

Introduction

Intended Audience

This book is written for speech-language pathologists (SLPs) with persons on their caseloads who are nonverbal, or verbal but not highly intelligible. This would include speech-language pathologists involved in early intervention, schools, private practice, hospitals, and home health care. Audiologists and other adjunct professionals may also be interested in this information as services are often best provided by a transdisciplinary team.

The Source for Augmentative and Alternative Communication provides working professionals, preservice populations, and client families with a ready reference to information on rationale, assessment, and intervention procedures for the nonverbal population. There is an overabundance of information available concerning augmentative and alternative communication, but our goal is to provide the kinds of functional, useable, “what to do now,” and “what to do next” kinds of facts and suggestions.

Specific populations with high percentages of augmentative users are addressed in detail so that this information is readily accessible when professionals are presented with clients carrying these diagnoses. Although many SLPs may have had some coursework in their preparatory programs, it is frequently heavy on theory and low on applicable methods and techniques. Many SLPs in training may not yet have had coursework or a client with augmentative communication needs. This text provides the needed specifics that SLPs and associated professionals can use in their daily work settings.

Historical Overview

The field and study of augmentative and alternative communication is not long steeped in history but rather is relatively new. Uses of augmentative and alternative communication strategies date back to the 1950s and 1960s with coursework and research emerging during the 1970s and continuing into the present. Four decades of development have led to great strides in the use of low-tech means as well as high-tech devices.

Advances made by the medical and scientific fields in the last five decades have created a need for augmentative and alternative communication. Many individuals who previously would have died due to illness, injury, neurological disease, or other causes are now surviving. Often these individuals can no longer communicate verbally, thus providing the impetus for the advancement of nonverbal means of communication. (A thorough discussion of the history of the development of augmentative and alternative communication can be found in Zangari et al. 1994.) From this initial movement following World War II (Lloyd, Fuller & Arvidson 1997) to the recent past and the

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passage of the Americans with Disability Act (ADA) (PL 101-336, 1990), our society has been made aware of the rights of persons with disabilities. One of these basic rights is to communicate.

Special education laws have also promoted the use of augmentative and alternative communicative means with children ages 3-21. The Education for All Handicapped Children Act (PL 94-142, 1975), which has been amended most recently as the Individuals with Disabilities Education Act Reauthorization Amendments of 1997 (PL 105-17, 1997), calls for the identification of children in need of alternative methods of communication as they begin to attend school. The provision of services to these children also includes their families and considers their needs for communication outside the school environment. According to today's standards of least restrictive environment, children who cannot speak or who speak too unintelligibly to be understood are placed in regular education with support for communication.

The American Speech-Language-Hearing Association (ASHA) has also developed guidelines for SLPs providing services to nonverbal populations. In a 1991 report, 13 roles and responsibilities for augmentative and alternative communication (AAC) professionals was published by ASHA and includes such duties as identifying possible candidates for AAC, evaluating, coordinating services, and consulting with family and allied personnel as well as the augmentative user (ASHA 1991). Another ASHA publication on the guidelines of meeting the communication needs of persons with severe disabilities was published in 1992 and contains a communication bill of rights (ASHA 1992). These rights include the right to request, to be offered choices, to protest, and to have access to any needed augmentative or alternative devices.

So as we enter into a new millennium, the focus on AAC continues to expand for SLPs and related professionals in a wide variety of work settings. *The Source for Augmentative and Alternative Communication* provides information on assessment for AAC, intervention strategies, teaming, and specifics on populations with a high percentage of augmentative users. You'll find lists of resources and contact information for companies making augmentative communication devices, as well as books, articles, and Web sites in the Appendixes. We hope you will find all you need for service provision within *The Source for Augmentative and Alternative Communication*.

Debbie and Cheryl