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Myths and Misconceptions of Alternative and Augmentative Communication

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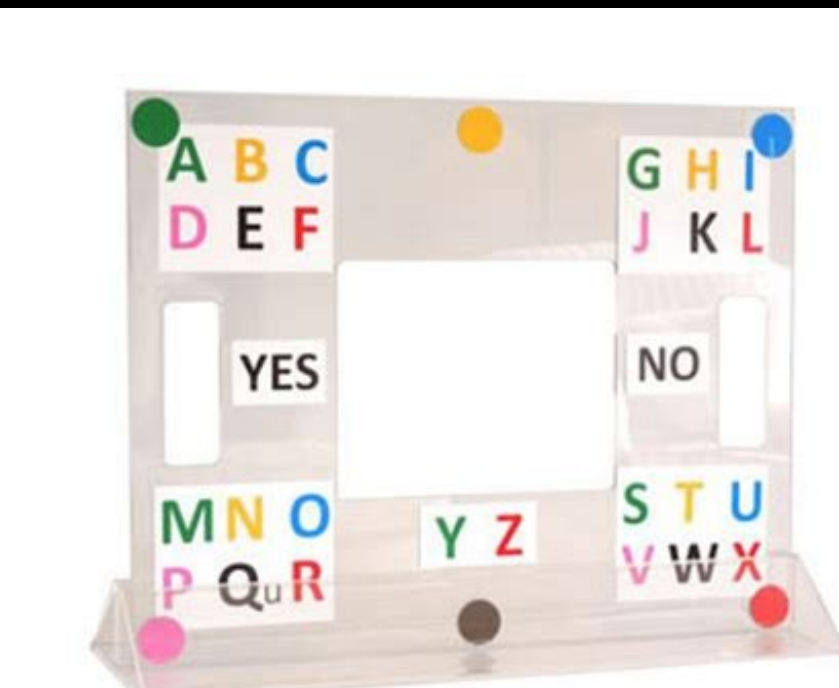
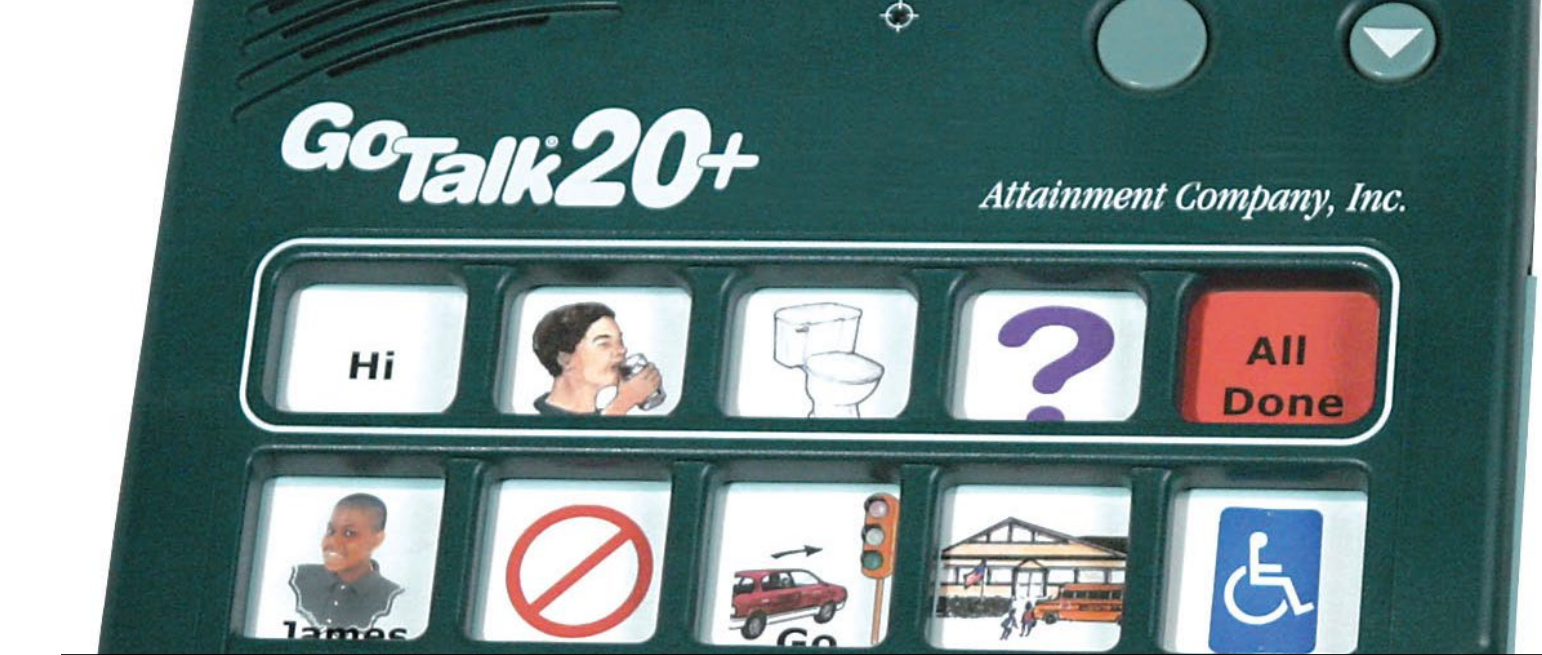
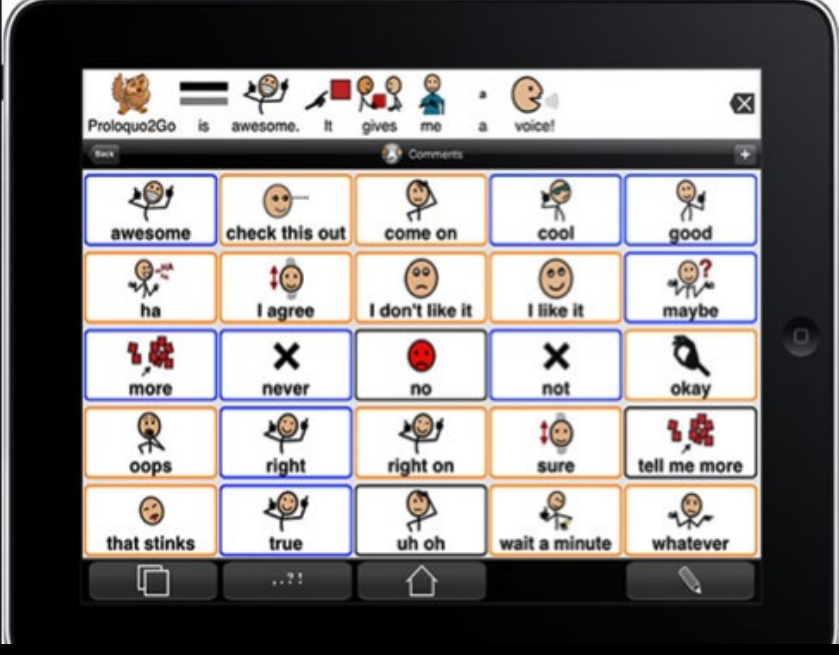


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Myths and Misconceptions of Alternative and Augmentative Communication

HANNAH BURCH

ADVISOR: DR. JENNIFER THISTLE

AAC is any form of communication that either replaces or enhances verbal speech

CAN INCLUDE: GESTURES, PICTURES, COMPUTER GENERATED SPEECH, EYE-GAZE BOARDS, ECT.

Who Uses AAC?

Individual's with a variety of diagnoses and needs work with AAC, including individuals who have been diagnosed with:

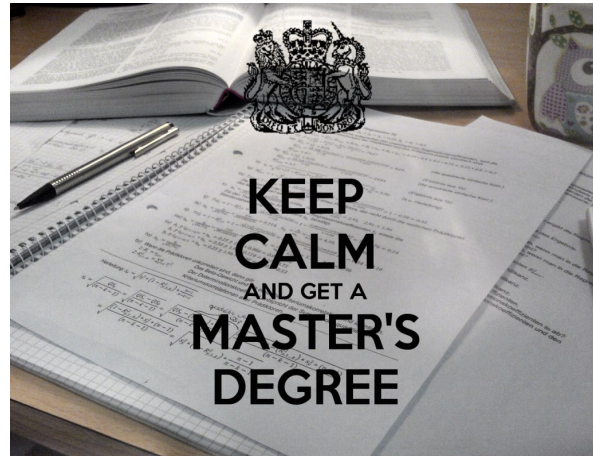
- Cerebral Palsy
- Autism
- Acquired Language Disorders (from Traumatic Brain Injury, Stroke, ect.)
- Developmental Language Disorders (Onset during childhood)



Who Works With Individuals Who Use AAC?

Education

Speech language pathologists have to have a Master's in Speech Language Pathology to practice.



Special education teachers have to have a bachelor's degree in order to practice.



Special Education Training on AAC

According to Costigan and Light (2010):

- 76% of special education programs failed to offer an AAC course
- AAC content is more likely to be embedded in another course
 - Average of 1 to 4 hours of instruction on AAC

Speech Language Pathology Training on AAC

Johnson and Prebor (2019) showed that:

- 86% of SLPs given a survey reported having to take at least one course with primary content of AAC
- 92% of graduate programs reported that an AAC course was required for graduation



Myths Surrounding AAC (Ronski & Sevcik, 2005)

“AAC hinders spoken language development or stops further speech development” (p. 179)

“People who use AAC have less cognitive ability than people who use speech” (p. 180)

“AAC is a 'last resort' in speech-language intervention” (p. 178)

“Children must have a certain set of skills to be able to benefit from AAC” (p. 179)

“Children may have to be a certain age to be able to benefit from AAC” (p. 180)

AAC is Important

The myths and misconceptions that these professionals believe impact treatment outcomes for these patients. Research needs to be done to investigate what myths and misconceptions about AAC still prevail so steps can be taken to better educate students and professionals. The goal is to create more conscientious and inclusive professionals.

Why do we care?

Individuals who rely on AAC need to have practitioners who are familiar with and can use AAC. Presently, there is a large discrepancy between professions on who needs to receive graduate training in AAC.

This study seeks to uncover whether differences in education impact the amount of myths and misconceptions about AAC that speech language pathologists and special education teachers believe at Western Washington University.

The goal is to identify where deficits in education surrounding AAC occur, and to try and promote the importance of AAC.

Methods



Name: _____

Statements about Augmentative and Alternative Communication

Instructions: Indicate whether you believe the statement to be true or false by circling your answer.

1. AAC does not hinder spoken language development and use	True	False
2. People with severe cognitive deficits can learn to use AAC	True	False
3. Use of AAC should be considered only after other means of communication intervention have failed	True	False
4. An individual must be able to identify pictures to use AAC	True	False
5. An individual is never too old or too young to benefit from AAC	True	False
6. AAC can be embedded in natural routines	True	False
7. AAC systems place undue stress on families	True	False
8. Speech-generating devices are too difficult for families to use with their child	True	False

Demographic – SLPs Surveyed

- All graduate students in Speech Language Pathology at Western Washington University
 - 19 second year students
 - 17 first year students
- Administered a paper survey on the first day of Winter Quarter 2020

Demographic – SpEd students surveyed

- 66 Students Surveyed
- 30 had taken a course on complex needs, 36 had not
 - No statistical difference on scores
- Survey was administered online through Qualtrics

Results



Overall Scores

Accuracy was statistically different across group:

$t(98) = 4.86, p < .0001, d = 1.09.$

	SLP	SpEd
Average score	93% (17.7 out of 19)	83% (15.7 out of 19)
Standard Deviation	1.25	2.24




By Question – SLPs

MYTH: AAC is appropriate for any child with a developmental language disorder that impacts communication success (77% answered correctly)

FACT: True. AAC is appropriate for individuals of any age or disability (Cress & Marvin, 2003; Ronski & Sevick, 2005).

MYTH: An individual should begin with low tech AAC before learning to use high tech AAC (77% answered correctly)

FACT: False. High tech and low tech AAC intervention for individuals with autism produces similar results (Morin et al., 2018). Intervention is more about choosing the correct method to fit the client's communication needs and abilities.



By Question – SpEd students

MYTH: Use of AAC should be considered only after other means of communication intervention have failed (69.7% answered correctly)

FACT: False. There is improvement in communication when AAC is used alone or among other means of communication intervention. With young children it matters more that communication is taking place, rather than the mode of communication used (Cress & Marvin, 2003; Ronski & Sevick, 2005).

MYTH: AAC does not hinder spoken language development and use (68.2% answered correctly)

FACT: True. Studies show that AAC aids in the growth of spoken language development, rather than hindering it (Ronski & Sevick, 2005).

By Question – SpEd students

MYTH: For acquired disabilities, it is never too soon after the brain injury to introduce AAC (66.7% answered correctly)

FACT: True. AAC introduced early can support participation in rehabilitation and ongoing communication (Beukelman & Mirenda, 2013).

MYTH: Whenever present, even if very limited, speech should be the primary means of communication (59.1% answered correctly)

FACT: False. All communicators use many different methods (e.g., speech, gestures, facial expressions, etc.; Beukelman & Mirenda, 2013).

Discussion



What We Know

- SLP and SpEd students have different levels of education needed to practice.
 - SLPs require a master's degree
 - SpEd require a bachelor's degree
- Overall, students were fairly knowledgeable about the myths
- SLP majors were more knowledgeable about the myths than SpEd majors

What Can We Do Better

- Improve pre-service education
- Raise public awareness about AAC and everyone's basic right to communicate





Ideas for Preservice Education

- More classroom instruction on AAC
- Different classroom instruction on AAC



National Joint Committee for the
Communication Needs of Persons
With Severe Disabilities (NJCC)

COMMUNICATION BILL OF RIGHTS

All people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence. Beyond this general right, a number of specific communication rights should be ensured in all daily interactions and interventions involving persons who have severe disabilities. To participate fully in communication interactions, each person has these fundamental communication rights:

1. The right to interact socially, maintain social closeness, and build relationships
2. The right to request desired objects, actions, events, and people
3. The right to refuse or reject undesired objects, actions, events, or choices
4. The right to express personal preferences and feelings
5. The right to make choices from meaningful alternatives
6. The right to make comments and share opinions
7. The right to ask for and give information, including information about changes in routine and environment
8. The right to be informed about people and events in one's life
9. The right to access interventions and supports that improve communication
10. The right to have communication acts acknowledged and responded to even when the desired outcome cannot be realized

References

Beukelman, D., & Mirenda, P. (2013). *Augmentative & alternative communication: Supporting children & adults with complex communication needs (Vol. 4th)*. Baltimore: Paul H. Brookes Pub. Co.

Cress C.J., & Marvin C.A. (2003). Common questions about AAC services in early intervention. *Augmentative and Alternative Communication, 19(4)*, 254–272.

Morin, K. L., Ganz, J. B., Gregori, E. V., Foster, M. J., Gerow, S. L., Genç-Tosun, D., & Hong, E. R. (2018a). A systematic quality review of high-tech AAC interventions as an evidence-based practice. *Augmentative and Alternative Communication, 34(2)*, 104–117.

Romski M, & Sevcik RA. (2005). Augmentative communication and early intervention: Myths and realities. *Infants & Young Children, 18(3)*, 174–185.