

Augmentative and Alternative Communication (AAC) Intervention

Intervention is provided to assist individuals to understand and use personalized augmentative and alternative communication (AAC) systems to optimize communication activities and participation. Services are also provided to modify or repair AAC systems when necessary. An AAC system is any combination of devices, aids, techniques, symbols, and/or strategies to represent and/or augment spoken and/or written language or to provide an alternative mode of communication.

Augmentative and alternative communication system intervention is conducted according to the Fundamental Components and Guiding Principles.

Individuals Who Provide the Services

AAC intervention services are conducted by appropriately credentialed and trained speech-language pathologists, possibly supported by speech-language pathology assistants under appropriate supervision.

Speech-language pathologists may provide these services individually or as members of collaborative teams that may include the individual, family/caregivers, and other relevant persons (e.g., educational, vocational, and medical personnel).

Expected Outcome(s)

Consistent with the World Health Organization (WHO) framework, AAC system intervention is designed to:

- capitalize on strengths and address weaknesses related to underlying structures and functions that affect use of an AAC system;
- facilitate the individual's activities and participation by assisting the person to acquire new skills and strategies for using the AAC system effectively (e.g., in novel situations and with unfamiliar partners);
- modify contextual factors to reduce barriers and enhance facilitators of successful communication and participation, and to provide appropriate accommodations and other supports, as well as training in how to use them in conjunction with the AAC system.

AAC intervention helps patients/clients, their communication partners, teachers, parents/spouses/caregivers to understand, use, maintain, and update personalized AAC systems and other assistive technology.

Intervention promotes language learning and function, optimizes communication abilities, and increases activity/participation. Intervention also may result in recommendations for AAC system reassessment or follow-up, or in a referral for other services.

Clinical Indications

Individuals of all ages, varied diagnostic categories, and severity levels receive AAC intervention services when prior assessment indicates candidacy for an AAC system.

AAC system intervention services are prompted by referral, mandates and/or by the results of an AAC assessment and are sensitive to cultural and linguistic diversity.

Individuals receive treatment and/or consultation services when their body structure/function and ability to communicate are impaired to the extent that an AAC system is needed to support communication activity and participation, and when there is a reasonable expectation of benefit. Interventions that enhance activity and participation through modification of contextual factors may be warranted even if the prognosis for improved body structure/function is limited.

Clinical Process

AAC system intervention involves gathering information from and providing information and guidance to patients/clients, families/caregivers, and other significant persons about AAC system use, the course of intervention, an estimate of intervention duration, and prognosis for improvement. Intervention extends long enough to accomplish stated objectives/predicted outcomes.

AAC system intervention considers the abilities, needs, and preferences of the patient/client and of individuals with whom the patient/client will communicate (e.g., family, caregivers, educators, service providers). It also considers the environment in which the AAC system routinely will be used.

Depending on assessment results and the age/stage and life circumstances of the client/patient, intervention addresses the following:

- Identify and educate the patient/client, family/caregivers, and relevant others in the AAC system's operation.
- Plan for optimum patient/client use, including education in maintaining the AAC system and programming updates and modifications for conversational, academic, and other uses.
- Use the AAC system while targeting any other speech-language (spoken or written) and communication goals and objectives appropriate to activity/participation needs and the individual's age and abilities (e.g., vocabulary, sentence comprehension and production, reading and writing, conversational turn-taking and judging listener needs, natural speech and voicing).
- Use the AAC system for multiple functions in multiple contexts (e.g., educational, vocational, social).

AAC intervention includes a full continuum of service delivery models, such as individual or group intervention, family/caregiver education, and/or consultation with professional and/or paraprofessional team members.

Recommendations for use of the AAC system may address the need for further screening, assessments, treatment, follow-up, or referral.

Setting, Equipment Specifications, Safety and Health Precautions

Setting: Intervention may be conducted in a variety of settings (e.g., structured, therapeutic, and natural) that are selected on the basis of intervention goals and in consideration of the social, educational, and/or vocational activities that are relevant to or desired by the individual. In any setting, intervention addresses the personal and environmental factors that are barriers to or facilitators of the patient's/client's effective use of the AAC system.

There is a plan to generalize and maintain intervention gains and to increase participation in relevant settings and activities.

Equipment Specifications: All AAC devices and related equipment are used and maintained in accordance with the manufacturer's specifications, and warranty and repair options for AAC devices are communicated to those involved in implementing the program.

Safety and Health Precautions: All services ensure the safety of the patient/client and clinician and adhere to universal health precautions (e.g., prevention of bodily injury and transmission of infectious disease). Decontamination, cleaning, disinfection, and sterilization of multiple-use equipment before reuse are carried out according to facility-specific infection control policies and services and according to manufacturer's instructions.

Documentation

Documentation includes the following:

- Written record of the dates, length, and type of interventions that were provided.
- Progress toward stated goals, updated prognosis, and specific recommendations.
- Evaluation of intervention outcomes and effectiveness of the AAC system within the WHO framework of body structures/functions, activities/participation, and contextual factors.

The privacy and security of documentation are maintained in compliance with the regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and other state and federal laws.