

DEMYSTIFYING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

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Abstract

Communication is a fundamental aspect of human life, essential for expressing needs, desires, emotions and interacting with the world around us. However, not everyone is able to communicate in the conventional way using the recognized oral and written communication. For some people, communication can be challenging due to physical, cognitive or linguistic disabilities. This is where Augmentative and Alternative Communication (AAC) plays a key role. The implementation of AAC can be enhanced in the school context, however there are still some myths and misconceptions about the implementation of AAC, which can lead to underuse or resistance to this important communication tool, a concern that led to the completion of this work. Thus, this paper aims to clarify myths/wrong or less clear ideas about AAC, based on bibliographic research (used as a data collection technique) carried out as part of the Communication Disorders Curriculum Unit of the Master's Degree in Special and Inclusive Education at the School of Education of the Polytechnic Institute of Bragança - Portugal. By challenging these myths, we hope to promote a broader understanding and acceptance of AAC, enabling individuals with communication difficulties to reach their full communicative potential and actively participate in society. In this sense, based on scientific evidence from literature research, it is possible to debunk around nine myths or misconceptions addressing issues such as the impact on natural speech, the suitability of AAC for individuals with severe disabilities, the need for prior skills and the appropriate age for implementation. Each myth is deconstructed based on scientific evidence and practical experience, highlighting the benefits and effectiveness of AAC in various situations. Finally, conclusions are presented that highlight the importance of challenging these myths and promoting a broader understanding of AAC, with a view to creating more inclusive and empowering environments for all individuals, regardless of their communication skills or limitations.

Keywords: Augmentative and alternative communication, myths, scientific knowledge, inclusive education.

1 INTRODUCTION

Communication is a fundamental aspect of human life, essential for expressing needs, desires, and emotions and interacting with the world around us. However, not everyone can communicate conventionally using recognized oral and written communication. Communication can be challenging for some people due to physical, cognitive, or linguistic disabilities. This is where Augmentative and Alternative Communication (AAC) plays a key role.

AAC refers to various methods and strategies to complement or replace traditional speech and writing. According to the American Speech-Language-Hearing Association (ASHA):

Augmentative and alternative communication (AAC) is an area of clinical practice that complements or compensates for deficiencies in the production and/or comprehension of oral language, including spoken and written modes of communication. AAC falls under the broader umbrella of assistive technology, i.e. the use of any equipment, tool or strategy to improve the functionality of everyday life for individuals with disabilities or limitations. (p. 1)

AAC uses techniques and tools to help the individual express thoughts, desires and needs, feelings, and ideas, such as hand signals, gestures, communication boards with pictures and letter boards, and speech-generating devices, among others.

According to Elshahar et al. (2019, cited by [1] p. 1) "AAC is augmentative when used to complement existing speech, alternative when used in place of speech that is absent or non-functional."

AAC can be leveraged in the school context, but there are still some myths and misconceptions about its implementation, which can lead to underutilization or resistance to this important communication tool, a

concern that led to the completion of this work. The aim of this paper is therefore to clarify myths/wrong or unclear ideas about AAC, based on bibliographic research (used as a data collection technique) carried out as part of the Communication Disorders Curriculum Unit of the Master's Degree in Special and Inclusive Education at the School of Education of the Polytechnic Institute of Bragança - Portugal. By challenging these myths, we hope to promote a broader understanding and acceptance of CAA, enabling individuals with communication difficulties to reach their full communicative potential and actively participate in society. Consequently, establishing a clear knowledge base about the problem, shared by all educational stakeholders, is essential to underline the relevance of CAA. In this sense, based on scientific evidence from literature research, it is possible to debunk around seven myths or misconceptions by addressing issues such as the impact on natural speech, the suitability of AAC for individuals with severe disabilities, the need for previous skills and the appropriate age for implementation.

2 DEMYSTIFYING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

2.1 The introduction and use of the AAC does not prevent the individual from using or developing their natural speech

It is often said, both by technicians and families, that the use of AAC in young children can demotivate them and hinder their speech development, which makes it difficult for families to accept this resource [8]. However, there are studies that show that this fear is not justified and that it can even improve children's speech skills and, consequently, their communication skills [5, 4, 9]. CAA contributes significantly to the communicative and linguistic development of children with developmental disorders, increasing their oral productions. CAA improves vocal/verbal skills, often using verbal models to reinforce communication. Conversation-based interventions have shown positive results, reinforcing that CAA does not impair oral communication and does not replace interventions focused on oral language [9].

2.2 An individual with severe cognitive or physical difficulties can benefit from CAA

It is wrong to think that an individual with severe cognitive or physical difficulties is unable to benefit from AAC. The fact that the implementation of AAC is delayed or limited, increasing frustration, depression and resistance to AAC, has led to the misconception that AAC is unsuitable for people with severe cognitive or physical disabilities. In fact, breathing is the only prerequisite for using AAC, which can benefit anyone, regardless of diagnosis, [10]. In addition, the technology associated with AAC is becoming increasingly advanced, offering various solutions for people with motor difficulties [10]. There are direct methods, such as pressing buttons, and indirect methods, such as selection by exposure to options through voice or images. There are devices that allow people with reduced mobility to use computers and communicate via email or applications [11]. For people with severely compromised mobility, for example, eye control devices allow communication through eye movement, forming messages on virtual keyboards that are transmitted by text or synthesized voice. It is therefore absurd and counterproductive to deny these people access to AAC.

2.3 There are not necessarily any skills/pre-requisites to consider before starting the CAA

A common myth is that children need certain skills, such as fine motor skills and an understanding of cause and effect, in order to use CAA successfully [5]. However, children can use CAA effectively without these prior skills. Studies indicate that the use of the AAC is educational, promoting in younger children motor skills, improved cause and effect relationships, language processing and language skills [7, 5]. With the advances in technology associated with AAC, there are various systems available for different needs, which can and should be explored. To combat this myth, it is essential to offer explicit training on CAA interventions and systems to professionals, both in initial and continuing training [9]. In addition, it is sometimes mistakenly thought that it is necessary to master low-tech AAC techniques before using more advanced devices [2]. But the implementation of AAC should be flexible and regularly adjusted to individual skills and needs. The focus should be on learning opportunities and the most appropriate resources for each case, without following a fixed sequence [2].

2.4 The FAC does not instantly correct all communication difficulties

One of the most common misconceptions about AAC is the expectation of instant communication. Implementing AAC is not just about providing a device and expecting immediate results. Although there are inspiring stories of lives transformed using AAC, this process involves adaptation, involvement of various contexts, and continuous learning [10]. Successful communication requires time, acceptance, and skills development, both on the part of the user and communication partners such as friends, family, and professionals. At the same time, there are challenges such as initial acceptance, continued use, and limitations to AAC tools. Therefore, the use of AAC requires time, patience, and support, benefiting everyone in a unique way [11].

2.5 It is not premature to implement AAC immediately after a neurological episode

The myth that it is premature to use AAC right after a neurological episode, such as a stroke or brain injury, is based on the misconception that AAC can prevent speech from recovering naturally. It is common to wait months to see if speech is recovered; however, experts say that AAC should be implemented from the beginning of rehabilitation to promote communication and improve speech and language skills [6]. Waiting can significantly harm the patient in the long term. AAC, which includes tools and techniques to supplement the communication of people with limited speech, can be crucial in post-neurological event recovery [12].

2.6 There is no minimum age for implementing CAA

The idea that FAC intervention should be delayed until the child reaches a certain age is incorrect. There is no evidence to support this practice. However, some parents and professionals resist and advise against the early introduction of AAC, questioning whether it might hinder speech development. AAC from an early age can support this development, as we have previously highlighted [9]. Intervention should begin when the first communicative behaviors are difficult to interpret, as AAC is effective for babies and children with specific needs, helping to develop communicative and linguistic skills. However, assumptions such as “wait and see” or the idea that EAC replaces other forms of communication compromise and delay the early intervention process. Recognizing the importance of EAC early on is crucial to maximizing the communicative and linguistic benefits for young children, providing essential support for their development [9].

2.7 As Older people can use AAC

The myth that communication and literacy skills can only be learned at a young age prevents older people with difficulties accessing appropriate materials and instruction. In fact, it is possible to learn to communicate and read at any stage of life [5]. Literacy is a continuous process that doesn't end when we leave school. CAA enables people with disabilities to have access to communication which allows them to progress significantly in skills such as letter-sound correspondence, phonological awareness and word decoding.

3 FINAL CONSIDERATIONS

Demystifying the misconceptions surrounding AAC is fundamental to promoting a broader understanding and greater acceptance of this important communication tool. By challenging the deconstruction of established and perpetuated myths, we can highlight the effectiveness of AAC in various situations and populations. Given its range of action, from developing children to older adults, it should be considered a tool for communication and not an obstacle. It is, therefore, crucial to recognize and spread the word that the early implementation of AAC not only does not hinder speech development but can also support it, providing vital support for developing communicative and linguistic skills.

Moreover, the availability of various AAC devices and techniques means that practically anyone, regardless of their motor, cognitive, or linguistic skills, can benefit from this resource. It is a resource that guarantees the inclusion of those who have compromised communication skills at a certain point in their life cycle. Flexibility in implementing AAC, adapting to individual needs, and considering technological advances is essential to ensure that everyone has access to effective communication.

Considering the above, it is essential to deconstruct the myths and stigmas surrounding AAC, recognizing its transformative potential in the lives of people with communication difficulties. In doing so,

we can create more inclusive and empowering environments where everyone can express themselves and communicate fully, regardless of their abilities or limitations.

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