

[AACt Early to AAChieve Success in Communication](#)

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What is AAC?

Augmentative and Alternative Communication, or AAC, refers to systems and devices that enhance or replace spoken language for individuals who have difficulty being understood or are nonverbal. AAC may be no-tech or low-tech, such as sign language and communication boards, through to high-tech systems that require a power source, such as iPad apps and other speech generating devices. Some systems are used unaided, such as gestures and facial expressions, and others require external support, such as communication books containing picture symbols or handheld devices with words and icons. With the explosion of modern technology, there is greater use and acceptance of AAC. Users are capable of reaching much larger audiences, however these still include people with minimal or no experience with AAC.

What are the benefits of AAC and early intervention?

Speech pathologists are experts in AAC, and this article will focus on the use of AAC in early intervention (EI). Research shows that EI for children with disabilities leads to long-term, significant positive outcomes in the areas of cognition, communication and motor skills. Families experience improved parent-child interactions, greater parental self-esteem, reduced stress and increased use of community resources. EI can also be more cost-effective than therapy later in life.

What myths exist about AAC?

While commonly believed to slow or stop speech development, studies show that AAC intervention for children under 5 *helps* them develop speech, language and functional communication skills. Also, AAC should not be seen as a ‘last resort’ but as a possible starting point for intervention because it assists in building a solid foundation for understanding and producing spoken language. Although implementation of AAC may be delayed as a child’s basic needs and wants are generally interpreted and met by her main caregivers, waiting can be risky. Young children learn to become dependent on familiar listeners and may develop learned helplessness, where they become accustomed to ineffective communication and lose the motivation to keep trying.

Think about how typically developing children learn language. We understand that we must speak to them for a minimum of 12 months before we expect their first words back to us. We say far more words to them than they can say to us, and at the same time simplify our language so that it is age-appropriate. In short, we know that language must go in before it can come out. This is why communication partners of AAC users must also use that AAC system. Finally, we know that typically developing children experiment and play with language to refine their language use. Children with complex communication needs must be given the same opportunities.

It is critical that children are given the means to express a range of messages, not just basic wants and needs. For example, intervention must include communicative functions such as commenting, arguing, requesting, protesting, greeting, asking questions, initiating conversations and so on.

What might I expect from speech pathology?

- That's so typical!

The clinician will assess your child's communication skills and intervention will be guided by typical language development.

- The pen (or spoken word) is mightier than the sword.

Highly motivating situations are vital for learning the power of communication. Children become motivated as they discover that words give them control and influence over others and their environment. For example, "more" results in a favourite game continuing, and "stop" can end another child's turn with a toy so the child can play with it.

- Drop and give me 10!

You will be coached on how to use AAC and support attempts at communication. You will learn to recognise communication attempts, scaffold these attempts, provide a role model for language use, and shape behaviours into more appropriate forms of communication.

- "The first five years have so much to do with how the next 80 turn out" (Bill Gates Sr.)

You will start using AAC early and look at a range of options. Early brain development, especially in the first 3 years, is a crucial time for language development. Intervention should begin early and aims set high.

- You will have your fingers in several pies...

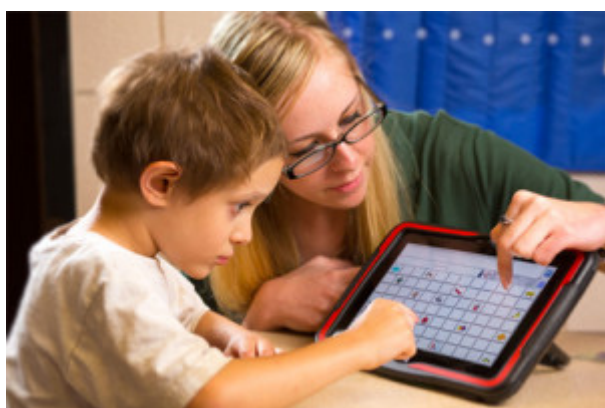
Your child may work on developing different skills at the same time, such as learning to activate a [switch](#) and new vocabulary.

- You will become Australia's Next Top Model!

You and the child's other communication partners must frequently 'model' use of the AAC system by pointing to an icon on the AAC system while saying the word aloud.

Where can I find a useful resource?

<http://www.swaaac.com/Files/AssessandImp/AACBOOTCAMPPOSTER.pdf>



[Vince Borg](#), [Sarah Young](#), [Vicky Andrews](#) and [Emma Lorenzin](#) all have a special interest in speech development and language difficulty. Book your child an appointment with a speech therapist at Box Hill Speech Pathology Clinic on (03) 9899 5494 or direct your child speech therapy questions to enquiries@speech-therapy.com.au.

Reference:

Early intervention and AAC: Research and expert recommendations. By Pariya Behnami & Sally Clendon. In Journal of Clinical Practice in Speech-Language Pathology (Vol. 17, No. 3, 2015).

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