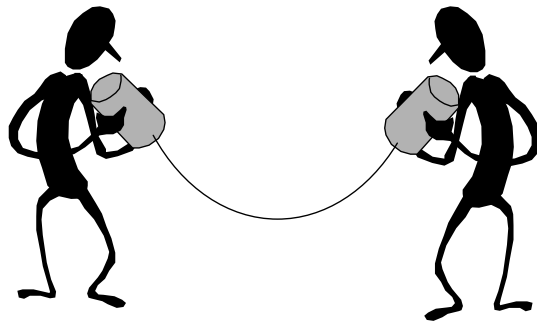


VERMONT COMMUNICATION RESOURCE GUIDE

REVISED



Presented by
The Vermont Communication Task Force

2003
(Updated 4/10)

Vermont Communication Resource Guide
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Members of the Vermont Communication Task Force are available to offer training, consultation or guidance to people receiving support, their families and friends, case managers and support staff.

For more information, contact:
The Vermont Communication Task Force
c/o The Division of Disability and Aging Services
Department of Disabilities, Aging and Independent Living
103 South Main Street
Waterbury, Vermont 05671-1601
Phone: 802 241-2648
Fax: 802 241-4224
Website: www.ahs.vermont.gov

Purpose

This document provides some basic information about Augmentative and Alternative Communication (AAC) and the right of people with significant communication disabilities to be able to communicate. This guide is for people with developmental disabilities and their families and the people who support them.

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Every person, regardless of the severity of his/her disabilities, has the right and the ability to communicate with others, express everyday preferences and exercise at least some control over his or her daily life.

Each individual, therefore, should be given the chance, training, technology, respect and encouragement to do so.

~ Bob Williams ~

PRESUMPTION OF COMPETENCE IN DECISION MAKING & ADVOCACY

- People are presumed to have an active interest in decisions affecting their lives on a short-term and long-term basis.
- In planning or decision-making on a person's behalf, that person's participation must be ensured regardless of the formal communication modalities used.
- This may include the involvement of allies, advocates and communication partners before and after meetings, and may also include the involvement of a "communication ally" during the course of the meeting.

From: *Resolution on the Right to Communicate.*
TASH Resolutions and Policy Statements, February 1993.

COMMUNICATION BILL OF RIGHTS

All people ... have a basic right to affect, through communication, the conditions of their existence. All people have the following specific communication rights in their daily interactions. These rights are summarized from the Communication Bill of Rights put forth in 1992 by the National Joint Committee for the Communication Needs of Persons with Severe Disabilities.

Each person has the right to:

- ✓ Request desired objects, actions, events and people
- ✓ Refuse undesired objects, actions or events
- ✓ Express personal preferences and feelings
- ✓ Be offered choices and alternatives
- ✓ Reject offered choices
- ✓ Request and receive another person's attention and interaction
- ✓ 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 (augmentative and alternative communication) and other AT (assistive technology) services and devices at all times.
- ✓ Have AAC and other AT devices that function properly at all times
- ✓ Be in environments that promote 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

From: The National Joint Committee for the Communicative Needs of Persons with Severe Disabilities (1992). *Guidelines for Meeting the Communication Needs of Persons with Severe Disabilities*. ASHA, 34 (Supplement 7) 2-3; adapted by permission.

WHAT IS AAC?

Augmentative and Alternative Communication (AAC) refers to all forms of communication that enhance or supplement speech and writing.

In simpler terms:

Augmentative Communication supplements or adds to verbal and nonverbal communication.

Alternative Communication is for people with no verbal and minimal nonverbal output.

The use of alternative communication is rare as most individuals use some speech, whether it is the ability to use word approximations, produce a limited number of words or speak intelligibly only to familiar listeners.

Some conventional forms of AAC commonly used by the general public are:

Gestures
Writing



Facial expression
Eye pointing



Head shaking
Drawing



Some conventional communication aids include:

Computers
Telephones



Typewriters
Fax machines



Tape recorders

Just as typical speakers use a variety of modes to communicate, AAC systems are always multi-modal in nature. The goal is to “utilize the individual’s full communication capabilities including any residual speech or vocalizations, gestures, signs and aided communication (Asha, 1991, p.10).”

Many people think that if a person uses AAC they will not speak and/or strategies to improve speech will no longer be addressed. On the contrary, the point is to *supplement* the individual’s existing communication whether it is vocal, gestural or body language.

BASIC PRINCIPLES OF AAC

Here are the most basic principles of augmentative/alternative communication to keep in mind when considering this type of intervention.

1. **AAC is not a different type of communication.** It's more like a "big picture." For AAC to work best, the individual's overall communication system needs to be considered within the context of his or her real life circumstances.
2. **AAC is multi-modal.** It's not one thing, but a lot of different pieces. The idea is to use whatever the individual already possesses and take it as far as one can. One needs always to think across different modes (gestures, voice, devices, etc.) It can become very complicated!
3. **AAC does not guarantee effective communication.** It doesn't "fix" communication, but rather attempts to improve it to the best degree possible.
4. **Partner skills are critical to AAC.** The communication partner also needs to learn some skills when communicating with an AAC user. Communication always involves at least two people, but there is more to do than passively receive when one is communicating with a person using non-traditional modes.
5. **Teaming is a vital component to any AAC plan.** One person alone cannot adequately develop the whole array of elements and strategies necessary for an effective AAC system.
6. **The AAC system is never finished.** One always needs to plan for today and think ahead for tomorrow.
7. **"The Family" is the most important support system for the person using AAC.** In today's diverse society, "the family" may not always mean Mom and Dad at home. Whomever the individual AAC user considers to be most closely bonded with (be it fellow churchgoers, friends, or folks on the block or at work) will be that person's mainstay of support.

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From: *What about AAC? Augmentative and Alternative Communication: A Resource Guide*
Prepared by Mary Alice Favro, MA, CCC-SLP and Beth Taylor, MA, CCC-SLP

WHO NEEDS AAC?

People at any age whose gestures, speech, or written communication are temporarily or permanently inadequate to meet all of their communication needs can benefit from AAC. A number of different conditions may underlie the need for AAC: cognitive, neurological, structural, emotional, or sensory. These include conditions that are present at birth (congenital) or are acquired at any time during a person's life. Some common examples of congenital conditions resulting in a possible need for AAC include cerebral palsy, mental retardation, autism, deaf/blindness, and developmental apraxia of speech. Acquired disabilities that may require increasing reliance on AAC include traumatic brain injury, stroke, spinal cord injury, Amyotrophic Lateral Sclerosis (ALS), repetitive stress syndrome, and laryngectomy. For a number of reasons, such as surgery, injuries, or burns, people may become temporarily unable to communicate effectively and can also benefit from AAC.

From: *What about AAC? Augmentative and Alternative Communication: A Resource Guide*
Prepared by Mary Alice Favro, MA, CCC-SLP and Beth Taylor, MA, CCC-SLP

WHY IS AAC IMPORTANT?

AAC benefits people with significant communication disabilities by improving the quality of their lives in the following ways:

1. **Improved relationships.** Without an effective means of communication, people are often isolated, lonely and misunderstood. Without AAC, a person is unable to make the most rudimentary human contacts. Effective use of AAC enables people to share feelings, thoughts and humor with others.
2. **Improved health and safety.** AAC can greatly improve a person's health and safety and medical care by enabling communication with medical personnel, reducing depression, preventing choking and allowing participation in the management of their supports.
3. **Greater self-determination and control.** AAC enables people with significant communication disabilities to have greater control over their lives. AAC enables people to "speak for themselves"...and develop a social and political voice.
4. **Participation in education.** Effective use of AAC improves access to educational opportunities. Likewise, AAC increases opportunities for literacy learning.
5. **Participation in family life.** When a family member has access to effective AAC supports, life is easier for all. Effective AAC use lessens family tension. ...Aggressive and self-injurious behaviors are dramatically reduced when AAC systems are introduced.
6. **Increased employment.** Employment is a critical aspect of the lives of most adults in our society. AAC removes a major barrier to employment.
7. **Increased independence.** It is difficult, if not impossible, to live independently without the ability to communicate effectively. Shopping, telephone communication, traveling within the community, eating at restaurants, directing personal assistants and baking are but a few daily activities that require effective communication.

WHAT COMMUNICATION PARTNERS CAN DO?

Here are some things that a person who uses augmentative/alternative communication might like you to do as their communication partner.

1. Give me opportunities to communicate throughout my day.
2. Let me answer for myself when people ask me questions. Don't answer for me.
3. Give me chances to communicate with other people during my day.
4. Believe that I am a smart person and have things to say.
5. Listen to me when I have something to say.
6. Know that I also communicate things with my body. These can be important things.
7. Be patient and wait for me to finish what I want to say even if it takes a long time.
8. Don't always ask me yes/no questions. Ask me "what, where, when, why and how" questions.
9. Let me make my own decisions. Don't jump in and make decisions for me.
10. Tell people to talk to me directly and not to you if they want to ask me a question.
11. Don't think that you always know what I am going to say. Don't get ahead of me!
12. Learn about all the ways that I communicate.
13. Learn how to use my communication device.
14. Teach me how to use my communication system.
15. Help me keep my communication device(s) in working order.
16. Help me make sure that all my communication tools and devices are available to me when I need them.

RESOURCES FOR AAC

AAC Evaluators

Name	Address	Phone (802)	Email	AAC Eval	AAC Consult	AAC Therapy	Other Services	Region(s) Served
Ruth Beard, MS, CCC-SLP, ATP	14 Cherry Street Montpelier 05602	223-2137	resbeard@sover.net	Yes	Yes	Yes		Central VT and some Chittenden county
Lisa Erwin-Davidson, MS, CCC, SLP	North Country Health System, 189 Prouty Drive, Newport, VT 05855	334-3260 ext: 464	ledavidson@nchsi.org	Yes	Yes	Yes	Center-based & contract OT, PT, ST available	Northeast Kingdom
Linda Gould, MS, CCC-SLP	168 Foisy Hill Road Claremont, NH 03743	603- 543-1972	lv Gould@adelphia.net	Yes	Yes	Yes	Training & in-service, assistive tech.	Southeastern VT
Phyl Macomber, MA, CCC-SLP, Assistive Technology Specialist	789 Hammond Hill Rd Windsor 05089	484-3537	phyl@practicalatsolutions.com	Diagnostic Consultation	Yes	Yes	Consultation & training/ In-service	Statewide
Heather Myre, MS, CCC-SLP & Mary Swar, MSR, CCC-SLP	Kids on the Move 88 Park Street Rutland 05701	775-7612	kotm@rrmc.org	Yes under 21 yrs. w/ Medicaid	Yes	Yes	Speech & language services	Rutland Region and evals at clinic for anyone in VT
Maureen Nevers, MS, CCC-SLP	I-Team – Center on Disability & Community Inclusion 208 Colchester Ave. Burlington 05405	656-1331	maureen.nevers@uvm.edu	Eval. of needs, not formal testing	Yes	No		Statewide – must access through referral to I-Team Regional Education Consultant
Margaret Novotny, MS, CCC-SLP and staff	Augmentative Learning & Movement Center 122 Park Street Morrisville 05661	888-4432	info@almc-vermont.com	Yes	Yes	Yes	OT, PT, Spec. Ed. Program.	Northern VT (St. Albans-Newport), Central VT (Randolph-Waitsfield)

AAC Evaluators con't.

Name	Address	Phone (802)	Email	AAC Eval	AAC Consult	AAC Therapy	Other Services	Region(s) Served
Julie Taylor, MS, CCC-SLP	1577 East Hill Road Marshfield 05658	456-9833 371-9867	julie2slp@aol.com	Yes	Yes	Yes	General Speech & Lang. services	Washington, Lamoille, Orange, Chittenden counties and Upper Valley/ Northeast Kingdom
Judy Yandow, MS, CCC-SLP	20 Clifton Street Barre 05641	479-7039	jyandow@charter.net	Yes	Yes	Yes		Statewide

Communication/Assistive Technology Access Specialists

Name	Address	Phone (802)	Email	Services	Region(s) Served
Pascal Cheng	HowardCenter 102 S. Winooski Ave. Burlington 05401	488.6527	pascalcc@howardcenter.org	Technical assistance and follow-up consultation for adults with AAC needs. Facilitated communication training and consultation for school age individuals and adults. Training and consultation for literacy skills development with developmental disabilities.	Statewide
Chris Cichoskikelly	Vermont Family Network 600 Blair Park Road, Suite 240 Williston 05495-7589	324-6629 or 800-639- 7170	chris.cichoskikelly@vfn.org	Assistive technology equipment try-out (e.g., alternative keyboards, magnification, reading/writing aids, AAC, software, positioning). Information and resources.	Statewide
Dan Gilman	Vermont Assistive Technology Program 190 Asa Bloomer Bld. Rutland 05701	786-5936	dan.gilman@ahs.state.vt.us	Training of Dynavox, Dynamyte and Dynamo to "teams". (ECU capabilities incorporated into AAC devices). EZKeys word prediction. Speaking Dynamically Pro, BoardMaker. Low-technology computer-based dynamic display communication boards. Access methods as direct select and single switch.	Burlington & Southern Vermont (south of I-89)

Communication/Assistive Technology Access Specialists con't.

Name	Address	Phone (802)	Email	Services	Region(s) Served
Eileen C. Haddon	Vermont Assistive Technology Program Vermont Technical College Randolph Ctr, 05061	728-1520	ehaddon@vtc.edu	Computer access. Developing light-tech ideas. Helping to mock-up layouts and communication ideas to test and develop skills for using more involved AAC devices. Familiar with Speaking Dynamically Pro, BoardMaker and Picture This. Assist teams if getting a trial device and want assistance understanding manual and device features.	Northern Vermont (north of I-89)
Harvey Lavoy	Community Developmental Svs. 50 Grandview Dr. Barre 05641	479-5012 ext: 546	harveyl@wcmhs.org	Assessment training and technical assistance in Facilitated Communication and AAC access teaching strategies.	Statewide

Reference Books/Publications

Augmentative Communication News. c/o Sunset Enterprises, One Surf Way, Suite 215, Monterey, CA 93940

Favro, MA, CCC-SLP & Taylor, MA, CCC-SLP. *What about AAC? Augmentative and Alternative Communication: A Resource Guide*, Vermont Assistive Technology Project, Waterbury, VT.

McCarthy, Claire F., et. al. (1998). *Communication Supports Checklist for Programs Serving Individuals with Severe Disabilities*. Baltimore, MD: Paul Brooks Publishing Co.

Vermont Communication Task Force. *A Guide to Medicaid Funding for Communication Evaluations & Devices*, Vermont Division of Disability and Aging Services, Waterbury, VT.

Vermont Communication Task Force. *Making Communication Happen: Tools to Help Teams Plan and Provide Communication Supports*, Vermont Division of Disability and Aging Services, Waterbury, VT. [Contact the Division of Disability and Aging Services to request training on the use of the guide – see below.]

For additional information or questions about communication supports for people with developmental disabilities in Vermont, contact:

The Vermont Communication Task Force
c/o The Division of Disability and Aging Services
Department of Disabilities, Aging and Independent Living
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Waterbury, VT 05671-1601
Phone: 802-241-2648
Fax: 802-241-4224
Website: www.dail.vermont.gov

