

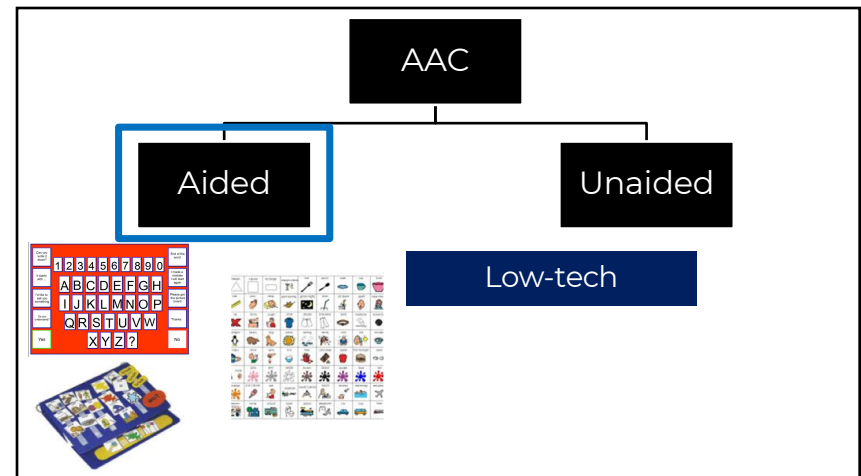
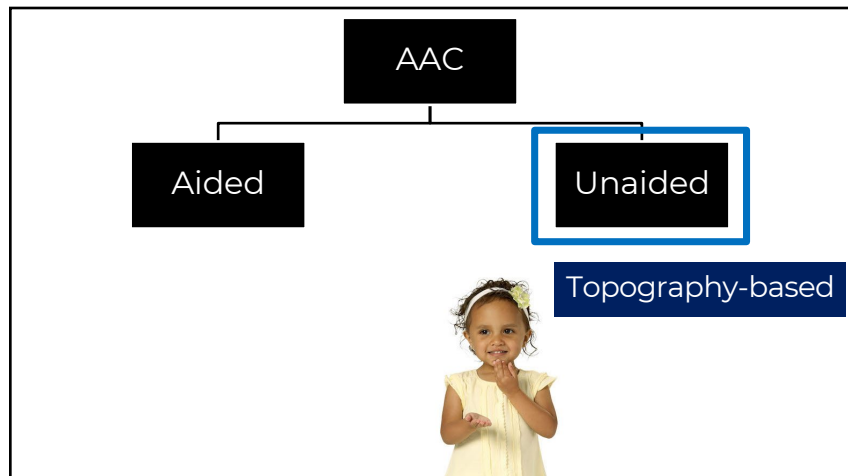
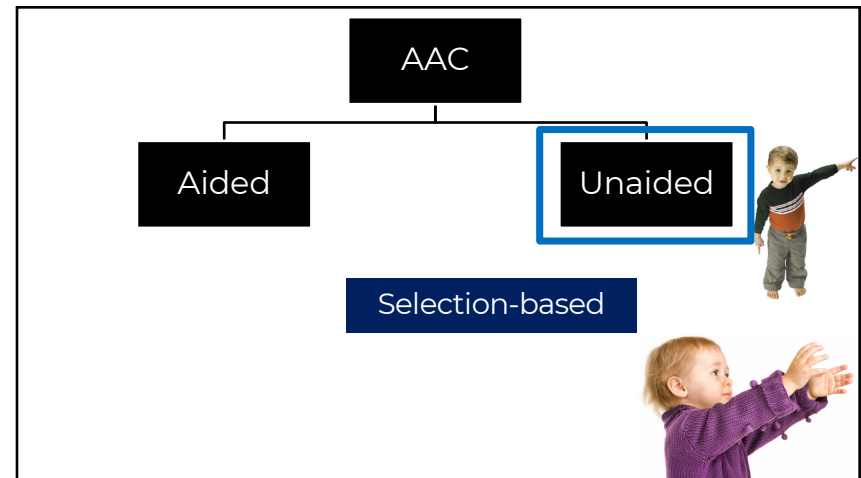
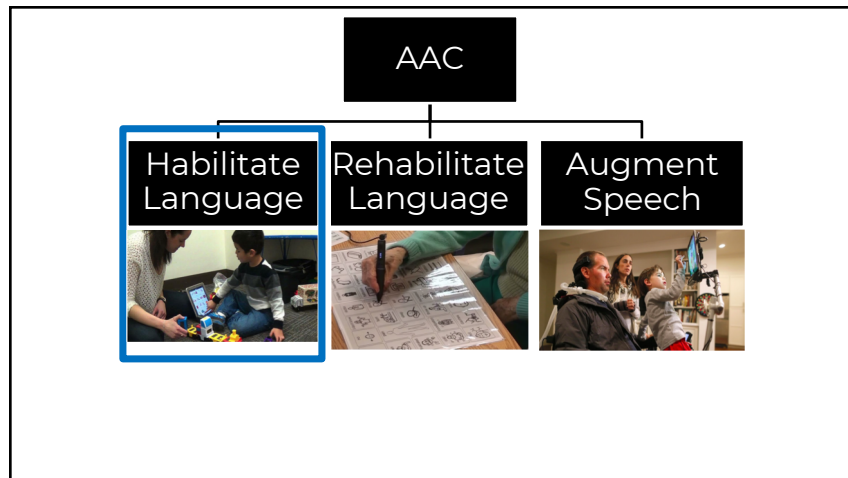
# Evaluating Popular AAC Tools and Strategies for Children with ASD

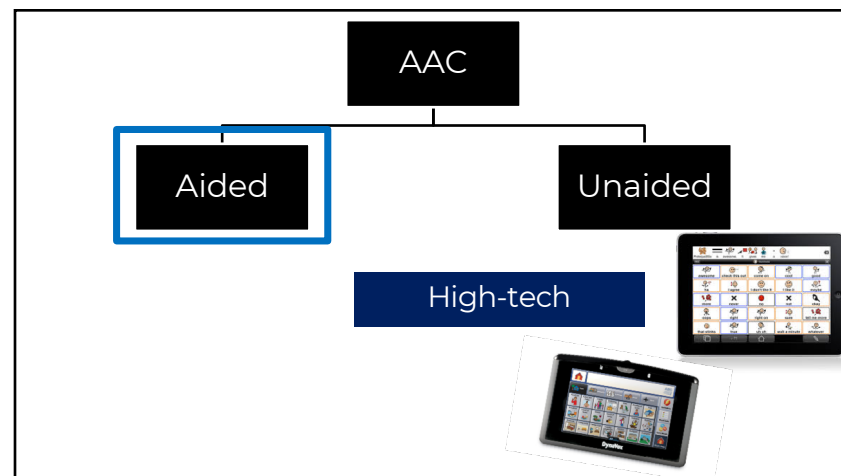
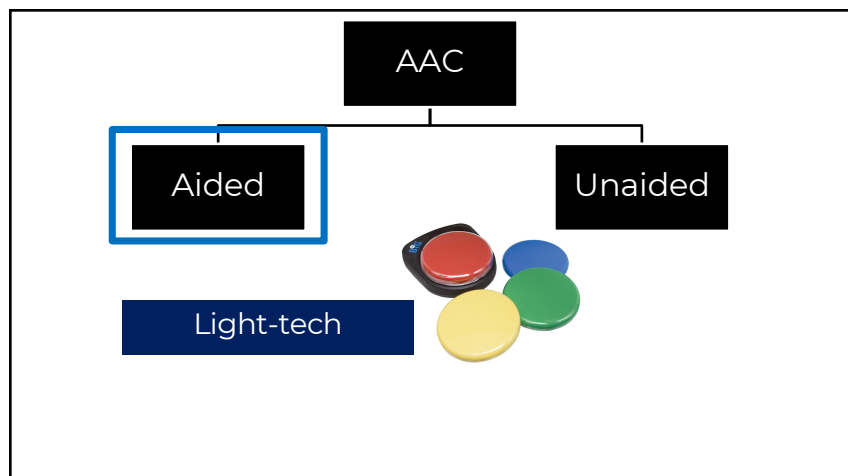
Lilith Reuter-Yuill, M.S., BCBA, CF-SLP

The prevalence of autism spectrum disorder is 1/59  
Center for Disease Control (2018)

33-50% of these children will never develop functional speech  
(National Research Council, 2001)

These children are strong candidates for AAC intervention  
(Binger & Light, 2006; Mirenda, 2003; Sigafoos, O'Reilly, & Green, 2007; Sigafoos, Schlosser, & Sutherland, 2013)





What is  
“best” for  
my child?

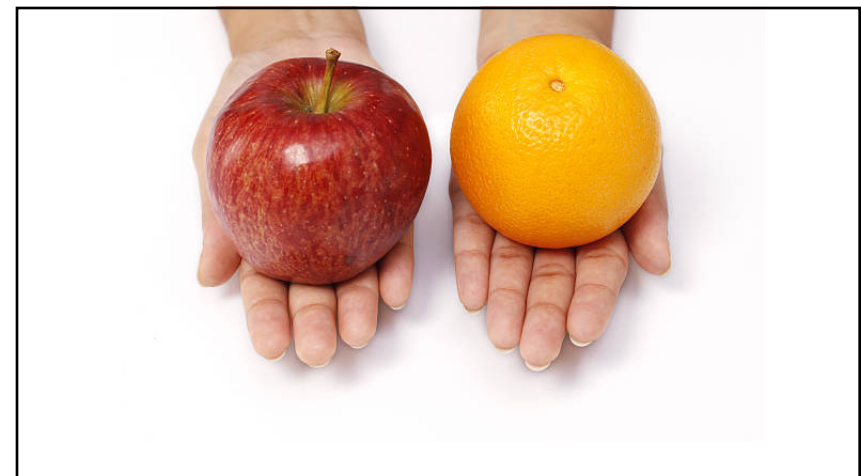
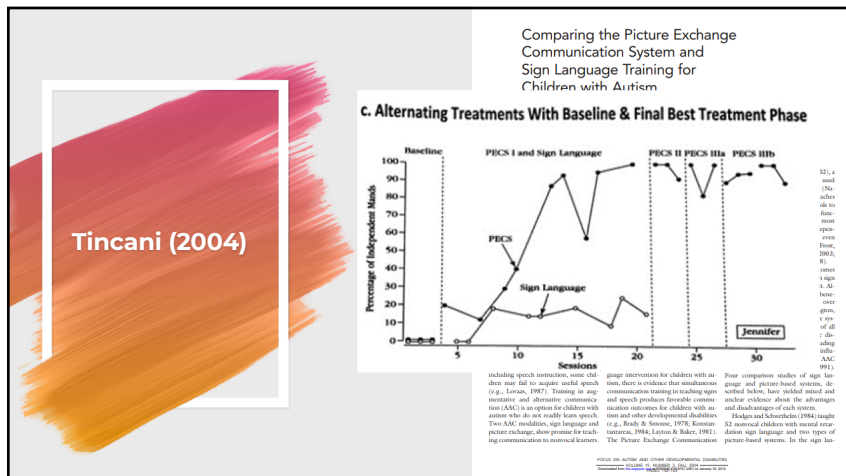
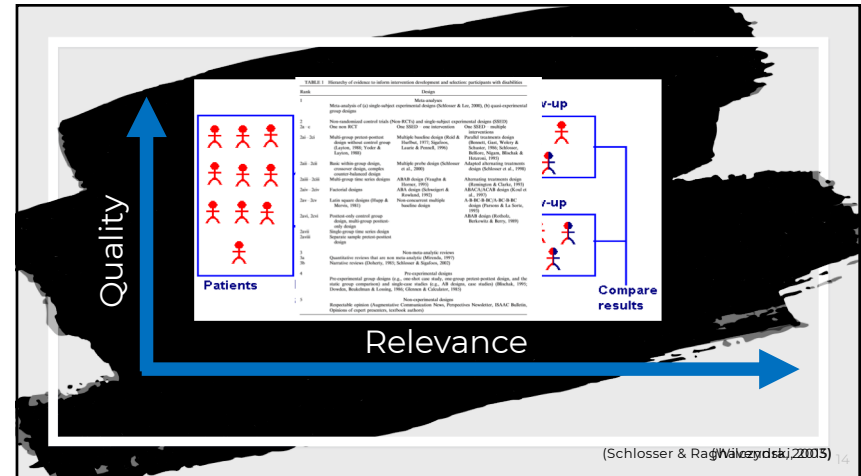
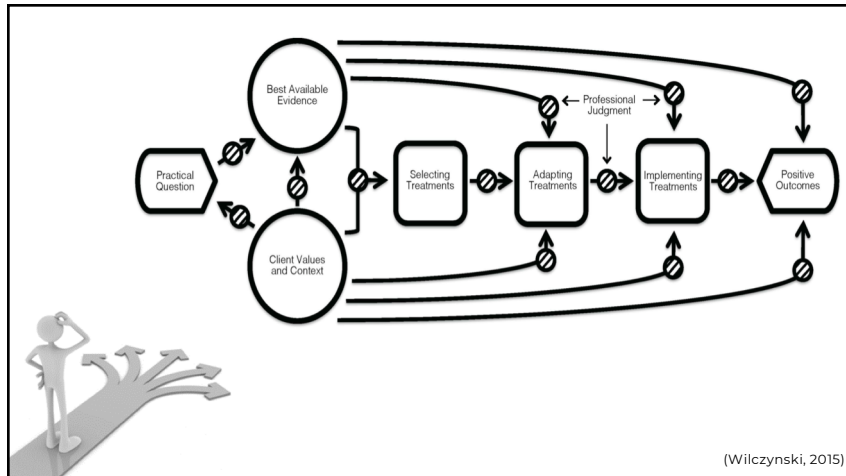
**Schlosser and Sigafoos (2006)**

- 21 single-subject studies
  - Non-electronic aided vs. electronic aided (3)
  - Unaided vs. aided (7)
  - Unaided + vocal vs. aided + vocal vs. vocal only (11)

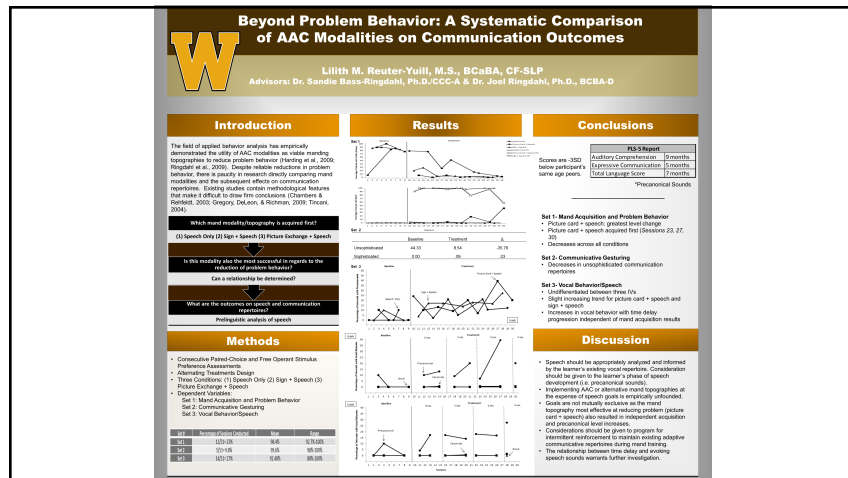
**Gevarter et al. (2013)**

- 28 single-subject studies
  - Non-electronic picture system vs. SGD (10)
  - Aided vs. unaided (sign) (10)
  - AAC vs. vocal speech interventions (10)

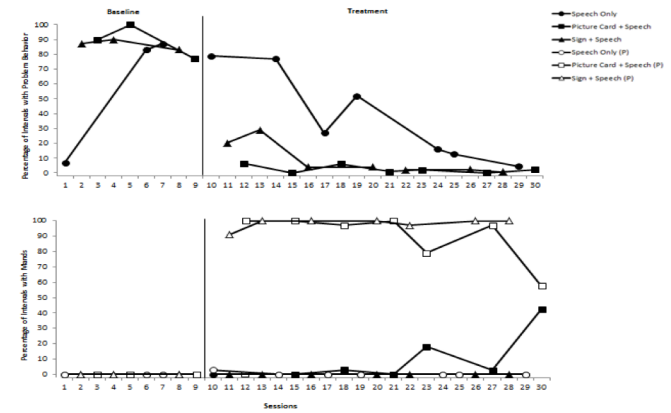




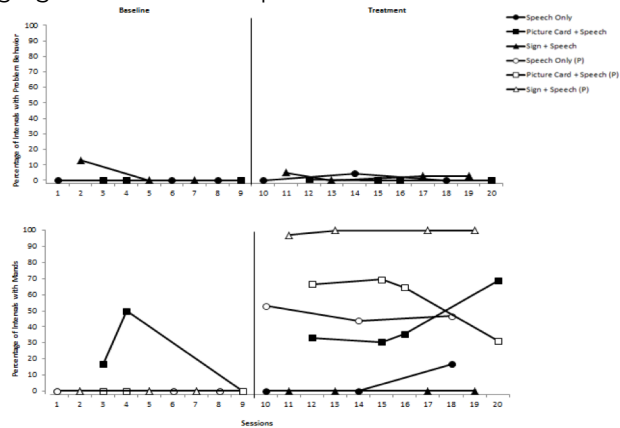




### Challenging Behavior and Acquisition: Izaak



### Challenging Behavior and Acquisition: Brandon



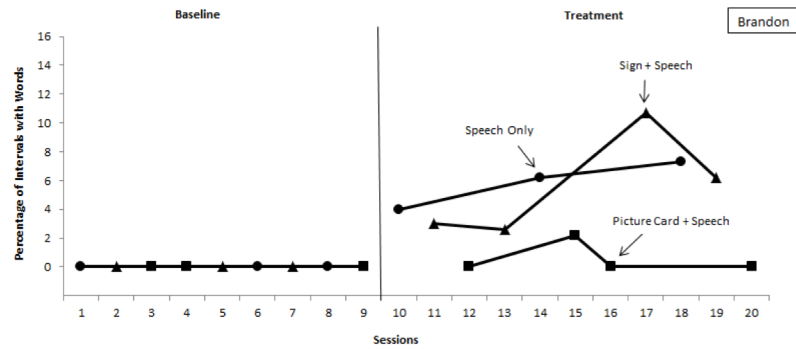
### Gesturing: Brandon and Izaak

	Baseline	Treatment	$\Delta$
Izaak	44.33	8.54	-35.79
Brandon	3.33	2.10	-1.23

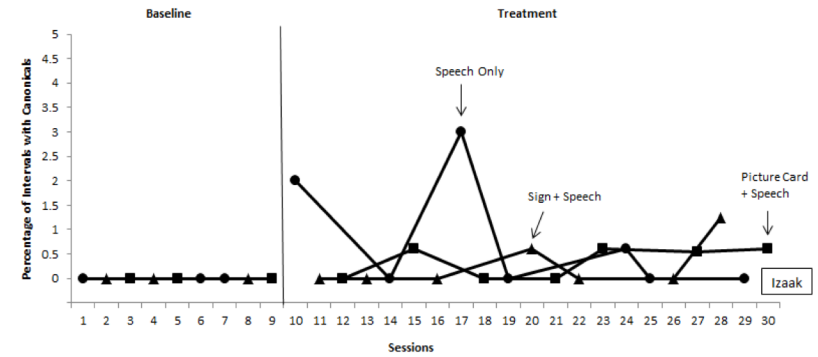
  

	Baseline	Treatment	$\Delta$
Izaak	0.00	0.09	+0.03
Brandon	0.00	0.20	+0.20

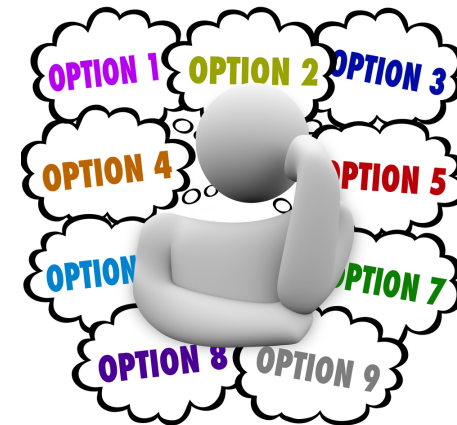
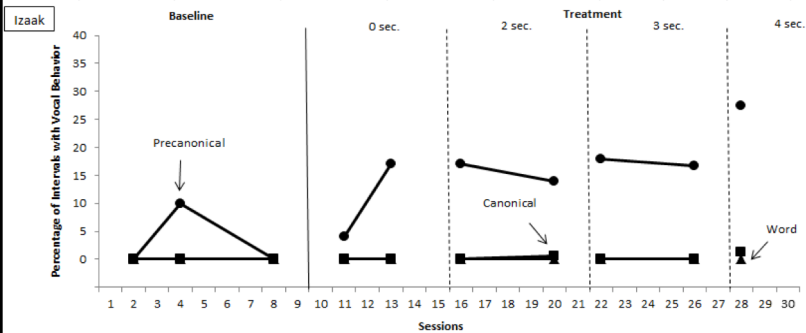
Vocal Behavior: Brandon

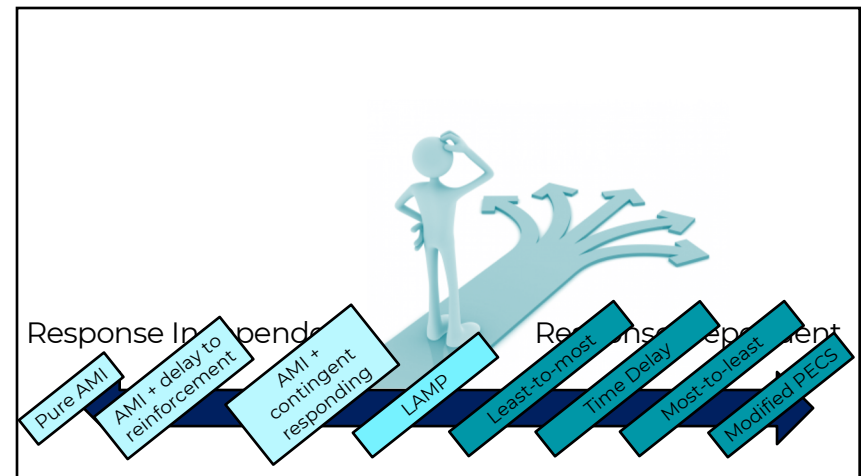
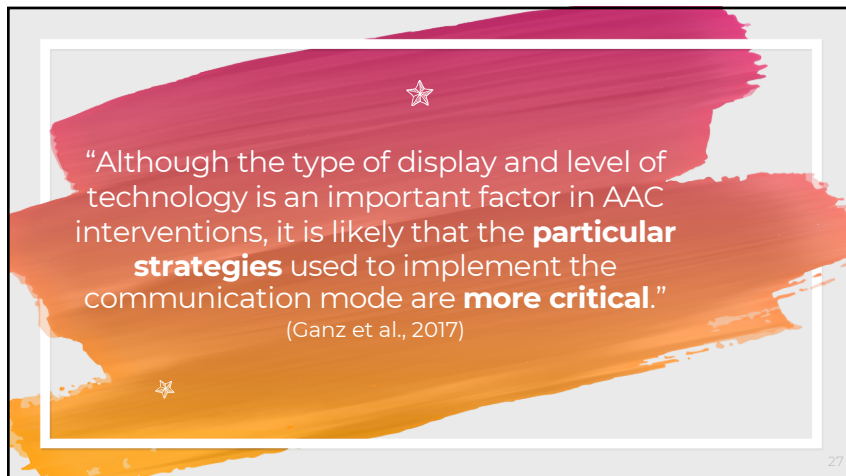
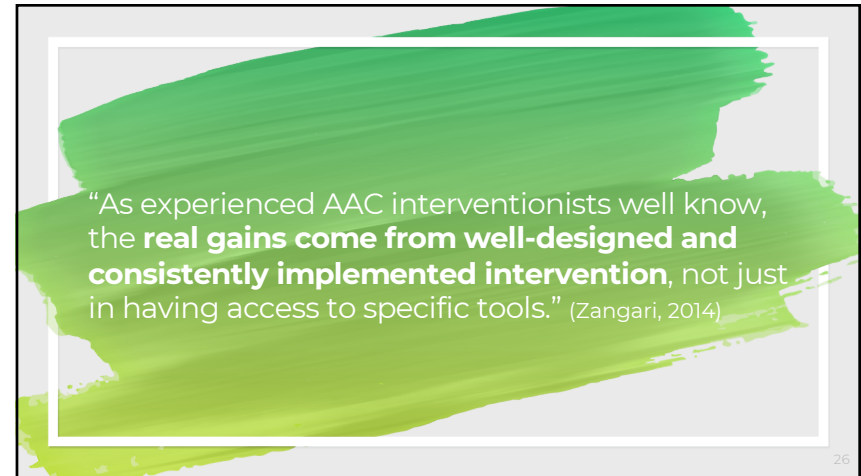


Vocal Behavior: Izaak



Vocal Behavior: Izaak





**Response Prompts**

Standard Hierarchy	Graduated Guidance
Verbal	Light Touch
Model	Shoulder
Gesture	Elbow
Partial Physical	Wrist
Full Physical	Hand

MO: ( ): S<sup>D</sup> ( ): R ( )-->Sr+/SR+ ( )

**PROMPT** - instructions, gestures, touches, or other things that increase the likelihood that the child will make a correct response (McClannahan & Krantz, 1999)



**Single-Subject Experimental Designs**

To what extent do you use SSEDs in your practice?

- 1 – FREQUENTLY
- 2 – RARELY
- 3 – NEVER
- 4 – NOT APPROPRIATE

**Single-Subject Experimental Designs**

To what extent do you use SSEDs in your research?

- 1 – FREQUENTLY
- 2 – RARELY
- 3 – NEVER
- 4 – NOT APPROPRIATE

### Evidence-Based Practice

"Although there is broad consensus about what EBP means conceptually, that is, an intervention supported by research evidence of efficacy, there is disagreement about how to operationalize this definition."

(McGrew, Ruble, & Smith, 2016)

33

### Evidence-Based Practice

What does EBP mean to you?

34

### Evidence-Based Practice

How often do you contact empirically-supported literature to solve a practical question?

- 1 – FREQUENTLY
- 2 – RARELY
- 3 – NEVER
- 4 – NOT APPROPRIATE

35

### Evidence-Based Practice

Strong clinical repertoires are often a result of experience. These experiences are often idiosyncratic, and may produce a lack of continuity between providers. What are the pros and cons of this?

36



## Evidence-Based Practice

Is this beneficial or detrimental to EBP? Is this beneficial or detrimental to interprofessional collaboration?

37

## Interprofessional Collaboration

"The most innovative research and technical developments often occur at the intersections among multiple disciplines." (Light et al., 2019)

38

## Interprofessional Collaboration

What has been your experience with collaboration in practice?

39

## Interprofessional Collaboration

What has been your experience with collaboration in research?



40



[lilith.m.reuter-yuill@wmich.edu](mailto:lilith.m.reuter-yuill@wmich.edu)  
[lilith@therapyjackson.com](mailto:lilith@therapyjackson.com)

*Thank You*

Thesis chair: Dr. Sandie Bass-Ringdahl, CCC-A  
CF Supervisor: Sarah Killinger, M.A., CCC-SLP  
Dissertation chair: Dr. Jonathan Baker, BCBA-D



**COMPREHENSIVE**  
**Speech & Therapy Center**  
*Quality Therapy for All Ages and Stages of Life*