | 5 | +2 | 2 | 4 | +2 |
| D | 2 | 4 | +2 | 2 | 5 | +3 | 3 | 5 | +2 | 3 | 3 | 0 | 3 | 5 | +2 |

Discussion

This pilot aimed to investigate whether a programme including communication-partner training and coaching-based intervention could be successful in supporting AAC users and their communication partners.

Through review of the measures that were taken pre and post training, the results showed positive impact on both the communication partners and students.

Firstly, the partners' confidence scores indicated either positive change or no change across all questions. Questionnaire responses indicated that partners had found the training beneficial, for example: "Helpful to see how you [the partners] work and being able to see what you do well as well as what you could improve on".

In addition, the C.O.D.E.S. framework indicated an improved understanding of goal setting by partners, where they tended to move from focusing on mainly requesting using nouns, to considering other reasons for communication using words with varied grammatical functions.

In response to the completed C.O.D.E.S and feedback from staff, some whole-school goals were set with the communication lead. These recommendations focused on development of a communication champion in each class, an editing champion across school, and a plan for regular consideration of AAC targets as part of students' Education and Health Care Plans.

TOMs was used to measure change in activity, participation, wellbeing and support. TOMs scores of 2 out of the 3 students increased in at least one domain, suggesting a positive change in the students' daily functioning.

Student A's TOMs scores either stayed the same or decreased, however this may have been associated with the student's access method being under review over the training period. The partner also reflected during post-training TOMs scoring, indicating that

they were more aware of what could be achieved, particularly for support. This was a theme in scoring support, where another partner said “we are about a 3 but will try and move to a 4”.

Limitations

Although changes were positive, it is important to consider that this pilot work was not designed as a research study. Measures were not conducted with rigorous controls to ensure validity. Therefore, it is difficult to attribute any change directly to the programme from this intervention only.

For example, due to staff commitments, only one of the partners completed the outcome measures at week 5 as planned. The others completed them 8 weeks later after the summer holidays which may have affected the accuracy and validity of scoring. Although this was not planned, it was encouraging that these partners had still remembered some strategies. Should the programme be trialled in a more formal study, it would be useful to follow up after another term or school year to check whether changes have generalised over time.

Future steps

It is clear that further work beyond this pilot would be beneficial in order to better understand the potential impact of this type of training intervention and to understand how it may fit into specialised and non-specialised AAC services' delivery pathway.

It would be useful for this particular programme to be trialled with another school or in a different setting in order to determine whether similar benefits are observed in another situation. In this pilot, the teaching staff had differing levels of experience with AAC, however they were all extremely motivated and contributed enthusiastically. It would therefore be valuable to trial with a school which has had less exposure to AAC or where staff engagement may be more challenging. However, it is likely that these schools may be the hardest to reach in terms of their ability to commit time and resources to the programme.

Due to the heterogenous population when working with AAC users, their partners, and the environment they are in, it is likely that in order to observe comparable benefits, training would need to be similarly tailored to meet the needs of the students, setting and partners. The use of videoing lends itself to being able to tailor training to an individual's needs, rather than delivering a 'blanket' training course.

Due to the time that this approach takes, services may need to balance the benefit of a bespoke course which is more time consuming with a readymade universal course that requires less preparation. It would be useful to investigate current approaches employed by specialised and local AAC services, their capacity to support implementation of AAC in schools, and ultimately to determine whether this course would fit into current service delivery models.

Conclusions

The outcomes recorded suggest that a training intervention based on principles of partner- training and coaching-based intervention was of benefit to both the students and partners that participated.

This pilot suggests that there are benefits in further exploring and investigating training interventions to partners and AAC users based on principles of partner-training and coaching-based intervention.

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Lessons About Life and AAC as a Parent and SLT

JOANNA HOLMES

www.mummyvsaac.blog

Facebook @mummyvsaac

Twitter @mummyvsaac

Email: joannaloisholmes@gmail.com

I'm Jo. I've been a Speech and Language Therapist (SLT) for over 18 years. I've been the parent of a child with complex communication needs for just over 6. In the last 6 years I've learned so much about AAC, about myself, about being a parent, and about being an SLT. Over time, as I've reflected on my own interactions with services and how we've implemented AAC at home, I've thought about what this means for me as SLT. I've shared some of my thoughts from a parent point of view. With each of my reflections about being a parent navigating this world I've added some of the questions I've asked of myself as an SLT. I don't seek here to share what I have learned. I'll be honest – sometimes I've been able to answer positively, other times I've had to really reflect on what my experience means for how I wish to be when I work with people and their families.

First, I want to give you a picture of what I'm talking about when I talk about using AAC at home. My little girl has learning and physical disabilities and attends a small special school for children with severe, profound, and multiple disabilities. She has access to a combination of paper- and power-based AAC, with a focus on core vocabulary. We've chosen to use Smartbox Supercore30 on Grid for iPad as her power-based system and she has a range of paper-based resources linked to this, including some of the Smartbox learning grids, and also a personalised 'double-spaced' board stuck to her tray. She is at an early stage in her AAC learning.

We model, we listen, we wait.

While we've been modelling, listening, and waiting, here are some of the things I've realised:

Allow yourself to be vulnerable

Honesty time – I find this very difficult. I know I'm not the only one. I want to make sure anyone who meets my daughter in a professional capacity knows that I'm skilled, well-informed and I know how things should be for my child. That I will fight to get what she needs, that I won't have the wool pulled over my eyes and that my husband and I know this little girl better than anyone else in the world. All of this is true, but it's not the whole truth. It doesn't account for the fact that I'm often overwhelmed by therapy and medical interventions, EHCPs, respite, reviews. To function as a family, we need help. I know that I've come away from appointments outside my areas of knowledge confused and feeling unable to ask questions because I'd gone in trying to demonstrate how smart I am. I've begun to learn (but not always apply) that allowing myself to be vulnerable, to be honest about being overwhelmed and needing help is not a failing. When it comes to AAC that means being honest about days when it's been so busy, I don't think any of us have looked at a symbol. It also means knowing that made way for something else, and that's OK. We're only human.

Questions for therapists:

- Do you create space for your clients to be vulnerable? Do you ask the right questions? Do you focus on the family as a whole?
- Do you feel pressure to get lots of assessment and advice done in brief infrequent appointments? Does that maybe mean you can't take the time you want to really listen to the families you work with? Do you feel able to acknowledge where structures prevent you from doing what you would like and to be open about that, too?
- Are your expectations of the families you work with realistic? Are their expectations of themselves realistic? Can you help keep it real?

If you possibly can, grow an extra pair of hands

I genuinely find one of the biggest challenges in any given moment being the fact that there is so much to do, and I have only one pair of hands. Let's use a mealtime as an example. Our little person needs full support to eat using a hand-over-hand approach. She doesn't always want this support, so may be refusing to eat unless we just give it to her. On the other hand, she may refuse to eat unless we let her help. She likes to put her hands in food, which we have encouraged from a sensory motor point of view, but now we have no idea when and with what level of force she may decide to do this or at what point in a meal. So, I return to the point... I have two hands and two hands only. Her tray has symbols attached so sometimes we manage to model, sometimes we don't. If we manage a snatched bit of modelling, fabulous, if not we just acknowledge that today it was impossible.

Questions for therapists:

- Do you tailor your suggestions to the family you are working with and their child's unique needs? Is there a risk your advice is too generic to be helpful?
- When you're with a child there will often be someone else around, parent, teacher, assistant. Is what you offer practical for one adult and the child to do together?
- Do you consider the practical barriers for families in following advice/achieving goals?

If it doesn't feel right don't do it, or at least challenge why you should

For me, modelling and aided language stimulation based on core vocabulary just FEELS RIGHT. It's applicable in almost every situation (number of hands permitting), it keeps my daughter and her motivations at the centre of what's happening, and it doesn't force her to do anything. Sometimes we do manage a little hand-on/under-hand support to help her point or access cells, but only when she easily tolerates it. When we first began with AAC, hand-on-hand support for Makaton signs never felt right; I felt very uncomfortable doing it, and I was always concerned that I was asking too much of her motor skills. She would pull her hands away, and it was clear each time we tried this that touching her hands was too much from a sensory point of view and she ceased to engage. I've learned, if an intervention doesn't feel right, to ask for more help or for different ideas. If supporting your child's communication feels like a chore, then neither of you will enjoy it. Ask questions, get help, get support to make it work for you. You may be able to get this from local SLT services or from school, but you may need to seek out some peer support too.

Questions for therapists:

- How do you feel when people ask questions or challenge your ideas? Anxious, defensive, worried? Do you take the time to reflect on how these challenges make you feel and to learn from them? Does your supervision support this reflection?
- What questions do you ask when you review interventions? Do you ask, 'How is it going?', 'Have they achieved the targets?', 'Have you had time to practice?'. What if you asked, 'How do you feel about this?', 'Have you had any particular challenges?'. Consider what kind of conversations this would start.
- Do you take the time to understand what families think of therapy and expect from it? Do you have a shared understanding from the beginning?

Make opportunities to connect and share joyful moments with your child, with or without AAC

Connections matter. Knowing you're seen and valued matters. Knowing that any way you communicate is understood and values matters. Sometimes AAC is a route to truly joyful moments. I recall reading one of our current favourite stories, 'The Go Away Bird' by Julia Donaldson. I was modelling 'go' over and over on the iPad; our little one (unusually) was looking at the pictures and at me as much as the iPad. When we reached the refrain, 'and what do you think she said?', she took my hand and moved it to the iPad for me to say, 'GO away, GO away, GO away'. We connected over the story, and it was lovely. This, however, is not typical: she is just learning. Often, our most connected moments have nothing to do (directly) with AAC. It's cuddles and giggles and laughing at silly faces together that provide most of our moments of connection, and these are as important for her health and mine as 'doing' AAC all of the time.

Questions for therapists:

- AAC can be marvellous, no arguments here. But do you make space in your clinical practice to encourage and celebrate connections as well as targets?
- Is it possible your interventions are interfering with families' abilities to just be together and build relationships?

Build your communities

I've found several communities have helped me. The first community is online. My daughter's genetic condition is pretty rare, but there is a group on Facebook where I've had, and continue to get, masses of support. More recently, discussion on there has been more and more about AAC and what approaches people are using, which is really interesting. The next is a local parent and toddler group for the families of children with disabilities. This, along with our local parent forum, has helped me build local support for navigating services specific to our area. I've also made some great friends. In the last year, I've sought more AAC-specific support, and we've had fun joining some virtual 1voice events; this is a new community I'm enjoying very much. I've also been very deliberate about including my girl in her local community, by joining the local Rainbow Unit, going to local shops where access allows and attending events. For me, this is crucial in making sure that she and her AAC (which generally people find fascinating) are seen, known, and understood. Community and peer support is powerful and affirming. I'm so grateful for all my communities for so many different reasons.

Questions for therapists:

- Do you think beyond home and school in terms of a child's community engagement?
- Do you encourage parents to seek out communities of support, signpost them to helpful organisations and help them to engage?

This article is in no way meant to be exhaustive. I've written it because I want to share what I can about how my parent life informs my SLT life. I hope there has been something here for parents and therapists to take away and think about.

The British Assistive Technology Scholarship: ATIA 2020

ANNA REEVES
CEO, Ace Centre

There is an Assistive Technology (AT) Renaissance happening now. I know it has never gone away; remaining quietly in the background behind the growth in profile of AAC, when even Government Ministers are using those three letters, the broader field of Assistive Technology has also continued to evolve. However, right now, there is a genuine desire at many levels to understand and develop the uses of Assistive Technology in order to support communication and learning and to enable independence. Maybe it has been helped by the establishment in early 2017 of the All Party Parliamentary Group for Assistive Technology ([APPGAT](#)), which continues to expand and amplify its impact? Or maybe it is simply that the reality has kicked in that there is so much AT out there and so little infra-structure to connect it to the people who need it, especially during times of COVID-19 restrictions and lockdown, when we are all reliant upon remote communication and access.

Whatever the reasons are for the profile of AT rising in our world, I am delighted it is and I want to get within this momentum to help push it forward. So, the privilege of being announced by [Martin Littler](#) as the first [British AT Scholar](#) at last year's [Communication Matters' AAC Awards](#) has been, for me, an aligning of the stars. I have worked in the field of AT/AAC since the early 1990s, first as a teacher of children with severe and complex learning disabilities, and ever since then as the Head of ACE/Access Centre.. Ace Centre-North.. now [Ace Centre](#), which is a national charity providing AT and AAC assessment, training, information and equipment management services. During this time, I have seen many AAC/AT-related national initiatives come and (some) go, such as...

- The DfE-funded [SEMERCs](#) (Special Education Micro- Electronics Resource Centres) that led to the creation of the award-winning and massively influential SEND ICT company, [Inclusive Technology](#)
- Blue file software that was open source, created by and for teachers of children with SEND and which led to the development of access devices that are still in use in schools today
- NOF/TTA ICT Training for Teachers of Children with Severe and Complex Needs Programme, which ran from 1999 to 2003 and was hailed as the most successful part of the whole £230 million NOF/TTA initiative
- [CAP](#) – The DfE-funded Communication Aids Project that ran from 2002 – 2006 and provided assessments and equipment for children with verbal and written communication needs. This made a huge impact on the use of AT and AAC in schools and – during its time - increased the professional development and knowledge of the education workforce... until it ended and there was no sustainability built into the project to manage this.
- The DH- and DfE-commissioned 2007 [Bercow Review](#) of Services for Children and Young People with SLCN that placed a spotlight on the lack of skills, knowledge and funding for Augmentative and Alternative Communication across the country
- The DfE and DH response to the Bercow Review: “[Better Communication Action Plan](#)” that supported the role I took on as National AAC Coordinator in support of the work of the former Communication Champion that informed on the decision by NHS England to commission specialised AAC services with an annual recurrent budget of £15 million for AAC equipment and services
- The 2009 £240 million [Home Access Project](#) that provided technology to support socially disadvantaged children and young people's learning out of school, of which a significant number needed AT to support their access to the equipment provided
- The 2014 announcement of commitment by NHS England to directly commission national [specialised AAC services](#) across their ten specialised commissioning regions.

We must learn the lessons of history, which from my perspective are that there is a need for: ongoing research and professional development opportunities about what AT is available and who can benefit from it, improved AT equipment procurement and management, and evidence of the impact of AT on learning, independent living and quality of life.

And there is no better place to look for answers to these questions than at the [Assistive Technology Industry Association](#) (ATIA) Annual Conference in Orlando, Florida, USA. This event brings together 3,200 + attendees to visit more than 170 exhibitors and over 300 education sessions and presentations relating to the applications of the field of AT on the international stage. As the

recipient of the British AT Scholarship, I was privileged to attend the ATIA 2020 and to learn from around the world about the field of AT and its applications. So, this is what I learned...

AT on the international stage

Attendees, presenters and exhibitors contributed to the ATIA from many countries. Whilst the biggest representation was understandably from the USA, the event attracted presentations from giants in the field of AT and AAC. [Carole Zangari](#), [John Costello](#), [Gayl Bowser](#) and [Caroline Musselwhite](#) to name a few...

AT services

There was much to learn about how AT – and of great interest to me – AT services are established, developed, delivered and evaluated. In the USA, there is a legal requirement for every State to have AT services in place for anyone of any age in any context who may benefit from AT. However, unlike, for example, specialised AAC services in England, there is no specification for their AT services, which means that the services that are provided vary massively. The wonderful Gayl Bowser gave me a copy of this [book](#) to take back to England. It is a fantastic toolkit of resources to assist with the AT assessment process in schools and available for you to see at the [Ace Centre](#).

AT research

One of the best sessions was an overview by Dave Edyburn from the University of Wisconsin-Milwaukee of the latest international research in special education technology and its uses, which you can see [here](#). Since then, this has been expanded in the form of a DfE-commissioned [rapid literature review on assistive technology in education](#), so it is incredibly exciting to see so much interest in the field.

AT training

Online AT training is in abundance! There is so much out there now that it is difficult to know where to start. However, I do like this [resource](#), which is a contributory site and is full of links and summaries of online content and training related to AT for learning. And whilst it is not new, [this](#) is a reminder to us all about what good AT training looks like.

The ATIA is an accredited International Association for Continuing Education and Training Provider. Many people attend the Conference to learn and to get Continuing Education Credits as well. Now – there's food for thought...

AT products

So – this is where I rely on my colleagues. Ace Centre has done an ATIA 2020 highlights AAC-Info e-newsletter. To find out more, register to receive it [here](#).

AT in 2020

Never before has the need for remote access to technology for everybody been as great as this year! This has been acknowledged by different Government departments that have looked for Assistive Technology solutions in order to enable people to continue learning, employment and independent living. The British Assistive Technology Association ([BATA](#)) has launched the WHO's UK Survey of Assistive Products in conjunction with the World Health Organisation's Global Cooperation Assistive Technology (GATE) programme. Also, watch out for announcements relating to the "[National Strategy for Disabled People](#)". Despite COVID-19 and the hefty expenditure commitments that have been required, there is still a commitment to launching this next year with Assistive Technology playing a key role! You can keep up to speed with all these developments [here](#). And on the global stage, ATIA and ISAAC International are collaborating in support of the ATIA 2021 online conference: [AT connected](#).

And finally...a massive big thank you to Communication Matters and BATA for supporting this, the ATIA Board, to Inclusive Technology and Martin Littler for championing the British AT Scholar, and for allowing me to be the first one!

SAVE THE DATES!



The Communication Matters International AAC Conference will be held virtually this year from Monday 13th - Friday 17th September 2021.

Communication Book Project 2020 for the Community Adult SLT Teams in Birmingham

January 2021

CHRIS SHERLOCK

Speech and Language Therapist, Access to Communication and Technology

Email: christinesherlock@nhs.net

SIAN DAVIES

Assistant Practitioner in Assistive Technology,
Access to Communication and Technology

Introduction

Chris and Sian work in Access to Communication and Technology (ACT), the NHSEI (National Health Service England and NHS Improvement <https://www.england.nhs.uk/>) funded Specialised Augmentative and Alternative Communication (AAC) service for the West Midlands. This team is based within Birmingham Community Healthcare NHS Foundation Trust (BCHC). We were redeployed within BCHC as a result of Covid-19 to the community stroke services and we worked with the teams from early April 2020 to late July 2020.

The national expectation (Thorlby et al 2020) in spring 2020 was, that as well as treatment for Covid-19, people would still need care after a stroke or heart attack. The plan was to get as many people home as quickly as possible after a stroke; this would free up beds and staff in hospital and keep people safer, from Covid, in their own homes. There was therefore an anticipated need for extra community rehabilitation.

As things turned out, there were not the usual number of stroke survivors coming back home or to community settings. We don't yet know why this was; factors may include delayed calling for emergency help when signs of stroke were experienced (Gittins & Smith 2020).

The stroke teams did have clients to see, in their own homes, with the clinicians in Personal Protective Equipment (PPE) and by tele-health methods. For some of these teams, stroke survivors were only part of the work; they also had roles with people with a range of acquired communication needs, including those caused by Motor Neurone Disease (MND) or Parkinson's Disease.

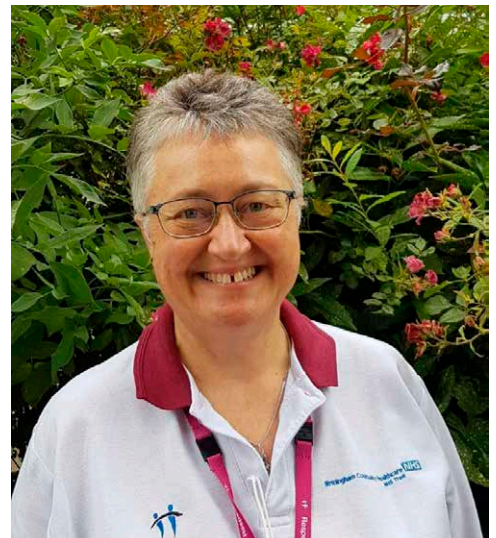
People who have had a stroke may experience a loss of speech and/or language ranging from mild and temporary, to severe and lifelong. This impairment of speech, language and literacy is called aphasia. People with aphasia and associated needs may benefit from Augmentative and Alternative Communication.

Our redeployment

Sian and Chris joined a community stroke rehabilitation team based at a hospital where there were attractive gardens. At lunchtime we were fortunate to be able to sit outside, in our new uniforms and benefit from the much-needed stress-busting combination of sunshine and chat.

Sian's Idea

One of Sian's roles was to help make materials and resources. She saw that the team we had joined had historically struggled, with the resources they had, to create communication books for people who had speech and language needs. Sian was used to adding personalisation to communication aids and paper-based communication tools at ACT, and wanted to create resources for the team that we could all use and leave the teams with for the future.



Chris Sherlock (top) and Sian Davies (above).

The teams were keen to give ideas, information and requests. We met with team members (socially distanced) and consulted by email. Chris and Sian came up with a plan for template books and resources.

In the context of the murder of George Floyd in the USA on 25.5.20, plus Birmingham having a highly diverse population, we wanted to make it possible for our colleagues to more easily find/use symbols that could reflect skin tone and culturally appropriate matters such as clothing, food and religious symbols.

A further context: the way that specialised services for AAC are commissioned in England means that there is an expectation, based on guidelines, that paper-based AAC will have been tried by a client prior to possible referral to a service like ACT (NHS England 2016).

Sian worked on the book templates in Microsoft Publisher, a resource that did not depend on specialist AAC-based symbol software as these were not available to SLT teams working with adult clients with acquired conditions. The templates were aligned to some the team were used to, that had their origins in ACT designs. Templates were made in A4 and A5 sizes, and portrait/landscape layouts (see Figure 1).

BCHC has policies around the following issues and we wanted to get these built into the books and processes:

- Copyright for images from the internet
- Organisational branding of documents shared with clients
- Contact information on resources so that clients and those around them know where to go to for more help.

Sian also worked on a specification sheet for planning a book, a pathway for book creation and guidance notes (see Figure 2). She created resources on how to find and use symbols with different skin tones and we checked the copyright aspects of this. At the same time, she was beginning to make books for clients based on the templates she had created or adapted.

The templates all had the same “look and feel”, with standard pages to be individualised, to assist with:

- Getting to know the user
- How to support their communication
- Who had provided the book
- Where to get more help.

The books and advice alongside them are not innovative in design and content, but they do seek to bring together in one safe place some options that can be more swiftly accessed, stored and adapted. The books are intended mainly for direct access methods (finger point), as the typical community rehabilitation client would still have the use of one or both hands after a stroke.

The books have a relationship to a template some of the rehabilitation team were already using and to ACT’s own “BABS books”. “Babs” was a client actually called Barbara who had MND and for whom ACT first developed a communication book. But Babs now stands for **B**uild an **A**AC **B**ook for **S**uccess. As some readers will know, “bab” is the West Midlands word used to be familiar when perhaps you don’t know the person’s name. A “Babs” book has many versions these days, including symbolised versions. This book layout is intended mainly for indirect access, using Partner Assisted Scanning.

Why not use commercial AAC software?

We know that there are many excellent software options on the market for creating paper-based AAC systems. Software, that would make creating books “easier” once mastered. But in the real world of the NHS and adult rehabilitation services there are barriers to use of these software packages. These appear to include:

- Funding: symbol software packages are often £250+ which is a great deal of money for an SLT service
- One licence, which is likely all that can be afforded, on one person’s laptop, makes it almost inaccessible
- Online versions have limits on the numbers of users for the basic cost too
- One licence may give only one “look and feel” of symbols, particularly if you are not very skilled in that software. This may not give easy access to symbols for a diverse population
- There are ways around using expensive software products but learning about them and using them takes time and IT skills that teams can struggle with
- The time taken to learn the system to create books and then keeping those skills up when a book might only be needed every few months
- Where there is more than one person in a team or teams that need to make books, perhaps without time to share skills
- Knowledge about what constitutes a well-designed AAC book for an adult stroke survivor caseload is not common across stroke services
- NHS IT services are sometimes not sympathetic to the loading of symbol software to work PCs and laptops and negotiating this can take time, time that SLT teams do not have
- NHS computers “die” or are replaced/updated without much shared memory of what software is loaded and how that was bought or licenced, and so the software can be lost to a team.

Not using an AAC software means that making books can be harder, but using Microsoft templates tries to make the possibility of creating books available to a wider group of colleagues and therefore their clients.

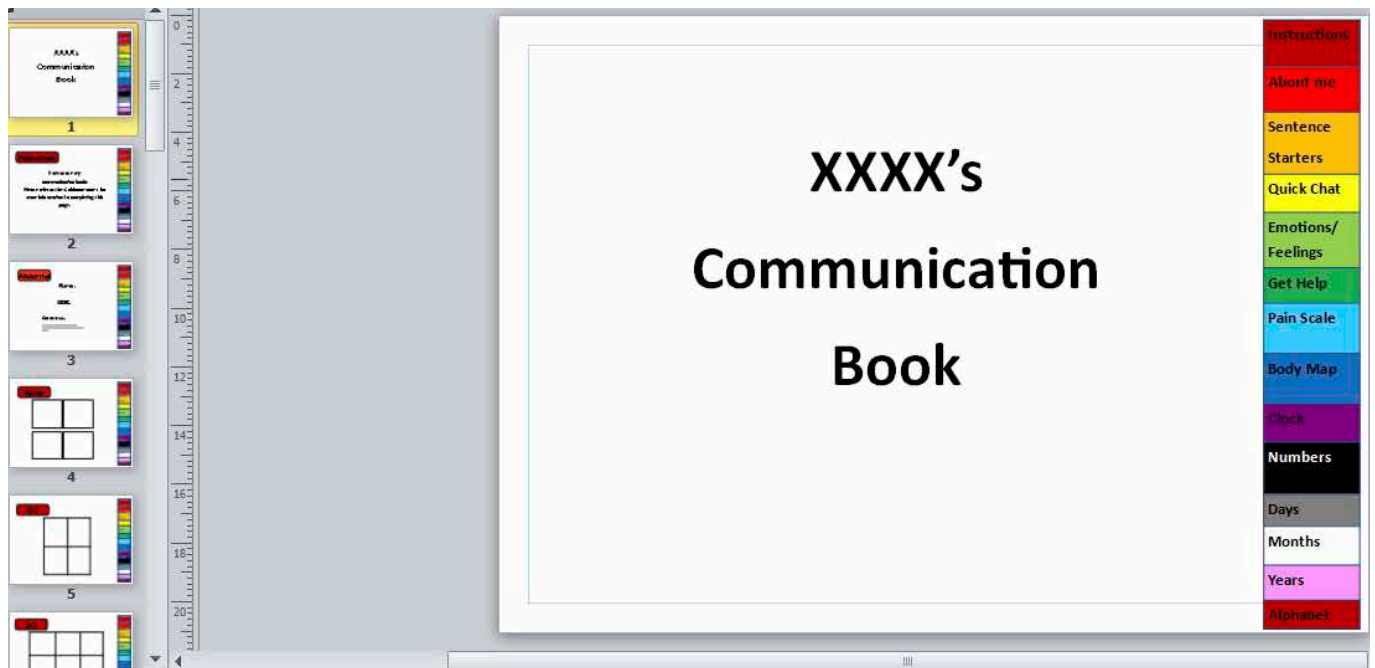


Figure 1: Screenshot of a communication book

We are aware that a case for local AAC funding can be made, supported by the AAC local services commissioning toolkit: <https://localaactools.co.uk/> but we saw first-hand how a relatively low incidence of need coupled with many other pressures would make this a significant undertaking for busy local teams.

Other aspects of the project

Chris worked on creating training presentations that could be left to support the users of the templates, and thinking about AAC for people with aphasia. Chris also organised electronic folders and created electronic areas that would allow the teams to create, store and retrieve books, specification sheets and vocabulary collection records for a particular client, including a safe place to electronically store photos and other materials shared by the client and those around them for adding to the book.

We looked up related links to other online resources, such as materials for creating life books (Dementia UK) and basic methods of creating paper-based Visual Scene Display (VSD) books, as it is recognised that for adults with aphasia these may be easier layouts to use to support communication (Beukelman et al 2015).

Finally, we made a short film (see Figure 3) and associated presentation guiding the teams through the resources and folders we had made and shared it all with them.

What happens next?

Since then, the SLT team have told us that they have used the book templates and that having the choices of size and orientation has been helpful.

They have also told us that:

- Templates make things a little quicker
- Colour coding of sections and tabs is a strong feature
- Templates and guidance all in one place on the server is an advantage
- Film and a PowerPoint of advice is helpful
- Making a book is still demanding and time consuming

The next steps are around supporting our rehabilitation colleagues longer-term as they get used to the books, and an ACT project around communication book options for people with acquired conditions and AAC needs.

This ACT project will create more of a library of advice and help for local teams as they develop paper-based AAC resources, including for those clients who might be referred to ACT.

Copies of the templates mentioned in this article can be emailed to people on contacting the ACT referral and helpline.

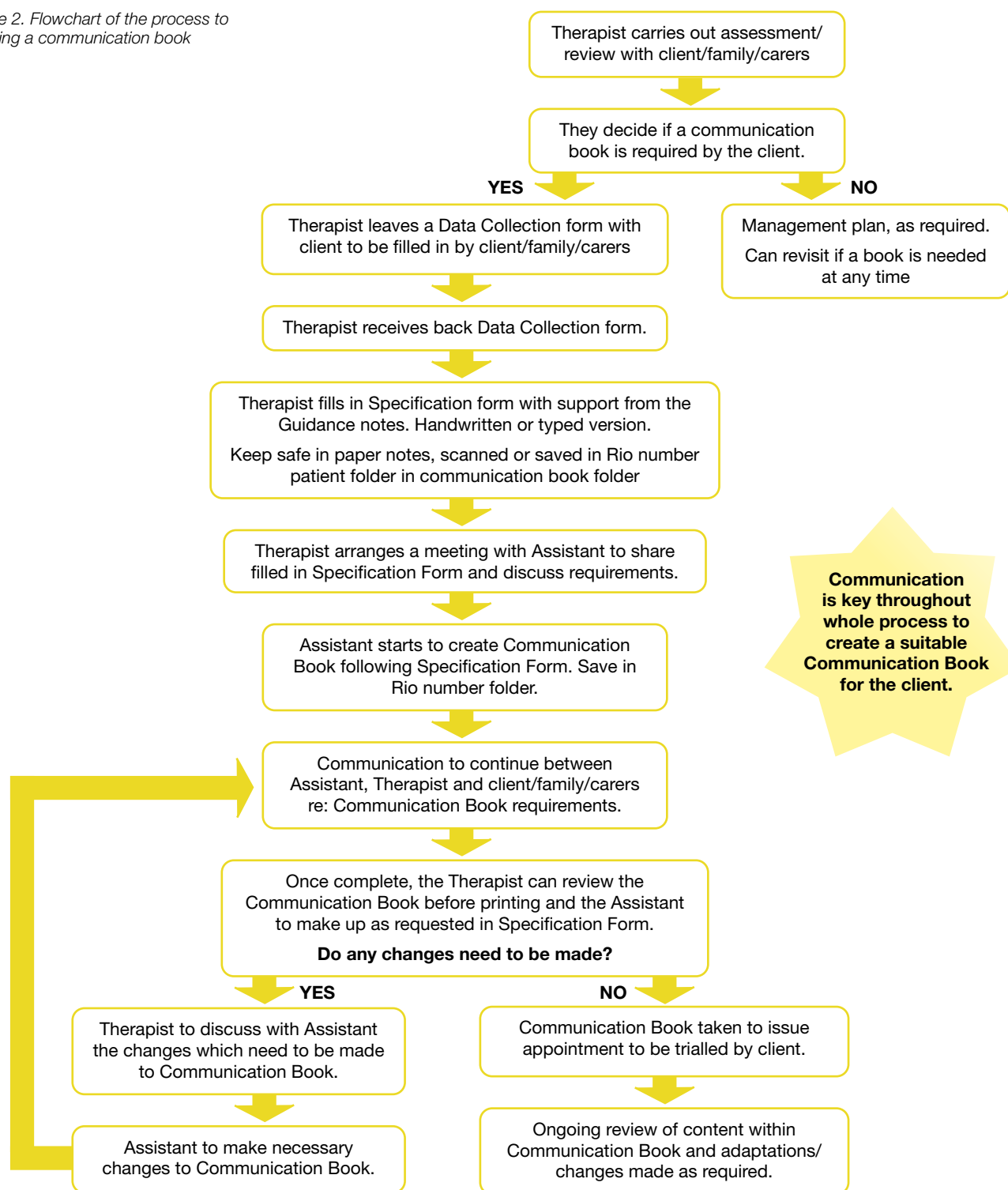
BCHNT.ACTduty@nhs.net

With many thanks to the therapists and assistants of the BCHC SLT teams.



Figure 3: Still from the film

Figure 2. Flowchart of the process to creating a communication book



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Siblings of Children who use AAC – Communication Partner Training in a Game Setting

CLAIRE ELLIOTT

Past MSc Student, University of Dundee

Email: elliott.claire@outlook.com

Supervisors:

ROLF BLACK

DR LYNNE DUNCAN

DR ALAN NEWELL

University of Dundee

Introduction

Children who use AAC interact with many different individuals. These communication partners play a crucial role in ensuring interactions are successful. However, facilitating an effective interaction with an AAC user is not intuitive and communication partners' interaction styles can be detrimental to communication. Often, communication partners will provide limited opportunities for the AAC user to communicate, and take the majority of conversational turns (Kent-Walsh et al., 2015). Carter and Maxwell (1998) observed that peers of children using AAC frequently ignored attempts to initiate conversation and rarely waited for a response. These interaction patterns result in one-sided conversations, restricting the AAC users' chance to learn their AAC system. Subsequently, AAC users are often observed to be passive communicators (Jansen, 2013). Therefore, to improve interactions for AAC users, communication partner education is crucial.

Communication partner training refers to intervention in which people are taught strategies to support the AAC user to communicate effectively. Research has shown communication partner training achieves this aim, with two frequently-targeted strategies being wait time and open-ended question asking (Kent-Walsh et al., 2015). Wait time refers to the communication partner waiting for a specific time period, often five seconds, for the AAC user to respond (Jansen, 2013). Waiting gives the AAC user time to process the question, think of a response and locate the appropriate vocabulary. The second strategy is use of open-ended questions. When communication partners ask yes/no questions, the AAC user will provide limited responses, whereas open-ended questions give opportunities to use a range of vocabulary (Capp, 2014).

Siblings are under-researched, however spend significant time with the AAC user engaging in natural activities such as play and daily routines. Studies have considered this relationship, training siblings to use communication strategies such as 'plan-talk-wait-respond' and testing use of the strategies during play (Douglas, Kammes, Nordquist, and D'Agostino, 2018; Jansen, 2013). These study results were variable, with some strategy use and inconsistent generalisation of the effects. The children in these studies were directly taught the communication strategies. It is important to consider that siblings learn differently to adults and may not start to use communication strategies simply because they are told it will help their sibling.

This pilot study investigates the use of a game to teach communication strategies indirectly. When the instructional content is synonymous with the game, the child need not know they are learning. A game was designed with rules which encourage use of two communication strategies: open-ended question asking and wait time. Siblings were instructed how to play the game but not told explicitly they were learning communication strategies. Instead, this was learnt as part of playing the game. Overall, this pilot study evaluated the possibility of indirect learning of communication partner strategies, and its subsequent effect on interactions and AAC use.

Method

Two 12-year-old twin boys were recruited. The sibling who uses AAC has a diagnosis of cerebral palsy. He uses an iPad with the application NovaChat but at home mainly communicates using gestures, Makaton signs and a limited verbal vocabulary.

The study used a single case design with three phases over four sessions. These were: (i) a baseline phase in session one to

measure the sibling's natural interactions while playing the game 'Mr Potato Head', (ii) a game phase in sessions two and three in which the siblings played the intervention game 'Create a Monster' and (iii) a transfer phase in session four to determine if the strategies would generalise to the 'Mr Potato Head' game. In each session the siblings played the game twice, giving eight data points in total.

Intervention Games

Two games were used in the study. The first was Mr Potato Head, where children choose from a variety of pieces to create a potato character (see Figure 1).

The second game, called 'Create a Monster', was developed for the study. The children choose monster body pieces to assemble a monster character. This game is structured with several rules. First, the siblings have different roles in the game. The AAC user is the 'designer' and chooses which monster pieces to use. The typically-developing (TD) sibling is the 'creator' who prompts the designer with questions to choose each piece and assembles the monster (see Figure 2).



Figure 1. Mr Potato Head example character

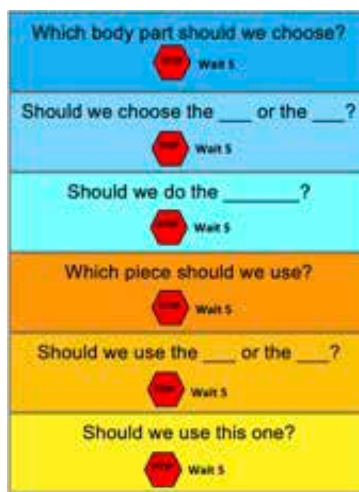


Figure 2. Create a Monster resources and example.

The creator first prompts the designer to choose a body part (e.g. feet) from the blue squares using the blue questions and moves the available pieces to the orange square. They then prompt the designer to choose the specific piece (e.g. high heels) with the orange questions. Both question sets begin with an open-ended question, followed by a forced-choice question, and then a yes/no question. They are instructed to ask the first question, wait five seconds for a reply from their sibling, and if there is no attempt to reply, flip the card and ask the next question. In this way, the creator uses the two strategies, asking questions in a hierarchy approach and waiting, to support their sibling's participation.

Results

All eight game sessions were completed. The intervention game was effective in teaching the TD sibling to use the two communication strategies, with some generalisation of these skills. Importantly, the intervention was effective in increasing the AAC user's communication using AAC.

Communication Strategies

Question asking

The first strategy, question asking, was learnt successfully by the TD sibling through playing the 'create a monster' game (Figure 3). The intervention was effective in increasing the sibling's use of open-ended questions in the game phase, with the sibling quickly learning to use the prompt cards. The percentage of choices starting with an open-ended question increased from

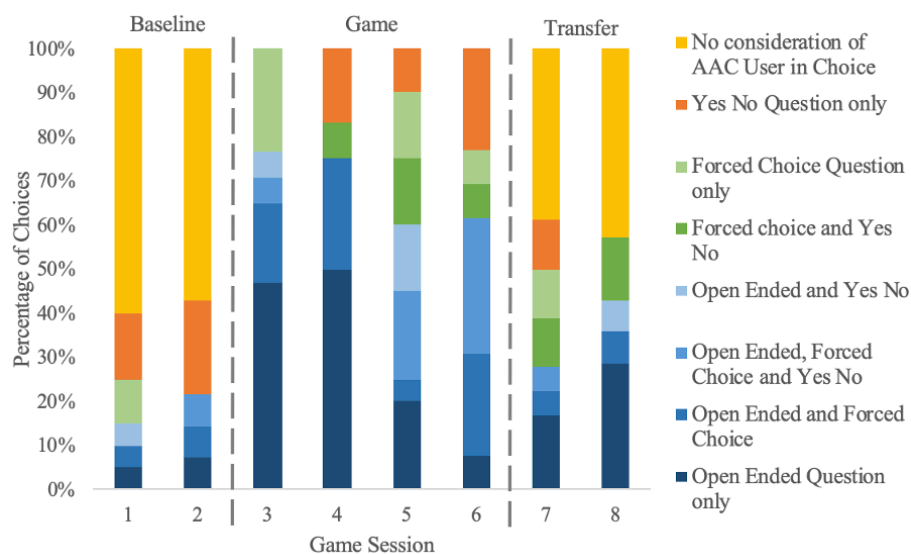


Figure 3. Use of the question hierarchy by the typically-developing sibling during each choice by type of questions used.

an average of 18% in the baseline phase to 68% in the game phase. On average, half of the interactions beginning with an open-ended question required only this question because the AAC user responded. The remainder of these interactions required the sibling to acknowledge the interaction wasn't working and move down the question hierarchy to ask forced-choice or yes/no questions to ensure the AAC user could answer.

The TD sibling did not always follow the question hierarchy and sometimes began with a forced-choice question. This increased in the game and transfer phases. Asking only a yes/no question reduced across the phases on average. The sibling was therefore providing more opportunities for rich communication.

An important result was the intervention's effect on reducing the number of choices in which the sibling did not consider the AAC user. This occurred in many choices in the baseline phase (average 59%). The intervention game was effective in ensuring the sibling considered the AAC user in every choice that was made.

Generalisation of the question asking strategy to the transfer phase was mixed. In the transfer phase, use of open-ended questions reduced, and the sibling returned to making some choices without considering the AAC user (41% of the time). Therefore, while improvements were made, without the structure of the game the sibling returned to less beneficial interaction patterns.

Wait time

The TD sibling used the second strategy, waiting five seconds after asking a question, successfully (Figure 4). Compared to the baseline phase where the sibling failed to wait for a reply in 47% of opportunities, a substantial decrease in this figure was seen in the game and transfer phases. This occurred in response to the sibling waiting more when his sibling did not respond in the game phase. A slight increase in waiting was found in the transfer phase compared to baseline, however this may be accounted for by the AAC user responding more. This is a positive result, indicating the AAC user was becoming more involved in the conversation as the sibling gave him time to respond.

Communication Acts

Typically-developing Sibling

Communication acts were counted for both siblings. A communication act is defined as 'intentional communication for a purpose, either verbal or non-verbal, directed towards the other sibling'.

As expected, the TD sibling communicated more than the AAC user during the sessions (Figure 5). A decrease in total communication acts of the TD sibling was seen in the game phase compared to the baseline and transfer phases. This was positive, as the communication acts became more even between the siblings, with the TD sibling dominating interactions less. This reduction in the TD sibling's communication did not generalise to the transfer phase, perhaps due to the removal of structured interactions.

The TD sibling's communication also changed when considering the function of each communication act (Figure 6). The TD sibling asked more questions in the baseline and transfer phase than the game phase, and began to respond to the AAC user with greater frequency across the study sessions. This may reflect the AAC user communicating more, giving the sibling chances to respond. The sibling used fewer instructions and comments in the game phase, perhaps due to the increased structure of the intervention game. Without the structure, the sibling reverted to familiar interaction forms such as instructing, rather than questioning.

Another positive difference in the TD sibling's communication was an increase in assisting with AAC across the sessions, such as

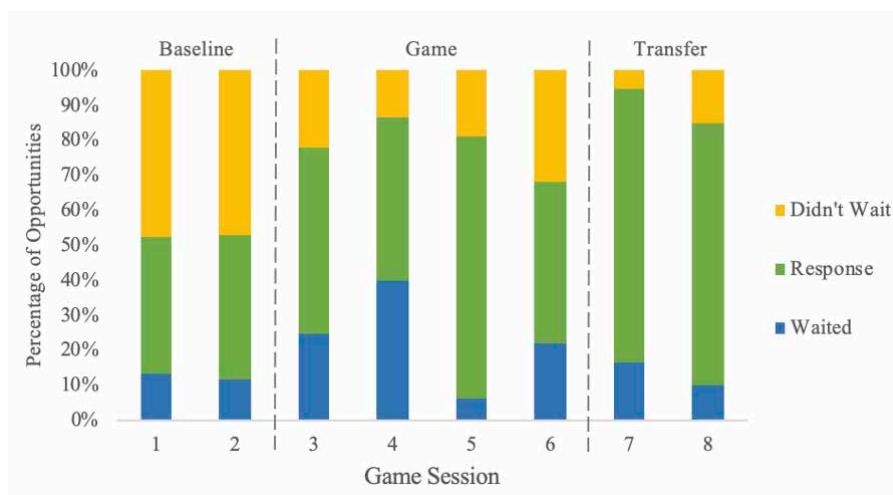


Figure 4. Use of the wait strategy by the typically-developing sibling by percentage of opportunities in which they waited, there was a response, or they failed to wait.

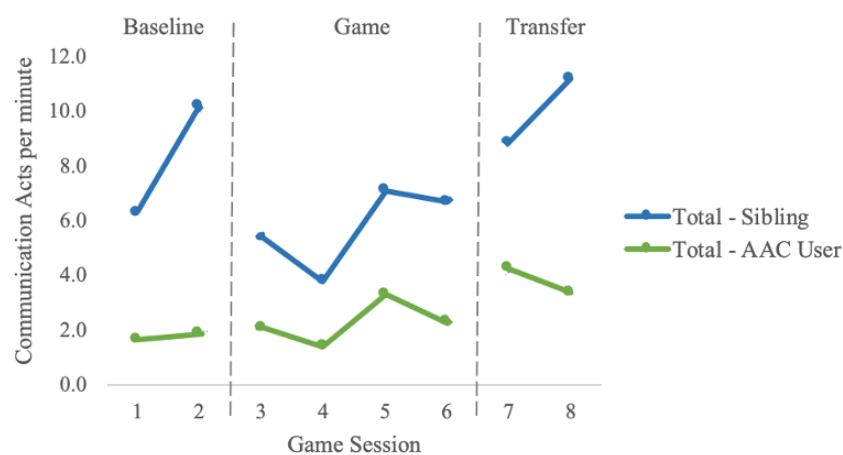


Figure 5. Total communication acts per minute of the typically-developing sibling and AAC user in each game session.

navigating to a page with useful vocabulary or indicating options his brother could choose. This was not an intervention target, but increased in the game and transfer phases. The TD sibling did not assist with the AAC device in the baseline phase, however in the game and transfer phases began assisting his brother with an average of 1.17 and 2.02 AAC assists per minute.

AAC User

Changes in the AAC user's communication were another positive result (see figure 7). The intervention was effective in increasing the AAC user's overall number of communication acts per minute (average of 1.77 communication acts per minute in the baseline phase, 2.30 in the game phase and 3.83 in the transfer phase). Importantly, the intervention was highly effective in increasing the use of AAC. The AAC user communicated with his AAC system on average 0.31 times per minute in the baseline phase which increased to 1.30 and 2.09 per minute in the game and transfer phases. Notably, this increase was not in response to a decrease in the other communication modes. This shows the AAC user focused on using AAC to communicate, and perhaps used AAC when he would not have attempted to communicate previously. The increased AAC use and continued generalisation in the transfer phase is a positive result.

Clinical Implications

While conclusions are restricted by a small sample, the pilot study results suggest it is possible to train a sibling communication partner to use communication strategies using indirect learning during a game, with some generalisation to a comparable game scenario. Therefore, it may not be necessary to sit down with the sibling directly, and explicitly instruct them to use communication strategies, an approach which is not always realistic due to time and resource restrictions. The study demonstrated the two strategies, using open-ended questions and waiting after asking a question, were effective in increasing AAC use. A strategy which wasn't targeted but which the sibling began to use during the study, was assisting his sibling with the AAC system. This could be included as a target strategy. The study adds evidence that siblings are valuable communication partners who should be considered when implementing communication partner training for a client, and provides support for continued research into the potential of a game-based communication partner intervention.

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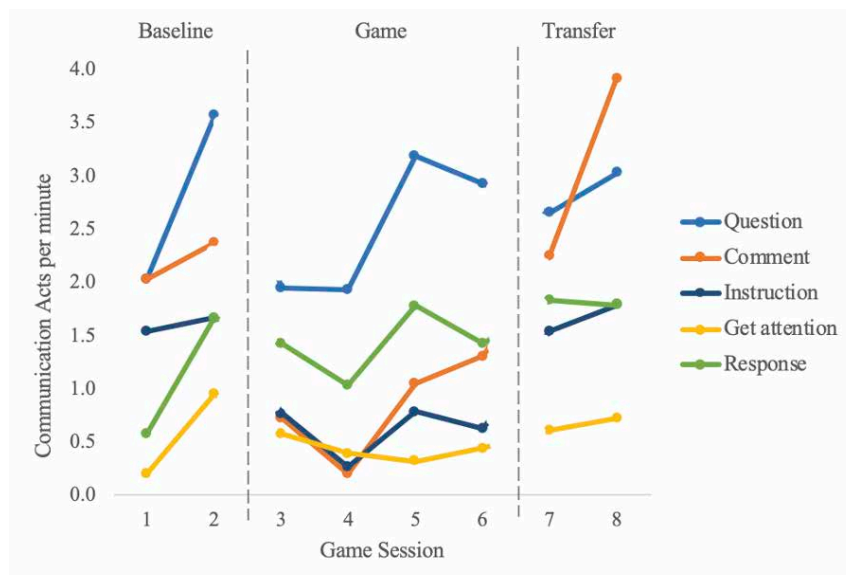


Figure 6. Communication acts per minute of the typically-developing sibling by communication function.

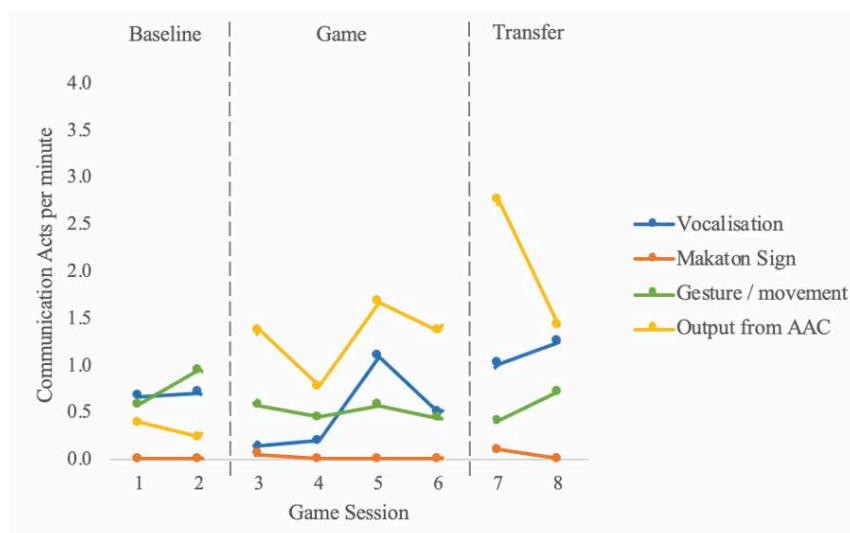


Figure 7. Communication acts per minute of the AAC user by mode of communication.



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Working in a Pandemic: A Student Speech and Language Therapist

DANIELLE BROOKER

Student Speech and Language Therapist

Newcastle University

Email: brookerdanielle7@gmail.com

To begin, this short quote highlights the importance of exposure, modelling and practice when learning to communicate:

"The typically developing child will have been exposed to oral language for approximately 4380 waking hours by the time he begins speaking at about 18 months of age. If someone is using a different symbol set and only has exposure to it with the Speech Therapist two times a week, 20-30 minutes each, it will take the alternate symbol user 84 years to have the same experience with his symbols that the typically developing child has with the spoken word in 18 months. The typically developing child will demonstrate language competency around 9-12 years of age having been immersed in and practising oral language for approximately 36,500 waking hours. For 9-12 years that child has been using and receiving corrective feedback while practising the spoken word. At twice a week, 20-30 minutes each time, it will take the alternate symbol user 701 years to have the same experience with his symbols. 701 years to have communication experience!" (Korsten, Foss & Berry, 2007).

I am a student Speech and Language Therapist, and I am in the second and final year of my postgraduate course at Newcastle University.

In the first semester of my second year, I was sent on external placement with the Community Learning Disability Team in Cumbria, Northumberland, Tyne and Wear (CNTW) NHS Trust. I was placed in a special school, to work with a non-verbal child who has Down's Syndrome and a Learning Disability. She used Alternative and Augmentative Communication (AAC) in the form of a Voice Output Communication Aid (VOCA).

I knew this was not going to be like any other placement I had done so far, especially when Covid-19 was involved. My first day involved all the usual things you would expect: being shown around the school, meeting my supervisor, meeting other Speech and Language Therapists within the NHS Trust, and introducing myself to head teachers, teachers and other teaching staff. As well as this, Covid-19 and Personal Protective Equipment (PPE) was thrown into the mix. I was shown the donning and doffing of PPE, namely, a tunic, an apron, gloves and a mask, which highlighted the importance of maintaining my own safety as well as the other adults and children I was going to be working with.

I was required to wear a mask when moving around school, accompanied by an apron when going into classrooms, and when interacting with children. However, I soon forgot I was wearing PPE, as the children were all so accepting of it, and after a few initial curious questions, PPE was no longer out of the ordinary.

Initially, I was concerned the child I was working with would not take an interest in me, as I thought the PPE would present as a barrier, especially with not being able to see my face. However, I soon learnt that despite only being able to see my eyes, the PPE was not going to prevent a rapport. I found my personality, along with therapy tasks, conversations, questions, and supporting her in class, was what mattered, and allowed for a strong rapport to develop to base my therapy sessions upon.

After an initial assessment of the child's abilities, I was able to devise an action plan for the episode of care I was about to deliver. My therapy aimed to improve the child's communicative competence, in other words, to improve how she communicated on a day-to-day basis. And I planned to do this by:

- 1) Increasing the number of requests she made using her VOCA.
- 2) Increasing the number of questions she asked using her VOCA.
- 3) Encouraging her to talk about her feelings more using her VOCA.
- 4) Reducing the number of prompts she required to use her VOCA.

My therapy began with showing the child flashcards of objects. Categories included animals, places, food, transport and people.

I wanted to get a sense of the child's ability at locating symbols on her VOCA.

The sessions that followed gained some structure.

- 1) To increase the number of requests the child used, tasks focused on selecting an object laid out on the table. She had to request her object of choice using her VOCA, with the linguistic structure of 'want + object'. Giving her the object after a correct request acted as a reward for her success.
- 2) To increase the number of questions she was asking, I incorporated games, such as 'Guess Who' and 'Wh-Bingo' into therapy tasks. These games provided the appropriate stimuli and context to encourage the child to ask questions.
- 3) At first, feelings were targeted by showing the child a picture of an emotion, for example, happy, sad, angry, tired, nervous and scared. After achieving 100% success in this task over several sessions, I would ask the child at the start of every session how she was feeling today. Each session I increased the complexity of the task, by asking her for two or three emotions she was feeling that day. My models using the VOCA, which included expressing two or three emotions, significantly helped the child form and structure her responses.

I found a particular struggle for this child was distinguishing between the emotion symbols on the VOCA. For example, the child would often confuse the following emotions: angry, sad, worried, nervous, mad, confused and tired, because these symbols looked very similar. The child knew what she wanted to say, but found it frustrating that she could not tell the difference between the symbols, and therefore would convey an incorrect feeling that she did not want to say. Nevertheless, I felt the child did have the potential to overcome this barrier, through practice in locating each emotion symbol.

- 4) Reducing the number of prompts the child required to use her VOCA was achieved through practise. For example, using the VOCA during therapy sessions, in the classroom and at home with different communication partners such as myself, teaching staff and family members. This aimed to increase her enthusiasm and motivation for using the VOCA, through a communication-rich environment. The prompts I provided were simplistic indirect visual cues, by pushing the VOCA towards the child to prompt her to use it each time she made unintelligible vocalisations. Over time, the child required my indirect visual cues less and less, until she used the VOCA every time to communicate.

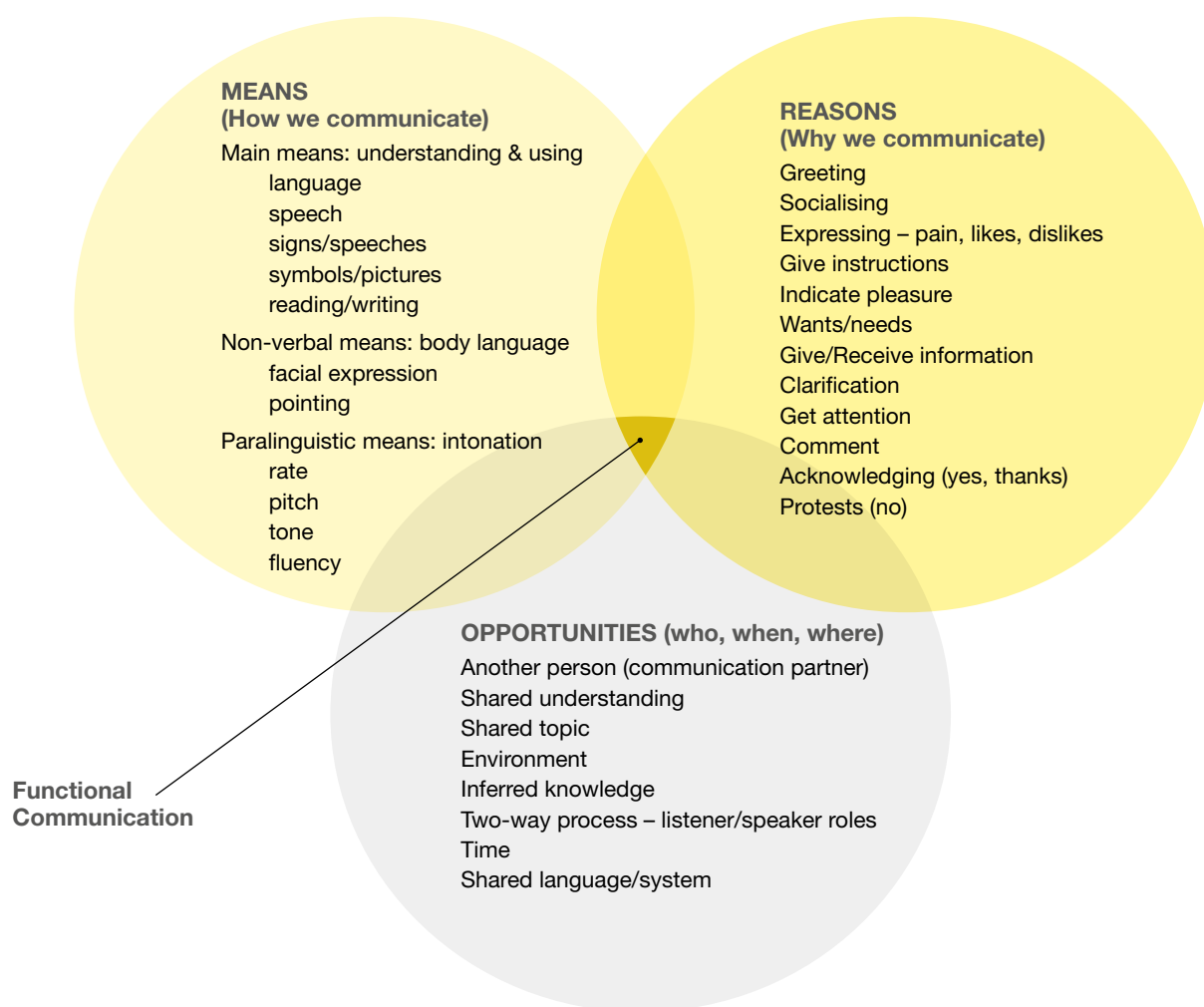


Figure 1: Means, Reasons and Opportunities Model (Thurman, 1997).

Importantly, modelling was required for the child to achieve all of the above goals. At the start of every therapy task, familiar or not, I modelled exactly what she was required to do within the task. We would also take turns during tasks, and therefore the child had a constant model of how to be successful.

Midway through my placement, the child had to self-isolate for fourteen days due to a Covid-19 case within school. I was devastated. Virtual therapy was not an option, although it would have been interesting to explore the strengths and challenges of using virtual therapy for AAC.

During the child's time off, I was lucky enough to work with two more children, who were slightly older, and also used VOCAs to communicate. Their ages meant they had completely different motivations and interests, therefore I had to adapt my therapy tasks to appeal to them, which was something new to experiment with.

During the child's self-isolation period, I had the opportunity to train the child's teacher and teaching assistants. I explained the Means, Reasons and Opportunities Model (Thurman, 1997), and we explored creating opportunities for the child to use her new communication skills. We agreed on talking about feelings at the start of every school day, therefore encouraging the child to express her feelings and emotions more. We also discussed giving the child choices throughout the school day, between two or three objects, hence providing her with extra practice in requesting items using the 'want + object' framework learnt during therapy sessions.

Furthermore, I shared with the staff the importance of providing models for the child throughout the school day, whether that be during lessons, play or lunchtime. It was essential to get this message across, as, per the quote I shared at the beginning of this article, without exposure and being surrounded by constant use of the VOCA, the child would not be appropriately supported to develop her communication skills. The VOCA was her main means of communicating, hence requiring as much practice and modelling as possible, in order to improve her VOCA communication skills, and therefore benefit from the professional input.

In my penultimate week of placement, the child's class teacher tested positive for Covid-19. Therefore, the whole class had to self-isolate and would not be back in school until January. My placement ended there.

The placement taught me to be creative when designing therapy tasks, and to deal and cope with Covid-19, developing my resilience in the process. I was challenged to think outside the box, particularly when carrying out modelling in the classroom. No amount of planning could have prepared me for modelling because social communication is so fluid, consequently requiring improvisation and spontaneity. I admit, this sometimes meant I did not know the exact position of a specific symbol on the VOCA, and in these situations, the child and I would work out its location together. Although this could be considered a disadvantage that I did not know the ins and outs of the communication device, I believe it was a strength, because I showed the child that it is completely normal to not know where every symbol is located, similarly to how typically-developing children do not know every word. From this, I learnt to be flexible and adaptable, some key characteristics of a Speech and Language Therapist.

I am enthusiastic, motivated and excited to have more opportunities to work with AAC in the future, and I feel this placement has supported my clinical development in the AAC field.

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Building Information and Communication Charts for Open Access

E.A. DRAFFAN AND DAVID BANES

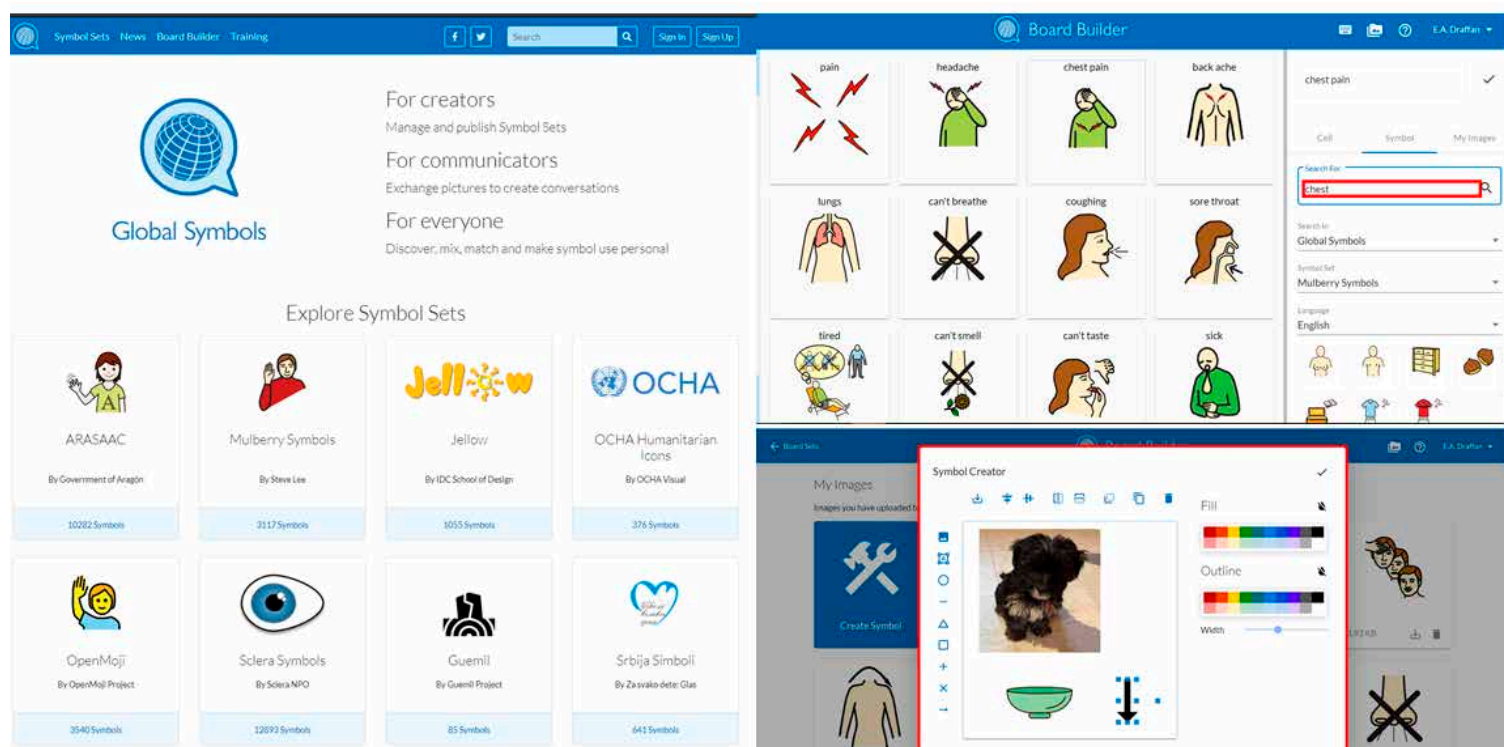
Global Symbols

Email: ea@globalsymbols.com

Introduction

During 2020, many information sheets and communication charts have been developed by charities and experts in the field of Augmentative and Alternative Communication (AAC) to help individuals understand COVID-19. These have often used symbol sets and photographs with text following 'easy-to-read' guidelines and AAC grid chart best practices. They have been provided freely¹ along with some specialist apps² and have been essential as additional supporting strategies when other forms of communication are difficult to achieve. Some leaflets have been translated for use in languages other than English³ and many are available online and come with large fonts and easy-to-understand content⁴.

However, we realised that there was still a gap in general understanding around "COVID-19 and People with Learning Disabilities..."⁵ that includes communication issues. Professor Langdon highlighted the struggle to express needs and explain feelings. Some individuals were finding it hard to understand why aspects of their daily lives had changed. Colleagues had also described similar problems in care homes and in hospitals, where Personal Protective Equipment muffles the voice, hides the mouth and prevents total facial expression. Gestures and signing as well as the provision of symbol charts were suggested in the mix of helpful strategies. But how can these be easily personalised by anyone when time is short and professionals are not on hand to help?



Board Building and Symbol Creation

Access to programs that can be used to build information sheets and communication charts, with free access to a wide range of communication symbols and images not linked to specific software applications, can be hard to find. An open licenced multilingual symbol repository (Global Symbols⁶), with templates for building communication charts, has long been the aim of the authors of this article, having experienced the impact of a project where carers and professionals collaborated in the development of a locally-developed symbol set in Qatar that could be used alongside ARASAAC (Aragonese Center of Augmentative and Alternative Communication) symbols⁷.

This work has continued with the support of UNICEF⁸ and help from a Winston Churchill Memorial Trust Covid-19 Action Fund⁹. The team have updated and redesigned a Board Builder and Symbol Creator system that works with any symbols and user images to suit individual needs and preferences. The two apps, based on prototypes developed by students from the University of Southampton, are free to use by anyone who has access to the internet. Once designed, the charts or information sheets can be downloaded or printed as PDFs. They also work with AAC apps such as Cboard and CoughDrop using the open board format¹⁰.

Future Planning

The plans are to enable the use of these apps and the repository as far afield as possible, as an addition to other chart-building software apps and templates available. The hope is that the service will be welcomed by a wide audience who may not have access to specialist programs in care homes, social services, charities as well as other organisations, and be of use by individuals supporting those who need the extra communication support that symbols and images can offer.

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LESS is More – A Framework to Support AAC Users and their Communication Partners

EMILY WALSH

Specialist Speech and Language Therapist, ATtherapy

Email: walshemily@hotmail.co.uk

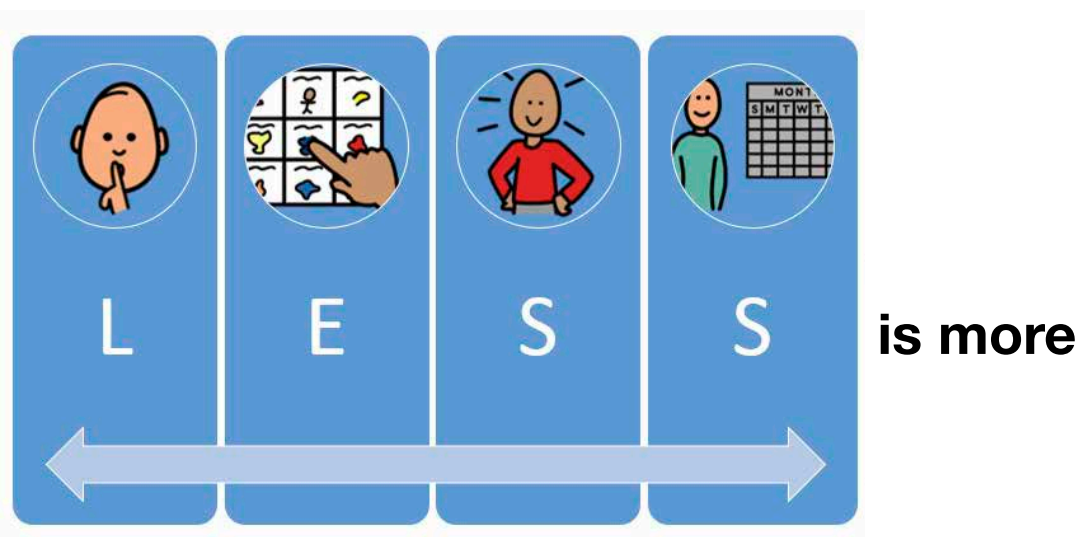
Introduction

The world of Alternative and Augmentative Communication (AAC) is an exciting and inspiring one. Whilst AAC is celebrated for the power and autonomy it can give to those who use it, it can also feel overwhelming, confusing and difficult to understand as it evolves. This can feel particularly true for those who are just starting out on their AAC journey!

Designed by Emily Walsh, a Specialist Speech and Language Therapist at ATtherapy, *LESS is more* is an informal framework to support new AAC users and their communication partners. Parents, carers, teachers, teaching assistants, therapists, siblings – we are all communication partners together. You may read this article and feel your individual role won't have a significant impact. Or you may worry about how to go about using AAC successfully with an AAC user you know. Surely, AAC is for the user, and not for you as the communication partner (CP)?

When AAC is first introduced, Speech and Language Therapists (SaLTs) are often on hand to help. They're usually involved in initial assessment and inform the decision-making process as part of the team around the intended AAC user. Just as you wouldn't expect a child to instantly know how to play the piano, an AAC user shouldn't be expected to instantly know how to use their brand new AAC system. CPs therefore play an essential role in the success of an AAC user (Korsten, 2011). CPs are required to learn the system themselves and gently guide and teach the intended user how the system can be fun, motivating and useful. But this still sounds overwhelming for many CPs, and SaLTs continue to see high rates of abandonment within the world of AAC (Moorcroft, Scarinci and Meyer, 2020).

This is where *LESS is more* comes in! In her previous professional role, Emily worked to identify key barriers to successful AAC use for CPs in an educational setting. She then designed a four-week training programme to support CPs when modelling language and overcoming said barriers. During this project, it was identified that individual AAC users needed individual strategies to ensure AAC worked for them. Sounds simple enough, yes? Whilst parents were not included in the training programme, they reported similar barriers and experiences when using AAC in the home environment.



But the need for so many individual strategies can make it feel *even* harder for CPs to know what to do with each AAC system (and there are lots). As part of ATtherapy, Emily decided to cross-reference individual case studies in an attempt to find common, shared barriers and strategies for success. After reviewing over twenty case studies, she identified *four* shared strategies which were consistent across every single case. These four strategies make up the four letters of *LESS* and when used together, are effective in establishing successful AAC use in a range of environments and with a range of CPs! They are designed to be simplistic in nature and easy to implement. This aims to reduce CP anxiety and make AAC feel less overwhelming! During the creation of *LESS is more*, a range of educational professionals and parents were consulted to ensure the four strategies felt achievable and realistic.

So what is *LESS is more* and how does it link to the evidence-base?

- *LESS is more* is a framework to be used predominantly by CPs.
- Each letter of *LESS* represents one essential AAC strategy.
- The long arrow indicates that CPs can use the strategies in any order. The important thing is that the four strategies are used together.
- If CPs ignore just one of the strategies, they're unlikely to see successful AAC use.
- The four strategies are tried-and-tested. Parents and educational professionals have all fed into this process and shared experiences.
- It uses the existing AAC evidence-base.
- ***LESS is more* does what it says on the tin. The LESS we do as communication partners, the more our AAC users can do!**

L stands for 'Let the person speak'

It's essential that CPs reflect on their own communication styles. Do you jump in when you can see an AAC user is struggling? When they start a sentence do you try and guess their intended meaning before they've finished? By taking a step back and letting the person speak (either using speech or nonverbal methods), CPs give the user an opportunity to communicate in their own way. This strategy links with Money and Thurman's (2002) 'Means, Reasons and Opportunities' Model of communication. When parents were consulted as part of the *LESS is more* project, many fed back that the 'Less' strategy was particularly difficult for them to implement. Parents reported that they are so used to interpreting the nonverbal communication methods of their child, anticipating their needs and responding in a caring and intuitive way, that this strategy initially felt quite unnatural. However, without the 'Let the person speak' step, the intended AAC user is unlikely to see a real *reason* for communication (because they know their CP can translate for them/automatically understand what they're trying to communicate). By the same token, the AAC user also has fewer *opportunities* to use their AAC system. With fewer reasons and opportunities for communication, the AAC user is unlikely to learn how to use their AAC as a consistent *means* of communication over time. L for 'Let the person speak' is therefore a simple strategy, but a critical one. The *LESS* CPs do, the more the intended AAC user has the opportunity (and genuine reason) to do themselves.

E stands for 'Empower'

This strategy links to AAC literature on Aided Language Stimulation (Beukelman and Mirenda, 2012, 2009; Binger and Light, 2007). Aided Language Stimulation (ALS) is a term used to describe the process in which a CP teaches the meaning of symbols, and models language on an AAC system. This is done by combining their own speech with a selection of the vocabulary on the system. Whilst ALS sounds like very formal terminology, in simple terms, ALS just means pointing to symbols/words on an AAC system whilst speaking!

To illustrate:

When using a new AAC system and eating dinner, the CP might say, 'more pizza' and touch 'more' + 'pizza' on the AAC system at the same time. Whilst eating, if the AAC user smiles or looks happy, the CP might say, 'do you like the pizza?' and touch 'like' + 'pizza' on the AAC system. When the pizza is all gone, the CP might say, 'pizza is finished' and touch 'pizza' + 'finished'.

In this example, language is being modelled in the context of a mealtime and the AAC user is being shown how to communicate messages on their AAC system. The user has three opportunities to learn the location and meaning of the word 'pizza' and individual opportunities to learn core vocabulary such as 'more' and 'finished' in context. ALS is a small, but crucial step in any AAC journey, as the user learns more language locations on their system. In this way, they are being empowered by the CP!

Further empowerment comes in the form of accepting nonverbal communication methods! Instead of placing all of the emphasis on the AAC system which is being taught, the E strategy of *LESS is more* is also about celebrating other communication methods (such as a point to a cup to indicate 'drink'). When these other communication methods happen, the CP should acknowledge the meaning and then show the intended AAC user how to communicate the same message on their AAC system. Their nonverbal communication is valued, their meaning is understood and the language is then modelled on the AAC system for future independent use!

S stands for 'Stay positive'

When Emily first explained *LESS is more* to education teams, she was initially met with 'is that it?' when told S stands for 'Stay Positive'. Whilst positivity isn't a formal strategy in itself, a positive attitude actually proved to be an essential component in the successful establishment of any AAC system. In teams who felt negative towards AAC, the AAC user was consistently unable to succeed in their independent use of that system. A negative team meant that the E step (Empower) was unlikely to be happening and the L step (Let the person speak) was also being neglected, as the team were so used to interpreting and anticipating need. Whilst negative attitudes are often founded in very important emotions (including insecurity, anxiety or lack of confidence), it's crucial that these emotions are addressed and CPs are supported in adopting a more positive approach. If CPs think that the

AAC user can't do it, then the AAC user will quickly come to think that too! Negative reactions to AAC then evolve into negative relationships with an AAC system. Once the positivity has started to dwindle within a team, so has the use of AAC!

The good news is that positivity doesn't require any specific skill or strategy! In fact, it links to the evidence-base with regards to assuming competence and there being no pre-requisites for successful AAC use (Brady et al, 2008).

S stands for 'Stick with it'

For AAC to become a long-term success, the CPs around each AAC user need to have committed to the L, E and S strategies (Let the person speak + Empower + Stay positive) for a period of months/years. For this reason, the fourth and final component of *LESS is more*, is 'Stick with it'.

Many teams have approached Emily and said 'we've been using this [the AAC system] for two/three weeks but Katy* still isn't using it'. As CPs, it's important to think about the learning process involved with any new skill. It can take many years to learn to play the piano to a high standard. Similarly, learning Spanish to become a fluent speaker can also take years to achieve. Learning to use an AAC system in a fluid, efficient way takes *years* and we must commit to long-term implementation of the *LESS is more* framework!

How can it benefit me?

LESS is more can help you to:

- Improve the independence and confidence of AAC users you work with.
- Become more self-reflective and adaptive in your own communication style.
- Improve your own confidence in communicating effectively!
- Secure a strong, communicative future for AAC users you support.

Evaluation

Of the parents and educational professionals who were consulted pre-COVID-19, many fed back that the simplicity of the framework helped to make AAC feel less daunting and more achievable. There are no hidden resources/additional rules within the framework and the links to the evidence-base reassured parents that 'there is method to be found in the AAC madness!'.

Unfortunately, the COVID-19 pandemic began as *LESS is more* was being rolled out and formally introduced to a range of parents and education teams. The plan for formal evaluation has therefore been delayed. If you'd like to implement the *LESS is more* framework yourself or within a team, Emily would love to hear from you and gain some formal feedback. Individual support packs can also be provided, which aim to provide a reminder of the core principles of *LESS is more* as well as a little more information on each strategy.

In summary, Speech and Language Therapists are often seen as the 'AAC experts' and therefore the key person on a team around an AAC user. In actuality, the CPs who work with an individual all day, every day, are the ones who will be doing the AAC 'heavy lifting'. Of course, Speech and Language Therapists are on-hand to support with technical difficulties, therapeutic interventions and complex elements of assessments. However, the really **essential** communication partner is you!

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This article can also be watched on video at:
<https://youtu.be/eVJwW2gDN98>

Guess what happened to me?!

Using the Storysharing Technique to Facilitate an AAC User during Lockdown...

FLO HOPWOOD

Teacher, Three Ways School

Email: flo.hopwood@threeways.co.uk

My name is Flo Hopwood and I am a teacher at a special needs school in Bath. I had the pleasure of teaching a young lady called Ettie for two years, over which time I think she taught me more than I did her! Ettie is a sharp, quick-witted young lady who is non-verbal in the traditional sense but uses an AAC device attached to her wheelchair with great effect. Ettie also has a lovely range of vocal sounds, use of eye contact, and touch to communicate her thoughts, decisions and feelings.

Over the years, myself and my staff team worked with Ettie using the Storysharing® approach, which is a method for enabling children and adults with communication difficulties to remember and tell their stories of everyday life. If it was important to Ettie, it was important to us – just as you or I would have a good old gossip or share the seemingly more ‘mundane’ but significant life events. For Ettie, this could have been eating something disgusting and wanting to tell us about it; seeing someone fall over and getting the giggles (love a bit of slapstick!) or something more unusual such as running her first half marathon or taking part in a triathlon – all true stories from this inspirational lady! The Storysharing® approach involves a trained practitioner working alongside the Storysharer (Ettie) to choose the key facts and feelings that she wishes to be heard and understood. This involves using sensory props, repetition and, in Ettie’s case, her AAC device to self-report.

During the first Lockdown (can we remember such a time before this?!), several of the teachers at our school used Storysharing® to reach out to students at home. With great success, students such as Ettie used Storysharing to stay connected to her friends and communities. This involved working with families, such as Ettie’s Mum, who fully embraced the Storysharing® approach, to give a voice over video calls to those with communication difficulties. Ettie shared things that were important to her, both positive and negative, during this time each week with her peers. She and her mum, Alison, worked together to choose stories about cooking disasters, camping adventures, trampoline fun, water fights and the list goes on! Ettie established celebrity status by featuring on our website during Lockdown#1 ‘Surviving Through Story’ which you can see here: <https://www.survivingthroughstory.com/video-stories>. She inspired many others to have a go at sharing their experiences of being ‘locked down’, especially those more vulnerable or reliant on routine for their mental health and wellbeing.

Thank you to Ettie and Alison for being pioneers in how to communicate online, using the Storysharing® technique alongside the AAC approach. We continue to use Storysharing® during this third Lockdown with many of our students, and it has become the most significant part of our week to hear and be heard. If you would like to know more about Storysharing® itself, do check out the new website which has recently launched: storysharing.org.uk. Thank you for reading and you can contact our Storysharing® team with any questions through this website.

Rock 'N Roll Therapy: Using Lyrics for Language Learning

GAIL M. VAN TATENHOVE

Speech-Language Pathologist, Orlando, Florida, USA

Email: gvantatenhove@me.com

J.K. Rowling, in *Harry Potter and the Sorcerer's Stone* (1997) wrote, "Ah, music. A magic beyond all that we do here!" All individuals, whether or not they have a disability, enjoy the magical benefits of music, such as stress reduction, relief of anxiety and depression, and even improved communication skills (Aldridge, 1995). Educational benefits include strengthening learning and memory, increasing verbal intelligence, and raising academic performance.

In the spirit of John Lennon who said, "music is everybody's possession," this author has been implementing lyrics in AAC intervention for 25+ years. The process is easily replicated by families and teams working with individuals learning to use AAC systems.

Background

When initially implementing a "rock 'n roll" approach to AAC intervention, this author was working with adolescents and young adults, all needing support for learning core vocabulary and expressing grammatically-improved phrases and sentences. To bring a motivating spin to intervention, rock 'n roll artists and songs (e.g., Beatles, Temptations, Aretha Franklin, Beach Boys) were selected as the platform for instruction. Initially, the goal was to use lyrics to support expressive use of core vocabulary and grammar. However, it became obvious that lyrics also enriched understanding of advanced vocabulary, figurative language, and interpersonal relationship issues. Nevertheless, 25+ years into this journey, the primary intent of using lyrics remains the same: to support expressive use of core vocabulary and grammar.



Song Selection and Intervention Planning

Using lyrics starts by choosing songs rich in core vocabulary, being mindful of using songs with subject matter appropriate to the person's age and the family's values. A song deemed appropriate for an adolescent named Jay is the song, "My Girl", written by Smokey Robinson, as sung by the Temptations.

Once a song is selected, the next step is to match linguistic features of the lyrics with the learning needs of the person. In "My Girl," 75% of the words are core words, drawing from nearly all word groups. Reciting the song provides an opportunity to introduce a substantial and diverse collection of core words. However, for systematic, explicit instruction, it's impractical to target every word in a song. Rather, based on the person's learning needs, it is more useful to focus on specific words, such as the pronouns (e.g., I, you, me, my), key verbs (e.g., got, say), or adjectives (e.g., cloudy, cold, sweet, rich).

Next - identify grammatical constructions. In "My Girl," Smokey Robinson used repetitive pronoun contractions in short phrases (i.e., I've + got, you'd + say) in 3 of 4 lines in each verse and the possessive pronoun "my" in a noun phrase (e.g., my girl) multiple times in the chorus. Jay needed to learn these phrases and transfer them to his everyday language (e.g., I've got + trouble, I knew + you'd say + that, my mom). The 4 adjectives (i.e., cloudy, sweet, cold, rich) offer chances for Jay to practice adding +er or +est. Adding +er to the end of a word is also a way for him to change a verb into a noun (e.g., sing-singer).

My Girl Lyrics

I've got sunshine on a cloudy day.
When it's cold outside I've got the month of May.
I guess you'd say
What can make me feel this way?
My girl (my girl, my girl)
Talkin' 'bout my girl (my girl).
I've got so much honey the bees envy me.
I've got a sweeter song than the birds in the trees.
I guess you'd say
What can make me feel this way?
My girl (my girl, my girl)
Talkin' 'bout my girl (my girl).



Finally, the lyrics are used to practise reasons to talk. Smokey asks, “What can make me feel this way?” and then answers, “my girl.” While Smokey’s asking himself a question rather than someone else, it’s still a chance for Jay to practise asking and answering questions. Appendix A shows that “My Girl” is a solid gold hit for expressive language intervention because of its high percentage of core vocabulary, identifiable grammatical patterns for combining words and adding word endings, and a recognizable reason for talking.

Song lyrics are context-rich opportunities to deepen Jay’s understanding of advanced words and figurative language. Smokey wrote, “I’ve got so much honey the bees envy me.” This line is a springboard to asking, (1) “what does the word ‘envy’ mean?”; (2) “does he really have a lot of honey?”; (3) what picture is he painting about his girl and how she makes him feel?”

Figure 1 shows a manageable number of expressive language intervention targets and receptive language enrichment targets chosen for Jay.

Figure 1: Song Analysis and Intervention Plan

| | | |
|--|---|--|
| PERSON USING AAC: Jay | Date: 2020/12/01 | SONG: My Girl |
| ARTIST: The Temptations (by Smokey Robinson) | | THEME: The singer is talking about what his girl brings to his life (a warm, sweet, rich life) |
| KEY PHRASES/LINES: I've got, you'd say, What can make me feel this way, my girl | | |
| VOCABULARY BREAKDOWN: | | |
| core verbs: got, guess, say, can, make, feel, talk, need extended verbs: envy, claim | common nouns: day, month, way, girl, man extended nouns: sunshine, May, honey, bee, song, bird, tree, money, fortune, fame, riches, baby | |
| pronouns: I, me, my | pronoun-verb phrases: I've, it's, you'd, I don't | |
| indefinite pronouns: | adverbs: so, much | determiners: this, all |
| interjections: no | prepositions: on, outside, of, about, in | adjectives: cloudy, cold, sweet, rich |
| conjunctions: than, or | question words: when, what | articles/numbers: a, the, one |
| EXPRESSIVE LANGUAGE INTERVENTION TARGETS: | | |
| Core Vocabulary: I've, got, my | | |
| Word Combinations: I've got, my + noun | | |
| Word Endings: add +er to adjectives (sweet-sweeter, cloudy-cloudier, cold-colder, rich-richer); add +er to verbs to make agentive nouns (sing-singer, win-winner) | | |
| Reasons to Talk: ask questions (what?) | | |
| RECEPTIVE LANGUAGE ENRICHMENT TARGETS: | | |
| Extended Verbs: envy, claim, fortune, fame, riches | | |
| Figurative Language: sunshine/cloudy & cold/May; honey and bees envy/songs sweeter than birds; money/fortune/fame/claim = his girl makes him feel "warm," "sweet," and "rich" (see THEME) | | |
| ACTIVITY IDEAS for EXPLICIT INSTRUCTION | | |
| 1. "I've got" and "my": List at least 10 things that make him happy. Turn into a personalized book with repeated line on each page: " I've got + my + friends." 2. Add "er" to verbs: Caption photographs with repetitive lines (Look. I am verb + ing. I am a verb + er). Turn into short poems (e.g., I am swimming. I'm a swimmer. Add an er. Be a winner). 3. Use this mini-script with 5 people: (a) AAC User Initiation: What makes you feel happy? (b) Communication Partner Responds (c) AAC User Response: Option 1: I feel happy doing that too. Option 2: I don't feel happy doing that. | | |
| PRACTICAL GOALS and REWARDS (in the next 2 weeks) | | |
| 1. Use "I've got" when talking to a family member or teacher. 2. Ask or talk about feelings with someone. 3. REWARD: Earn 1 point for each time I see any use in your LAM sample of: I've, got, my 4. REWARD: Earn 1 point each time you tell your teacher or mom "I've got + X." 5. REWARD: Earn 1 point for asking someone how he/she feels. | | |
| OUTCOMES (as evidenced by objective and subjective data) | | |
| Automated Language Sample Data for December 1 – 14, 2020 1. 4 conversations about "I've got" 2. 3 conversations about feelings 3. I've = 7 points, get/got = 12 points, my = 14 points 4. I've got + x = 4 points 5. Asking about feelings = 3 points Parents report improvements and Jay enjoying talking | | |

Symbolize Lyrics

A final pre-intervention task is to symbolize the lyrics. Symbolized lyrics are a visual support to help communication partners model the vocabulary and for Jay to practise the lyrics independently. Exercise judgement when symbolizing lyrics. Decrease or selectively symbolize lyrics as literacy develops and the person becomes more knowledgeable of their vocabulary. Figure 2 shows "My Girl" symbolized for Jay, who uses Unity@84 sequenced in an Accent 1400. Words not pre-programmed in his program are marked with an *. Whether or not these words are added to the person's pre-stored vocabulary is a decision based on individual needs and preferences. Only the word "envy" was added for Jay.

Figure 2: Symbolized Lyrics for "My Girl"

Verse 1:

I've got sunshine on a cloudy day.

When it's cold outside, I've got the month of May.

REPEATED REFRAIN:

Well, I guess you'd say

What can make me feel this way?

My girl, my girl, my girl.

Talking about my girl.

Verse 2:

I've got so much honey, the

bees envy* me.

I've got a sweeter song than

the birds in the trees.

Verse 3:

I don't need no money fortune* or fame*.

I've got all the riches, baby,

one 1 man can claim*.

Listen to the Song

Intervention starts by spending sufficient time enjoying the song. Listen to and watch performances on available platforms (e.g., CD, Pandora®, YouTube®). Expose the person to the song with no immediate expectations.

After listening to the song a couple of times, shift to “intentional listening.” Ask the person to pay attention to the tempo (e.g., was it fast or slow), mood (e.g., how does it make you feel), and lyrics of the song (e.g., what words do you remember hearing in the song?).

Study the Lyrics

Next, dig into the vocabulary of the song. Start with simple questions that recall facts: (1) who is singing; (2) who is the boy singing about; and (3) what are some things that the boy says he’s got? Then, delve into the more sophisticated elements of lyrics. Don’t shy away from words that enrich the person’s receptive vocabulary. For example: (1) what is another word for fortune or (2) what does it mean to have fame? Finally, discuss the word pictures and figurative language of the lyrics (e.g., cold outside vs. month of May).

Say the Lyrics

Jay uses the symbolized song sheet to say the lyrics. As an auditory scanner, it takes him a long time to speak each word of the entire song, so this step is done gradually (e.g., a verse per session) or selectively (e.g., the communication partner uses the AAC device to say part of the line while Jay says the target words or phrases). To preserve his work, Jay’s recitation of the lyrics is saved as a text file and added to a notebook in his SGD.

Practice and Apply Lyrics

Saying the lyrics doesn’t generally provide sufficient practice for Jay to develop automaticity with the new vocabulary or grammatical structures. To provide repetitive practice, he completes supplemental activities that focus on target words, grammatical constructions, or pragmatic functions. These activities are tangentially connected to the lyrics of the song. Ideas might include making a list of things he’s got that make him happy, writing lines for a personalized book about a girl he likes, composing a poem, or engaging in a short, scripted Q & A conversation.

Finally, plan for ways in which the person could use their new skills in everyday life. Set simple, practical goals, soliciting ideas about how the person might use the new skills. Track how they are moving toward their goals and reward their progress!

Publish and Share Materials

Create personalized songbooks that include each song with the symbolized lyrics and the activities developed. These songbooks became the property of the AAC user and the family. They are also shared with classroom teachers and others interested in replicating the intervention plan.

Outcomes Data

Did using lyrics result in improved expressive language output? Subjective data from parents indicated that their children were generally more actively engaged. While listening to music, their children directed and described more (e.g., louder, play again). Parents reported their children giving opinions, paying attention in order to answer questions, and joining discussions. Objective language sample data generally confirmed parental reports.

Language samples also consistently showed the use of target vocabulary and grammatical constructions in natural conversations. For example, Jay applied target language from “My Girl” when chatting with his brother, saying the following: “I’ve got remote control. My turn watch watcher”.

Parents report that musical lyrics are fun for the entire family. Jay’s parent made the following comments: “rock ‘n roll therapy is fun. Jay loves doing lyrics word-by-word, even if it takes him a long time. He works by himself on the song, then the other activities, like the books, the lists, and poems. He is so proud of himself. Thanks for rockin’ it with Jay!”

References

- Aldridge, D., Gustoff, G., & Neugebauer, L. (1995). A pilot study of music therapy in the treatment of children with developmental delay. *Complementary Therapies in Medicine*, 4, 197-205



This article can also be watched on video at:
<https://youtu.be/T5FPn3eWlrk>

Mentoring in Lockdown

GREGOR GILMOUR

AAC Mentor, ATtherapy

Email: info@ATtherapy.co.uk

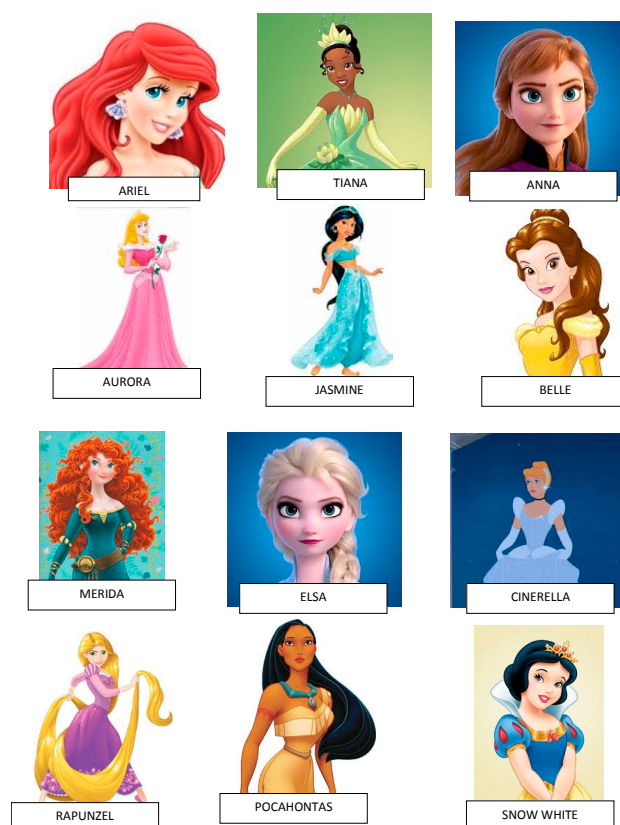
My name is Gregor Gilmour. I am an AAC mentor. I have worked for ATtherapy for 4 years. My main role is to go out to visit less competent AAC users, either in their home, school or out in the community and offer support, guidance and inspiration. I do this by acting as a role model and showing them just what can be achieved if they work hard to learn how to use their device. My sessions are very varied; I try to keep them fun and engaging. We play games, do crafts, go on days out, anything that will spark them to want to use their device to communicate or make comments. I think an important part of our sessions is that the Mentee is face to face with another AAC user, someone just like them who understands what they are going through. I think it is especially important to do face-to-face sessions as you really get to know the person and can learn how they communicate fully, their little ways of saying yes and no. This is the reason why I was slightly worried about remote working.

When we first went into lockdown, I was worried that I would not get to see my mentees and that they would miss out on vital mentoring sessions. When I found out that I could still do sessions remotely, I was nervous - would it work? I was anxious about the technology. I was used to using Facetime and Skype to chat with friends, but not for work. I felt apprehensive about not being able to connect with my mentees online the same as I could face-to-face. I had concerns about the technology not working properly, but at the same time I was happy that I would still get to see my mentees. I was excited to try something new. The fact that I could continue sessions far outweighed the negative feelings.

I knew that I would not be able to do sessions the way that I used to. I had to think of new ways to play the types of games that my mentees enjoyed, but online, while still keeping them engaged. It was going to be a little more challenging.

'Guess Who' was always a popular game, but we could not play online as not all the mentees had the game at home. I adapted the game to make it more fun and engaging, whilst also being accessible to play. I made my own Guess Who boards with characters my mentees knew. For example, I have one young lady that I mentor who is really into Grey's Anatomy, so I made her one with the cast members on. I also did a Disney Princess one for another girl. The first time, I started off with about six characters, and built up to 12 or more, depending on which boards we were using.

I met a new mentee remotely during lockdown; I thought it would be awkward meeting him online and not in person, but it was not bad. His Dad was very friendly and good at keeping the conversation going. We played Guess Who with staff members from Beaumont College, who we both knew. It was good to find common ground that we could use to build the session around. Another activity that is popular in my sessions is role play, which can be easily adapted and played online. The café role play is one of the most popular with my mentees, but I have also tried travel agents, toy shops and Ticketmaster. I used a similar framework each time and just changed the topic to suit my mentees' interests. For example, I have



two mentees who are both currently renovating houses to move into, so we did a Housing Units role play. They enjoyed pretending to pick out wallpaper and furniture. I always send my mentees role plays the week before, so that they can have a practice. This usually helps them to feel more comfortable during the session.

I have not been using a set online platform to do my remote sessions. I have used a range of platforms, including Facetime, Skype and Zoom depending on what my mentee feels comfortable using, or what works best for them. I have found all 3 to be great. I have not really had an issue with any. We are incredibly lucky to have all this technology available to us, which has allowed us to stay connected and carry on giving vital sessions to our clients.

Feedback

Mostly, my sessions were very well received and appreciated. Here is what a parent of a mentee said:

“The skype sessions between you and LE helped to highlight some obvious gaps in LE’s communication options so I updated each page after each session. All the yellow buttons that have been added to LE’s communication pack have been as a direct result of your sessions. Thank you.”

It was good to know that I was helping to highlight breakdowns and gaps in his communication, and preparing him socially for college.

“I have really enjoyed maintaining our sessions throughout lockdown, it’s worked well doing it via video chat, however I would always prefer to meet somewhere for the social aspect of it, although this is always a good option for when our schedules clash. It’s nice to have a plan B. I have benefited from the sessions during lockdown, but that’s mainly due to the organisation and activity planning done by you. I really appreciated you taking into consideration my interests when planning the activity.” This was from a mentee and makes me feel that all the work that I put into adapting games is appreciated.

“I like chatting on zoom, yes Gregor, I want to go for a walk to the park.” This was my favourite feed back from a mentee. If I had asked this mentee when I first started working with her if she liked something, she would have just said yes or no, so this shows how far she has progressed.

Like anything, there are pros and cons to remote working. Some of the pros are that I do not have to spend large amounts of time travelling: I can do my session write-ups straight away while they are still in my head and email any feedback to my supervisor or relevant Speech Therapist before I forget parts. I am not rushing to appointments and have more time to plan for my sessions. Being a wheelchair user means that I always must do research when going somewhere new. Working from home has meant that I do not have this worry. I am working in an accessible environment that meets my needs. Some of the cons that I have come across are that I am extremely limited to what technical support I can give if something goes wrong. Connecting and keeping my mentees engaged is harder. Also, thinking up new session ideas is more challenging as I am limited to what I can do.

Looking back, I found the online sessions challenging at first, but it was very worthwhile for me to use them to continue giving my mentoring input through this unusual time. I prefer face-to-face appointments as they allow me to connect with the mentees more, but remote sessions are the next best thing. They allowed us to have some normality and routine. It was a completely new situation for me and was a lot of trial and error, but most things worked out really well. I am incredibly happy and proud of what I have achieved over this period. I will continue with remote sessions in the future. There is definitely a place for them when we get back to normal. Remote sessions will mean that we can still have sessions when the unforeseen pops up: busy schedules, car problems and the weather - driving over the M62 in snow is never fun. So remote sessions will definitely be useful. Overall, I have had a very positive experience of remote working. As well as helping my mentees, it has also benefited me, by giving me something to focus on during lockdown.



This article can also be watched on video at:

<https://youtu.be/9vXLH7vpqR8>

Using Multiple Intelligences-Based Play to Develop AAC Usage in Lockdown

SINÉAD BARKER

Email: sindbadbarker@gmail.com

That title sounds pretty good, doesn't it? Let us be clear on one thing as we start here – I am not writing this from any expert perspective. I am not a Speech and Language Therapist (SaLT), or a tech provider, nor am I a support worker. I am simply a parent of a young AAC user, nothing more. This is in no way, shape or form anything more than anecdotal observations that we have decided to share, in the hope that our journey may spark something for others who are in a similar boat as we lurch from lockdown to lockdown.

My son, Tomás, had just been introduced to a core vocabulary board and switched away from his PECS (Picture Exchange Communication System) symbols when the first lockdown struck. His SaLT phoned to explain what was going on and ask us to carry the system on at home, and was rather apologetic about the fact that training had been planned but now we were in lockdown and she was being redeployed, so.... Well it wasn't ideal, but she is a great SaLT so gave us fabulous pointers, which we combined with a swift search of a certain online retailer and several new books about communication boards, and we nervously set off on our core board. At first, we stuck to the idea in all the books – introduce the symbols one at a time and work on them for a week or two (or three, or...) until it entered regular engagement in his AAC use.

That was fine, we thought, until we realised that we needed a different board for outside play. The core board would not quite cut it (water was involved so we needed a specific set of safety symbols as well as new symbols for the outdoor toys like slide, bike, tree, and so on.) So we did the logical thing and made an outdoor play board.

We didn't think anything more of it, until the child who had previously been using a one-symbol exchange in PECS (on a good day) used that outdoor play board to independently request, after three days of the board being in use, "More big bubble." That request referred to a game we had been engaged in over four hours earlier. Not only had he recalled the game and single-handedly found a way to describe it, he had in the process trebled any prior utterance. Without prompting.

A) What happened to the bit where we need to spend a week (or more) teaching this?

B) What else could we use to engage him?

We couldn't come up with a reasonable explanation on (A) so we opted to do the rational thing and ignore it. (B) was a tad trickier as we actually had to deal with it properly. Play seemed to be a way forward; how could we advance that?

Before becoming a mother, I was a teacher, so luckily was familiar with several theories on play and learning styles. After becoming mother to a SEND child, I maintained the habit of reading anything that might be of use or interest to us. This meant we were in a good place to start planning.

One of the first things I turned to was Gardner's Theory of Multiple Intelligences. To very briefly summarise this: the traditional approach to intelligence as cognitive and easily measurable is limited in its scope and often its application too for atypical learners. Gardner suggested that instead of looking at "cognitive ability", a rounder approach should be taken which includes assessing abilities in the awareness of music, body/kinaesthetic (movement), spatial-visual, naturalistic (nature), interpersonal (between people), intra-personal (to do



Using it to play with the crash and explode cars (amazing what you can nab in kids' toys these days!)

with the self), linguistics and logical-mathematical understanding. The last two are the two commonly valued in both society and in academic realms but they are very, very limited.

Think back to the last thing you enjoyed doing – and I mean really enjoyed. Was it solving a mathematical problem to fix a shelf? Sorting your time to work from home as well as home school? Explaining a problem to your boss? Or was it getting out into the countryside or a park for a walk on a beautiful day? Sharing the sheer beauty and individuality of a bubble or snowflake with a young (or even not so young) child? A really good yoga practise, or a run that led to some personal best? Or just bopping around the kitchen to a favourite song?

Academia defines a specific set of skills as important, and we often set goals and targets for our children around those skills. But those are not the attributes that bring us joy and motivate us in life. And if they don't motivate us as adults, then why on Earth would they motivate children who have already usually faced more challenges by their 10th birthday than most adults will face in all their years?

So, thinking about expanding Tomás on a more rounded basis, we re-drew the goals. Out went the academic word/vocabulary focus, and in came music, art, nature walks and yoga. We used a very simplified form of music therapy in the past before Tomás went to school, so we went back to it. The instruments were fun, and the songs from the literacy development books were amusing and he enjoyed them; but what really motivated him was when we went back to this after watching the Rock 'n' Roll Therapy lecture in the CM Sessions. We put symbol/text lyrics to his favourite songs from Thomas the Tank Engine.

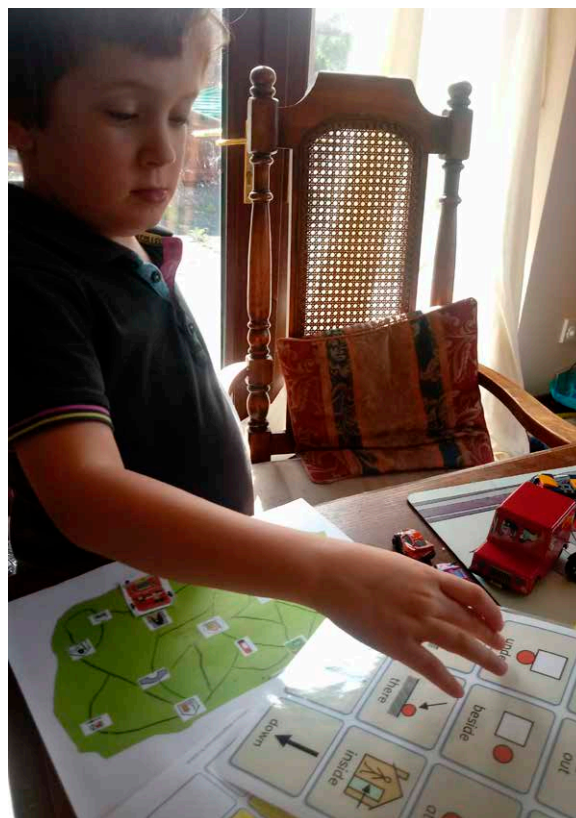
As I type, we are starting work on very, very basic metaphor now. That was just unthinkable a year ago. And I did not – in any way, shape or form - plan it; Tomás himself asked how engines could rock and roll when trains can't dance. Given that he has very limited linguistic skills in both receptive and expressive terms, that Tomás would note the language to that extent is quite something. For him to then be able to communicate the question? Wow! That is the power of play and of moving beyond boring academic goals; instead of being distant from the child and something that is very nearly always done *to* them, the learning becomes part of the child and is immediate to them and is *real* in a way that purely academic goals simply cannot replicate. Working from the child and from their interests and engagements is a really powerful tool, and moving beyond the more academic intelligences only increases that power for change.

Living rurally, naturalistic work comes easily for us, and we have enough room to do spatial skills even in a lockdown – and we are lucky in that. But the internet is a blessing if you are looking for activities to do in limited space. Mentors, therapists and parents may be playing a slightly different game to most educators, but there is a really good chance that somewhere out in the web there is a game that will either suit you directly or need minimal adaptations. You do not need to reinvent the wheel. Not until you get confident anyway! So, we set about looking at how we could teach less, play more, and use the core vocabulary (and additional extra boards as needed) to address more intelligences each week.

Thinking about play and how to develop it sent me off on a hunt for the latest thinking in that arena. That introduced us to the concepts of learning through play and its five key points: the play should be meaningful, joyful, engaging, iterative (varied and changing rather than remaining the same,) and interactive. It also led us to discover the PEDAL initiative at the University of Cambridge. This is a fantastic initiative which looks at the importance of Play in Education, Development And Learning. It has been known for decades, if not longer, that learning through play is more motivational than more traditional learning methods, and PEDAL is finally creating the scientific research to explain this common knowledge and looking and how to make play even more effective. They present a lot of research through 'Play Pieces' – which are very quick to read (helpful to a busy therapist or parent!) - and include key points to look for in developing impactful play. Not all of them are appropriate to AAC use, but I suspect that will come as a shock to nobody reading! They are easy enough to adapt though, and are at least a starting point from which to develop and improve playful interactions to maximise benefit.

The Centre on the Developing Child at Harvard has some really useful notes on developing executive function through play – very helpful to anyone looking to develop play with an autistic child – and a lot of their resources are age appropriate. If, like us, you are dealing with a learning disability on top of everything else then you may have to look through a few age ranges, and the same goes if you are dealing with autism and the variable skills sets which can evolve through that condition. But, once again, they do short read-sheets and actually include a lot of ideas for developing play across the intelligences. They saved us a lot of work by having ready-made play ideas linked to the different areas, which we then simply adapted to our circumstances and needs and went and made the AAC resources for.

The Lego Foundation has myriad resources on their website dealing with learning through play, though they do nearly all presume communicative competence and only deal with the common "age appropriate" milestones. That said, the resources will potentially be very useful for established AAC users. We found though, as a more emergent user and family, that the Lego Therapy mentioned



Send Postman Pat on an adventure around Greendale and the North York Moors (aka preposition work).

in previous editions of this magazine was more helpful. The Foundation is something we will return to in the long-run though and is well worth a look for those further ahead on the journey than we are.

We were not, in any way shape or form, prepared for the results of shifting to more play-based and wider intelligence-based learning. Once we stopped working from the books and their academic linguistic intelligence perspective, communication stopped being an external goal and became something meaningful and real to Tomás. He saw the point; he understood the point. He flew.

Suddenly we went from the episodic exchange of a PECS card to comments on just which item of clothing he wanted to wear on a day, opinions about the music being played in the house, comments about the state of the dog after particularly muddy walks... we discovered that despite a loathing of drawing and colouring Tomás absolutely loves to use fabric paints and creates gorgeous textured artwork, and we had a random request to try knitting (tad awkward that as neither parent could knit, but hey – lifelong learning is a good thing!) Were any of these communications grammatically perfect? No. Were they functional communication? Yes. We're approaching this from the perspective that grammar and syntax can come later; for us, we are finally out of the starting gate and on the path to real and effective communication.

And we did it with a lot of laughter and a lot of joy.

Who wouldn't want that rather than a 'word a week' goal?

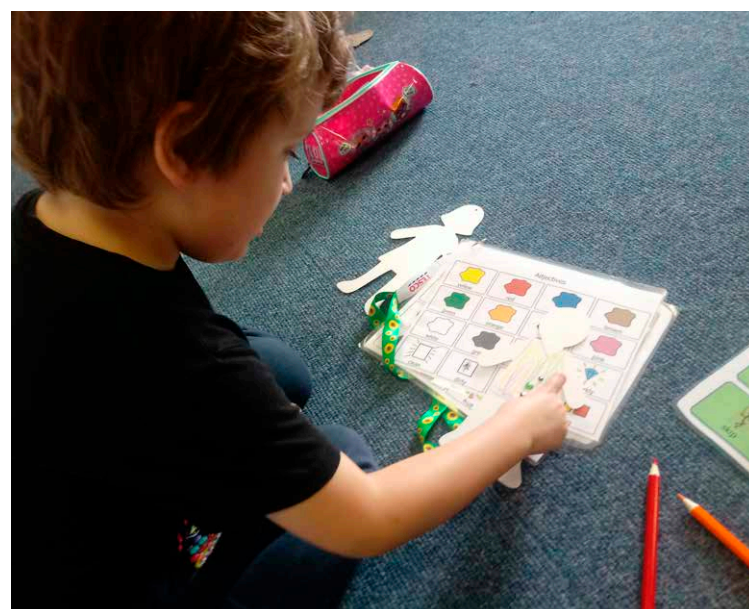
It wasn't without problems, but instead of getting hung-up on those and worrying about the impact of failure we just looked at other ways of approaching the issue and went on modelling alternative systems. So currently with Tomás, we use the Makaton signs that we have had running for about six years, but those are used more now in urgent situations and we use the boards book as our go-to. Modelling has been one of the most useful strategies we have had. The symbol boards don't just live in a book for Tomás

to use, we all use it; and we have regular captions up around the house under things like photographs and prints as well as key phrases next to things like the stereo and the oven (it's a lot easier to be able to point directly to "Don't touch! Hot!" in a situation calling for swift action.)

And the biggest mistake we made in this whole process? Underestimating Tomás.

I'm a 'presume competence' kind of a person, and we went positive. But we didn't go anywhere near positive enough. Double what you think is a reasonable positive result. Worst case? You have a back-up plan ready to get to what you think is your reasonable result. You haven't lost a thing. Best case? You are four steps beyond what you thought possible, maybe more. In the end we developed an ABC system to deal with each activity; the outcomes of what we were trying to do could be Awesome, But (as in 'it's okay, but...'), or Catastrophic, and we had to be ready to deal with all variants. We didn't always land in a clear-cut category, but it helped us plan and keep the ideas rolling, and was easy to adapt in real time if we needed to do so.

In short then, if these lockdowns continue and you are wondering how to build AAC use with a young child at



Using his adjectives board to help in an art activity in his dance summer scheme (and the fact he went to a summer scheme was impressive enough, couldn't have dreamt it a year before that.)

home, there are worse places to start than by playing with them. Let go of the targets and the goals, let go of the arbitrary milestones met by "typical" children - whatever they are - and work from the child. Leave the academic aims be, and instead look to build the life skills and myriad intelligences that will bring joy, laughter and better relationships. There will always be a time and a place for targets – how about we use this unusual time and place we all find ourselves in to build something stronger, better and much more motivational?

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Lego Foundation <https://www.legofoundation.com/en/>

Tomás is
also our
cover star for
this issue!



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thinksmartbox.com
hello@thinksmartbox.com
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