



Augmentative and Alternative Communication (AAC)

“Augmentative and Alternative Communication (AAC) is any type of communication strategy for people with a range of conditions who have significant difficulties speaking”.

(Speech Pathology Australia)

The AAC strategy or technique used by the person aims to maximise an individual's communication skills (i.e., production as well as comprehension) for functional and effective communication of their needs, preferences and wishes.

An AAC system may be used permanently or temporarily.

There are two main types of AAC:

(1) **Unaided AAC:**

Communication techniques that do not require the use of an external aid. That is, the person uses whatever is available to them (generally their own body) to get their message across.

Examples of unaided AAC include:

- eye contact, facial expression, body language, gesture and/or manual signing

(2) **Aided AAC:**

Communication techniques where an external aid is used to get their message across.

Examples of aided AAC include:

- high technology systems (iPad, tablet, speech generating device, switch)
- low technology systems (real objects, communication books, pen & paper, pictures)



Why might someone need to use AAC?

Some people need AAC if they are unable to speak or if they have limited words, and others find AAC options helpful to help them understand what is being said by the visual information it provides.

Some users benefit from a combination of aided (both low tech and high-tech options) and unaided strategies, depending on their communicative needs and contexts.

How is an AAC system developed for a person with ABI?

Working out the best AAC approach is a highly individualised process. A number of specialist health professionals will often work together to assess and trial the most effective AAC systems.

The Speech Pathologist is the key health professional and will focus primarily on the person's communication capacity (i.e. ability to recognise / read text or symbols, as well as their ability to express or respond). An Occupational Therapist will focus on how they can communicate (i.e., how they *access (use)* the system, and their sensory skills). A physiotherapist may provide information regarding seating and positioning.



Following an assessment, a trial period is often conducted to test out the recommendations in various settings (E.g. at home, in the workplace, at a café, etc).

What are the key points to be aware of?

- ✚ AAC is not something to replace speech or language, rather it is an approach that encourages the development of language
- ✚ The key to the success of establishing an effective AAC system is to use a client centred approach. Involving the person with the ABI in the selection and trial of various systems will ensure that the systems match up with the person's cognitive skills, as well as their personal preferences
- ✚ One AAC system or strategy may not be sufficient to meet all of their needs, all of the time. A person with more complex needs may need a high tech system, a low tech system and an unaided system – depending on where they are and who they are communicating with
- ✚ The effectiveness of AAC relies on the person's communication partners, and how much support and training they receive. A willingness to provide a flexible communicative environment is paramount
- ✚ AAC systems will usually need to be reviewed and updated over time, with additional symbol or word pages or photos created to reflect the person's activities, communication capabilities and social connections / supports.

Read more about assistive technology or contact these services for support:

- LifeTec: <https://www.lifetec.org.au/>
- Cerebral Palsy League: <http://www.cpl.org.au>
- NDIS: <https://www.ndis.gov.au/> - NDIS funding can be used by eligible participants to assess and purchase AAC options deemed necessary by a specialist / therapist
- Speech Pathology Australia - find a private Speech Pathologist who specialises in AAC www.speechpathologyaustralia.com.au