

AAC Myths

<http://aac.unl.edu/yaack/b2.html>

Myths/Fears	Facts	Solutions
<p>AAC should be introduced only after giving up all hope of natural speech</p>	<p>No one can determine how someone's speech will develop</p> <p>Children with severe communication deficits who only receive speech therapy may not obtain a way to communicate .</p> <p>A child who is not able to communicate effectively is at great risk for cognitive, social, emotional, and behavioral problems <i>(Berry, 1987; Silverman, 1980)</i></p>	<p>Speech therapy can take place in conjunction with AAC. The therapy team should periodically reevaluate the individual's communicative ability in various environments, activities, and routines. <i>(Beukelman & Mirenda, 1992)</i></p>
<p>The introduction of AAC reduces motivation to work on speech <i>(Beukelman & Mirenda, 1992; Silverman, 1980; VanTatehove, 1987)</i></p>	<p>The introduction of AAC correlates with the improvement of natural speech—even in situations in which no speech therapy has been given <i>(Berry, 1997; Daniels, 1994; Ronski & Sevcik, 1993; Konstantareas, 1984; Silverman, 1980)</i></p> <p>Studies have shown that typically developing children with access to sign and speech during infancy appear to begin to communicate (initially with signs) and develop spoken language at a much younger age than would otherwise have been expected <i>(Holmes & Holmes, 1980)</i></p>	<p>Little research has been conducted to determine if certain types of AAC are more likely to facilitate the development of speech. However, a simultaneous communication approach, in which speech is utilized by the adult alongside AAC, seems likely to assist in speech comprehension and production <i>(Beukelman & Mirenda, 1992)</i></p>

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<p>Whenever present, even though very limited, speech should always be the primary means of communication <i>(Silverman, 1980)</i></p>	<p>Children who are unable to communicate adequately are at risk for behavior problems, learned helplessness, academic difficulties, and social failure</p> <p>Children who use AAC have shown improvements in behavior, attention, independence, self-confidence, class participation, academic progress and social interaction <i>(Abrahamsen, Ronski & Sevcik, 1989; Silverman, 1980; VanTatehove, 1987)</i></p>	<p>The therapeutic team should assess what communication means is most effective with various partners in all environments, activities, and routines. If speech is understood with some partners, that should be the primary means of communication while AAC is used with those who have limited understanding of the users speech.</p>
<p>A young child is not ready for AAC.<i>(Buekelman & Mirenda, 1992; Silverman, 1980; VanTatehove, 1987)</i></p>	<p>There are no known cognitive or other prerequisites that are necessary for a child to use AAC. <i>(Kangas & Lloyd, 1988)</i></p> <p>Even infants are known to engage in purposeful, communicative behavior well before the development of language. These early exchanges are very important in that they form the basis for later formal, symbolic communication <i>(Reichle, York, & Sigafos, 1991)</i></p>	<p>AAC programs must be individualized, age-appropriate, and developmentally appropriate. For young children this often means play-based interventions that focus on the development of communication-related skills, intentional communication, or basic functional communication, such as requesting and rejecting <i>(Buekelman & Mirenda, 1992)</i></p>

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<p>A child with severe cognitive deficits cannot learn to use an AAC system (<i>Kangas & Lloyd, 1988</i>)</p>	<p>Children with severe cognitive deficits are capable of learning and benefiting from AAC (<i>Buekelman & Mirenda, 1992; Ronski & Sevcik, 1989; Silverman, 1980; Kangas & Lloyd, 1988</i>)</p> <p>It is impossible to accurately predict a child's ability to learn AAC (<i>Buekelman & Mirenda, 1992; Bodine & Bukelman, 1991</i>)</p>	<p>AAC interventions must be individualized to take into account the strengths and abilities, and to meet the needs of the child for whom it is being designed. This may mean starting out teaching intentional communication skills and basic communicative functions, and using nonsymbolic and/or self-developed, idiosyncratic means of communicating (<i>Buekelman & Mirenda, 1992; Reichle, 1997</i>)</p> <p>All individuals, including children with severe cognitive impairments, have the right to be given opportunities to communicate by learning communication skills that are effective almost immediately, offer some control over the environment, and are age-appropriate (<i>Buekelman & Mirenda, 1992; Reichle, York, & Sigafos, 1991; Silverman 1980</i>)</p>

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<p>AAC makes a child look abnormal (<i>Silverman, 1980</i>)</p>	<p>Acceptance of an AAC-user by peers increases significantly with full inclusion and active participation in regular school-related activities. Among young children, acceptance appears not to be related to the type of AAC (e.g. voice output communication device versus sign language versus communication board) (<i>Beck & Denis, 1996; Blockberger, Armstrong, O'Connor, & Freeman, 1993</i>)</p> <p>In the long run, a child is at greater risk of being judged non-typical when he or she does not have the ability to adequately express him- or herself. Teachers and parents often judge a child with communication impairments as socially and cognitively less capable than their peers. This results in lowered academic expectations and, frequently, decreased academic achievement (<i>Rice, 1993</i>). AAC may help in reducing the discrepancy, both real and imagined, between the child's actual and perceived cognitive and social capabilities.</p>	<p>AAC users should be educated in regular classrooms alongside their peers to minimize attitudinal barriers. In addition, teachers, students and other significant persons who are to be involved with the child must be informed of the nature of the communication disability, and any discrepancies between the child's language and cognitive abilities. (It is important, however, to keep such information-dispensing sessions separate from typical school activities in which students participate since the latter are opportunities to de-emphasize differences between the AAC user and his or her peers.) In addition, keeping the child's AAC vocabulary up to date, age-appropriate and relevant to the child's own interests go a long way towards facilitating acceptance by peers and others.</p>