**Augmentative and Alternative Forms of Communication**

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For children with severe expressive communication disorders, augmentative and alternative communication (AAC) can improve their ability to interact with others in everyday settings. AAC promotes wider social interaction by offering different functions from supporting existing speech to providing an alternative for verbal communication. Individuals with autism, cerebral palsy, genetic syndromes, cognitive impairments, hearing impairments, and head injuries use AAC to enhance their communication abilities.1

Depending on a child’s needs, AAC can be applied through the means of unaided and aided forms of communication. Unaided forms of ACC require children to use their bodies to communicate and include sign language, gestures and facial expressions.2 Aided forms of ACC involve the use of equipment/devices to communicate and are categorized by low tech and high tech options.3

AAC was originally the last type of intervention recommended for children with communication disorders.4 Older devices were limited in function because they exclusively helped children with their expressive communication to better convey their wants and needs. Today, there is an increased recognition that AAC devices can also be used to improve children’s receptive communication abilities by helping them receive and understand messages from others.

Examples of AAC features:

* Speech output using text displays that allow two people to exchange information
* Picture board touch screens that use images and symbols
* Spelling and word detection
* Internet to access information
* Multimedia components for videos and photos
* Texting and cell phone features
* Social media to connect with others5

Mobile technology has made AAC more accessible to families with phones and tablets, because these devices are light and portable, less costly and are widely used in society. Although these technologies are easily accessible, it is important for children to receive a referral and formal evaluation for AAC software and devices. A speech and language pathologist will choose a program that uses the best language concepts, organization and layout, selection of target concepts and support for a child’s needs.

Obtaining a referral and arranging funding and training for an aided AAC device can be complicated for any family. Primary care providers can facilitate this process by:

* Identifying communication issues early and making timely referrals – pediatric clinics often offer free developmental screenings6
* Coordinating the AAC assessment with other therapeutic services the child is currently receiving
* Supporting funding of AAC devices and services by providing “medical necessity” letters to funding sources7
* Working with a team of educational and therapy professionals to monitor the effectiveness of the chosen AAC device
* Assisting parents in conversations with school staff and child care staff to ensure that AAC devices are being used effectively in both school and home settings

Children with suspected communication issues should always be referred for an additional evaluation. Early detection and treatment can help children reach their fullest potential.

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[4] Romski, M.A, & Sevcik, R.A. Augmentatie communication and early intervention: Myths and realities. Infants & Young Children. 2005; 18: 174-185.

[5] Light J, McNaughton D. The Changing Face of Augmentative and Alternative Communication: Past, Present, and Future Challenges. Augmentative and Alternative Communication. 2012; 28(4): 197-204.

[6] Desch L, Gaebler-Spira D. Prescribing assistive-technology systems: focus on children with impaired communication. Pediatrics. 2008; 121(6): 1271-1280.

[7] Funding for Service Delivery: FAQS. American Speech-Language-Hearing Association. ASHA Homepage. [www.asha.org](http://www.asha.org). Accessed 21 Aug 2014.

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