

Fact Sheet

Augmentative and Alternative Communication (AAC)

Augmentative and alternative communication (AAC) refers to all the different ways a person can communicate besides speaking. AAC can 'augment' or assist speaking, or can be used as an alternative to speech. Examples of AAC include; gesture, sign language, and low and high-tech communication devices.

What is AAC?

AAC, also known as multi-modal communication, helps a person communicate who finds it difficult to rely on talking alone. A person might need to use AAC because their speech is unclear, or because they have little to no speech and are minimally verbal.

People can use AAC from early childhood through to adulthood to supplement or replace speech in order to communicate with others. AAC can be used temporarily or permenantely across a long period of time. Some people also only use AAC in particular settings or at particular times.

Unaided AAC or no-tech AAC does not require the use of an external tool. This can include gestures and sign language.

Aided AAC uses tools or materials, such as low and high-tech graphic AAC systems.

- Low tech: low tech AAC includes picture communication boards and books and Picture Exchange Communication System (PECS).
- High tech: high tech AAC includes dedicated, electronic communication devices, and dedicated communication applications on tablets (such as iPads).

Many people use a mix of unaided and aided AAC.

How do I know if my child needs AAC?

AAC should be considered for all children who have:

- Less speech than expected for their age (typical milestones: first words at around1 year old)
- Unclear speech or do not use speech consistently to communicate

People who use AAC include people with intellectual disability, autism, severe speech sound disorders, cerebral palsy, developmental delay, and genetic disorders. However, an individual does not need to have a diagnosed condition to use AAC.

A child can also learn AAC and focus on other speech therapy goals at the same time. For example, a child can work on making their speech clearer in their speech therapy sessions and also learn to use AAC.

The presence of speech does not mean that a child cannot use and benefit from AAC. For example, a child might use speech to ask for things using single words but may be unable to share feelings and make comments using speech. This is where AAC could help extend a child's communication skills to lots of different messages. In this situation, a child can practise different vocabulary and grammar skills, e.g. combining words or using short phrases or sentences using AAC that would not be possible verbally.

Different messages we communicate are called 'communicative functions'. AAC can help a child perform lots of communicative functions, including:

- Telling you when they want or don't want something
- Sharing thoughts and feelings
- Making comments
- Saying hello and goodbye
- Asking and answering questions



Using AAC can give children a 'voice' so they can communicate with others. This can decrease feelings of frustration.

Who can help?

A speech specialist known as a speech pathologist, speech and language pathologist, or speech therapist, depending on your country, with expertise in AAC can help. They will conduct an assessment and recommend what type of AAC is best for your child. A child's AAC system may change overtime, as they learn new skills and need to communicate a range of messages.

Other therapists, such as an occupational therapist or physiotherapist, might help with choosing the best AAC system too.

A child's AAC system will depend on their:

- Age
- Language skills: ability to understand and communicate messages
- Learning strengths and weaknesses
- Environments where they need to communicate
- Supports available to them
- Motor skills (e.g. hand/finger movements)
- Vision and hearing
- Any other health or development problems

AAC systems should include a range different types of words such as, nouns (naming words), verbs (doing words) and adjectives (describing words) so that it can be used for lots of communicative functions.

AAC systems use core words and fringe vocabulary. Core words are frequently used words that are used flexibly, such as: go, come, eat, that.

Fringe vocabulary is more specific, for example:

- Favourite foods
- Games
- People's names
- Places

How is AAC taught?

AAC is typically learnt just like any other language. Caregivers, teachers, peers and siblings around the child will 'model' or show the child how to use it in everyday situations and routines. AAC can be used by adults together with speech, so a child is exposed to spoken language and AAC.

Examples of AAC modelling include:

- Signing 'more' when a child wants more food
- Pointing to 'happy' on a communication board when a child is happy
- Selecting 'hello' on an iPad app when someone walks into the room

A child should always have access to their AAC everywhere they go and with everyone they are with.

If a child is using high-tech AAC, they should also have a low-tech or unaided back up system. For example, a child who uses an iPad app to communicate will need a laminated communication board or use sign language during swimming lessons.

Early access to AAC is recommended for best outcomes. This gives a child lots of time to be exposed to their AAC and many opportunities to practise.





Will AAC stop my child developing speech?

Research evidence tells us that AAC does not stop children from developing speech. In fact, for some people, AAC can encourage speech production.

AAC is a powerful tool to reduce frustration about communicating and being understood. AAC can also extend a child's learning, exposing them to new vocabulary, grammar (eg. the order of words in sentences, past tense) and communicative functions that they could not use without AAC.

Does my child need particular skills for AAC?

No, your child does not need particular skills to use AAC. The skills your child does have will help guide what AAC system is most appropriate with help from your speech pathologist/therapist.-Everyone has something to say and everyone can learn!

Things to remember

- There are lots of different types of AAC
- AAC can be used by adults and children
- AAC can be used for a short or long period of time
- AAC users may also use speech or may have little to no speech
- A speech pathologist can assess your child and help choose the most appropriate AAC system
- AAC systems should include lots of different types of words and can change over time
- AAC should be introduced as early as possible
- AAC users should always have an AAC system/s with them
- AAC does not inhibit speech
- A child does not need particular skills to use AAC

References

American Speech-Language-Hearing Association (ASHA). (2021). Augmentative and Alternative Communication (AAC). Available at: https://www.asha.org/public/speech/disorders/aac/

Blischak, D., Lombardino, L., & Dyson, A. (2003). Use of Speech-Generating Devices: In Support of Natural Speech. Augmentative and Alternative Communication, 19 (1), 29-35.

Boenisch, J., & Soto, G. (2015). The oral core vocabulary of typically developing English-speaking school-aged children: Implications for AAC practice. *Augmentative and Alternative Communication*, 31(1), 77-84.

Huer, M. B., & Lloyd, L. (1990). AAC users' perspectives on augmentative and alternative communication. *Augmentative and Alternative Communication*, 6(4), 242-249.

Leech, E. R. B., & Cress, C. J. (2011). Indirect facilitation of speech in a late talking child by prompted production of picture symbols or signs. *Augmentative and Alternative Communication*, 27(1), 40-52.

Logan, K., Iacono, T., & Trembath, D. (2017). A systematic review of research into aided AAC to increase social-communication functions in children with autism spectrum disorder. *Augmentative and Alternative Communication*, 33(1), 51-64.

Millar, D., Light, J., & Schlosser, R. (2006). The Impact of Augmentative and Alternative Communication Intervention on the Speech Production of Individuals With Developmental Disabilities: A Research Review. Journal of Speech, Language, and Hearing Research, 49, 248-264.

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

Sigafoos, J., Didden, R., & O'Reilly, M. (2003). Effects of Speech Output on Maintenance of Requesting and Frequency of Vocalizations in Three Children with Developmental Disabilities. Augmentative and Alternative Communication, 19(1), 37-47.

Sigafoos, J., & Drasgow, E. (2001). Conditional use of aided and unaided AAC: A review and clinical case demonstration. *Focus on Autism and Other Developmental Disabilities*, *16*(3), 152-161. Schlosser, R. & Wendt, O. (2008). Effects of Augmentative and Alternative Communication Intervention on Speech production in Children with Autism: A Systematic Review. American Journal of Speech-Language Pathology, 17, 212-230.

Teachman, G., & Gibson, B. E. (2014). 'Communicative competence'in the field of augmentative and alternative communication: a review and critique. *International journal of language & communication disorders*, 49(1), 1.