

Investigating Daily Practices of AAC Modeling by SLPs Who Work With Individuals With ASD

Kaitlyn A. Clarke MS, CCC-SLP & Diane L. Williams PhD, CCC-SLP, BCS-CL
 Department of Communication Sciences & Disorders, The Pennsylvania State University



Introduction

- Autism spectrum disorder (ASD) is characterized by lasting and persistent impairments in social language and social development (American Psychiatric Association, 2013).
- Many individuals with ASD require the use of augmentative/alternative communication (AAC) (ASHA, n.d.).
- Differences in visual and auditory perception and processing have been reported for individuals with ASD; however, it is unknown how SLPs are adapting their instruction with individuals using AAC to account for these differences.

Objectives

- The aim of this research study is to learn about the current practice of SLPs when providing AAC instruction to individuals with ASD to guide future efficacy research in AAC implementation and modeling.
- Following the conceptual framework of best practice (Spencer et al, 2013), decision making by SLPs was investigated:
 - What specific methods of instruction are used when implementing an AAC system to individuals with ASD?
 - Reasons for method selection
 - Perceived benefit of the selected method

Participants

Purposive sampling of SLPs who work with individuals diagnosed with ASD who use AAC supports (n=9)

Participant	Age	State	Setting	Years working with AAC/ASD	Age ranges of Caseload
Participant 1	31	Pennsylvania	Intermediate Unit	AAC-9 ASD-9	5-21 years
Participant 2	32	Pennsylvania	Outpatient Pediatric Center	AAC-8 ASD-8	Birth-21 years
Participant 3	32	Virginia	Outpatient/Inpatient Center	AAC-8 ASD-8	5-21 years
Participant 4	30	New Jersey	Private School	AAC-7 ASD-7	5-21 years
Participant 5	39	New York/ New Jersey	Private Practice	AAC-17 ASD-17	Birth-21 years
Participant 6	28	Maryland	Private School	AAC-3 ASD-3	5-21 years
Participant 7	38	Virginia	Private Practice	AAC-13 ASD-13	Birth-21 years
Participant 8	38	New Jersey	Private Practice	AAC-14 ASD-14	5-21 years
Participant 9	27	Arizona	Public High School and Home Health	AAC-3 ASD-3	5-21 years

Procedures

Qualitative, in-depth case report investigating SLPs' method of instruction for AAC use with individuals with ASD

- Semi-structured interviews with content analysis
- Initial reading of transcripts to familiarize self with data
- Researcher bracketed any biases of expected outcomes and transcripts then unitized into individual units of meaning
- Independent and group coding sessions were conducted for theme identification for units of meaning
- 22% of transcripts coded independently by both the undergraduate RA and PI with 86% IOA. Thematic code reliability for randomly selected 20% of the transcripts was 87.7% for overall themes.

Themes

Primary Themes	Secondary Themes
Instructional Method	Vocabulary selection
Input provided	Training and education received
Goals of treatment	Clinical challenges related to daily practice
Decision making processes	
Perceived efficacy of treatment	

Discussion

Goals of treatment for individuals with ASD

- Focus on requesting
- Limited recognition of range of communicative functions

SLPs are using EPBs, e.g. aided AAC modeling

- Aided AAC modeling included dual inputs

Inconsistent education at the preservice level in both ASD and AAC

- Large range of education received
- Primary mode of education was on the job and independent research
- Use of "blogs" for information

Lack of buy-in from families and professionals

- Limited empirical research in a time of EBPs
- Inconsistent use of terminology
- Importance of identifying parent and family needs

Clinical Implications

- Vary goals of treatment based on typical language development
- Improving training at the pre-service level
- Trainings for families and professionals for better buy-in
- Better means for dissemination of research
- Improved treatment mechanisms for individuals with ASD that account for processing differences

Conclusions

- SLPs are providing multiple modes of input and instruction when working with individuals with ASD who use AAC supports.
- Expanded guidelines for education and resources for SLPs in the area of AAC and ASD are needed.
- Expanded assessment and treatment research needed in the area of AAC and ASD.
- Better means for disseminating research to clinicians for fidelity of use of evidence-based treatments should be explored.

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