

Feature Article

Augmentative and Alternative Communication

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Curriculum vitae

Erna Alant graduated with a D Phil (Speech and Language Pathology) at UP in 1988. She is Director of the Centre for Augmentative and Alternative Communication, and Associate Professor, in the Department of Speech Pathology and Audiology, University of Pretoria. Prof Alant is also chairperson of Interface, Pretoria.



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Summary

In the Centre for Augmentative and Alternative Communication (University of Pretoria) the main aim is to facilitate verbal interaction by either augmenting the verbal output of the person, or by providing an alternative method for expressing needs and thoughts of people with limited verbal expression. This will break the isolation in which these people live and make them more independent and financially less of a burden on society. The GP is often the very first person whom parents contact, thus his role is vital in assuring that these people receive appropriate intervention and start the process at the correct place. The Centre in Pretoria is described – what it has to offer and how it is functioning.

Introduction

In South Africa, the severely handicapped person with limited verbal expression, has been grossly neglected as far as communication intervention is concerned. Often people with no or little speech are regarded as too disabled to benefit from communication programmes. This is particularly true for severely handicapped children who have been exposed to traditional speech therapy and have shown a poor prognosis. Thus, the sad result is that these children very often do not fulfil their potential, due to the fact that they are unable to express themselves verbally. Rich Creeck, a severely physically

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handicapped person expressed people's reaction to non-speech people as follows:

"The closest simile as to how people treat non-speech people is how they treat pet dogs ... Think about that for a minute. How much difference is there? People take good care of pet dogs. They give them love, food, warm homes, attention when they are not busy. And people don't expect much out of their pet dogs. Just affection and obedience. This is the sad part. People just don't expect much from non-speech people."

This statement highlights the problems and needs expressed by non-speech people and emphasises the importance of breaking the isolation in which these people live. The family practitioner is often the first person parents of severely handicapped children contact for advice. The family practitioner thus plays a crucial role in the early identification of these children and timely referral to an AAC consultant will play a very important role in planning both a communication and education programme appropriate for the individual's need. Early intervention, as a result of early referral to an AAC consultant, would improve the general prognosis.

What is AAC?

Intervention with non-speech people by means of augmentative and alternative communication strategies (AAC) has received much attention over the past decade. These strategies aim to facilitate communication by either augmenting the verbal output of the person, or by providing an alternative method for expressing needs and thoughts. Contrary to earlier beliefs, these strategies are seen as facilitating the development of further verbal output and social interaction rather than inhibiting or isolating the person from society. By



A display of various communication systems

communicating with people, the individual's frustration is reduced which often contributes to more relaxed verbal interaction. Therefore, the main aim of augmentative communication is to facilitate verbal interaction and not to "replace" verbal communication.

Depending on the person's needs and abilities an individualised communication intervention programme can be planned. Different systems should be considered ranging from unaided (gestures and sign language) to aided (eg communication board with pictures or symbols). A variety of high technological aids is also available to facilitate quicker and more effective interaction. Very often, a combination of verbal output, gestures, communication boards and technology is used to facilitate multi-modal communication for different interaction demands, for example the same person should be enabled to interact face-to-face, call for attention, write letters and demonstrate disgust.²



A severely handicapped child using a communication board for interaction

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Who can benefit from AAC strategies?

All people who have limited or no verbal expression can benefit from AAC systems. People can use an AAC system temporarily or as a permanent way of communication. Regardless of the etiology of the problem. The system can be adapted to suit the individual's needs. AAC users range from highly intelligent physically handicapped people to people with severe mental handicap and autistic tendencies.

How successful are AAC strategies?

The success of any communication system depends on the consistent and spontaneous implementation of this system across all situations, functions and partners. This implies that the environment plays an integral role in the meaningful integration of the non-speech person into society. Parents, spouses, teachers and other significant others in the person's life need to be trained in the use of the system to ensure that the person is encouraged to use it. It is often very difficult for the disabled person and

his family to break out of the silence or "non-communication" and to realise that there are effective ways of communicating.¹

The benefits of augmentative and alternative communication are multiple. Apart from getting the individual to communicate, and thus increasing self-esteem and lessening overall frustration, various symbol systems can also be used to facilitate the person's entrance into literacy. Through acquiring literacy skills the individual is able to function independently and thus become financially less of a burden on society.

How to implement these strategies in South Africa

The development and utilisation of support services are crucial to meet the varied communication needs of persons with severe disabilities. In order to encourage the extension of services and the training of people in the use of augmentative and alternative communication strategies, the Centre for Augmentative and Alternative Communication (CAAC), Department of Speech Pathology and



A teenager using a sophisticated computer system for communication

People just don't expect much from non-speech people



CAAC staff during a team evaluation

Audiology, University of Pretoria, was established in 1990.

This centre was established to provide information about and training in the implementation of AAC systems to all interested people. An additional role of the CAAC is to act in a consultative capacity to whoever needs assistance with the implementation of AAC systems.

The CAAC team consists of two occupational therapists, three speech language pathologists and one community worker with primary qualifications in education and psychology. As most of the work is done in the different communities in and around Pretoria, staff members travel around in order to make the service accessible to those most in need of AAC services.

As mentioned before, the CAAC also acts in a consultative capacity to professionals and parents who need guidance in the development of a communication system for individuals. Much emphasis is placed on the positioning of a person for communication in order to ensure that the physically disabled person maintains a comfortable and functional position for interaction with people.³ Different communication systems are then demonstrated to facilitate the decision-making that needs to take place when selecting a communication system for an individual.

Conclusion

Over the past three years the demand for information and services in augmentative and alternative communication has increased drastically in South Africa as more people become aware of the benefits of AAC strategies for the individual and his/her environment. One can only hope that this is an indication of a greater public and professional

awareness of the importance of the right of the disabled person in South Africa to control his/her own life in order to become a more integrated part of our society. The family practitioner can, and must play a vital role in assuring that severely handicapped children receive appropriate communication intervention. This can only be obtained if early referral to an AAC consultant is made. Very often, the family practitioner is the first person to start the process whereby the severely handicapped children's potential can be actualised.

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