AAC, SGDs, AHAs and the KISS Principle: Positive Outcomes with Combined Acronyms

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BACKGROUND
Successful implementation of augmentative and alternative communication (AAC) and speech generating devices (SGDs) has been widely recognised as problematic in the field of complex communication needs (Baxter et al, 2012; Moorcroft et al, 2020).

KM is an 18 year-old girl in rural NSW who has used SGDs for the past 14 years. Her priority has always been to communicate as efficiently as possible. She never particularly took to her technology preferring to use facial expressions, signs and gestures. Her current speech pathologist has worked with her consultatively for 11 years.

KM completed Year 12 in 2019. She expressed increased motivation to improve her AAC competence in 2020 without the demands of written output and time limits imposed by school.

AIM
To increase KM’s confidence and participation in conversation and social interaction.

METHOD
KM started working with Lucy, her AHA, for 2 hours per week in February 2020. The focus of intervention was simply to work on efficiency and conversation practise (KISS Principle) using an AAC app on her iPad Pro in contexts such as going out to a cafe. One hour consisted of a home visit in which KM and Lucy would script and practise a conversation with a subsequent hour on another day spent in the community in context. Lucy completed ratings each session to measure individual and environmental capacity building.

“IT was great working with an AHA as it was a relaxed setting. (I valued) having consistent 1:1 time to learn communication skills with someone of a similar age”. KM, SGD User

RESULTS
Results indicated significant changes in KM’s spoken conversation with Lucy, her family and other people in the community. This included her efficiency, vocabulary use and confidence in initiating conversation using her SGD. KM completed preliminary filming for her YouTube channel in October 2020 in which she wrote and presented about her experience of spinal surgery. She produced the script herself and worked with Lucy to edit it and rehearse her presentation.

CONCLUSION
AAC requires intensive support that is often beyond the scope of families, school teams, speech pathologists and support workers. An AHA can provide cost effective, regular and engaging support in collaboration with a speech pathologist.

FUTURE DIRECTION
This model of service delivery increases efficiencies in the utilisation of a NDIS participant’s plan budget and has enabled intensive support to KM to improve her AAC use. There is little research on the frequency and intensity of intervention required to support SGD users to achieve competence.

REFERENCES