

A Family-Centred Approach to AAC

A family-centred approach acknowledges the uniqueness of each family and that they are the constant in the child's life. The family are considered experts on the child's abilities and needs and works with professionals to make informed decisions about the services and supports the child and family receive (Law et al., 2003a).

We know from the research that parents are important to the augmentative and alternative communication (AAC) process and contribute to positive outcomes (Lund & Light, 2007). Therefore a family-centred approach is crucial to the child's success with AAC.

Applying family-centred principles to AAC:

- Families determine their role and level of involvement in the AAC process
- Mutual respect is shown for differences in values, skills, and knowledge bases of each member of the AAC team
- Information is shared about the child, the family, the school environment and different AAC systems and interventions so good decisions can be made
- Decisions about AAC are made together – between family, school and professionals

“To be successful with AAC, children and families need to have AAC strategies that they have chosen and to which they can be committed.”
(Cress, 2004, pg. 53)



COLLABORATION

Working together and joint decision making is an essential component of a family-centred approach. The goal of AAC is meaningful communication and participation across home, school and community environments. Therefore, communication development is the responsibility of the family, school and speech pathologist. In working together we can share skills, maximise our resources and increase the effectiveness of our interventions.

Using a family-centred approach in the school environment does not have to mean more time - it just requires commitment. When there is mutual respect of team members and families' priorities and experiences are valued, then the whole process becomes quite efficient (Law et al, 2003b).

“And that way if we all sort of work together we know what he's doing and we can work on the same things.”

(Mother of a child using AAC)

Working together as an AAC team will require:

- understanding of roles
- willingness to be flexible
- mutual respect
- effective negotiation and joint decision making
- effective communication— including regular team meetings

THE AAC TEAM

The Child

Wherever possible the child with complex communication needs should be involved in the decision-making process. His preferences will have a significant impact on the development of the AAC system. The child's compliance and motivation will be crucial to the success of the system.

Family

Parents are the experts on their own child and know what will work best in their particular family. Communication happens everywhere and all the time so the child with complex communication needs will need the full support of not only his parents but the entire family.

Although some family members may feel that they already understand the child's speech or communication methods in the home environment, family members play a pivotal role in supporting the child to use the device with less familiar people who have greater difficulty understanding the child. For instance, family members may encourage the child to use their device when extended family or friends come to the home or when the child is out and about in the community at the shops or park.

School

Communication is fundamental to the educational process. Therefore, an AAC system will need to be assessed, trialled and implemented in the school environment as well as at home. The classroom teacher plays a critical role in embedding the AAC system use into the curriculum and the social interactions of the classroom and playground. Educational assistants may also have significant roles in supporting the daily use of AAC. Ideally, the entire school community from the principal to the canteen staff will be part of the AAC support team.

Speech Pathologist

The speech pathologist has had extensive training in speech, language and communication. They will have a significant role in sourcing and sharing the latest, quality information. Ideally they will support the ongoing process of teaching and training the team to embed AAC strategies within the child's daily activities.

Other team members may also be required according to the individual needs of the child:

Occupational Therapist/Physiotherapist

If the child has a physical disability an occupational therapist or physiotherapist may be crucial to determine the best way to activate the communication device e.g. pressing the buttons on the device or using a switch. If the child uses a wheelchair these therapists may also assist with mounting/affixing the device to the chair.

Vision/Hearing Specialist

These specialists may assist the team in accommodating for any sensory impairments that may impact on communication.

Specialist Service Professionals

AAC specialists may consult with the core team to provide expert advice.

Equipment / Supplier Representatives

The AAC team may meet Reps from equipment suppliers and companies to receive demonstrations or trial devices.

FIND OUT MORE

About the family-centred approach...

http://www.canchild.ca/en/childrenfamilies/fcs_sheet.asp

http://www.rch.org.au/emplibrary/ccch/EY_Mod2_Reading.pdf

References

- Cress, C. J. (2004). Augmentative and alternative communication and language: Understanding and responding to parents' perspectives. *Topics in Language Disorders, 24* (1), 51-61.
- Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning, J., Szkut, T., Kertoy, M., Pollock, N., Viscardis, L., & Teplicky, R. (2003a). What is family-centred service? *CanChild FCS Sheet #01*. Hamilton, Ontario, Canada: CanChild Centre for Childhood Disability Research, McMaster University. Retrieved June 29, 2010, from <http://www.canchild.ca/en/childrenfamilies/resources/FCSSheet1.pdf>
- Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning, J., Szkut, T., Kertoy, M., Pollock, N., Viscardis, L., & Teplicky, R. (2003b). Fostering family-centred service in the school. *CanChild FCS Sheet #16*. Hamilton, Ontario, Canada: CanChild Centre for Childhood Disability Research, McMaster University. Retrieved June 29, 2010, from <http://www.canchild.ca/en/childrenfamilies/resources/FCSSheet16.pdf>
- Lund, S.K., & Light, J. (2007). Long-term outcomes for individuals who use augmentative and alternative communication: Part III – contributing factors. *Augmentative and Alternative Communication, 23* (4), 323-335.

FIND OUT MORE

Speech Pathologists

<http://www.speechpathologyaustralia.org.au/>

Speech Pathologists - Private (WA)

<http://www.pspawa.com.au/index.html>

Occupational Therapists

<http://www.ausot.com.au/>

Physiotherapists

<http://www.physiotherapy.asn.au/>

This handout is part of an information package, funded by a NGCS grant, to assist local teams in supporting children who require augmentative and alternative communication - particularly communication devices. Augmentative and alternative communication, or AAC, refers to other methods of communication people may use when they have difficulty speaking. These methods may supplement what speech they do use or may become the primary form of communication in the absence of speech.

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