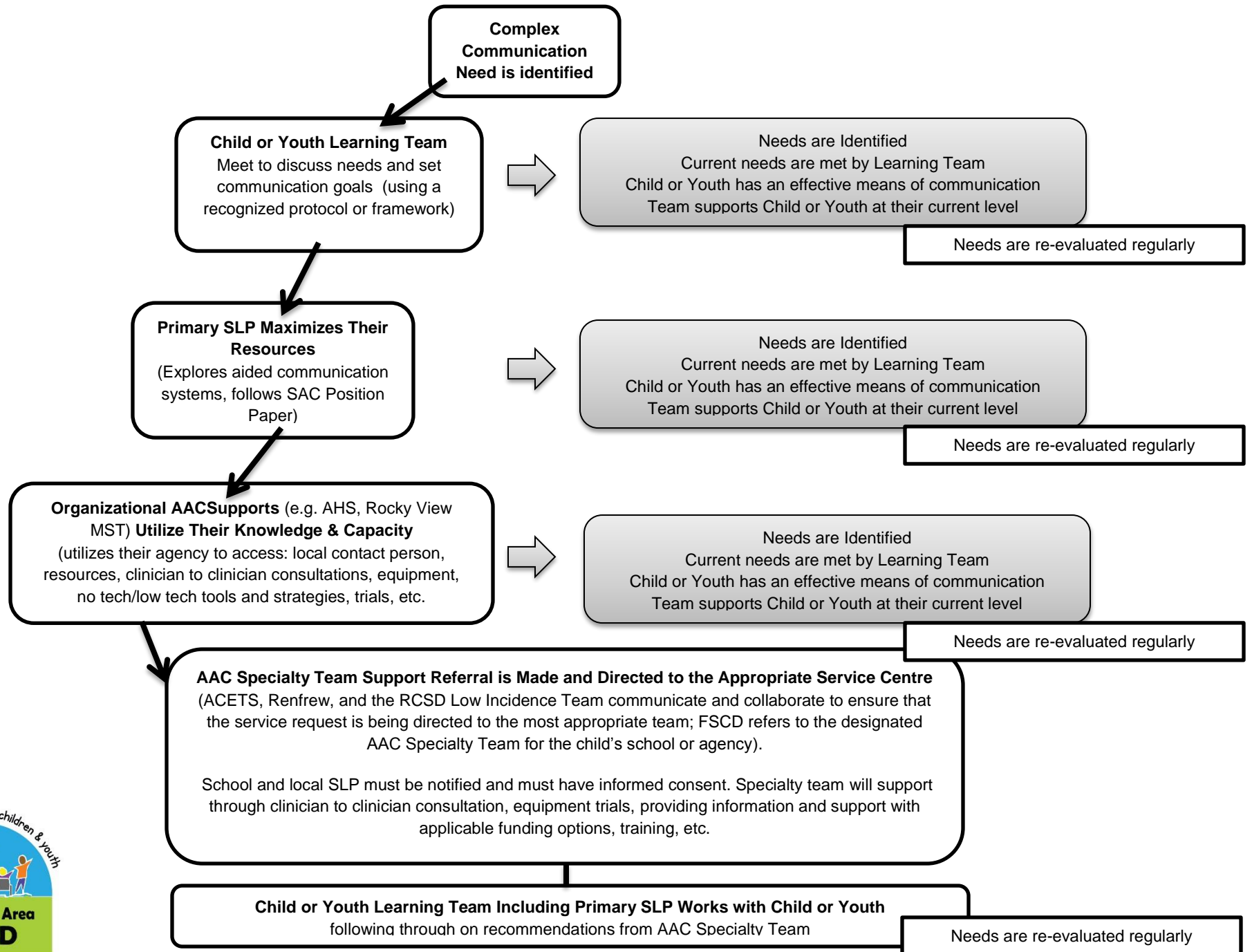


CALGARY AND AREA COLLABORATIVE PARTNERSHIP MODEL FOR AAC SPECIALTY TEAM SUPPORT

White indicates the need to continue along the decision tree. Gray means needs are currently being met.



COLLABORATIVE PARTNERSHIP MODEL FOR LOW INCIDENCE SUPPORT

COMPLEX COMMUNICATION NEEDS

Document to accompany Pathway Flowchart

The purpose of this document and the accompanying pathway is to help teams to have a process to follow when supporting children and youth with complex communication needs

Complex
Communication
Need is identified

Complex communication need – People who have complex communication needs are unable to meet their daily communication needs using speech alone. They and their communication partners may benefit from using alternative and augmentative communication (AAC) tools and strategies, either temporarily or permanently. Hearing limitation is not the primary cause of complex communication need. (Perry, Reilly, Cotton, Bloomberg & Johnson, 2004).

Child or Youth Learning Team
Meet to discuss needs and set
communication goals (using a
recognized protocol or framework)

Child or Youth Learning Team - includes those individuals that provide support to the child or youth in their daily environment.

The team always includes:

- Family (or Guardians)
- Teacher
- Primary Speech-Language Pathologist
- School/Agency Administration (e.g. Principal) or Designate (e.g. Resource Teacher)

The team may include:

- Educational assistant
- Other therapists (e.g., Occupational Therapist, Psychologist, Physiotherapist)
- Other teachers (e.g. Teacher of the Visually Impaired)

Using a recognized Protocol or Framework that defines a series of steps, framework or decision making tree that allows the team to make an informed decision as to the communication needs of the child or youth. Some protocols used on a regular basis include: SETT framework, HAAT, COPM, MPT, etc. See references for further information on these protocols.

Needs are identified
Current needs are met
Child or Youth has an effective means of communication
Team supports child or youth at their current level

Effective Means of Communication - Child or youth and their communication partner(s) are able to communicate to meet the child or youth's daily communication needs.

Needs are re-evaluated regularly

Re-Evaluated Regularly – re-evaluate as needs change or transitions occur (e.g. transition to a different setting). Re-evaluate with a change in communication abilities or health status. If a child's needs have changed, go back to the beginning of the flowchart.

Primary SLP Maximizes Their Resources
(Explores aided communication systems, follows SAC Position Paper)

Primary SLP – The Primary SLP refers to the Speech-Language Pathologist or therapist who provides support to the child in their daily environment. This support may include direct intervention, consultation to classroom staff and family, collaboration with school team and family and referral for additional supports. This is the Speech-Language Pathologist assigned to the child or youth's classroom, school, or agency.

Aided communication systems – Aided language systems require the use of tools or equipment in addition to the user's body. Aided communication methods can range from paper and pencil, objects or pictures, to communication books or boards to devices that produce voice output (speech generating communication devices or SGCDs) and/or written output. SGCDs allow the person to use picture symbols, photographs, letters, and/or words and phrases to create messages. Some devices can be programmed to produce different spoken languages.

SAC Position Paper – Speech-Language & Audiology Canada has a position paper on “The Role of Speech-Language Pathologists with Respect to Augmentative and Alternative Communication (AAC). Their position includes “All SLPs regardless of their work settings, should have basic knowledge of the augmentative and alternative communication (AAC) tools and strategies that can support the expressive and receptive communication needs of their clients.”

Given that the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) does not have a guideline in this area, ACSLPA refers clinicians to the SAC position paper.

Organizational AAC Supports (e.g. AHS, Rocky View MST) **Utilize Their Knowledge & Capacity**
(utilizes their agency to access: local contact person, resources, clinician to clinician consultations, equipment, no tech/low tech tools and strategies, trials, etc.)

Organizational AAC Support(s) – This refers to a designated individual(s) or team within each organization whose primary purpose is to support children with AAC needs. Support is provided on a referral basis within each organization. Agencies utilize and maximize these resources prior to referring to the AAC Specialty Team.

No tech – No tech strategies and tools refer to communication systems used by the child or youth and their communication partners. Examples may include pointing, looking, vocalizing, gestures, signs, facial expressions, and body language.

Low tech – Low tech strategies and tools refer to an aided communication system used by the child or youth and their communication partners. Examples of may include core and topic boards, Picture Exchange Communication System (PECS) and Pragmatically Organized Dynamic Displays (PODD), single message output devices such as Big Mack. PECS or PODD require additional training on the part of primary SLP in order to design and implement.

AAC Specialty Team Support Referral is Made and Directed to the Appropriate Service Centre (ACETS, Renfrew, and the RCSD Low Incidence Team communicate and collaborate to ensure that the service request is being directed to the most appropriate team; FSCD refers to the designated AAC Specialty Team for the child’s school or agency).

School and local SLP must be notified and must have informed consent. Specialty team will support through clinician to clinician consultation, equipment trials, providing information and support with applicable funding options, training, etc.

AAC Specialty Team Support

Calgary & Area has 3 designated AAC Specialty Teams that provide additional support to the children and youth in the Calgary and Area RCSD. The teams support the following populations:

- ACETS (Augmentative Communication and Educational Technology Service housed at the Alberta Children’s Hospital) - supports preschool children and adults as well as school-age children not covered by the other teams
- Renfrew Assistive Technology Team – supports children in Renfrew programs and schools accessing Renfrew services.
- RCSD Low Incidence Team (housed within Support Services for Inclusive Learning at the Calgary Board of Education Highfield Office) – supports school-age children and youth unless these students are served by another AAC Specialty Team.

Each of these teams is also a Level 3 Service Centre for AADL, meaning that they can support applications for all AADL-funded SGCDs. It should be noted that this is not the only purpose of these teams. These specialty teams work with the Child or Youth’s Learning Team and the Organizational Supports for AAC to assess the individual’s communication needs, conduct trials of appropriate communication systems, make recommendations regarding ongoing communication supports, and provide information on other funding options.

AADL: Alberta Aids for Daily Living - Speech Generating Communication Devices

Alberta Aids to Daily Living (AADL) assists Albertans with a long-term disability, chronic illness or terminal illness, in maintaining independence in their community. AADL provides funding for basic medical equipment and supplies to meet clinically assessed needs (an assessment by a health care professional determines the equipment and supplies that an Albertan can receive through the AADL program). Albertans pay 25% of the benefit cost to a maximum of \$500 per individual or family per year. Low-income Albertans and those receiving income assistance are exempt from paying the cost-sharing portion.

SUPPORTING DOCUMENTS

AADL Speech Generative Communication Device Policies and Procedures Manual
<http://www.health.alberta.ca/documents/AADL-Manual-AS-Speech-Devices.pdf>

AADL List of SGCD Service Centres in Alberta <http://www.health.alberta.ca/documents/AADL-SGCD-Centres.pdf>

Calgary & Area RCSD CCN Literature Review -
<http://www.calgaryandarearcsd.ca/assets/Uploads/Calgary-and-Area-RCSD-Lit-Review-on-AAC-Nov-19-2015-final.pdf>

SAC Position Paper - The Role of Speech-Language Pathologists with Respect to Augmentative and Alternative Communication (AAC) (http://www.sac-oac.ca/sites/default/files/resources/aac_position-paper_en.pdf)

ASSESSMENT FRAMEWORKS

COPM - Canadian Occupational Performance Measure
www.theCOPM.ca

HAAT – Human Activity Assistive Technology Model
Cook, A.M. & Polgar, J.M. (2008). Cook and Hussey's Assistive Technologies Principles and Practice, 4th edition, Mosby Inc.

MPT – Matching Person & Technology Assessment Process
Scherer, M.J. & Craddock, G. (2002). The Assessment of Assistive Technology Outcomes, Effects and Costs, Technology and Disability, Special Issue, 14(3), 125-131

*SETT - Student, Environments, Tasks, and Tools Framework
www.joyzabala.com (this is the most commonly used framework)