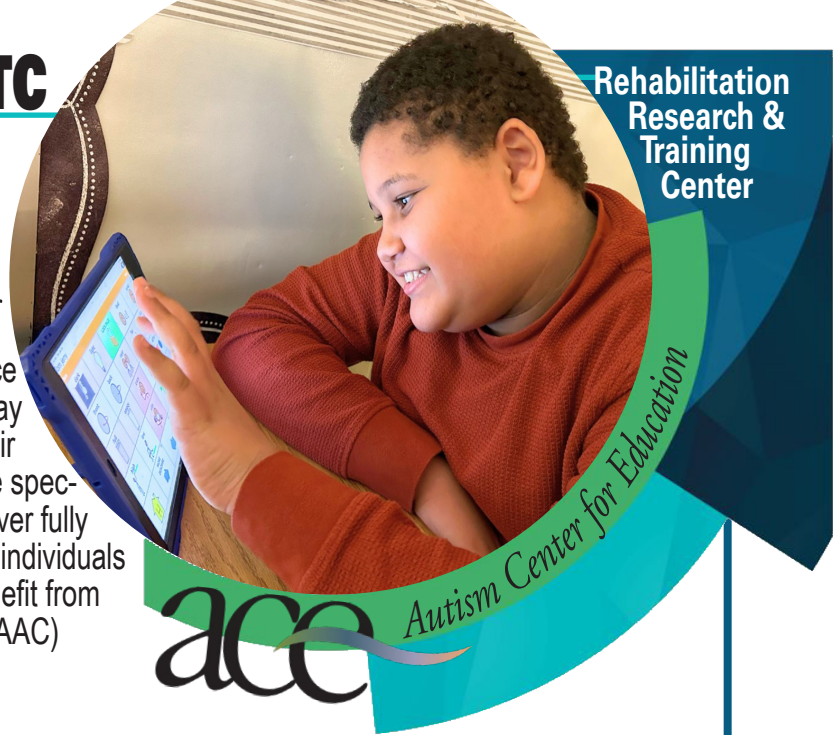


Introduction to Augmentative & Alternative Communication

Individuals with Autism Spectrum Disorder (ASD) experience difficulty with communication to varying degrees. Some may have an extensive vocabulary but struggle with getting their message across or sustaining conversation. Others on the spectrum may have inconsistent access to speech or may not ever fully develop spoken language. An estimated 50-60% of autistic individuals have significant communication challenges and would benefit from the use of Augmentative and Alternative Communication (AAC) supports and services.



● What is AAC?

The American Speech-Language-Hearing Association (ASHA) defines AAC as “an area of clinical practice that supplements or compensates for impairments in speech-language production and/or comprehension, including spoken and written modes of communication.” AAC can be utilized in addition to existing speech or as a replacement for speech. AAC encompasses all forms of communication, other than oral speech, that are used to express thoughts, needs, wants, and experiences.

● Types of AAC

Unaided AAC is always accessible to the individual because it relies only on the person’s body to convey the message. Examples include gestures, body language, and/or sign language.

Aided AAC includes the use of tools or equipment to convey the message. Examples range from low-tech supports, such as paper and pencil and picture/symbol-based communication boards, to high-tech speech-generating devices.

● AAC Continuum

Most people are multimodal communicators, meaning that we use a variety of ways to communicate with others throughout the day. Facial expressions, gestures, symbols, pictures, and writing are common examples of everyday AAC. We may grimace to show displeasure, nod our heads to indicate “yes”, or send a text message with emojis to share a story with a friend. Individuals on the spectrum are also likely to use a continuum of communication supports to most effectively express themselves. Using AAC can increase independence, participation and social interaction, school and work performance, feelings of self-worth, and overall quality of life.

<p>NO TECH UNAIDED COMMUNICATION</p> <p>No additional tools or technology needed. Requires only the user's body.</p>	
<p>LIGHT TECH AIDED COMMUNICATION</p> <p>Utilizes various symbols/tools which do not require electronics.</p>	
<p>MID TECH VOICE OUTPUT COMMUNICATION AIDS</p> <p>Typically, battery-operated with a static non-changing display, simpler functions, and recorded voice output.</p>	
<p>HIGH TECH DYNAMIC SYSTEMS</p> <p>A dynamic, changing display using a computerized screen. Typically utilizes computer-generated voice output and requires a power source.</p>	

AAC CONTINUUM

● AAC Myths vs. Facts

MYTH: AAC is a last resort.

FACT: When AAC technology first became available, it was widely believed that AAC should only be used when all other options for speech development had been tried first. However, it is now recommended that AAC is introduced very early on as a way to promote language and communication development.

MYTH: AAC prevents or slows down the development of speech.

FACT: Some families and educators worry that AAC will become the child's primary or only mode of communication. Research now indicates that AAC may increase the use of spoken language.

MYTH: There are specific prerequisite skills necessary for children to benefit from AAC.

FACT: Without an effective way to communicate, children may be unable to show others what they know. Therefore, there should be no expectation of children to prove cognitive skills before providing AAC supports and services. The growth of language skills through the use of AAC can play a huge role in the development of cognitive skills.

MYTH: Children must be a specific age to benefit from AAC.

FACT: Research supports the effectiveness of early intervention services and AAC supports across disabilities. There is no prerequisite age for introducing AAC and it should be considered at a very young age when a child is not talking, talking minimally, primarily scripting, or is not intelligible.

MYTH: AAC is only for individuals who are completely non-speaking or preverbal.

FACT: The first "A" in AAC stands for augmentative because some individuals need to use a communication system in addition to speech. For individuals on the spectrum who have inconsistent access to speech or are difficult to understand at times, AAC provides an alternative means of effective communication.

MYTH: If someone uses a communication device, there is no need for other methods of communication.

FACT: All individuals communicate in many different ways throughout the day. A communication

system consists of multiple modalities (e.g., AAC, speech, gestures, signs, body language, facial expressions, writing). All methods of communication are equally valid and should be acknowledged and responded to appropriately. There should never be the requirement that someone solely use an AAC device for communication.

MYTH: Individuals need to master low or no-tech AAC prior to being introduced to high-tech AAC.

FACT: AAC is not a linear journey. The provision of AAC tools and techniques is based on the child's current and future skills and needs. Early access to robust AAC supports provides opportunities to teach and model language as well as foster the development of critical communication skills. Always presume competence!

● **Additional Resources**

- [ACE Lunch & Learn Video](#)
- [Communication Toolkit](#)
- Assistive Technology Network's AAC pages on TTAC Online: <https://atnetwork.ttaonline.org/augmentative-alternative-communication>
- Assistive Technology Network's TechKnowledge Webinar "Roadmap to AAC" <https://ttaonline.org/Online-Training/MLbTE3FyBnH1aHO-360H74dEhR92ayS/Online-Training-techknowledge-2023-24-navigating-the-aac-roadmap>

● **References**

- Andzik, Natalie & Schaefer, John & Nichols, Robert & Chung, Yun-Ching. (2017). National survey describing and quantifying students with communication needs. *Developmental neurorehabilitation*. 21.1-8. 10.1080/17518423.2017.1339133.
- American Speech-Language-Hearing Association: <https://www.asha.org/public/speech/disorders/aac/>
- Romki, M., & Sevcik, R. (2005). Augmentative communication and early intervention: Myths and realities. *Infants & Young Children*, 18(3), 174-185.

For additional information, visit the ACE website:

www.vcuautismcenter.org

Virginia Commonwealth University's Autism Center for Education (VCU-RRTC-ACE) is funded by the Virginia Department of Education, contract #881-APE61172-H027A220107. Virginia Commonwealth University is an equal opportunity/affirmative action institution providing access to education and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation, or disability. If special accommodations are needed, please contact Jennifer McDonough at jltdod@vcu.edu.

