AAC for Adults

Karen B. Haines, M.S., CCC/SLP
Teaching Associate Professor
West Virginia University
Department of Communication Sciences and Disorders

DISCLOSURES

- Financial: WVSHA Registration
- Non-Financial: None

LEARNING OUTCOMES

- After attending this presentation, participants will be able to:
- 1. Summarize various AAC options for the patients they serve.
- 2. Discuss the use of AAC with adults utilizing best practice data.
- 3. Determine the possible funding options for AAC systems for their patients.

NATIONAL OUTCOMES MEASUREMENT SYSTEM (NOMS) 2010-2014
% OF PATIENTS TREATED WITH AAC

Acute Care		Long Term Care	
• Stroke	.9 %	• Stroke	2.2 %
• Brain Injury	1.4%	• Brain Injury	1.1%
• Respiratory Disease	.3%	• Respiratory Disease	.5%
• Other Neurological Disorders	.9%	• Other Neurological Disorders	.9%

WHAT EVIDENCE DO WE HAVE TO SUPPORT USE OF AAC WITH ADULTS?

STROKE

- *"Individuals with apraxia after stroke may receive individually tailored treatment, for functional activities,….including"\ the use of augmentative and alternative communication modalities such as gesture or speech-generating devices is recommended"*
  - The Stroke Foundation (2017), Melbourne (Australia)

STROKE

- *Individuals experiencing severe difficulty with post-stroke apraxia of speech, "but good cognitive and language function ... should be assessed and provided with alternative or augmentative communication techniques or aids to supplement or compensate for limited speech"*
  - *Royal College of Physicians. (2016)*

STROKE

- *"High-technology devices with augmentative and alternative communication (AAC) systems can be used as a compensatory strategy for enhancing communication and social participation in adults with chronic aphasia post-stroke. Current evidence does not identify one best model of AAC intervention for improving functional communication skills"*
  - *Russo, M.J., Prodan, V, et al. (2017)*

STROKE

- *For individuals with dysarthria or apraxia of speech secondary to a stroke, "augmentative and alternative communication devices and modalities should be used to supplement speech"*
  - *Winstein, C.J., Stein, J., et at (2016)*

STROKE

- *"Speech and language therapists should assess people with limited functional communication after stroke (i.e., individuals with aphasia or dysarthria) for their potential to benefit from using a communication aid or other technologies (for example, home-based computer therapies or smartphone applications)" and should provide communication aids and training to those who have the potential to benefit from their use (p. 283).*
  - *National Clinical Guideline Centre. (2013)*

PARKINSON'S DISEASE

- *"Consider referring people for alternative and augmentative communication equipment that meets their communication needs as Parkinson's disease progresses and their needs change" (Executive Summary; p.18).*
  - *National Institute for Health and care excellence. (2017)*

PARKINSON'S DISEASE

- *"For [patients with Parkinson's disease] PwPs with very severe dysarthrias, but with a useful hand-arm function, it is recommended that the SLP advises and supports the use of [augmentative and alternative communication] AAC*
  - *Kalf, H., de Swart, B., et al. (2011)*

AUTISM SPECTRUM DISORDERS

- *"Adolescents and adults with ASD can be taught to use AAC successfully across a multitude of technology or representation options" (p. 209).*
  - Holyfield, C., Drager, K. D. R., et al (2017)

VOICELESS PATIENTS IN INTENSIVE CARE UNITS

- *augmentative and alternative communication strategies are effective in improving satisfaction with communication and reducing difficulties in communication for patients rendered temporarily voiceless due to intubation*
  - *Carruthers, H., Astin, R., et al (2017)*

TRAUMATIC BRAIN INJURY

- *Individuals with severe communication disorders secondary to traumatic brain injury should be evaluated and trained by a speech-language pathologist for augmentative-alternative communication if appropriate*
  - *Togher, L., Wiseman-Hakes, C., et al. (2014)*

ALS

- *Respondents reported that augmentative and alternative communication (AAC) was an important part of quality of life to maintain communication and social contact.*
  - *Soofi, A. Y., Bello-Haas, V. D., et al. (2017)*

ALS

- *Augmentative and alternative communication systems should be provided as dysarthria progresses*
  - *Andersen, P.M., Borasia, G. D., et al. (2007)*

MOTOR NEURON DISEASE

- Individuals with motor neuron disease should have access to augmentative-alternative communication (AAC) services. The speech-language pathologist should:
  - ensure that communication and AAC assessment be completed with out delay and/or AAC is readily accessible at end of life;
  - include assessment of multiple methods of communication access (e.g., telephone, email, and social media);
  - collaborate as needed with other members of the multidisciplinary team to integrate AAC with other assistive technology (e.g., computers, tablets, environmental controls);

PATIENTS WITH A TRACHEOSTOMY

- When patients were unable to effectively communicate after tracheostomy, they reported feelings of fear, anxiety, frustration, distress, powerlessness, and loss of control, including in the inability to communicate pain.
  - Nakarada-Kordic, I., Patterson, N., et al (2018)

– ensure ongoing support and training as needed for AAC and compensatory communication strategies;
– complete reassessment to monitor changes in communication.
  - National Clinical Guideline Centre. (2016)

DYSARTHRIA

- *Individuals with progressive ataxia and dysarthria should be considered for alternative and augmentative communication when speech intelligibility levels fall below 50% or when reduced intelligibility has a significant impact on functional communication*
  - *Bonney, H., de Silva, R., et al. (2016)*

HUNTINGTON'S DISEASE

- *Individuals with HD and their communication partners should be encouraged to use readily available communication 'aids' (e.g., "paper and pen, calendars, notebooks, note lists, computers and mobile phones") (p. 73). These may be adapted, or other devices used, as the disease progresses*
  - *Hamilton, A., Fem, U., et al. (2012)*

MUSCULAR DYSTROPHY

- *"Voice output communication aid assessment could be appropriate at all ages if speech output is limited"*
  - *Bushby, K., Finkel, R., et al. (2010)*

IMPORTANT CONSIDERATIONS

CONSIDERATIONS FOR ADULT AAC USERS

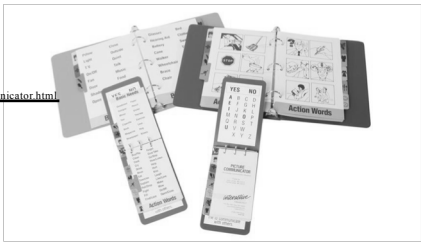
- Low tech?
- High tech?
- Consumer tech?
- Permanent
- Temporary?
- Funding?
- Static or progressive disorder?
- Environments?

- Access Issues?
- Family/caregiver support?
- Hearing?
- Vision?
- Cognitive Function?
- Literacy level?
- Communication needs?
- Motivation

COMMUNICATION OPTIONS

COMMUNICATION NOTEBOOKS

https://www.alimed.com/daily-communicator.html



COMMUNICATION BOARDS AND BOOKS

http://www.givinggreetings.com/adultbook.html

LASER POINTER

https://www.invotek.org/products/safe-laser-system

LASER POINTER

http://store.lowtechsolutions.org/laser-pointers/

APPS

- Text to Speech

APPS

- Popular Apps

APP FOR ANDROIDS

- Gus - Talktablet

APPS FOR ANDROIDS

Gus – Talk Tablet

GUS – SPEECH WATCH

HIGH TECH SOLUTIONS

- Saltilo
- Prentke Romich
- Tobii Dynavox

FUNDING

FUNDING PROCEDURE

- SLP must complete an AAC evaluation
- SLP must write a report that addresses all the areas required by the third party i.e. Medicare
- SLP must complete a funding packet appropriate for the third party payer
  - Client Information Form
  - Certificate of Medical Necessity
  - Physician Prescription
  - Copy of the insurance cards

- SLP mails the packet to supplier
- Supplier mails device to patient

THINGS TO REMEMBER

- Individuals in Long Term Care or Hospice are not eligible for SGD funding (considered responsibility of the facility)
- Individuals must have a street mailing address, not a PO Box
- Only SLP can recommend an SGD
- SLP may not have a financial relationship with the supplier