Augmentative and Alternative Communication Assessment and Intervention Services to Adults with Developmental Disabilities in Manitoba

Services d'évaluation et d'intervention en matière de communication suppléante à l'intention des adultes atteints de troubles du développement au Manitoba

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Abstract

This paper provides an overview of an Augmentative/Alternative Communication (AAC) service delivery model provided by St. Amant Centre's Community Support Program to adults with developmental disabilities living in Manitoba. The evolution of the service, its current format, process and outcomes are highlighted. A brief description of issues related to the provision of quality AAC services is included. This article will be of interest to those currently involved in the development of AAC services.

Abrégé

Cet article donne un aperçu du modèle de prestation des services de communication suppléante (CS) du St. Amant Centre's Community Support Program à l'intention des adultes atteints de troubles du développement qui habitent le Manitoba. L'évolution du service, sa forme, ses méthodes et ses résultats actuels sont mis en évidence. L'article comporte une brève description des questions liées à la prestation de services de CS de qualité. Cet article intéressera ceux qui participent actuellement à l'élaboration de services de CS.

Services in Manitoba for augmentative and alternative communication (AAC) assessment and intervention to adults with developmental disabilities are provided largely on a fee-for service basis. The St. Amant Centre's Community Support Program is one provider of these services. This program was developed in 1986 in order to influence and enhance the adaptive capacities and the quality of environments of individuals with developmental disabilities.

The service is available throughout the province and helps to fill the gap in services to adults with developmental disabilities. A team of consultants including speech-language pathologists, occupational therapists, behavior analysts, physiotherapists, and social workers work together in order to provide a comprehensive service. Biomedical engineers are consulted as needed. The culmination of 10 years of experience has resulted in numerous changes in the way the Community Support Program provides service and creativity in overcoming challenges inherent within the system.

The experiences gained from the clients who have received AAC services in the last 10 years have provided insights regarding the components of a quality AAC service and subsequent challenges for obtaining the Community Support Program's goal of quality service. In brief, components of an "ideal" AAC service include (a) assessment by qualified professionals in the areas of speech, language, physical access, and seating position, (b) development and trial use of the communication system, (c) appropriate training of all involved members, (d) follow-up regarding the individual's progress, (e) purchase of communication materials and/or equipment for the communication system and, (f) ongoing consultation and support of the communication system and client.

The Community Support Program AAC team strives to include all of these components in the assessment and intervention process. Initially, referrals are received by the Coordinator of the Community Support Program from the community and distributed to the identified team members. Each team member prepares a written estimate of the time that they feel will be required to complete each component based upon information provided in the application. The estimate is returned to the referring agent who is then responsible for obtaining funding if the proposal is accepted.

Once funding has been approved, the AAC service is initiated. Interviews with the client as well as those who know the client well are conducted. This gives the clinical team an opportunity to outline the nature of the assessment and determine the priorities for the client and his/her care providers. The assessment includes input from the client and all individuals who are involved with the client (i.e., family members, friends, direct care providers and work or day program staff.) These individuals become members of the AAC team and assist in the identification of the most appropriate communication system. Assessment of the individual's functional communication abilities is performed within daily, routine settings including the work site, home, recreational activities or social occasions. When appropriate, formal methods to assess receptive and expressive language skills are also used. Informal assessments of level of representation, appropriateness of various augmentative communication systems, as well as literacy skills are conducted. Frequently, adults in the community have been found to have emerging or functional literacy skills which can have a profound effect on the recommendations provided by the team. Concurrently, assessments of seating and positioning for optimum access to an augmentative communication system occur.

At the conclusion of the assessment, the team meets to interpret the results and discuss recommendations. Examples of augmentative communication system options are presented and/or demonstrated and a joint decision is then made by the team as to which system(s) is to be recommended for the client. If a voice output communication aid (VOCA) is recommended, the client's name is placed on a waiting list for a trial device. In Manitoba, VOCAs are available for short term loan from an equipment lending pool which is managed by The Open Access Resource Centre (A Project of the Association for Community Living - Winnipeg).

During the loan period, consultants are available to provide assistance to the client, family members and care providers in the care and use of the VOCA. The trial use of the equipment is essential to determine if the client is willing to use the VOCA and whether the family and/or care providers are able and/or motivated to support the use of the VOCA (Blackstone, 1994.) Upon completion of the trial period of one or several VOCAs, the AAC team comes together to make final recommendations.

After completion of a trial period, and possible purchase of a VOCA, if a lack of available funds exists the AAC team's involvement diminishes considerably. This reduces the effectiveness of the Community Support Program for a number of reasons. First, the introduction of any new communication system requires considerable training, not only

for the client, but also for the individuals within the client's various environments. According to Bryen et al. (1995) approximately 260 hours of instruction time is required to learn to use a new VOCA. For even the most basic communication system, training must include vocabulary selection and placement of symbols, as well as information on how to encourage the client to use their new method of communication. For more complicated systems, especially those involving VOCAs, the client and caregivers must receive extensive training in the programming, use, care and maintenance of the VOCA, as well as the back-up system. Instruction should also include simple trouble-shooting tips or instructions regarding what to do when the VOCA is not working.

Secondly, adults with developmental disabilities are faced with frequent changes in staff both at home and in the workplace. When staff who have been trained in the use, care, and maintenance of the system leave, new staff must be trained. This may be done by the remaining staff however, it is preferable if the original consultants can be accessed to ensure that training meets the needs of the new staff and the client.

Finally, the needs of the client may change over time. A communication system may no longer be appropriate after six to twelve months, and modifications to the existing system may be required. In some cases, a completely new system may be required as a result of new skill acquisition (e.g., literacy) or changes in the individual's environment.

To address these needs, the Community Support Program has increased the emphasis on intervention. When staff provide time estimates, they now include time for future follow-up and support. Each case can then remain open for an indefinite length of time, depending on the availability of funding. If a need continues to exist after the available funding has been exhausted, an application is made to request further funds.

In Manitoba, funding may be provided by the Provincial Department of Family Services for communication assessments and consultative service. Currently there is no mandate within Manitoba to provide funding for the augmentative communication system which may include VOCAs, picture symbol dictionaries or communication books. The cost of a VOCA may run from $500.00 to $10,000.00, a sum of money which this group of individuals does not typically have. Additional costs for mounting accessories, back-up battery systems and potential repair costs are a further financial burden. Some groups have dealt with this difficulty through local fund raising attempts or by lobbying their local government officials. This is an issue that needs to be brought to the attention of the provincial government by

local professional and consumer associations and members of the community affected by the lack of long term access to communication equipment.

To assist with the resolution of these issues, functional outcomes of communication systems currently in place need to be documented. St. Amant Centre's Community Support Program assesses its effectiveness through consumer satisfaction surveys. Surveys are sent out on two occasions to the designated participants (the client, care providers, work supervisor, social worker, referring agent) three weeks and six months following completion of services. The responses to date have indicated a high level of satisfaction. Since the inception of the Community Support Program it has been a consumer driven service. Great emphasis has been placed on the satisfaction of the individuals who have been served and the functional outcomes of the recommendations provided. The program is receiving more referrals for communication assessments for individual's who do not have a functional mode of communication, indicating that there is a need in the province for communication services for adults that is not being met by existing agencies.

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References

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