

Speaker Notes 6.1 Maine CITE Program Training Webinar  
Augmentative and Alternative Communication (AAC) and Aging

**Age-Related Communication Changes**

**\*\*Before talking about AAC and Aging, talk about expected changes in communication related to aging\*\***

Language/Memory

Word finding

Comprehension of Complex Sentences

Hearing (/Balance) & Vision Acuity

Voice Quality

Speech: Precision, Volume

**Aging & Impairment**

“Disability with Aging” vs “Aging with Disability”

Impairment comes later in life Acquired, Degenerative

Individuals with childhood impairments also aging

Similar but different needs; the remainder of this talk primarily focuses on disability with aging.

Subsequent talks could offer aging with disability information if interest is expressed.

**Age-Related Risks**

*Degenerative*

Gradual Loss of Communication Skills

Amyotrophic Lateral Sclerosis,

Parkinson’s Disease

Myasthenia Gravis

Primary Progressive Aphasia

\*Dementia\*

*Acquired*

Immediate Loss of Communication Skills

Stroke, Traumatic Brain Injury

Aphasia, Dysarthria, Cognition

**AAC: What is It?**

Supplement and/or replace “traditional” forms of communication (speech)

Compensate for temporary or permanent communication impairments

Many people think of high technology, computerized/mobile technology, which in many cases it does mean this; there are many other ways to implement AAC that involve less sophisticated AAC tools

Expression AND/OR Comprehension. Sometimes used for internal communication, or self-talk (e.g., visual schedules)

### **No-Low-High Technology**

No Technology

Low-High Tech

Vocalizations/Voice

Facial Expressions

Pointing & Gestures

Partner Assisted Scanning

Pen & Paper

Photographs, Objects

High technologies

Communication apps

Dedicated AAC systems

High Technology Options

Commercial AAC Apps, Dedicated AAC

### **Alternative Access**

Switch

Eye Gaze

Brain Computer Interface

Gesture recognition

Voice Activation

Mount systems

Portability

Range of diverse and improved access functionality will be important in the field going forward

### **When to Consider an AAC Eval**

If there is a change in skill or communication discrepancy (relative to peer communication), then make/request referral for licensed speech-language pathologist.

Preferable a specialist or has experience with AAC

Individual Skill, Interest + AAC Feature matching

GUIDED Matching

Feature matching not unique to AAC particularly, but the knowledge about WHAT IT CAN DO is not (yet) as culturally embedded.

### **The SLP AAC Evaluation**

Combinations of standardized tests, Multiple device/system trials

Communication History

Cognition, Language Expression and Comprehension

Inventory Existing/Intact Abilities/Skills

Social Networks

TASP Example

### **Feature Matching Process**

Using individual's skills, preferences, and needs to guide clinical decision making

To recommend useful technology; identifying a "match" from available feature combinations

What device options or strategies are available that might help the person become a better communicator?

In a variety of contexts? How are this person's needs likely to change over time?

What Are We Matching? Consumer Skills & Needs ← → System Features Available

### **AAC Considerations**

AAC "facilitator" key to success

Consider individual's changing needs  
Sensory deficits increase, adjust stimuli  
Shrinking (rapidly/gradually) social networks

Service Extends Beyond Device Acquisition  
Partner Support/Training

Modify / Educate communication partners: reduce distractions, use simple short sentences, yes/no formatted questions, allow TIME, encourage word finding strategies.

### **Current issues in AAC**

Employment	Funding
Independent Living	Literacy
Professional Development	Vocabulary
Dedicated vs. Mobile Tech	Word Prediction

While You Wait Communication Friendly Environments & Temporary DIY AAC Solutions

### **Communication Friendly Environments:**

Quiet, well lit, promotes face-to-face interaction  
Community reminders of calendar events, visitors, upcoming routines  
Provide access to sensory aids as needed (glasses, hearing aids)  
TIME!  
Provide partners with counseling/support and training

### **Aging Communication Supports**

Know individual strengths + limits  
Simplify sentences, speak slower  
Limit information given in session  
Verbal descriptions + pictures and writing  
Confirm understanding

### **DIY AAC Solutions**

Natural supports within the environments can be support and maintain communicative independence

Printed communication cards & reminders  
Pen & Paper/Notepad, White Board, Marker  
Letter Boards  
"Letter Boards"

### **DIY: Visual Schedules**

Does not have to be tech oriented  
Low tech is more universal  
Location can benefit everyone

### **DIY: Memory "Wallets"**

Folder/Binder with Remnants  
Ticket stubs  
Event/Activity Receipts  
Playbills  
Photographs

Restaurant Menus  
Photo album with names of important:  
People, Places, Events  
Smaller, actual wallet, portable  
key information only

### **DIY: "Signal Inventory"**

Many individuals have residual skills or develop their own adaptive communication techniques.  
Provides for potential success with larger communication partner audience.

These are building blocks.

Make sure all willing partners contribute to the inventory, some signals may be used in certain contexts but not others. Make a list,

"When \_\_\_\_\_ does \_\_\_\_\_, it means  
\_\_\_\_\_."

### **DIY: Family Communication**

Communication Partner Relay System  
Caring Bridges , Online (blog, group)

Day-to-day + Visitor Journal  
Family + Professionals

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### **Resources**

<https://www.caringbridge.org>

<https://www.attainmentcompany.com/social-networks-package>

<http://www.mayer-johnson.com/tasp>

[aac-rerc.psu.edu](http://aac-rerc.psu.edu)

<http://cehs.unl.edu/aac/>  
[www.ussaac.org](http://www.ussaac.org)

[www.asha.org/njc](http://www.asha.org/njc)

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