Conquering AAC

A WRITTEN GUIDE

Lingraphica®

Table of Contents

How Do Device Trials Work?

Deciding to try an AAC device with a patient can be intimidating. At Lingraphica, we're here to help. Whether you're new to AAC or have done this before, we'll support you the whole way — saving you time at every step. Here's what to expect from an AAC device trial with Lingraphica:

STEP 1: **Submit demographic and insurance information on our site.**
Our funding team will check anticipated coverage of the device, so there are no surprises. Lingraphica works with Medicare, most state Medicaids, and many private insurances. We also have financial assistance programs for patients who do not have adequate coverage. Our team will share this information with you and your patient before starting the trial.

STEP 2: **Device preparation and shipment — complete pre-trial customization questionnaire.**
Customizing an AAC device is critical for success, but it can be a time-consuming process. Let our team help. Our customization team will reach out to you and/or your patient to obtain personal information that they will pre-customize into the device before sending it out. That means when you open the box, you'll be ready to get going right away.

STEP 3: **Work with one of our Clinical Consultants through the device trial.**
Our clinical consultants are SLPs who are here to support you and your patient from beginning to end. Expect to receive training, ideas for what to do in your sessions, and guidance on overcoming barriers. The clinical consultant can also meet with the patient/family directly over Zoom to provide additional training, support, and customization — making your sessions as efficient and productive as possible.

STEP 4: **Recommend a device.**
When everyone agrees the device is beneficial, all you need to complete is a simple clinical report — fast and easy in our online portal. We pre-fill client information for you and give you examples of how to answer questions.

STEP 5: **Let Lingraphica do the rest.**
Lingraphica will obtain a prescription from the doctor, bill insurance, and follow up until we get an approval. You'll be in the know every step of the way.

STEP 6: **The patient's new, personalized device is shipped out.**
The journey doesn't end here though — our clinical and technical teams will continue to support you and your patient for as long as you're using the device. Call in for **tech help**, clinical guidance, or join one of our **online social meetups**.

Welcome to the Lingraphica Family.

Who Can Benefit from Lingraphica AAC Devices?

When you're considering high-tech AAC, the first question that often comes up is "Is my patient a good candidate?" There are actually very few requirements to giving a Lingraphica AAC device a try. In general, any patient who has the following characteristics can be a good candidate:

Mod-severe or severe expressive speech/language impairment. Or, a moderate impairment with a degenerative condition (e.g., PPA). Some of the diagnoses Lingraphica frequently works with include:

- **Aphasia**
- **Apraxia**
- **TBI**
- **Dysarthria**
- **PPA**
- **Developmental/ Intellectual Disability**
- **Autism**

Physically able to access a device through direct selection, a stylus, or a mouse

Supportive family member or communication partner

A desire for increased communication and life participation

That's it! Despite many pervasive **AAC myths**, there are no specific prerequisite skills or requirements that your patient must meet. Lingraphica devices are built to be accessible even to those who have language and/or cognitive impairments, or who have never used technology before. There's no minimum amount of time post-onset you need to wait — traditional therapy and AAC can work together to maximize communication and recovery (Dietz, Wallace & Weissling, 2020).

Still not sure if your patient will benefit?
A device trial is your opportunity to find out, with no obligation.

Debunking AAC Myths

Deciding who is a good candidate for AAC can feel difficult because of several pervasive myths about high-tech AAC. Here are some of the most common myths and realities when it comes to using AAC.

1. **MYTH: AAC is only for non-verbal people.**

   REALITY: AAC benefits many people who have some verbal language. Although some AAC users are non-verbal, many device users do have some verbal speech. Some examples include a person with good automatic speech but who is unable to tell a story, or a person who can repeat but not initiate speech. If there is a gap between what a person wants and needs to say and what they are able to say, then some type of AAC might benefit them. In fact, using an AAC device can help build even more verbal speech.

2. **MYTH: AAC is a last resort after traditional therapy has run its course.**

   REALITY: AAC and traditional therapy can work together; there is no minimum amount of time to wait post-onset to introduce AAC. Although regaining verbal speech is an important goal for many patients and SLPs, introducing an AAC device early provides two benefits: meeting the patient's immediate communication needs while also serving as a therapeutic tool to work on verbal speech. Just like physical therapists don't wait to introduce a walker, SLPs can also empower their patients with tools to communicate right away.

3. **MYTH: AAC will prevent the user from improving verbal speech.**

   REALITY: Using an AAC device can have a beneficial impact on speech and language (Steele, 2004). Lingraphica's AAC devices are built based on years of research demonstrating that the use of a device improves language abilities in the aphasia population. Furthermore, individuals can use an AAC device to cue their own speech through hierarchical prompting and repetition. One anecdote we hear at Lingraphica time after time is how much a patient's verbal speech started improving after an AAC device was introduced.

4. MYTH: Low-tech AAC must be targeted before trying high-tech AAC.

REALITY: A patient's success (or lack thereof) with low-tech AAC is not always indicative of their success with high-tech AAC. Low-tech AAC, like pen and paper or a communication board, can be a great tool in some circumstances. However, for some patients it is not motivating or functional due to the lack of voice output and the need for a partner to interpret it. Furthermore, many people are simply more motivated to use a modern, high-tech device that resembles the phones and tablets common in today's world.

5. MYTH: A user must be independent in order to be successful with AAC.

REALITY: Although some users will become independent with their AAC devices, many Lingraphica users require some level of partner support when using their device. This could be help with basic settings and operations like device charging, language system options, and device navigation. A partner-dependent user is a successful user if communication has improved by introducing the device.
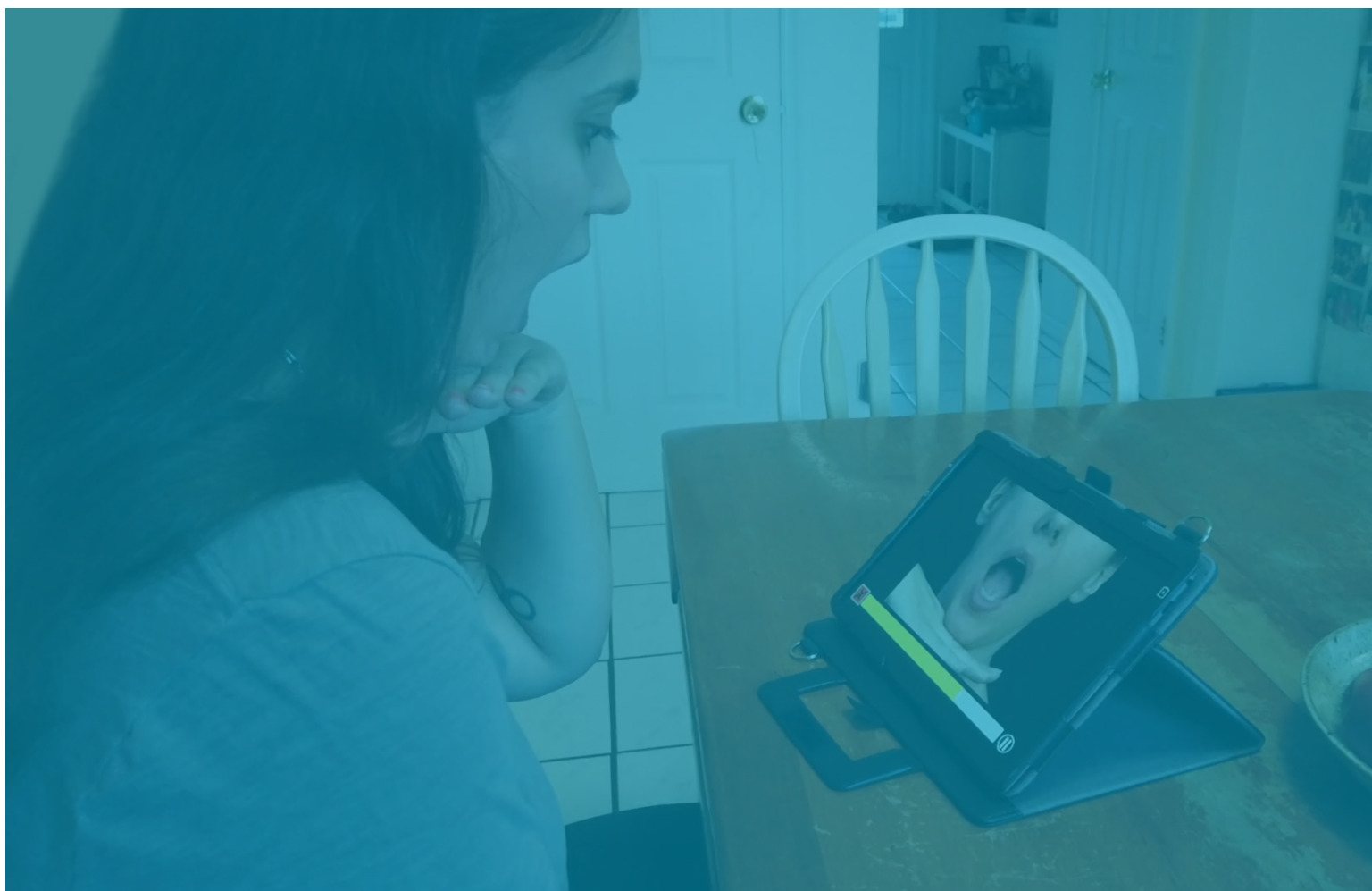
How Do I Set AAC Goals?

The goals that you and your patient decide on will be unique to each situation — consider your patient's starting point and the things that are most meaningful to them. Here are some frameworks and techniques that can get you started:

- **Consider a life participation approach.** This approach dictates that the goal of therapy is increased life participation, and goals can include any activity that is meaningful to the patient (Chapey et al., 2000). Examples include attending a poker night with friends or catching up with relatives at a family reunion. Work backwards to identify vocabulary the user will need to enable them to participate, and program it into the device. The goals can also be based on a person — e.g., reconnecting with a college roommate.

- **Keep it client-centered.** Many patients report feeling left out of the goal writing process. One approach that ensures it's a collaborative effort is the FOURC approach: Choose a Communication Goal, Create Client Solutions, Collaborate on a Plan, Complete and Continue (Haley, Cunningham, Barry, & de Riesthal, 2019).

- **Make sure it's realistic.** It can be helpful to identify what type of AAC communicator your patient is by using the **AAC Categories of Communicator framework** (Garrett & Lasker, 2005). If the user is making partner-dependent contextual choices, look at targeting skills to reach the next category up rather than skipping ahead to independent production.

- **Target the key areas of AAC communication competence** (Light, 1989):
  - Operational: Basics of device use (power, volume, selecting icons)
  - Linguistic: Using the device to meet a variety of communication functions — commenting, requesting, or sharing information
  - Social: Using the device as a social tool — greeting, turn taking, changing the topic, etc.
  - Strategic: Using the device to repair communication breakdowns

Still feeling stuck?

Take a look at Lingraphica's **goal bank** for some inspiration. For more information on all these approaches, be sure to check out *Conquering AAC Part 2*.

Where Should I Start with Customizing the Device?

Personalizing the AAC device to be more meaningful and relevant to the user is one of the most important things you can do in a device trial. That's why Lingraphica gets the process started by pre-customizing the device with your patient's info before we send it out. However, as you work with your patient, you'll want to identify additional things to customize. Here are some ideas and resources to help you get started:

- **Use a life participation framework.**
  What activities does your patient want to participate in? Who do they want to communicate with? Work backwards to program in vocabulary they'll need in order to succeed.

- **With the patient and/or family, identify 1-3 very specific communication activities to start.**
  Think teachable, repeatable goals like "choose what drink you'll have at dinner" or "say I love you to someone you love." Measure success initially solely on these goals. Celebrate big when the patient is successful!

- **Not sure where to start?**
  Use our picture-supported **Interest Checklist** to identify major topics that are important to your patient.

- **Think outside of the commenting and requesting box.**
  Other types of communication your patient might want to use include venting, sharing opinions, telling jokes, or giving compliments. Need more ideas? Check out **101 Things You Can Do With an SGD**.

- **Check out the Aphasia Needs Assessment** to identify areas that your patient has difficulty in, and areas of importance. Although it's built for people with aphasia, this tool works for other speech and language impairments as well.

- **Try memory mining.**
  Want to help your patient share life stories, but having trouble learning about their past? Use the memory mining technique to build a personalized timeline. **Learn more here**.

- **Use a communication log.**
  Ask the patient and family to keep track of communication breakdowns as a homework assignment. Look for patterns and program the device with vocabulary that could help during the identified breakdowns.

Customizing is an ongoing, dynamic process.

Although it can feel overwhelming, remember that your clinical consultant is available to provide personalized support based on your patient's specific situation and goals. Call on us for help!
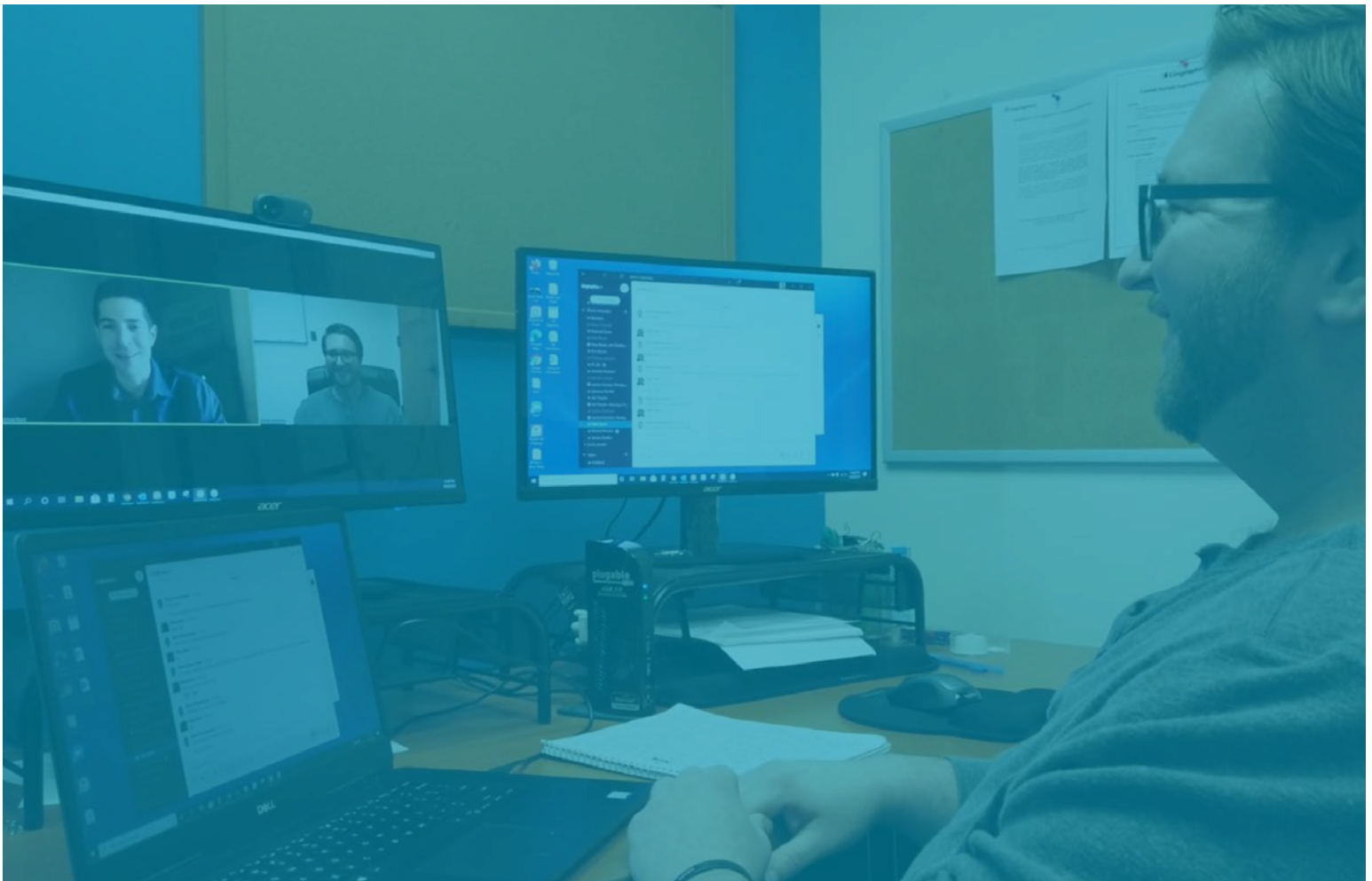
How Do I Introduce an AAC Device?

So you've received the trial AAC device. Lingraphica pre-customized it with your patient's personal info, and you're ready to introduce it in your next session. Here are some ideas for getting started:

- **Stay in communication mode.** It can be tempting to start "testing" your patient by asking them to find an icon. Although this can give you some information, it isn't motivating for the patient. Instead, navigate to a pre-programmed page of interest and use it as a communication tool. For instance, open up the page of football teams and ask your patient who her favorite team is. Then tell her who yours is. Other examples are favorite pizza toppings or states they've traveled to. Instead of testing, your patient is engaging with the device for meaningful communication.

- **Personalize and simplify.** Start right away with adding in even more personalized icons. Snap pictures of the patient, any family that came along, and yourself to make icons. Use the patient's life participation goals to make new folders. Make sure to personalize the settings too — select a new voice, make the icons bigger, or change the background color. Make sure to gauge if the patient is overwhelmed. Delete icons and folders as needed — it's always better to start simple and build success and confidence. Adding folders back in is simple as soon as your patient is ready.

- **Break the ice.** It's okay to acknowledge that using a device is new and can feel weird. Program in a joke or a personal catchphrase to break the ice and get everyone laughing. For patients who are hesitant to use the device to communicate, introduce it as a therapy tool first to get them comfortable interacting with it.

- **Provide motivation.** Make sure to add at least one folder that's fun for the patient to communicate about — a hobby, a favorite TV show, or an Alexa command for their favorite song.

- **Set expectations.** Start counseling right away with the patient and their family. Educate them that the device is a powerful tool, but it won't solve all communication difficulties. Communication breakdowns will likely still occur, but the device can help work through them. Customization is a long-term process — it's not going to be perfect immediately.

What Are Some Ideas for Home and Carryover Practice?

One thing we hear often at Lingraphica is, "My patient uses the device during therapy, but I'm not sure how to get them to use it outside of sessions." During the device trial process, your patient is encouraged to take the device home to use it in their daily lives. Sending home specific assignments can motivate your patient and their family to use it regularly. Here are some ideas to increase carryover outside of sessions:

- **Program personal and fun info.** This is a great assignment to get family involved. Ask them to program in family names/pictures, pets, anecdotes, and inside jokes. Let your patient know that in your next session, you want to hear a funny story or a joke! If they are hesitant about programming, make sure they know that Lingraphica's technical and clinical teams are available for assistance — and that they're not going to break the device by playing with it.

- **Involve community and activities of daily living.** Ask the patient/family to use the device to make a grocery list, identify errands they need to run, or list things they need help with.

- **Plan for events.** What does the patient have coming up this week? Make folders for an upcoming doctor's appointment, visits with OT/PT, or social events like a visit from a family member. Make sure they use the device at that event. If it's a social event, encourage them to use the built-in camera to take pictures they can share with you at your next session.

- **Get specific.** Using a device can feel overwhelming. Let the patient know it doesn't have to be their only mode of communication, but that you want them to use it every day at specific times — e.g., mealtime, getting ready for the day, or while watching *Wheel of Fortune.*

- **Practice speech.** Encourage patients to try to repeat after the device; you can even make them a special folder of words/phrases to practice. Or, have them explore the therapy tasks on their own.

Most importantly, make sure to give tasks that will encourage meaningful and fun device use. The goal at this stage is to increase motivation and ownership of the device, not to expect perfect communication.

Do I Need to Involve Communication Partners?

At Lingraphica, we've learned that involving a family member or other communication partner in AAC device training is one of the biggest factors that increases success. Many communication partners want their loved one to succeed, but also feel overwhelmed with their caregiving responsibilities.

Lingraphica's **caregiver report** found that the vast majority of caregivers of people with aphasia reported significant challenges in communicating with their loved one, adjusting to their dependence, motivating their loved one, and finding time for self-care. Despite good intentions, many communication partners might feel like they don't have time to learn to use AAC. You can help involve them in the process and motivate them with these tips:

- **Discuss independence.** Show them how implementing an AAC device will help solve their challenges, by increasing communication and decreasing their loved one's dependence on them.

- **Set expectations.** The device is a tool for the patient and their communication partner, not the patient alone.

- **Teach AAC strategies for the communication partner**, including:
  - Setting up the environment (reducing background noise, etc.)
  - Allowing time for user to create a message
  - Confirm understanding and ask clarifying questions
  - Be persistent when breakdowns occur. For example, the communication partner can say, "I really want to know what you're trying to tell me. Let's work together to figure it out."

- **Assign programming homework.** Make the communication partner an active player with the device.

- **Presume positive intentions.** Even when a communication partner is less involved or not using appropriate communication strategies, assume that they want to learn and are here because they want their loved one to succeed.

How Can I Use an AAC Device as a Therapeutic Tool?

Lingraphica's AAC devices help people to communicate, but that's not all they do. At Lingraphica, we know that most people want to continue to improve their speech. Using an AAC device and working on traditional therapy can be simultaneous goals; in fact, an AAC device can be used as part of a therapy program.

Research shows that just the act of using Lingraphica's multi-modal icons to communicate has a beneficial impact on language skills (Steele, 2004). The combination of a picture, the written word, and the verbal word helps to engage the neural network in the brain to connect the word to the image. But what about when your client wants to work on traditional practice? There are several ways to **use a Lingraphica device for therapy**:

· **Practice with repetition and self-cueing.** Lingraphica works in many ways for patients to practice meaningful words and phrases.

· **Watch pre-programmed mouth position videos** for visual models.

· **Use icons as a verbal model and repeat.** Many users keep an earbud in so only they can hear the device speak, and then repeat it verbally to speak in their own voice.

· **Record speech using the practice button.** This button can be used with any icon, pre-programmed or personal. Just touch it to hear the device model, and then repeat it. The device will record the user's speech so they can hear how they did.

- **Run through built-in therapy tasks.** All Lingraphica devices come with built-in therapy tasks ranging from expressive and receptive language to memory to math. Practice anytime, anywhere with a library of therapy tasks readily available.

- **Use the device to complete traditional therapy.** An AAC device permits someone with limited verbal skills to participate in traditional therapy tasks they wouldn't otherwise be able to participate in. Basics like naming and categorization are a perfect place to start. Take advantage of Lingraphica's built-in therapy mode, which allows you to isolate elements of the icons to focus on different skills. Remove the written words to focus on naming, or remove the images to work on reading. Ready for something more complex? Put a library of vocabulary at your patient's fingertips to enable them to do Semantic Feature Analysis or Verb Network Strengthening Training. For more information on incorporating an AAC device into therapy tasks, watch our **CEU course**.

How Do I Know if the Device Trial Was Successful?

As your trial wraps up, you and your patient/their family will make a decision about whether the trial was successful in order to move forward with getting their own device. But what does success look like? The answer is that everyone's version of success is different. The key thing to keep in mind is that the trial period is about identifying the potential and aptitude for increased communication; not mastery or perfection. Very few users will become independent during the trial period, and communication breakdowns will still occur. Rather than looking for independence, here are some more realistic indicators of success:

- Motivation and enjoyment
- Longer interactions
- Increased attention
- Using the device to practice speech
- More efficient communication
- More attempts to communicate
- Reduced frustration — user and communication partner
- Increased life participation
- Ability to communicate something that would have been difficult without the device

If you see some of these traits in your patient, it's a good sign that the trial has been successful and they have the potential to make an AAC device an effective communication tool.

Interested in Starting a Trial?
GET STARTED

Want to Learn More?
SCHEDULE A CALL

About Lingraphica

Lingraphica is dedicated to helping people with speech and language impairments improve their communication and quality of life through devices, applications and resources developed by speech-language pathologists and leading researchers.

Learn more about the basics of AAC at **lingraphica.com/aac-basics**

To learn more about us, visit **lingraphica.com/about-us**

Lingraphica®