



In the United States 1 out of 88 children will be diagnosed with autism. Studies indicate that up to 60% of these children will be unable to communicate their wants, needs, and thoughts verbally. According to birthrate statistics reported by the CDC, that means that up to 28,000 children are born each year who will be diagnosed with autism and remain functionally non-verbal.

For parents of many children with autism, the early excitement of their child saying their first words or phrases doesn't happen. For other parents their child may be repeating words, but not using words to communicate purposefully or take turns and show an interest in conversations. Parents realize that without spoken words, the most effective way for a child with autism to get attention or protest may be to scream, cry, push, run, and generally act out.

Unfortunately, when parents ask about their child's delayed speech, language and communication skills, speech-language pathologists cannot answer why this happens. However, we can provide suggestions for ways to help a child at any age make gains in language and communication competence.

Conventional speech therapy can help children with autism improve their communication skills, but when a child is non-verbal or highly echolalic (repeats words spoken by others) this type of therapy alone may not achieve the desired results.

For individuals with autism, reaching the goal of independent, spontaneous and effective communication is a process that may begin with learning the meaning of one word, progressing to many words, then combining words together to make phrases and sentences. The proper application of AAC interventions can accelerate this process.

Myths that Delay Effective AAC Treatment

Some professionals may still give advice to parents based on a widely held belief that is false and not supported by research evidence. Ronski and Sevcik (2005) identified several myths about AAC that continue to be perpetuated despite contrary empirical evidence:

- **MYTH:** AAC is a "last resort" in speech-language intervention
TRUTH: For many children with autism, AAC should be among the first tools of speech language intervention.
- **MYTH:** AAC hinders or stops further speech development.
TRUTH: Research has shown that AAC does not impede natural speech development and may, in fact, enhance it.
- **MYTH:** Children must have a certain set of skills to be able to benefit from AAC.
TRUTH: No prerequisites exist for AAC! Children with a wide variety of cognitive abilities benefit from AAC.
- **MYTH:** Speech-generating AAC devices are only for children with intact cognition.
- **MYTH:** Children have to be a certain age to be able to benefit from AAC.
TRUTH: AAC can be employed in ways to benefit anyone who has complex communication needs regardless of their age, physical or cognitive abilities and disabilities. It's never too early or too late!

AAC INSTITUTE RESOURCES

Intervention that Matters

AAC is a multisensory intervention. Voice-output systems provide a child with auditory feedback, images and symbols on communication boards and touch screens provide visual and tactile cues and reinforcement to give substance to words that are often abstract (i.e. “the”) and difficult for children with autism to understand.

AAC can help individuals with autism manage the challenges of social communication. When eye-contact, facial expressions and sensory stimulation are overwhelming, individuals with autism may disengage from social interactions. A speech-generating AAC device can be their “voice” to clearly communicate messages and thereby encourage appropriate socialization.

Evidence suggests that early augmented language intervention that emphasizes opportunities for communication and capitalizes on family involvement using AAC gets results. For this reason, and unlike conventional speech therapy, AAC therapy involves training both the user *and* his or her communication partners at home and in the community.

ICAN Talk clinicians work with clients in their home, school, workplace or other community locations to train and ensure the AAC system and treatment strategies and techniques are effective wherever the user needs to communicate. Our clinicians also monitor progress regularly for timely suggestions to improve gains.

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Visit the following link to our
ICAN™ Talk Clinics:
<http://www.icantalkclinic.com>



What is AAC?

Any communication other than verbal speech is considered augmentative, alternative communication (AAC). AAC interventions range from sign language and gestures, picture symbols on cards and boards, to high-performance computer-based speech-generating devices. Children with autism may use multiple methods and several AAC systems over a lifetime.

When properly evaluated, selected and trained, AAC intervention can provide the opportunity for children with autism to express themselves. It can enable them to gain speech, language and communication abilities – and maximize their potential to use “language to learn.” Improving language frequently improves natural speech skills, too.

Evidence-based AAC intervention

Selecting the type of AAC strategy or technology is not the only decision that needs to be made. Decisions about the strategies and intervention methods play an equally important part in building language skills for individuals with autism.

Take time to learn about important evidence used to evaluate various factors that influence outcomes such as how language is represented using picture symbols, vocabulary that supports language growth, other building blocks for language competence and spontaneous, novel utterance generation or SNUG.