

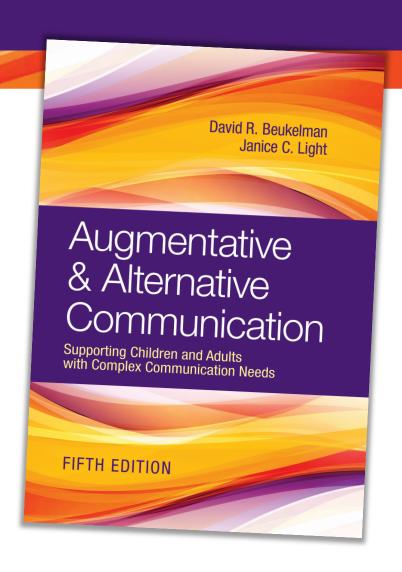
NEW EDITION

of bestselling, authoritative text on augmentative and alternative communication!

DISCOVER WHAT'S NEW

Contents

- 1 About the Book
- 2 <u>Interior Features</u>
- New Content
- 4 Online Materials



About the Book

About the Book

The authoritative text on augmentative and alternative communication, this classic bestseller is now in its fifth edition—revised and updated for a new generation of SLPs, teachers, occupational therapists, and other professionals in clinical and educational settings.

Partnering with a team of distinguished contributors, renowned experts **David Beukelman and Janice Light** deliver today's most comprehensive, up-to-date introduction to AAC interventions and technologies for children and adults with complex communication needs.

About the Book

Future service providers will get in-depth coverage of essential AAC topics, enhanced by helpful study questions, valuable perspectives from people who use AAC, and case examples that illustrate key principles.

Significantly expanded with **new chapters** on critical topics, **more practical information** on how AAC systems work, and **new online companion materials**, this definitive text will expertly prepare readers to support communicative competence—and quality of life—for children and adults with complex communication needs.

About the Authors

David R. Beukelman, Ph.D.

Dr. Beukelman is currently a senior researcher in the Institute for Rehabilitation Science and Engineering at Madonna Rehabilitation Hospital and a research investigator in the Rehabilitation Engineering Research Center for Augmentative and Alternative Communication. Dr. Beukelman specializes in the areas of augmentative and alternative communication and motor speech disorders of children and adults.

Read Dr. Beukelman's full bio

Janice C. Light, Ph.D.

Dr. Light holds the Hintz Family Endowed Chair in Children's Communicative Competence in the Department of Communication Sciences and Disorders at Pennsylvania State University. She is actively involved in research, personnel preparation, service delivery, and outreach to enhance communication and improve outcomes for children with complex communication needs (e.g., children with autism spectrum disorder, cerebral palsy, Down syndrome, traumatic brain injury, and other disabilities).

Read Dr. Light's full bio

Invited Contributors

- Laura J. Ball, Ph.D.
- Susan Koch Fager, M.S., CCC-SLP
- Kathryn L. Garrett, Ph.D., CCC-SLP
- Elizabeth K. Hanson, Ph.D., CCC-SLP

- Julia King Fischer, Ph.D.
- Joanne P. Lasker, Ph.D., CCC-SLP
- David B. McNaughton, Ph.D.
- Amy S. Nordness, Ph.D., CCC-SLP

Interior Features

About the Features

The fifth edition of *Augmentative & Alternative Communication* includes a variety of features designed to enhance reader understanding.

Examples include:



Perspectives from people who use AAC



Case examples



Tables, and figures



Chapter conclusions



Study questions



References

Perspectives from people who use AAC



Rosie, mother of a 17-year-old man with cerebral palsy, describes how her son's use of manual signs was constrained by others' lack of knowledge:

Unfortunately, no one helped [my son] learn signs but me, and he had little support in this until about sixth grade when they hired a classroom aide that knew sign language. To have AAC not be integrated into a child's life until middle school is sad and [makes it] very difficult for them to adjust. (quoted in McNaughton et al., 2008, p. 49)

Throughout the book readers can learn about experiences and perspectives of individuals and their families who rely on AAC.

Case Examples



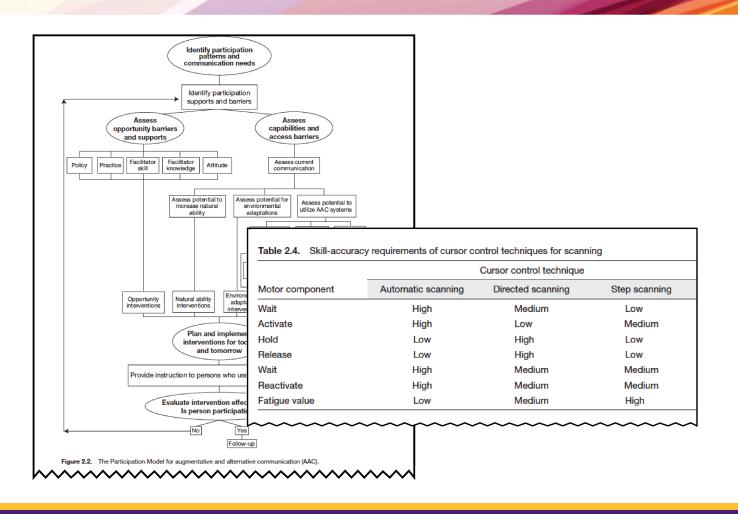
The following case examples illustrate the different motor capabilities of individuals who require AAC and the process of matching scanning cursor control techniques to each individual's needs and skills. Francesca is a child with athetoid cerebral palsy. As is the case for many individuals with athetosis, accurate waiting for switch activation was difficult for her. Because of involuntary motor movements associated with her athetosis, she often inadvertently activated the switch during the waiting phase. Similarly, accurate and efficient switch activation was also difficult because Francesca's overflow movements were accentuated in times of stress or anticipation. Therefore, she was unable to activate the switch quickly on command. However, she was able to maintain contact with the switch and hold it once she managed to activate it. In contrast with the difficulties associated with switch activation, the release phase was relatively easy for her. As indicated in Table 2.4, this pattern of motor performance suggested that directed scanning might be the best alternative access mode for Francesca.

Jin, a woman with amyotrophic lateral sclerosis that causes severe weakness throughout her body, could operate a very sensitive switch affixed just above her eyebrow by raising her forehead slightly. Jin found waiting quite easy and was able to activate the switch with moderate ease when asked. However, she experienced difficulty holding the switch closed because of her weakness. As can be seen in Table 2.4, the best scanning technique for Jin appears to be automatic scanning because this option places minimal demands on holding and causes the least fatigue, a major concern for someone such as Jin who has little motor stamina.

Situational examples help bring alive the conditions and issues discussed in the chapter.

Tables and Figures





Tables and figures reinforce important concepts and provide ways to more easily understand the material.

Chapter Conclusions



CONCLUSIONS

Overall, the goal of AAC assessment is to gather the information necessary to plan effective AAC intervention to enhance the communication and participation of individuals with complex communication needs. AAC assessment can only be accomplished as a team effort with input from the person with complex communication needs, family members, key communication partners or facilitators, and professionals from multiple disciplines. In some cases, as in outpatient clinics, AAC assessments may be completed in a single session on a single day; in others, they may take place over repeated shorter sessions scheduled over multiple days, as might be the case with young children in early intervention or individuals in an inpatient rehabilitation setting. Overall, AAC assessment is a multicomponent process that includes

- Assessment of the individual's participation patterns and unmet communication needs
- 2. Investigation of environmental supports that enhance the individual's communication, as well as policy, practice, attitude, knowledge, and skill barriers that may limit communication opportunities

Each chapter closes with a final section that summarizes its key elements and provides readers with an abstract of the covered material.

Study Questions



QUESTIONS

- 2.1. Who should be involved in AAC assessment? Why is it important to include the individual who relies on AAC and his or her family?
- 2.2. What are some of the key considerations for ensuring that an AAC assessment is reliable and valid? What are some of the key considerations when assessing individuals from different cultural and linguistic backgrounds?
- 2.3. What are the key components of the Participation Model? What is the goal of each of these components? Why are they important?
- 2.4. Why is it important to assess the participation patterns and unmet communication needs of the individual? How can this be accomplished?
- 2.5. What are the five types of opportunity barriers? How might they impact the individual's communication? What are the implications for intervention?
- 2.6. What are norm-referenced assessment and criterion-referenced assessment? Why is criterion-referenced assessment usually preferable to norm-referenced assessment for making AAC decisions?
- 2.7. Why is assessment of receptive language skills important? What procedures can be used to assess receptive language? What are the advantages or disadvantages of these different approaches?

The study questions included at the end of each chapter address key concepts to aid reader comprehension.

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Citations include review articles, reports of study findings, research findings, and other key references that can be used to find additional information.

New Content

New Information

Professionals will prepare for their work in the field with critical new information on:

- Collaborating with family members and other communication partners
- Making the most of mobile technologies and AAC apps
- Selecting an AAC system and tailoring it to individual needs

New Information

- Working effectively with families from diverse cultural backgrounds
- Supporting inclusion across the lifespan (including education, employment, and community life)
- Ensuring efficient patient-provider communication in medical settings
- Providing communication supports to people with autism spectrum disorder

Topics Covered

- Components and phases of AAC assessment
- Planning, implementation, and evaluation of AAC interventions
- Working with families
- Vocabulary and message selection
- Multimodal communication

Unaided representations

- Aided AAC symbols and other representations
- Assistive technologies that support literacy
- Support for beginning communicators
- Education

Topics Covered

- Employment
- Assisted and independent living
- Health care
- Selection and personalization of AAC systems
- AAC access techniques and output

- Interventions for people with developmental disabilities
- Interventions for people with acquired disabilities
- The importance of advocacy

| Section I | People Who Require Augmentative and Alternative Communication |
|-----------|---|
| Chapter 1 | Augmentative and Alternative Communication Processes for Children and Adults with Complex Communication Needs |
| Chapter 2 | AAC Assessment |
| Chapter 3 | Overview of AAC Intervention |
| Chapter 4 | Collaborating with Family Members and Other Communication Partners |

| Section II | Augmentative and Alternative Communication Systems |
|------------|---|
| Chapter 5 | Vocabulary Selection and Message Management |
| Chapter 6 | Representation, Organization, and Layout of AAC Systems |
| Chapter 7 | Access Techniques and Output |
| Chapter 8 | Selection and Personalization of AAC Systems |

| Section III | Augmentative and Alternative Communication Interventions for Individuals with Developmental Disabilities |
|-------------|--|
| Chapter 9 | Key Considerations in Augmentative and Alternative Communication Intervention for People with Developmental Disabilities |
| Chapter 10 | Intervention to Support Communication and Participation of Beginning Communicators. |
| Chapter 11 | Intervention to Build Communicative Competence |
| Chapter 12 | Literacy Intervention for Individuals with Complex Communication Needs |
| Chapter 13 | Intervention to Enhance Participation in Education, Employment, and Community Settings |

| Section IV | Augmentative and Alternative Communication Interventions for Individuals with Acquired Disabilities |
|------------|---|
| Chapter 14 | Individuals with Acquired Physical Conditions Laura Ball, Amy Nordness, and David R. Beukelman |
| Chapter 15 | AAC Supports for Adults with Severe Aphasia and/or Apraxia of Speech Kathryn L. Garrett, Joanne P. Lasker, and Julia King Fischer |
| Chapter 16 | Adults with Degenerative Cognitive and Linguistic Conditions Elizabeth K. Hanson and David R. Beukelman |
| Chapter 17 | Individuals with Traumatic Brain Injury Susan Koch Fager and David R. Beukelman |
| Chapter 18 | Patient-Provider Communication in Medical Settings |

Section V Final Thoughts

Chapter 19 The Importance of Advocacy

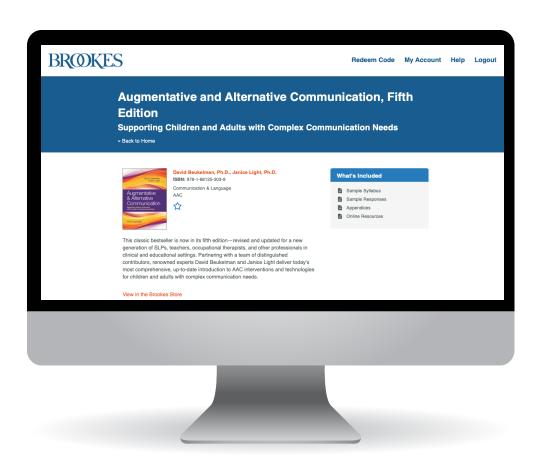
Online Materials

Online Materials for Faculty

Faculty can access, download, and print the following from the Brookes Download Hub:

- Sample syllabus
- Sample responses to study questions

Visit the Brookes Download Hub ▶

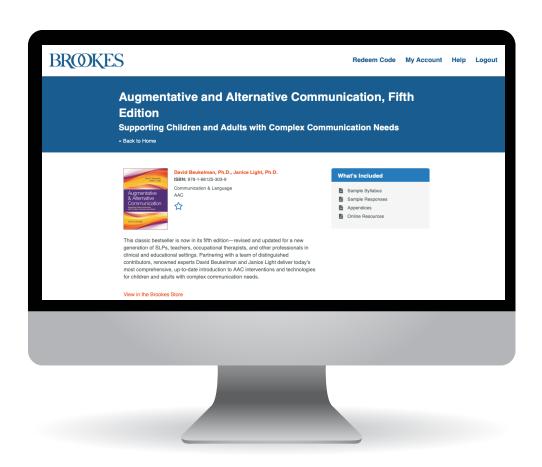


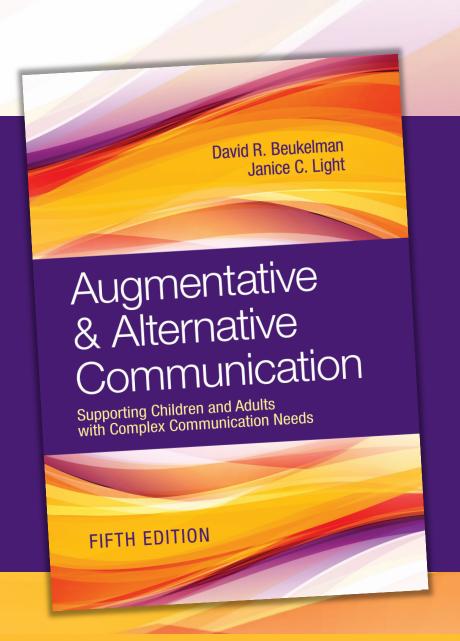
Online Materials for Readers

All purchasers of this book can access, download, and print the following from the Brookes Download Hub:

- Resource guide to help practitioners and students learn more about AAC
- Checklists related to patient-provider communication services

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