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Myths and Misconceptions of Alternative and Augmentative Communication

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Myths and Misconceptions of Alternative and Augmentative Communication

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BACKGROUND

Alternative and augmentative communication (AAC) is defined as any form of nonverbal communication that is used to enhance or replace speech (Beukelman & Mirenda, 2013). AAC is used by individuals of all ages, including children with developmental disorders and adults who have acquired disabilities. Professionals in speech language pathology (SLP) and special education (SpEd) are most likely to encounter individuals who use AAC, yet both professions have very different curriculums.

METHODS

PARTICIPANTS

Graduate SLP students
• N = 35
• Enrolled in a graduate seminar on AAC

Special Education students
• N = 66
• 30 had taken a course on complex needs, 36 had not
• No statistical difference on scores

PROCEDURES

• Participants read 19 statements about AAC and indicated True or False given their belief about that statement.
• SLP group completed paper-based survey on the first day of the graduate seminar on AAC
• SpEd group completed online (Qualtrics) survey during winter 2020 quarter

RESULTS

OVERALL

Accuracy was statistically different across group:
SLP (M=17.7, SD=1.25) and SpEd (M=15.7, SD=2.24) groups, t(98) = 4.86, p < .0001, d = 1.09.

BY QUESTION

Graduate SLP students
Two statements with less than 80% of students answering correctly

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; Romski & 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 intervention to fit the client’s communication needs and abilities.

Special Education students
Five statements with less than 70% of students answering correctly

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; Romski & 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 (Romski & Sevick, 2005). 

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).

WHAT CAN WE DO BETTER?

• Better educate professionals
• Raise public awareness about AAC and everyone’s basic right to communicate

DISCUSSION

• SLP and SpEd students have different levels of education needed to practice.
  - SLPs require a master’s degree
  - SpEd require a bachelor’s degree
• No statistical difference between scores on the survey for SpEd students who had taken a course on complex needs compared to SpEd students who had not
• Statistical significance between overall score for SLP and SpEd

REFERENCES


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