

Aided AAC from Infancy to Early Childhood: A Guide to Successful Outcomes

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Background

Augmentative and alternative communication (AAC) has been used by SLPs for decades to increase the language skills of children with complex communication needs (CCN). Despite this, many SLPs who are inexperienced in using AAC may feel unprepared to conduct assessments, acquire necessary devices, or conduct treatment to support and develop language skills. Presented here are guidelines derived from literature on the subject as a resource to SLPs to help children with CCN reach their maximal communicative potential.



Grid display



VSD display

Guiding Principles

--Children with a developmental age of 2 1/2 years tend to benefit from visual scene displays (VSDs) more than grid displays [2].

--For very young children, VSDs should implement page displays can help support memory. It is also suggested to use hotspot targets of 2.5-4 cm with a vertical angle approach, and use large visual representations [2].

--By 4 years developmentally, children “may have developed a greater awareness of symbolic function, have a larger vocabulary, and may be more open to using various symbolic modes,” and may be ready for grid display AAC [1].

--High tech devices are often supplemented by lighter, low tech supports for functional communication in the home [6].

--To optimize access to a device for children with motor/sensory/vision limitations, interprofessional collaboration is critical [7].

--Variables related to acceptance vs. rejection of a device include parent perceptions of child, parent perceptions of AAC, quality of parents’ support networks, capacity and demands, services provided by SLPs, and specific features of a device [3].

--Practicing cultural competency is critical to successful outcomes. For example, including culturally relevant vocabulary, considering right-to-left vs. left-to-right orientation, and multilingual voice output [5].

--Aided language input (ALI) is evidenced in the literature to increase receptive and expressive language. It implements simple strategies that any advocate for CCN can use; slow down one’s rate of speech, model AAC use, respect the child’s communication choices (including verbal communication attempts) and “reflect” their messages back through AAC, expand on the child’s messages, and use time delays [8].

Resources

- [AAC for SLPs – AAC Community](#)
- [AAC Resources - Medical SLPs](#)
- [Getting Started With AAC - AAC & Speech Devices from PRC \(prentrom.com\)](#)
- [Autism and AAC Devices | Lingraphica \(aphasia.com\)](#)
- [Start An AAC Device Trial | Lingraphica \(aphasia.com\)](#)
- [Trial Device Program \(aacfunding.com\)](#)
- [133 Free & Lite Versions of AAC Apps + App Selection Resources : PrAACtical AAC](#)
- [AAC Device Access Options - AAC & Speech Devices from PRC \(prentrom.com\)](#)
- [About ATAP \(ataporg.org\)](#)
- [AAC INSTITUTE](#)

References

- O’Neill & Wilkinson, 2019
- Drager et al., 2003
- Moorcroft et al., 2019
- Senner et al., 2019
- Mindel & John, 2018
- Lund et al., 2017
- Trujillo et al., 2020
- O’Neill et al., 2018