

Purpose of Communication (Light, 1988) Communication of needs and wants • Information transfer Social closeness • Social etiquette Communication function The function is the outcome the learner's behavior produces Exercise (choice task)

Question form	Age acquired	concept
	<u> </u>	concept
Yes/no	2.0	
What + be	2.0	identify
What + do	2.6	action
where	2.6	location
why	3.0	Cause/effect
How (many, soon, big, etc.)	3.6 - 5.6 (size)	Manner/description
When	5.6	time
Which	5.6	selection

Profiles of communicators

- Emerging communicators
- Context-dependent communicators
- Independent communicators

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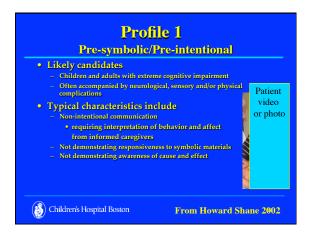
Emerging Communicator Discussion Patient video or photo

- 37 year old man
- Lived in an institutional setting
- Some long-term staff; many short-term staff
- Reported to have severe intellectual disability
- Communicates primarily through interpretation of his behavior by familiar listeners

WHAT IS POTENTIAL COMMUNICATION Assessment/intervention and goal?

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EMERGING COMMUNICATOR	
16	
Non-intentional communication: not produced for benefit of others	
(child cries because is in discomfort)	
As opposed to	
17	
Communicative intent:	
deliberately pursuing a goal produced for the benefit of others (signaling behavior in	
which the sender is aware a priori of the effect that a signal will have on his listener	
- Bates, et.al)	
child cries after injury only after an adult/ parent acknowledges the child.	
1 8	





Behavior regulation

- Requesting an object, requesting actions and protesting.
 - Protoimperative: term used to refer to early emerging behavior regulation communicative acts
 - Example: look at item and then reach for item and vocalize, then shift gaze toward partner.
 Once partner attention achieved, looks at referent and repeats action.

AAC for Individuals with moderate to severe disability, Johnston, et.al. 2012

Joint attention • Interested in directing a communication

- partner's attention to an object
- Protodeclaritive: early developing joint attention. Includes commenting on actions, requesting information, providing clarification and transferring (placing an object in another's hand)

AC for Individuals with moderate to severe disability, Johnston, et.al. 2

Profile 2 Transition to Symbolic Representations • Likely candidates • Children and adults with extreme cognitive impairment • Often accompanied by neurological and physical complications • Similar to Group 1, but have slightly higher Psycho-linguisitic performance and some representational abilities • Typical characteristics include • Transition to symbolic representational material • Transition to symbolic communication • Continue to require interpretation of communicative intent

Objective	
 Understand and identify means of comminterpretation) 	nunication (through caregiver
Develop communicative intent (teach m Support learning social interaction/com Develop understanding of cause / effect Improve symbolic representational abil Determine Preferences Recommendations Complete communication profile Identify communication and learning of Continue Active Stimulation Program Provide incidental opportunities	nunication ration video or photo

Social interaction

- The learner's attempt to attract or maintain another person's attention to him or herself.
- Examples include: greetings, showing off, requesting a social routine (example: Peekaboo), calling, acknowledging the comments produced by another and expressing mood or feeling.

AC for Individuals with moderate to severe disability, Johnston, et.al. 2

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Profile 3

(Symbol Based)

• Likely Candidates

- Children with neuromuscular disorders (i.e., Cerebral Palsy)
- Children and adults with autism or PDD
- Children and adults following head injury
- Children but mainly adults with aphasia

• Typical characteristics include

- Demonstrates intentional communication
- Achieved (or high potential to achieve) some level of representation (Photo, drawings, graphical metaphor, etc...)

From Howard Shane 2002

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Communication Objectives

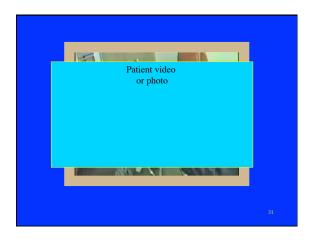
(Profile 3)

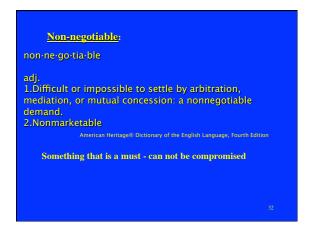
Objectives

- Determine representation knowledge
 - hierarchy -- levels of representation
 - communication display grid Vs. graphical metaphor
- hybrid model
- Expand functional communication (pragmatics)
- Develop Pre- literacy skills
- Expand independent communication

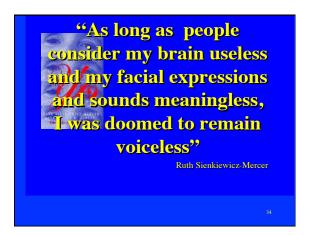
From Howard Shane 2002

What is needed to be an Effective INTENTIONAL Communicator?		
ofivation to communicate: a desire to interact with the world, esire to control the way the world interacts with oneself		
preference: A preference to have things in a particular way versus being ontent with any situation		
ntentionality: being motivated enough to have things in a neferred state that one will purposefully do something to obtain that state, having purpose to an action		
A representation Understanding that an item/action represents a specific item. Initially, understanding that an object is something one can act upon. Next, one can act on an object and get a similar		
ipon. Next, one can act on an object and get a similar		
	_	
What is needed to make a		
'choice' Orients: looks towards a source or a change in movement or sound produced within a field but not within direct line of gaze.		
Attending: maintains visual attention to an interesting display for at least five seconds.		
Tracks: visually follows horizontal or vertical path of interesting objects.		
Alternates attention: shifts attention between two interesting objects or displays spaced widely apart******is needed to effectively make choices but may not always be obvious that the person can do ut*****		
may not urrays to corrors une me person can oo n		
Reaches and captures: reaches and captures object of interest held in front of		
student *** alternate access must be considered for persons with significant motor impairment.***		
 Captures and manipulates: grasps and acts on interesting objects held within reach, (grabs it and does something with it) *** alternate access must be 		
considered for persons with significant motor impairment.**		













Assessment - What is it? It is NOT to identify the deficits It IS to identify the potential opportunites • Ecological based: Assessment of settings in which person participates (or could/should participate) to: identify the opportunities available for communication Identify adaptive and AAC techniques to support participation and success Inventory of the 'GAPS'

Communicative Competence • Linguistic • Operational • Social • Strategic Toward A Definition of Communicative Competence Janice Light, 1989, AAC V5, #2 Children's Hospital Boston

LANGUAGE IS BOTH EXPRESSIVE AND RECEPTIVE





Considerations during assessment

Important assessment consideration:

Communication Partners and different strategies used with different partners

Social Network

Social
Networks:

Control for the data of the Communication Needs and their Communication Needs and their Communication Needs and their Communication Patrice.

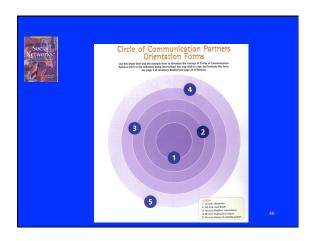
- 1. Life Long Partners
- 2. Close Friends and relatives
- 3. Acquaintances
- 4. Paid workers
- 5. Unfamiliar people

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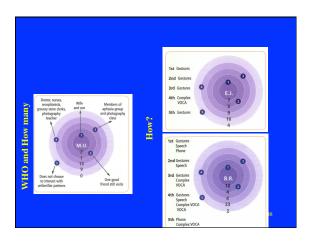
Social Networks:

- Emerging Communication Group
- Context Dependent Communication Group
- Independent Communication Grou[

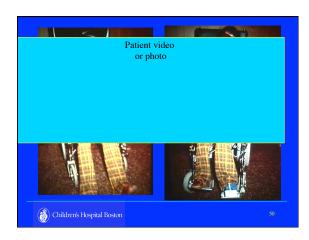
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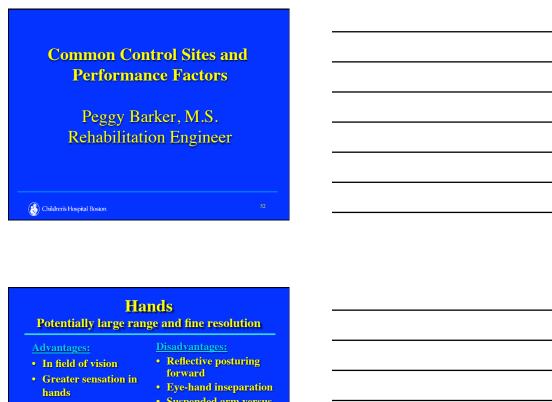


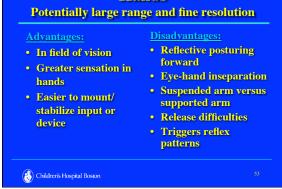


Seating and Positioning • Breath support for vocalizations/speech production • Stability for consistent and reliable control site/access strategies • Range of motion • Eye contact/socialization • Comfort and security decreases fatigue level





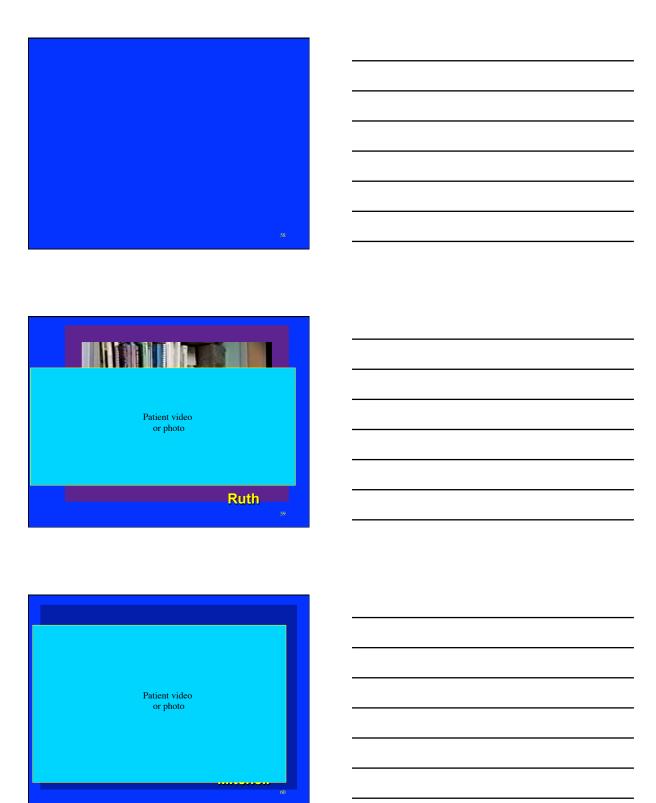


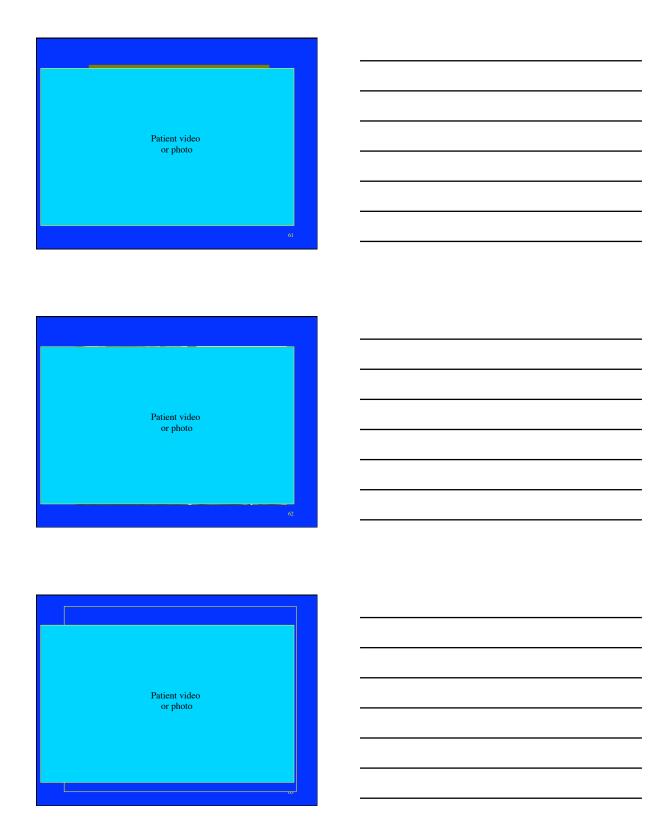


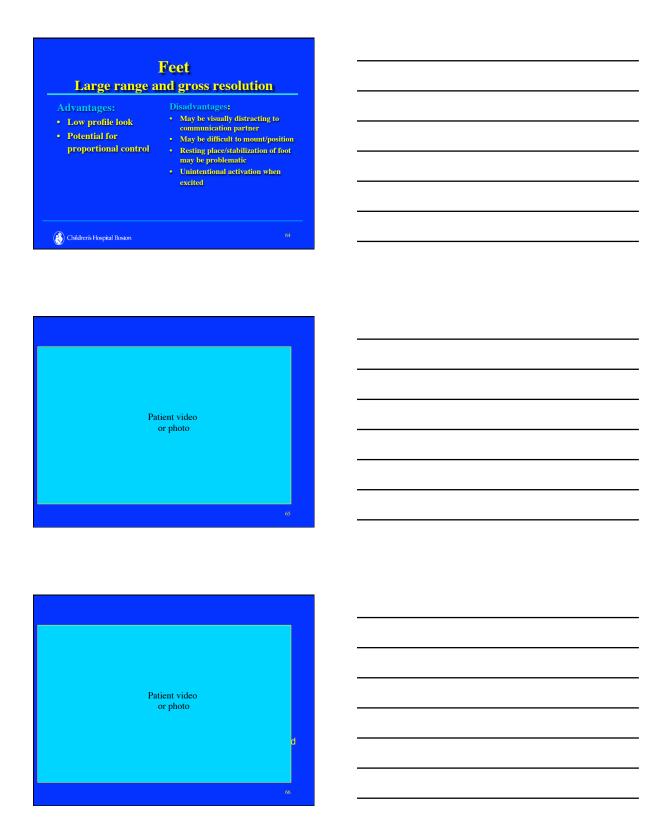




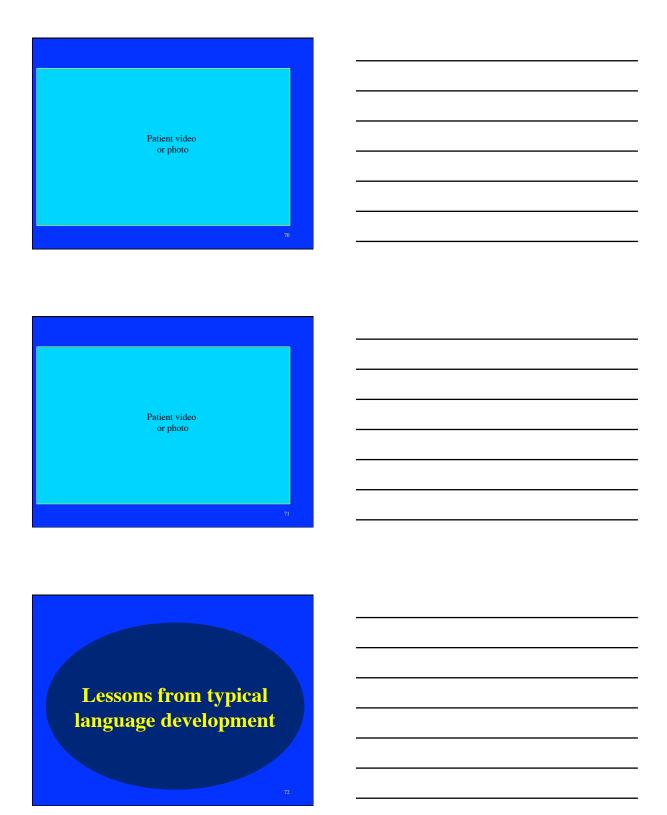
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"Child	ren are viewed as active part	icipants	_		
who lea	arn to affect the behavior and	d	_		
and wh	es of others through active si to gradually learn to use mor	re	-		
	icated and conventional mea micate through caregivers'	ms to	_		
	gent social responsiveness."		_		
-K	aublin, Wetherby, Crais and Prizant, 1	998			
			_		
		73	_		
			_	 	
Therefo	ore, development is influe	nced by	_		
a child	s ability to produce read	able			
	, a caregiver's ability to r		-		
	oriately to the child's sign tinization of such pattern		_		
			_		
-Kublin,	Wetherby, Crais and Prizant, 19	98			
			_		
		74	_		
			1		
Does this ap	ply to the person with significant intel	lectual	_		
	Person does SOMETHING		_		
1. d	(produces a signal which may be intentional or unintentional)	lity to			
			_		
2.	2. Communication Partner responds to	iately	_		
2.	that behavior as meaningful		_		
	3.				
	Communication partner is consistent in responding to and		_		
	treating signal as meaningful		_		

SUGGESTS THAT WE SHOULD MORE CLOSELY ATTEND TO:

•THE GOALS OF COMMUNICATION INTERVENTION,
•THE CONTEXT AND
•THE CONSISTENCY OF
PRESENTATION/EXPECTATION

Communication is a <u>basic</u> Human Right

"Communication is any act by which one person gives or receives information about that person's needs, desires, perceptions, knowledge or effective state. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or nonlinguistic form, and may occur through spoken or other modes."

Guidelines for meeting the communication needs of persons with severe disabilities -

Communication Bill of Rights 1992

National Joint Committee for the Communication Needs of Persons with Severe Disability

Each Person has the right to:

- Request desired objects, actions, events and people
- Refuse undesired objects, actions, events
- Express personal preferences and feelings
- Fe offered choices and alternatives
- Reject offered choices
- Request and receive another person's attention and interaction

continued..

Each Person has the right to

- Ask for and receive information about changes in routine and environment
- Receive intervention to improve communication skills
- Receive a response to any communication, whether or not the responder can fulfill the request.
- Have access to AAC serves and other assistive technology services and devices at all times.

Costello, J.M. Children's Hospital Boston 2013

Each Person has the right to

- Be in an environment that promotes one's communication as a full partner with other people, including peers
- Be spoken to with respect and courtesy
- Be spoken to directly and not be spoken for or talked about in the third person while present
- Have clear, meaningful and culturally and linguistically appropriate communications.

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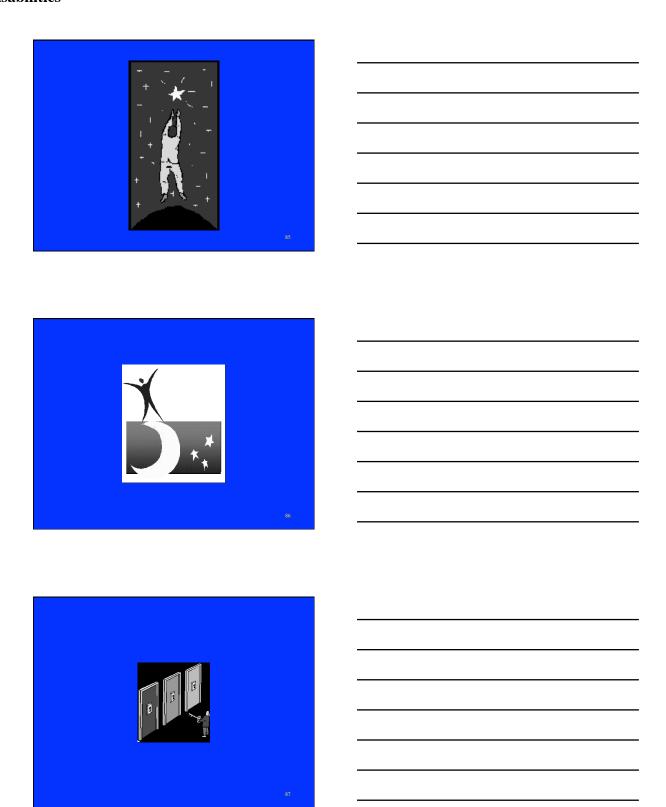
Service Delivery influenced by:

- Focus on Self Determination
- Massachusetts DMR QUEST Tool



Self determination in visuals...

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and the second second	
ARC's Functional Model of Self-Determination	
self determination cannot be defined as a specific response (set of behaviors) because any behavior can be an	
expression of self determination. people who are self determined are viewed as such because of the way they act, and the purpose of their actions. Wehmeyer, 98	
Children's Hospital Boston	
Maladaptive behavior or standing up for own rights and 'negotiating' with	
the tools available.	
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Aassachusetts DMR Quality Enhancer Survey Tool (QUEST)	ment
Five quality indicators: Rights and Dignity Individual Control Social Inclusion Personal growth and accomplishment Personal well being	
Children's Hospital Boston	97
QUEST Tool Designed to measure the impact of services on the life of individual's receiving services through Massachusetts DMR.	
	98
QUALITY OF LIFE AREA #1:	
Rights and Dignity	<u> </u>
OUTCOMES: People are Valued	
OUTCOMES:	

Outcome: People are valued Interactions are respectful of people People are supported to identify В. themselves as adults People are supported to take pride in themselves and their surroundings D. People live and work in setting that are typical of other members of the community Children's Hospital Boston **EXAMPLES OF SUPPORT:** • A respectful tone of voice and adult language is used when speaking with and assisting people • People are included in conversation • Supports listen and respond when people express themselves • People are described in positive and affirming ways which describe their abilities, not their • The use of labels to describe people is avoided (e.g., behavior such as 'a runner') Children's Hospital Boston **EXAMPLES OF SUPPORT (continued)** • Vehicles, signs, furnishing, equipment and materials promote people as valued, competent • People are supported to look their best • Supporters encourage people to answer the door and telephone • People's homes are situated in typical neighborhoods and do not have features that unnecessarily distinguish them from other homes in the neighborhood Children's Hospital Boston

0 (
Outcome: People's rights are affirmed	
A. People and/or those supporting	
them understand individual rights	
B. People's rights are exercised in	
their everyday lives	
	-
C. People receive the same treatment	
as other employees and receive	
comparable wages/benefits	
Children's Hospital Boston 103	
EXAMPLES OF SUPPORT:	
 Human rights training is provided People's family and guardians are informed of 	
individual rights so they can support	
People do not have to ask permission to do routine	
things	
 Areas of the house are not 'off limits' to people (e.g., 	
staff bathrooms, etc.)	
 Displays of data or information of a personal nature is not visible in commonly used areas at work or 	-
home (e.g., behavior charts, medication charts, diet	
plans).	
(E) Children's Hospital Boston	
Outcome: People's rights are protected:	
All interventions are the least intrusive	
and are based upon people's unique	
needs	-
25043	
All interventions are included in a	
written plan	
All interventions are safely, accurately	
and consistently implemented.	
Children's Hospital Boston	

EXAMPLES OF SUPPORT: • Less restrictive alternatives are always **explored** • Data are collected on all interventions and target behaviors • Changes are made when interventions reach the target goal • There is a regular review of all interventions Children's Hospital Boston **QUALITY OF LIFE AREA #2: Individual Control OUTCOMES:** • People are Understood • People make choices in their every day lives · People are the primary decision makers in their lives (S) Children's Hospital Boston Outcome: People are Understood Supporters understand what people are saying Supporters use people's primary means of communication Supporters assist people to be understood by others Children's Hospital Boston

EXAMPLES OF SUPPORT:	
 People's mode of communication is consistently used where they live, work and spend free time 	
Supporters consistently understand and are responsive to individuals' expression and	
non-verbal cues even when people have very	
limited ability to communicate their preferences	
and needs (e.g., gestures, facial expressions)	
Supporters can communicate with individuals	
when they express themselves in different	
languages (e.g., Spanish, sign language)	
Children's Hospital Boston	
Augmentative or assistive communication	
 Augmentative or assistive communication systems are used consistently and effectively 	
when needed (e.g., TTY, communication board,	
computer augmented communication system)	
People are supported to have ready,	
independent access to and support to use	
their communication devices and strategies	
When needed, cerumed deaf interpreters used	
People receive support to understand verbal	
and written communication (e.g., letters from friends, employee handbooks)	
(3) Children's Hospital Boston	
Children's Prospital Boston	
Outcome: People make choices in their	
everyday lives	
A. People make choices about their routines	
and schedules	
B. People make choices about work and	
household tasks for which they are	_
responsible	
The state of the s	
C. People spend their leisure time in personally satisfying ways	
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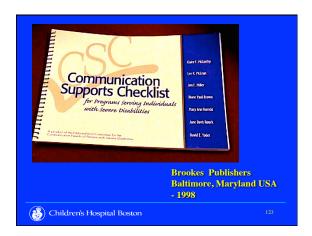
10	XAMPLES OF SUPPORT:	
•	People choose when and what to have for	
	breakfast Junch, dinner and cracks	
~	People decide when and how to complete the household tasks for which they are	
	responsible, taking into consideration the	
	choices of the other people with whom they live	
•	People decide when to go to bed and get up in the morning and what to wear	
	each day	
•	People are supported to change their routines	
(E)		
		_
•	People are encouraged to exercise spontaneity	
•	People are encouraged to build their interests and	
	strengths into leisure activities and hobbies	-
•	People are supported to learn what options and resources are available to them and choose how to	
	spend their free time	
•	There is time and opportunity for people to get involved in activities such as pursue hobbies or	
	their own choosing	
•	People make their own vacation plans	
	Children's Hospital Boston	
· ·		
		_
•	People are supported to make decisions about	
	what work to do from among the work that is assigned to them and how to sequence their work assignments	
	within the parameters of their job or work setting	
•	People make choices about where and with whom to take breaks and lunch	
•	People can go out to eat when time and money permit	
٠	People are supported to decide when to use their vacation and personal time	
•	People's daily routines are tailored to their preferences	
•	There is time and opportunity for people to do activities and learn different things of their own choosing	
3) Children's Hospital Boston	

Outcome: People are the primary	
decision makers in their own lives	
A. People develop their personal goals B. People influence who provides their support C. People control important decisions about	
their home and home life D. People choose where they work or, if	
they choose where they work of, if they choose not to work, people have other options that are meaningful to them	
Children's Hospital Boston	
EXAMPLES OF SUPPORT:	
 Individuals are supported to be active participants in developing their own goals 	
 the exploration process includes information from others who know people well 	
People have a say about who moves into their home.	
 If people are dissatisfied with their current home or house mates, they are supported to make a change 	
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Quality of Life Area #3:	
Community and Social Connections	
A. People are integrated into their community	
B. People are connected with their community	
C. People have relationships	
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EXAMPLES OF SUPPORT: People have access to resources such as public transportation, places of worship, supermarkets, parks and other outdoor spaces People learn about and use local resources such as library, restaurants, theatres, etc. People use the same resources as both disabled and non-disabled people. People are supported to help out in their neighborhood, city or town. Supporters act as bridge builders to support community involvement People are supported to spend time with family, friends, co-workers People are supported to develop a social network that goes beyond people who are paid to support them. Quality of Life Area #4: **Personal Growth and Accomplishments** People accomplish their goals People have autonomy People grow through their life experiences (S) Children's Hospital Boston Examples of support: Strategies and supports are individualized and directly relate to people's goals Assistive technology is provided when people would benefit in order to support autonomy. Supporters are sensitive and take the time to communicate with people about day to day experiences and major events. Children's Hospital Boston

Quality of Life Area #5: Personal Well Being People are safe at home and work People are free from harm People maintain good health People's funds are safe guarded Children's Hospital Boston





Communication B	till of Rights
All people with a disability of any	y extent or severity have a
basic right to affect, through con	nmunication, the conditions
of their existence. All people hav	e the following specific
communication rights in their da	ily interactions. These
rights are summarized from the	Communication Bill of Rights
put forth in 1992 by the US Natio	onal Joint Committee for the
communication Needs of Persons	s with Severe Disabilities.
Children's Hospital Boston	
Request desired objects, actions, events and people	Have access to AAC and other
Refuse undesired objects, actions or events	assistive tech services and devices at all times
Express personal preferences and feelings	Have AAC and other AT devices that function properly at all times
Be offered choices and alternatives Reject offered choices	Be in an environment that promotes one's communication as a full partner with other people,
Request and receive another person's attention and interaction	including peers • Be spoken to with respect and
Ask for and receive information about changes in routine and environment	courtesy Be spoken to directly and not be
Receive intervention to improve communication skills	spoken for or talked about in the third person while present
Receive a response to any communication, whether or not the	Have clear, meaningful, and culturally and linguistically
responder can fulfill the request	appropriate communications
Children's Hospital Boston	
Communicat	ion Supports
Checklist	
Sitesimo	1011011
Children's Hospital Boston	

INTERVENTION CONSIDERATIONS • Do You Know Preferences • Have You Considered Alternative Visual **Presentations (Functional Vision Info)** • Are You Expecting Skill Without Opportunity To Learn • Does Your Presentation Sabotage (Language, Manner Of Representation Presentation, etc.) **Management of Sensory Impairment** in Augmentative and Alternative Communication Lloyd, Wasson, Blichak **Purdue University ASHA Presentation, 1994** Children's Hospital Boston Risk factors for vision and hearing impairment In-utero exposure to: Rubella, • Prenatal anoxia Cytomegalovirus, toxic drugs, • Craniofacial anomalies untreated material syphilis, taxoplasmosis, Herpes, Diuretics Cerebral Palsy

Low birth weight

Mental Retardation

Exposure to toxic drugs Familiar disposition

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Jaundice

Meningitis

Head Trauma

• HIV infection

· Genetic syndromes such as

Down Syndrome Turner, Crouzons, Treacher Collins, Hurler's, etc.)

• Aging

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	Practitioners involved in Assisting	
	Persons Having Visual Impairment	
	T er sons Turking Isaac Ini	
	Pediatric Ophthalmologist	
	Optometrist	
	Low Vision Instructor	
	Vision Educator	
	Orientation and Mobility Instructor	
	• Orientation and Woomity Instructor	
	Children's Hospital Boston	
	LESSONS FROM NEIL	
	also impost an presentation of	
	also, impact on presentation of	
	material such as do slower or	
	lengthier so people with motor	
	disabilities and processing	-
	difficulties can actually look and	
		-
	see!	
	131	
		-
	HORIZONTAL	
	VS	
	VERTICAL	

CVI and severe physical impairment These characteristics include: Color response: usually can see bright colors

- Color response: usually can see bright colors and may prefer single color objects
- Movement response: use motion to gain attention; if it is stagnant it may not be seen
- Latency of response: it may take time for vision to 'click in', requiring wait time. With increased consistent experience, wait time decreases.

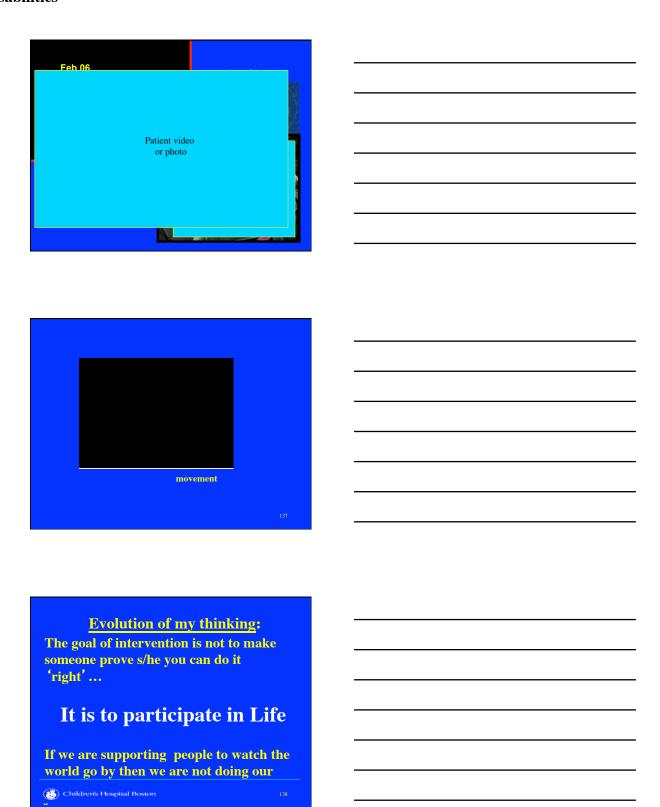
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- <u>Visual fields</u>: may show distinct visual field preferences, may not use central vision at all
- Complexity: complexity of object or background may make using vision difficult. Competing auditory information (lots of verbal cues) may cause person to stop using vision all together.
- Visual motor responses: child may have significant difficult performing multiple motor tasks including looking and reaching, looking and pushing switch, etc.
- Light gazing and non-purposeful gaze; competing light from window or overhead lighting will compete with visual attention to task.

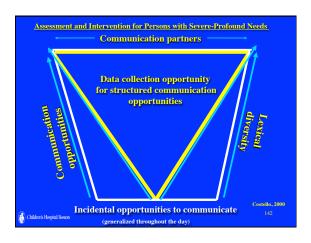
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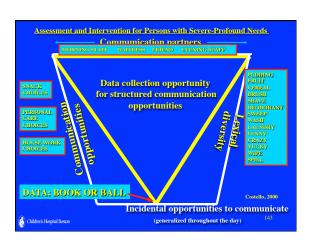
- <u>Distance viewing</u>: child has viewing success within a limited area and outward expansion may be supported over time.
- <u>Visual novelty</u>: may have difficulty viewing objects/materials that are new or do not have preferred features

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Evolution of support 1988: Bob will choose a preferred item from a field of three objects with 80% accuracy in three consecutive months of data collection. different situations daily with 80% accuracy in three consecutive months of data collection 1999: Bob will be supported to communicate his interests and needs throughout his day in all environments using a variety of strategies including object choice displays and simple speech output technology. Children's Hospital Boston Does not mean that we abandon data collection, including types of prompts and supports, observations, choices, situations, name of supporter and date/time of interaction. Children's Hospital Boston You can be functional and scientific at the same time Children's Hospital Boston





Age Appropriate or Person Appropriate? Our job is not to change a person's personality, it is to support the expression of that personality.
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The business of being politically correct requires constantly	
shifting loyalties. For example, the concept of age appropriate has an interesting history. We need to remember that this term	
began as an injunction upon people providing services but has gradually become a burden to be borne by the people	
with different abilities themselves. At first, in response to the misconception that people with learning disabilities were	
eternally children, people were reminded that their respectful	
friends regarded them as being their actual chronological age. this meant that for someone's 25th birthday - even if the person	
had been assessed as having a 'mental age' of 2 - one wouldn't presume to buy a plush toy. This has subsequently become a	
prohibition for the person, however. So an adult who likes trains or dolls is not "allowed" to have them. What began as a	
way of saying "Let's make sure we don't insult a group of people who have been insulted enough" has become a practice that	
says: "Don't do what you want or be who you are. If embarrasses us." - Herbert Loyett	
Children's Hospital Boston - Hernert Lovett Learning to Listen, 1996 145	
	1
Respecting a person for who they	<u>'</u>
are and who they may become given	
the benefit of increased life	
experiences, opportunities and	
expectations	
(Our Lives Teach Us Who We Are)	
146	
	1
So, what if someone doesn't	
want to 'choose' something that	
is age appropriate?	
5 11-1	
some people have had limited expenses to acc	
some people have had limited exposure to age appropriate options and need repeated and	
diverse exposure to develop interest in age appropriate items.	
appropriate items	
In the meantime	
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147	

Principle of today and tomorrow (Beukelman and Mirenda 05)

- Decisions for today meet immediate communication needs and match current capabilities and constraints
- Also concurrently expose individual to variety of age appropriate options to be incorporated into future repertoire.

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Non-Negotiable Supports

- Communication Profile
- Choices
- Engineering for Participation
- Incidental Communication and Social Connectedness
- Providing Information through Multimodal strategies
- Support use of communication strategies and technology
- Support Effortless Success in the Community

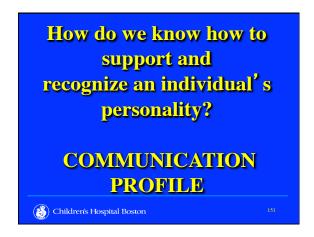


Non-negotiable Strategy:

Developing a communication profile

Strategy:

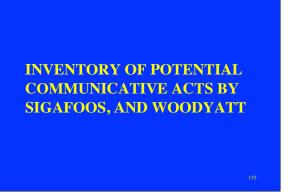
Costello, J.M.	Children's Hospital Boston
2013	



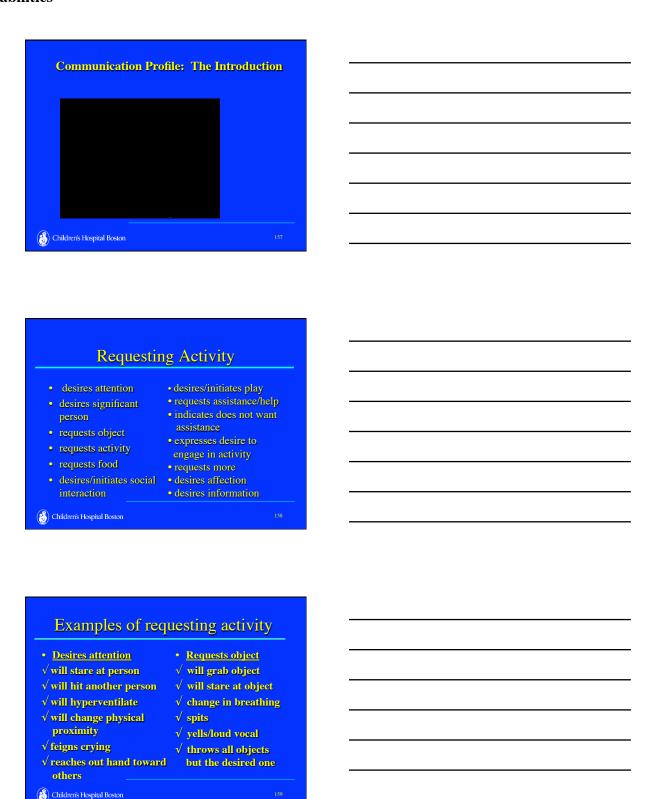


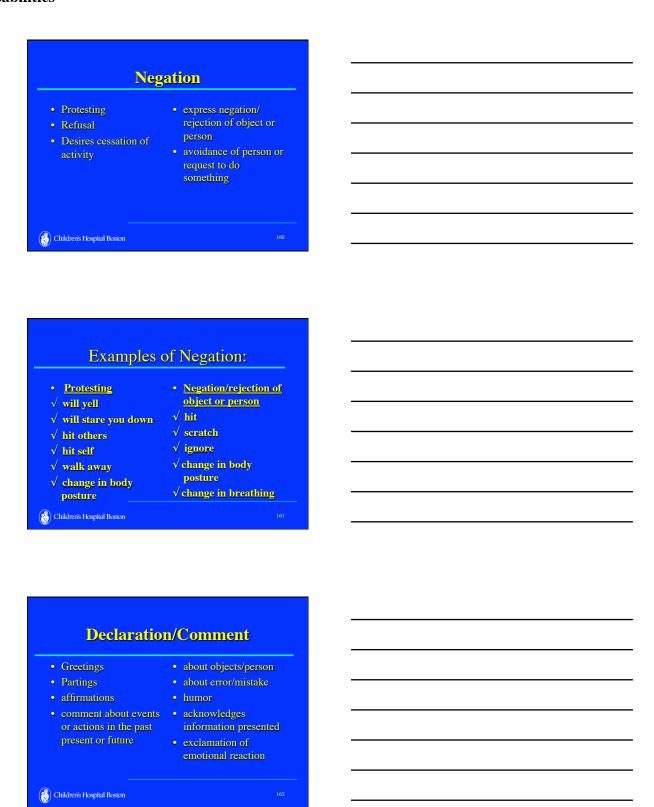


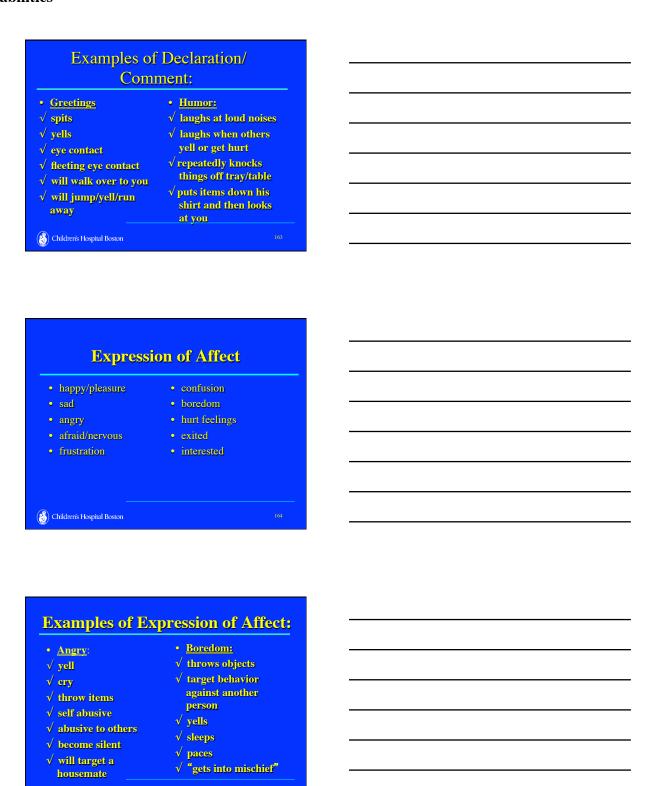
cry/whimper	push/pull
smile/laugh	reach/grab
scream/yell	hug/kiss
grunt/groan	pleasure sounds
tantrum	differential vocalizations
interpretation of affect	perseverative rituals
eye contact/staring	self injurious behavior
gaze aversion	delayed echolalia
gesturing/pointing	sign approximations
interpretation of behavior	respiratory patterns
and body movement	interpretation of physiological
physical proximity	reactions
touch body	inventive gestures
interact with objects	use of symbols



Vocalization	A: Exampl	Face/eye		Challenging	Stereotypic	Symbol
	movement	movement	Breathing	behavior	movements	forms
Sounds	Moves closer	Purses lips	Rapid	Aggression	Arm flapping	Speech
Yells	Moves away	Stares	Slow	Tantrum	Hand	Manual si
Grunt	Tenses	Opens eyes	Hold	Self-injury	wringing	Gestures
Cry/whine	Wiggles	Closes eyes	Swallow	Destruction	Body rocking	Head nod
Laugh	Repositions	Shifts eye	Sigh	of items	Head weaving	Eye point
	body	Gazes away	Blow			Picture bo
	Reaches/touches	Gazes toward				
	Pushes/pulls					
	Points					







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Motivation . . . • the desires, needs and interests that arouse (activate) an organism • and • direct it toward a specific goal

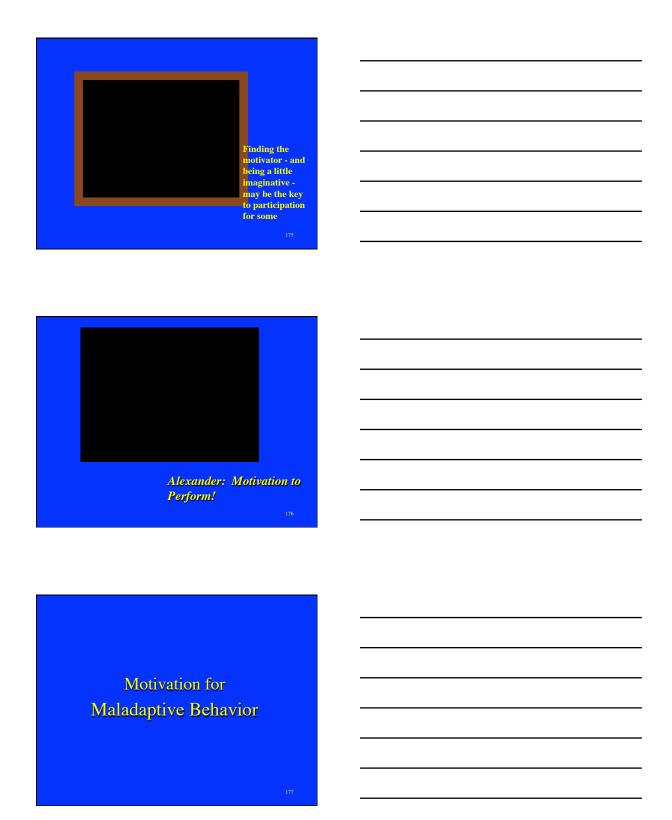
Motivation to Communicate and Engage





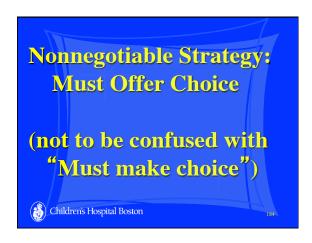








9. Does it appear to you that this person enjoys performing the behavior	
(It feels, tastes, looks, smells, and/or sounds pleasing. 10.Does this person seem to do the behavior to upset or annoy you when	
you are trying to get him or her to do what you ask? 11.Does this person seem to do the behavior to upset or annoy you when	
you are not paying attention to him or her? (for example, if you are sitting in a separate room, interacting with another person).	
12.Does the behavior stop occurring shortly after you give the person the toy, food, or activity he or she has requested?	
13. When the behavior is occurring, does this person seem calm and unaware of anything else going on around him or her?	
14.Does the behavior stop occurring shortly after (one to five minutes) you stop working or making demands on this person?	
15.Does this person seem to do the behavior to get you to spend more time with him or her? 16.Does the behavior seem to occur when this person has been told that s/	
he can't do something s/he wanted to do?	
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Motivation Assessment Scale	
Motivation Assessment Scale	
• Sensory 1,5,9,13	
• Escape 2,6,10,14	
• Attention 3,7,11,15	
• Tangible 4,8,12,16	
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Crimitiens riospital bosion 182	<u> </u>
Exercise - two items	
Volunteers???	
voluncers, ; ;	



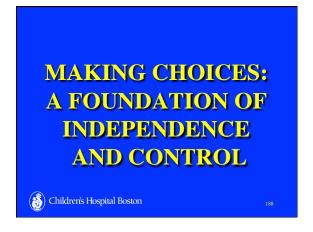
Consider:

- Scenario:
- I' ve got two objects from which you are to choose.
- What does the instructor do/say?

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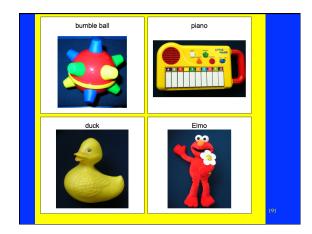
Wh- question acquisition: Question form Age acquired concept Yes/no What + be identify What + do action where Cause/effect How (many, soon, 3.6 - 5.6 (size) Manner/description When time selection



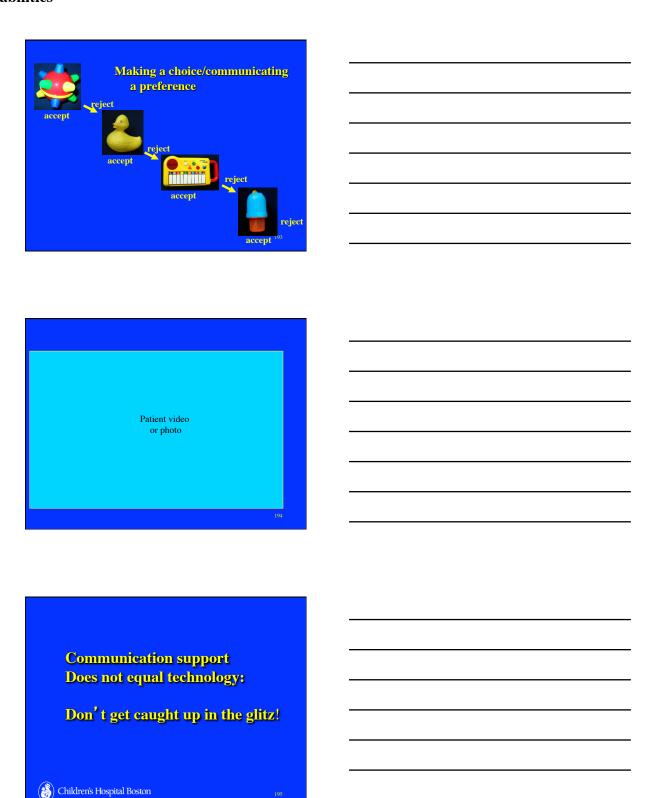
























Representations (not an absolute hierarchy!) Objects • Standard orthography • Object to object (sight words) • Standard orthography • Reduced (encode/decode) dimensionality • Linguistic acceleration Two dimensional techniques Photographs • Morse code • Line drawings • Auditory systems Symbols • Tactile systems Children's Hospital Boston

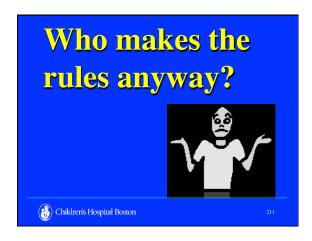




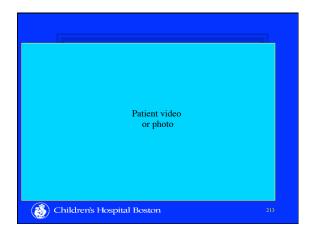


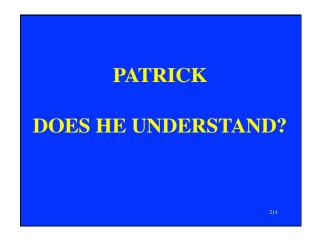






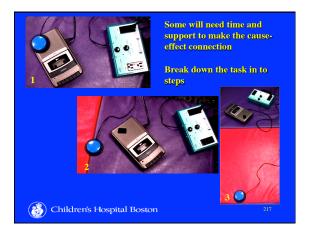
Who makes the rules anyway? Throws items to eliminate the undesired choices Chooses each one and leaves desired item Will look at/stare at desired choice Will make choice only when sitting down Is dependent on a specific cue and does not respond to similar or related (e.g., "touch what you want" versus: show me what you want, point to what you want, what do





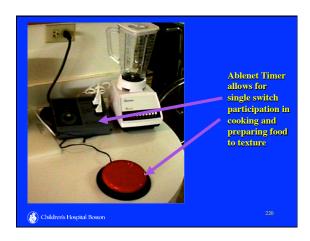


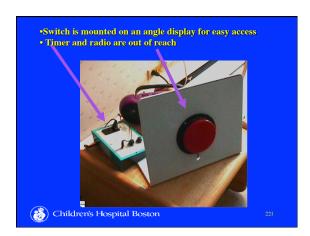






Engineering for	r participation
Can use single switch/dual	
•Tape recorder	•Vibrating
•Food processor	pillow
•Spin art	•Vacuum
•Radio	•Stereo
•Hair dryer	•CD player***
•Fan	•Light box
•Light bright	
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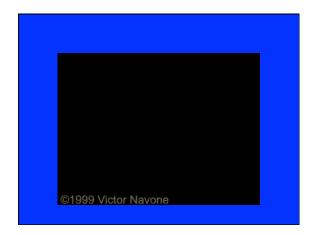


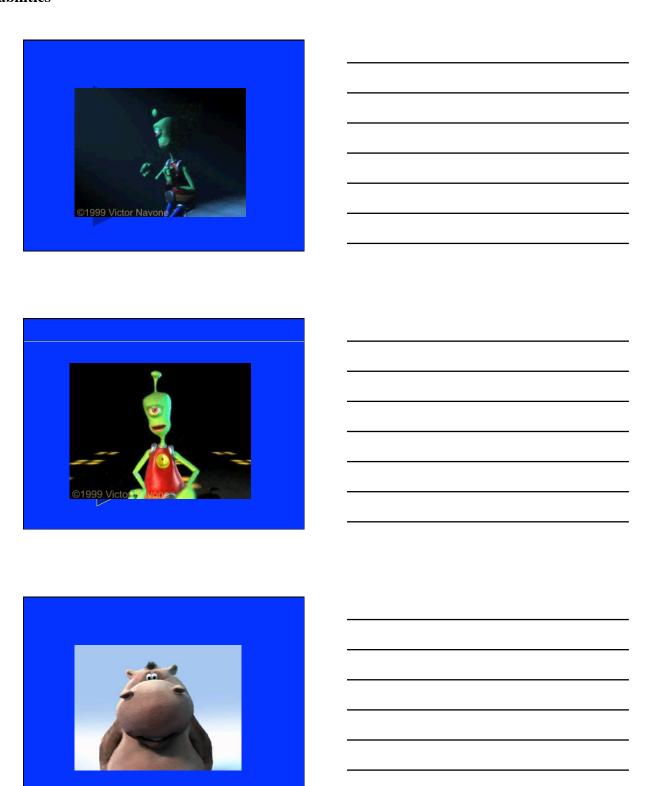














•SINGLE MESSAGE
SWITCHES
•DUAL SWITCHES
•SINGLE SWITCHES WITH
MULTIPLE MESSAGES

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Exercise with Step by Step:

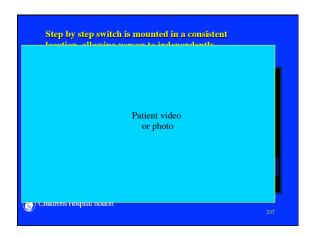
Program 'something' that will encourage the Communication partner to participate for at least THREE turns.

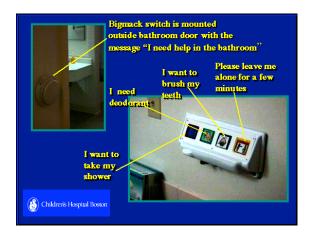
233

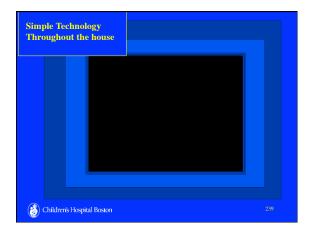










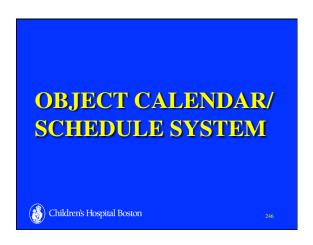




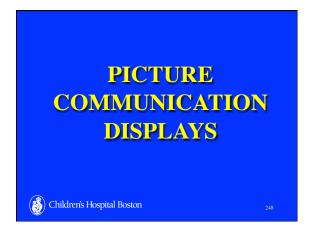
Patient video or photo		
	Patient video	
	pting white, P.D. ri, Ed.D	
Children's Hospital Bosto	on	
Group Activit Step by Step (ty: used throughout the day	
Selected mess	sages:	
		242
Describe Ben's story		
	•	







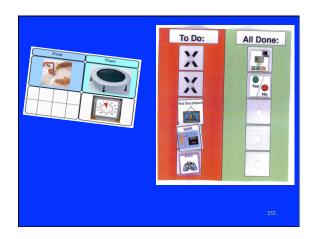


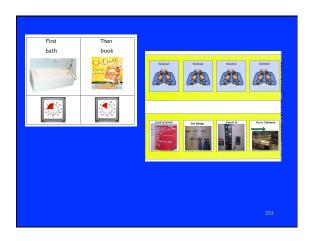


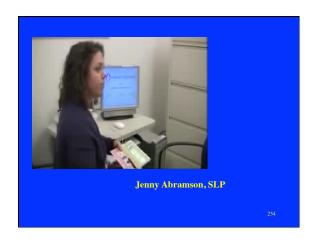




















From Schepis and Reid, AAC V 19, 1 2003

Issues Affecting Staff Enhancement of Speech Generating
Device Use Among People with Severe Cognitive Disabilities

Regarding staff training:

1. Understand how to operate and maintain devices
2. Understand the need for proper positioning
3. Understand the various applications
4. Ensure that individuals who use the devices have access to relevant vocabulary
5. Know how to identify and create opportunities for communication between individuals who use speech output
6. Are able to apply, as needed, behavioral teaching strategies designed to teach individuals how to use device
7. Understand how and when to prompt and respond appropriately to individuals

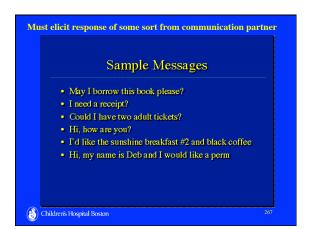


Support effortless success in the community by allowing people to be successful with communication AND be assumed to be competent communicators by people in the community.









Protocol for Use of Simple Technology in the Community • Message is stored while still at home • Recorded voice is age and gender appropriate · Person recording should NOT be person accompanying/supporting in the community · Message is spoken clearly, deliberately and Consistent and predictable community participation occurs (same place/same day/same time of day) Children's Hospital Boston **Data collected** • Name of accompanying person Where went Message spoken • Specific response of person(s) in community Children's Hospital Boston **Obstacles to success:** • Environment specific • Staff specific • Consumer/user specific Technology specific

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History of a Success Story: • Initial visit - engage staff only (How did she do that? What did that say?, Does she know what it means?) • 4 - 5 visits later - expectation! • In some instances, staff have been chastised by people in the community for forgetting the technology Children's Hospital Boston

Things we' ve learned:

- May need to turn device off immediately prior to functional use.
- One people in the community expect competence, they most often expect more
- Creating an audio tape of target messages may be most functional if don't have Step by Step.







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