

Closing The Gap

Solutions

October / November, 2020
Volume 39 - Number 4



STAFF

Megan Turek
PRESIDENT

Marc Hagen
VICE PRESIDENT
MANAGING EDITOR

Becky Hagen
MEMBERSHIP MANAGER
REGISTRATION MANAGER

Mary Jo Barry
MEMBERSHIP DEVELOPMENT

Callie Boelter
SALES MANAGER

INDIVIDUAL SOLUTIONS MEMBERSHIP

Standard Membership
1-yr. \$140; 2-yr. \$210; Parent \$85
Premium Membership
1-yr. \$440; 2-yr. \$648; Parent \$274

GROUP SOLUTIONS MEMBERSHIP

Standard and Premium Group
options available.

SUPPLEMENTAL COLLEGE CURRICULUM – ELECTRONIC TEXTBOOK

Instructors receive a complimentary
one-year premium membership.
Student Membership
1-yr. \$85 Standard;
1-yr. \$274 Premium
Visit
www.closingthegap.com/membership
for complete details and pricing.

PUBLICATION INFORMATION

Closing The Gap (ISSN: 0886-1935)
is published bi monthly in February,
April, June, August, October and
December.

CONTACT INFORMATION

Please address all correspondence
to Closing The Gap, P.O. Box 68,
Henderson, MN 56044. Telephone
507-248-3294; Fax 507-248-3810.
Email <info@closingthegap.com>;
Website <www.closingthegap.com>.

COPYRIGHT

Entire content is copyright 2020
by Closing The Gap, Inc., all rights
reserved. Reproduction in whole or
in part without written permission is
strictly prohibited.

EDITOR'S NOTE

The information provided by Closing
The Gap, Inc. in no way serves as
an endorsement or guarantee by
Closing The Gap, Inc.



@ATCClosingTheGap



[www.facebook.com/
ATCClosingTheGap](http://www.facebook.com/ATCClosingTheGap)



[www.instagram.com/
atclosingthegap](http://www.instagram.com/atclosingthegap)

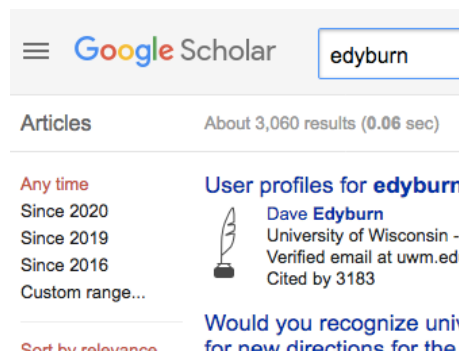
contents

volume 39 | number 4

October / November, 2020

3 Four Types of Literature Reviews Relevant for Assistive Technology Professionals

By Dave Edyburn

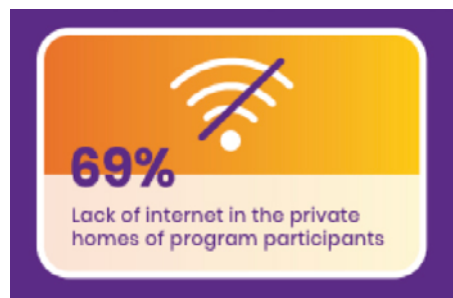


10 Response to the COVID-19 Crisis in Schools: A Parent's Guides

By Mo Buti

14 When the Physical Becomes Virtual Overnight: Creating Novel Approaches to Day Services

By Jordan Jankus



19 AAC in the Time of COVID-19

By Josie Randies and Amy
Berierter



25 Product Spotlight

Four Types of Literature Reviews Relevant for Assistive Technology Professionals

SUMMARY

Assistive technology (AT) professionals are generally interested in research, but often lack access to research articles and strategies for locating relevant research. The purpose of this article is to describe applications of Google Scholar for locating relevant research articles and describe four types of literature reviews that can help busy AT professionals learn about the latest research findings to support their practice.

Assistive technology (AT) professionals are generally interested in research, but often lack access to research articles and strategies for locating relevant research. As a result, it can be difficult to stay up-to-date with the latest research. The purpose of this article is to highlight one strategy for locating relevant research articles and describe four types of literature reviews that can help busy AT professionals learn about the latest research findings to support their practice.

LAUNCHING INTO RESEARCH: GOOGLE SCHOLAR

Google Scholar (scholar.google.com) is a resource all professionals should become familiar with (see Figure 1). It is ideal for tracking down research articles about a topic (e.g., assistive technology), a particular author (e.g., Edyburn), and a particular article by searching on the article title (e.g., Twenty-five years later: How is technology used in the education of students with disabilities?). When a PDF or html copy of the article is available, there will be a link on the right side of the screen so you can download the article. This is always an excellent first step in trying to obtain a research article of interest. If you cannot access an article online, you can try searching a university database or submitting an interlibrary loan request to receive the article through your local

public library. If your school district has a School Library Media specialist, they might be able to assist in obtaining specific articles for you through some of the school's database subscriptions.

However, before we begin the primary focus of this article, let's be sure that you are aware of two other critical features of Google Scholar. First, notice the quotation marks in the final line below the brief description of the article (see #1 in Figure 2). If you click on the quotation link, you will see a pop-up that provides the citation for that article formatted in five of the most common citation formats. You simply need to copy and paste this citation into your reference list (but beware, there are often errors in the formatting, capitalization, or missing information). Nonetheless, this is a real time saving feature.

The second Google Scholar feature you want to know about is the link next to the quotation mark, labeled Cited by (see #2 in Figure 2). If you click on the Cited by link you will see a list of all the articles that cite this particular article that may help you discover even newer articles that may be relevant for your work. This is very interesting if you happen to be the author of the article! However, the real value of this feature is that it provides a literature search going forward from the time an article was published. That is, when an article is published, the author lists the references



DAVE EDYBURN is Senior Research Scientist and Professor Emeritus, University of Wisconsin - Milwaukee. His research and teaching interests focus on the use of technology to enhance teaching, learning, and performance. Email: edyburn@uwm.edu



BACK TO
CONTENTS

Google Scholar edyburn

Articles About 3,060 results (0.06 sec) My profile

User profiles for edyburn

Dave Edyburn
University of Wisconsin - Milwaukee
Verified email at uwm.edu
Cited by 3183

Any time
Since 2020
Since 2019
Since 2016
Custom range...

Sort by relevance
Sort by date

☒ include patents
☒ include citations

☒ Create alert

Would you recognize universal design for learning if you saw it? Ten propositions for new directions for the second decade of UDL [PDF] sagepub.com
DL Edyburn - Learning Disability Quarterly, 2010 - journals.sagepub.com
As I read the latest issue of the Learning Disability Quarterly, I was appreciative of the essay by King-Sears (2009) highlighting the value of universal design for learning (UDL) to the learning disability community. The allure of UDL has captured the imagination of many ...
☆ Cited by 432 Related articles All 19 versions

[PDF] Assistive technology and students with mild disabilities [PDF] core.ac.uk
DL Edyburn - Focus on exceptional children, 2000 - core.ac.uk
The use of technology in special education technology has evolved considerably in the 1990s. Therefore, it is somewhat surprising that literature searches using the descriptors "assistive technology" and "mild disabilities" yield few articles (Behrmann, 1994; Bryant ...
☆ Cited by 361 Related articles All 13 versions

[PDF] Rethinking assistive technology [PDF] psu.edu
DL Edyburn - Special Education Technology Practice, 2004 - Citeseer
Most citations of the definition of assistive technology can be traced back to the 1988 passage of Public Law 10-407, The Technology-Related Assistance Act for Individuals with Disabilities. Commonly known as the Tech Act, the law defined two critical aspects of ...
☆ Cited by 147 Related articles

Critical issues in advancing the special education technology evidence base [PDF] sagepub.com
DL Edyburn - Exceptional Children, 2013 - journals.sagepub.com
The field of special education technology is devoted to a variety of activities that ultimately serve to augment, bypass, or compensate for a disability. Much like a kaleidoscope, perceptions of the field may be viewed through the reflection of multiple lenses. The three ...
☆ Cited by 129 Related articles All 3 versions

Figure 1 A screen print illustrating the search results in Google Scholar.

range...

relevance
late

1

Would you recognize universal design for learning if you saw it? Ten propositions for new directions for the second decade of UDL [PDF] sagepub.com
DL Edyburn - Learning Disability Quarterly, 2010 - journals.sagepub.com
As I read the latest issue of the Learning Disability Quarterly, I was appreciative of the essay by King-Sears (2009) highlighting the value of universal design for learning (UDL) to the learning disability community. The allure of UDL has captured the imagination of many ...
☆ Cited by 432 Related articles All 19 versions

[PDF] Assistive technology and students with mild disabilities [PDF] core.ac.uk
DL Edyburn - Focus on exceptional children, 2000 - core.ac.uk
The use of technology in special education technology has evolved considerably in the 1990s. Therefore, it is somewhat surprising that literature searches using the descriptors "assistive technology" and "mild disabilities" yield few articles (Behrmann, 1994; Bryant ...
☆ Cited by 361 Related articles All 13 versions

[PDF] Rethinking assistive technology [PDF] psu.edu
DL Edyburn - Special Education Technology Practice, 2004 - Citeseer

2

Figure 2 A screen print illustrating two useful Google Scholar features.

s/he used at the time the work was written. However, how do you know about all the works that cited this particular article?

Before Google Scholar, you would need to be an expert to understand the impact of any specific article. Now, you simply need to pay attention to the citation count to have an approximate idea of the article's impact. For example, if a paper is newly published it may have few, if any citations. If an article is several years old and has few citations, you should probably avoid it. However, when you start to see citation counts in the hundreds or thousands, it signals you should probably become familiar with the article because it has had clear impact on the profession. Because the field of AT is so specialized, it is very common to see articles with citation counts in the 30-150 range. Citation counts above 150 are noteworthy in the field of AT and citation counts above 1000 are articles that everyone should probably be familiar with.

FOUR TYPES OF LITERATURE REVIEWS

Reviews of the literature are essential for any research project because before we can conduct a new study we need to understand what is already known about our topic. Grant applications will often require a review of the literature to demonstrate that there is a need for the project. And, practitioners are often challenged to demonstrate that the interventions we are proposing are evidence-based. As a result, it is increasingly important that AT professionals have a basic understand of literature reviews.

Finding the right review of the literature will save hours of work trying to track down different individual studies to make sense of all that is known. The following sections provide a brief introduction to four types of literature reviews. Examples of each type of review are included if readers are interested in learning more about the literature review methodology. In some cases, I hope that you will discover a literature review that you didn't know you needed. Items marked with an * are available from Google Scholar.

DESCRIPTIVE LITERATURE REVIEWS

The most common type of literature review is what is known as a descriptive review of the literature. Here, the author describes the search terms that they wanted to analyze (e.g., virtual reality in special education), a period of time to study (usually the past 5 or 10 years), some inclusionary criteria (i.e., K-12 education, written in English), and some exclusionary criteria (i.e., conference proceedings, post-secondary education). Then, they analyze the set of article they found and describe the characteristics of the knowledge base. Typically, they will end with a set of recommendations for future research (this is especially valuable for student researchers looking to justify a new study!). Finding a literature review on a topic of interest will point you to many more relevant articles that you can track down from the reference list. Here are a few recent descriptive literature reviews that may be of interest to AT professionals.

Collins, J. C., & Collet-Klingenberg, L. (2018). Portable electron-

ic assistive technology to improve vocational task completion in young adults with an intellectual disability: A review of the literature. *Journal of Intellectual Disabilities*, 22(3), 213-232.

* Koumpouros, Y., & Kafazis, T. (2019). Wearables and mobile technologies in autism spectrum disorder interventions: A systematic literature review. *Research in Autism Spectrum Disorders*, 66, 1-25.

Mechling, L. C. (2007). Assistive technology as a self-management tool for prompting students with intellectual disabilities to initiate and complete daily tasks: A literature review. *Education and Training in Developmental Disabilities*, 42(3), 252-269.

* Schreffler, J., Vasquez, E., Chini, J., & James, W. (2019). Universal design for learning in postsecondary STEM education for students with disabilities: A systematic literature review. *International Journal of STEM Education*, 6(1), 1-10.

SCOPING REVIEWS

Scoping Reviews are a newer type of literature review. The intent of a scoping review is to find as much information on a new topic that may not yet have a large research base. For this reason, there are no limits placed on inclusion and exclusion criteria since the goal is to produce a snapshot of what is known by gathering as many different types of articles that offer opinion, examples from practice, white papers and more. AT professionals trying to make the case for the acquisition of new technologies that may not yet have a research base may wish to search for a scoping review or conduct their own. Below are eight examples of recent scoping reviews that may be relevant for the field of AT.

* Costantino, M. A., & Bonati, M. (2014). A scoping review of interventions to supplement spoken communication for children with limited speech or language skills. *PloS One*, 9(3), e90744, 1-15.

* Cunningham, B. J., Washington, K. N., Binns, A., Rolfe, K., Robertson, B., & Rosenbaum, P. (2017). Current methods of evaluating speech-language outcomes for preschoolers with communication disorders: A scoping review using the ICF-CY. *Journal of Speech, Language, and Hearing Research*, 60(2), 447-464.

Drager, K. D., & Holyfield, C. (2016). Scoping review of interventions for children who require augmentative and alternative communication is limited by focus on randomized controlled trials. *Evidence-Based Communication Assessment and Intervention*, 10(2), 59-65.

* Karem, R.W., Washington, K. N., Crowe, K., Jenkins, A., Leon, M., Kokotek, L., ... & Westby, C. (2019). Current methods of evaluating the language abilities of multilingual preschoolers: A scoping review using the International Classification of Functioning, Disability and Health—Children and Youth version. *Language, Speech, and Hearing Services in Schools*, 50(3), 434-451.



* Kennedy, J., Missiuna, C., Pollock, N., Wu, S., Yost, J., & Campbell, W. (2018). A scoping review to explore how universal design for learning is described and implemented by rehabilitation health professionals in school settings. *Child: Care, Health and Development*, 44(5), 670-688.

* Lamontagne, M. E., Gagnon, C., Allaire, A. S., & Noreau, L. (2016). A scoping review of clinical practice improvement methodology use in rehabilitation. *Rehabilitation Process and Outcome*, 5, RPO-S20360.

* Schlosser, R. W., & Koul, R. K. (2015). Speech output technologies in interventions for individuals with autism spectrum disorders: A scoping review. *Augmentative and Alternative Communication*, 31(4), 285-309.

* Tao, G., Charm, G., Kabacińska, K., Miller, W. C., & Robillard, J. M. (2020). Evaluation tools for assistive technologies: A scoping review. *Archives of Physical Medicine and Rehabilitation*, 101(6), 1025-1040.

META-ANALYTIC REVIEWS

A meta-analysis review is similar to the formality of a descriptive literature review but goes further to conduct a statistical test about the size of the effect caused by the intervention. Until recently, a meta-analysis was considered one of the highest levels of research evidence (see Evidence Review below). Nonetheless, locating a meta-analysis on a topic of interest is an important find for any professional. Here are a few recent meta-analysis reviews that may be of interest to AT professionals.

* Alzrayer, N., Banda, D. R., & Koul, R. K. (2014). Use of iPad/iPods with individuals with autism and other developmental disabilities: A meta-analysis of communication interventions. *Review Journal of Autism and Developmental Disorders*, 1(3), 179-191.

Capp, M. J. (2017). The effectiveness of universal design for learning: A meta-analysis of literature between 2013 and 2016. *International Journal of Inclusive Education*, 21(8), 791-807.

Muharib, R., & Alzrayer, N. M. (2018). The use of high-tech speech-generating devices as an evidence-based practice for children with autism spectrum disorders: A meta-analysis. *Review Journal of Autism and Developmental Disorders*, 5(1), 43-57.

* Perelmutter, B., McGregor, K. K., & Gordon, K. R. (2017). Assistive technology interventions for adolescents and adults with learning disabilities: An evidence-based systematic review and meta-analysis. *Computers & Education*, 114, 139-163.

* Wood, S. G., Moxley, J. H., Tighe, E. L., & Wagner, R. K. (2018). Does use of text-to-speech and related read-aloud tools improve

reading comprehension for students with reading disabilities? A meta-analysis. *Journal of Learning Disabilities*, 51(1), 73-84.

EVIDENCE REVIEW

Research methodologists have increasingly sought to improve the quality of research reviews to remove some of the subjectivity found in descriptive literature reviews (Cooper, Hedges, & Valentine, 2019; Higgins, et al., 2019). At the forefront of this work is an international network of researchers known as Cochrane (www.cochranelibrary.com). They have established protocols for conducting evidence reviews. They have also created a library of the evidence reviews. This work originally started by focusing on medicine and health science but the methodology is finding its way into education. At this point, there is only one AT evidence review that meets this highest standard of research evidence.

Thomas, R., Barker, L., Rubin, G., & Dahmann Noor, A. (2015). Assistive technology for children and young people with low vision. *Cochrane Database of Systematic Reviews*, 6, Art. No.: CD011350. DOI: 10.1002/14651858.CD011350.pub2

REFERENCES

Cooper, H., Hedges, L. V., & Valentine, J. C. (Eds.). (2019). *The handbook of research synthesis and meta-analysis*. NY: Russell Sage Foundation.

Higgins, J. P., Thomas, J., Chandler, J., Compton, M., Li, T, Page, M.J., & Welch, V.A. (Eds.). (2019). *Cochrane handbook for systematic reviews of interventions* (2nd ed.). Chichester (UK): John Wiley & Sons. ■



A POWERFUL SOLUTION for powerful emotions

Students returning to school have faced a wide range of emotional challenges. And we know the challenge extends to educators as well. With Positivity, you are not alone.

Whether you are teaching in person or remotely, this interactive behavior management solution empowers you to:

Build SEL skills and support self-regulation with online evidence-based strategies that reach students throughout the day.

Implement successful, proactive behavior planning from start to finish.

Access trusted tracking, analysis, and reporting for data-driven support with setting goals, choosing interventions, and easily documenting progress.

Explore the power of Positivity at
n2y.com/positivity/support-sel-in-any-setting

EVERYONE Can Learn®
800.697.6575 • n2y.com

Copyright © n2y, LLC. All rights reserved.



UPCOMING LIVE WEBINARS

PROFFESIONAL DEVELOPMENT

CEUs are provided by the AAC Institute and are available for live webinars at no additional fee (does not include sponsored webinars unless noted). A 60-minute webinar = 0.1 CEUs. A 90-minute webinar = 0.2 CEUs



AAC Ready – Set – Goal: SMART Goals for Unity and WordPower

By Liz Heisler

Tuesday, October 6, 2020

3:30 pm – 5:00 pm (Central Daylight Time)

Creating goals and measuring progress for individuals who use AAC can be a challenging process. This course will provide the participants with resources, tools, and framework so they have the skills to write goals and objectives on their own.

Participants will learn through the two presented case studies: an Accent 1000 device user with Unity vocabulary and a NovaChat 8 device user with WordPower vocabulary. As we explore the goals for these clients, participants will engage in their own goal writing in order to learn about the four areas of communicative competence, the goal attainment scale, and SMART terminology.



Executive Functioning 101

By Cassie Frost

Tuesday, November 24, 2020

3:30 pm – 5:00 pm (Central Standard Time)

Executive Functioning consists of important every-day skills that often get taken for granted. How we plan our day, organize tasks, and the length of time we can stay focused on what we need to do are all considered executive functioning tasks.

This session will discuss what executive functioning is, how executive functioning skills

relate to education and what educators can do to help support students. Attention, memory and organization will be discussed under the umbrella of executive functioning and participants will leave with a better understanding of how to support their students in a variety of educational environments.



Talking With Tech LIVE: Brainstorming Solutions To Real-Life AAC Questions

By Christopher Bugaj and Rachel Madel

Wednesday, December 2, 2020

3:30 pm – 5:00 pm (Central Standard Time)

Talking With Tech is a free, weekly podcast about augmentative/alternative communication. Listeners from around the world have sent in questions about how to consider, select, and implement AAC with students and families. In this interactive session, actual questions will be posted in a multimedia slide deck and displayed to the participants. Together, participants will brainstorm solutions to the questions. These solutions will be documented in a shared resource and the presentation will be recorded.



Executive Functioning in the Classroom

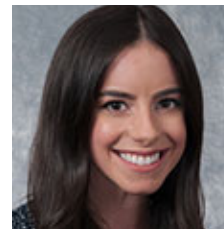
By Cassie Frost

Tuesday, December 15, 2020

3:30 pm – 5:00 pm (Central Standard Time)

Executive Functioning consists of important skills in the areas of memory, organization, and attention. Come learn tips, tricks, and tools to help all learners be successful in your classroom. This session will review executive functioning and then take a look inside of a classroom to find areas that students may struggle and give concrete examples of techniques and strategies for supporting students.

Supports will be discussed for the classroom environment, teacher supports, and for students that all work together to help students who may be struggling with executive functioning in your classroom.!



Bridging the Gap Before the SGD Arrives

By Eliza Smith

Tuesday, January 19, 2021

3:30 pm – 4:30 pm (Central Standard Time)

The time from the original evaluation to the time the client has their own device may span several months. There can be a lot of waiting in the process, but this can be productive time to work with the child's team to lay crucial groundwork for supporting their communication and language now and in the future!

This technical session will highlight how to use device emulation software and low-tech communication supports to facilitate team buy-in and understanding of the AAC system. The session will provide examples of how to utilize emulation software to support communication partners in 1) learning the device vocabulary file 2) creating visual supports, and 3) interacting with the vocabulary in the child's environments.

REGISTER NOW!

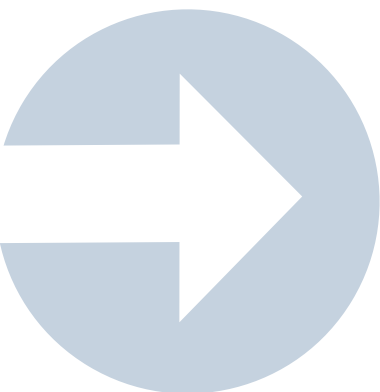
ARCHIVED WEBINARS

Over 150 archived webinars already included, plus more added regularly!



Creating Low-Cost AT Solutions for Blind, Low Vision, Deaf, HOH and Deaf-Blindness

BY THERESE WILKOMM



LOG IN TODAY!

Do you need to document your learning?

Members simply view an archived webinar and, upon completion, can request CEUs and/or certificate a of contact hours. *It is really just that simple.*

www.closingthegap.com/webinars/archived-webinars/



Response to the COVID-19 Crisis in Schools: A Parent's Guide

During these uncertain times, many parents that have children with disabilities are struggling with navigating remote learning and worried about the implementation of their child's Individualized Education Plan (IEP). You are not alone! The below is an effort to provide parents support, information, strategies and encouragement.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

The U.S. Department of Education is not allowing any waivers to IDEA. They are, however, asking that there be some flexibility. This should not mean that your child's unique needs are no longer going to be met. The federal guidance emphasizes that Free and appropriate education (FAPE) may include, as appropriate, special education and related services provided through distance instruction implemented virtually, online, telephonically or with materials being sent to the home.

IEP

The IEP continues to be a very important document that is required by law and needs to be updated annually. Please make sure that it is up-to-date and accurately reflects your child's present levels of functioning. If it does not, you need to call an IEP meeting right away to get this updated. Make this request in writing. When updating the present levels please make sure that any regression is noted in the IEP. Include both the past and present levels.

Example: If a previous IEP stated that your child could attend to a task for 11 minutes and now can only attend for 2 minutes then you want the IEP to capture the previous data as well as current information. This will be important when school is back to brick and mortar in order to consider compensatory education. Parents must have meaningful participation in the IEP and therefore your input must be considered and captured within the IEP. If there are additional needs that your child now has due to the pandemic (ie: learning to wear a mask, learning to wash



MO BUTI, With over 30 years of experience, Mo is a practiced professional in the field of special education providing services and support to those with disabilities and their families and school districts. She served as Director of Program Development for Neumann Family Services. Prior to Neumann, she managed autism programs and services for over 6,000 students as Director of Autism and Intellectual Disabilities at Chicago Public Schools. Mo's additional experience also includes special education teacher, autism itinerant and special education administrator. Mo Buti offers affordable advice and advocacy to families of those with autism and all other disabilities and special needs. Providing guidance and support to navigate school district's complex systems, she assists parents with every stage of the IEP process, ensuring that students receive a free and appropriate public education (FAPE) in the least restrictive environment (LRE). Mo consults with families to determine specific educational solutions, services, and programs, as well as appropriate placements, to meet student's individual needs to capitalize on their strengths. She works to further the individual's educational, social-emotional and vocational goals to help realize maximum potential. Mo Buti possesses a M.Ed-BD, M.Ed-ADMIN, QIDP certification, Director of Special Education degree/certificate from Illinois and her Type 75 Administrator certification.

Mo is a dynamic, international speaker and well-respected authority on autism, intellectual disabilities, adult services, behavioral strategies, educational supports, and more. An active member in the special education community, including the Illinois State Autism Task Force and the Vizzle Advisory Board, Mo was the recipient of the 2012 Bobby Reyes Tribute Award from Esperanza for outstanding commitment and dedication to children and adults with developmental disabilities by an individual.

hands, learning how to socially distance, need for social-emotional supports due to losses or lack of socially engaging with other children, etc) then these too should be added to the IEP.

DISTANCE LEARNING PLANS/REMOTE LEARNING PLANS

Your district might be creating additional plans to be utilized during the time of distance learning. This should not replace an IEP, but rather should be a detailed outline of HOW the IEP would be implemented remotely. There may need to be additional accommodations added, different ways to implement IEPs, additional training required to parents, and more. If there are tangible accommodations that are required in the IEP but you do not have at home the school is responsible to provide these to you to use at home. (ie; visual schedule, seating cushion, fist - then board, text to speech, timers, slant boards for writing, communication boards/books, etc). The school may mail, drop off or have you pick them up.

DATA

Where does the data now come from? You and the staff. Your data is just as important. You are there with your child and have been there with them supporting the instruction since the beginning of the pandemic. Please make sure that you are sharing this information via email to the school staff. You also want to see this included in the upcoming IEP document. Your data should be documented within the IEP as part of the present levels of the IEP. If you do not know how to take data then request support from your school staff.

DOCUMENTATION

Document everything: What was provided to your child? What your child was able to access? How your child responded to instruction or if they could even respond? What level of support did they need from you? Not only will this be used as data it will also be important to use when considering compensatory education. Parents should keep detailed documentation of all educational opportunities provided to students during any suspension of in-person instruction. Input and information from parents concerning student performance during closure/disruption is very important. Create a binder or notebook to keep this information together in one place.

COMPENSATORY SERVICES

The U.S. Department of Education (ED) describes compensatory services to be services/supports that may be required as an equitable remedy designed to repair educational and functional deficits resulting from the denial of a FAPE. This denial of FAPE can be a result of extended school closures, disruptions to in-person instruction, delays and/or changes in how services were provided that caused the special education and related services outlined in the IEP to not be effectively implemented

and caused a loss of skills and/or regression. If your child could not access and make gains through remote learning or if the services outlined in the IEP were actually not provided, then compensatory education needs to be considered. You will want to determine if your state is a Quantitative or Qualitative. Qualitative looks at what is needed to place a student in the same position they would have been in if FAPE had been provided. Quantitative calculates the exact amount of service minutes identified on the IEP that were not implemented.

The IEP team must make an individualized determination whether and to what extent compensatory education services may be needed to make up for any skills that may have been lost or lack of gains as a result of COVID-related disruptions to the provision of FAPE. Consider the below when determining if compensatory education is needed:

What was the rate of progress on IEP goals prior to closure/disruption vs during the closure/disruption;

Is there a difference between IEP progress monitoring data immediately preceding closure/disruption and IEP progress monitoring data collected a reasonable time after the return to in-person instruction;

Was there a difference between services identified on the IEP and services offered during closure/ disruption, including amount, frequency, duration, type and delivery model;

Was your child able to access services offered to your child during closure/disruption

When determining a remedy the IEP team will look at compensatory educational services that are sufficient to allow the student to recoup lost skills and continue to make progress on IEP goals. Parents and schools are encouraged to consider collaborative, creative and innovative ways to address regression or loss of skills that carefully consider a student's individual needs, including strengths, impact of disability on learning and stamina.

HOME IS NOW SCHOOL

For many of you your home is now functioning as the school. Create a space in your house where school/learning will take place. If at all possible try not to use the kitchen table for this table has a different function typically and can be confusing to children. Look for a way to block off the space with a divider, a sheet hung up, large cardboard, etc. Label the area with the words and/or symbols including "Work" or "School". Create a routine/schedule that works for your household. Your school might be giving you a schedule as well. Communicate and collaborate with the school to figure out what works best for all parties. If you have to work as well, let them know. Post the schedule visually for your child to see (on a poster, white board, piece of paper,



etc). Provide breaks throughout the day for your child. Utilize hands-on activities when possible. Can your child work on math while learning to cook? Can your child work on motor skills with household items? Can your child work on life skills learning to do laundry? Be flexible and creative.

BRICK AND MORTAR

This will happen again. (Some may already be back in school buildings). And when it does we all need to be ready. A mask might be something that your children might need to be wearing (not only in school but in the community as well). There will always need to be the understanding that some students will have a difficult time with this. Start now. Start slow. You may start having your child wear a mask for a few minutes during remote learning and increase the time slowly. Introduce the importance of wearing a mask. Model wearing a mask. Utilize visuals, social stories, and videos for this.

ENCOURAGEMENT

This time has been difficult for everyone. We are all learning together. It is important to find support for you as well. There are many groups created on Facebook for parents and educators. I highly encourage joining one. Share with others about what is working and what is not. Someone else is probably going through the same thing and may have come up with a solution

that might work for you as well. Don't get discouraged. Know that you are trying your best! Be patient, flexible, understanding and communicate often with school staff for support.

If you believe you might need support to get your child's IEP implemented or to get compensatory education you may need to consult an advocate. Please contact me if you need this level of support at <https://www.aiepautism.com/> or <https://www.facebook.com/Butiautismhelper>.

Stay healthy!

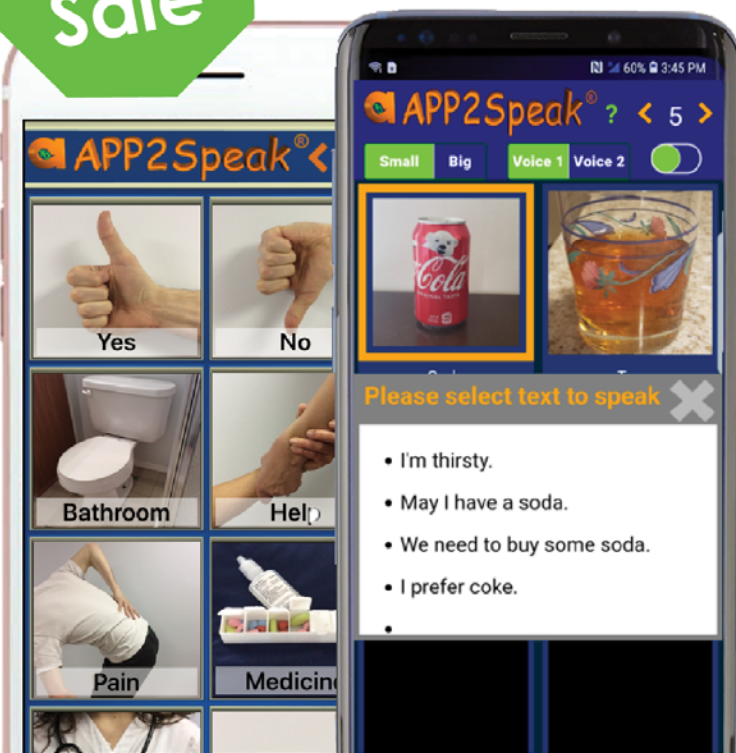
Mo Buti

Email: mobuti@hotmail.com ■

APP2Speak®

Augmentative and Alternative Communication
(AAC) Software Application

30% Off
Sale



“As a Speech Pathologist it is nice to finally find an app that is **affordable** for my patients and **user friendly**.”

- Lori (Raleigh, NC)

Click to Try Our Free Demo!



www.app2speak.com



eSight: New high-tech low vision aid now available in the US

Meet eSight 4:

The new life-changing device for people with visual impairments

eSight's latest innovation sets a new standard for enhanced vision technology. Now wireless with greater visual acuity, comfort, and connectivity, eSight 4 is ready for life on the go.



When the Physical Becomes Virtual Overnight: Creating Novel Approaches to Day Services

You hear about the “new normal,” but in the field of adult day services for people with intellectual and developmental disabilities (“I/DD”), this year has proven to be anything but “normal.” Take a group of people that for so long have been viewed as unequal in many ways – especially digitally – and turn their world upside down. Instead of meeting in a typical physical day services setting, they hear - “We’ll see you on Zoom on your tablet later today.” What is Zoom and how do I use this iPad to connect to it? Service delivery in many fields, like K-12 instruction, during the COVID-19 pandemic has shifted rapidly in order to keep people connected. I’d like to share with you some of our experiences at my agency and how everyday personal technology has had such an impact on our work.

I’m with The Arc Westchester, located in Westchester County, NY, about 25 miles north of New York City. We are a full-service agency, serving about 2,000 people across their lifetimes, providing integrated preschool, residential (forty-three homes), vocational and day habilitation services (nine sites). We are one of 600 chapters of the national organization, The Arc, which has operations in most states. My role at the agency is to come up with innovative ways to use personal technology to promote self-advocacy, greater independence and lifelong learning. I have been an evangelist on technology going back 41 years, when my wonderful daughter, Jessica, was born with multiple developmental disabilities. She has tried so many different devices over the years, but for the past ten years since the iPad debuted, this tablet has become an essential part of her day and really prompted my interest in the possibilities of everyday personal technology.

Back in mid-March this year, our management decided to cease physical services, except for those people living in group homes and apartments served by our agency staff. Our first priority was to ensure the safety of all during this pandemic and we adjusted the staffing in our homes so that there were consistent personnel in the houses and adequate PPE available (although we are considered “essential workers,” PPE was initially in very short supply and it was only through herculean staff efforts and coordination with other New York State Arc chapters that safety was ensured).

Our day services staff took on new roles, delivering some services in agency residences, but many stepped aggressively into the 21st century, employing Zoom and GoTo Meeting and other technology to deliver virtual services. To better understand this challenge, many of these direct support professionals, though compassionate and caring, don’t have the depth of teaching expertise you would find in a K-12 school setting. Although they do such important work each day with the people they serve, their state-mandated pay is woefully inadequate and a source of regular advocacy efforts with the state and federal government. Now this staff was challenged to locate the necessary hardware and software to deliver remote services, quickly learn the underlying technology, connect with individuals in agency-managed residences along with those living with their families and create an interesting, age-appropriate curriculum.

This all was happening in the context of our agency’s technology infrastructure, which was in need of many improvements in hardware, software and training, all of which had been identified for correction in our multi-year strategic plan. Federal and state funding of agencies supporting people with I/DD has



JORDAN JANKUS has been in the field of human services for over twenty years. He holds the position of Coordinator for Person-Centered and Cognitive Supports for The Arc Westchester which serves over 2,000 people with cognitive disabilities in Westchester County, NY.

jjankus@arcwestchester.org

914-462-2493

<https://arcwestchester.org/news/learning-resources/> ?



Figure 1

been in decline over the past ten years and has put tremendous pressure on spending priorities. As for access to personal technology, the individuals we serve have often members of the “digital divide”. A survey of The Arc chapters in June 2020, with 292 chapters reporting, showed the following: (See Figure 1)

More details of this survey can be viewed at <https://tinyurl.com/y2m5g4kb>. Many advocacy organizations have focused on the issue of “digital equity” and you can lend your support to their efforts by helping support organizations like the Coleman Institute for Cognitive Disabilities who were at the forefront of this movement with their “Declaration of the Rights of People with Cognitive Disabilities to Technology and Information Access” (<https://www.colemaninstitute.org/declaration-tools-2/>.)

One additional insight to share about the adult care system for people with I/DD is that funding for this system principally comes from Medicaid, a Federal/State sharing arrangement. Traditionally, Medicaid has focused on the health and safety of the people and programs it supports, centered on more of a medical model of care while ongoing learning has mostly been concerned with the teaching of daily living skills. As the care system has moved from an institutional based model to a community integration model, so has the teaching of employment skills and lifelong learning become more important. Just because a person with I/DD has received a certificate of completion from a secondary school, learning doesn’t stop at 21 and we now realize that neuroplasticity combined with lifelong learning are solutions awaiting greater implementation in the adult care system.

We had to push through these many challenges and deal with the situation at hand during this pandemic. Our next priority was to reach out to program participants and staff via remote-meeting platforms and provide information on our efforts to keep everyone safe and healthy, share information on program status and reduce their feelings of isolation. Many people were separated from their families and friends during a very frightening time and without remote connections, fear and apprehension would have spread. As a personal example, my daughter’s residence was put under quarantine in April for several weeks and without the ability to connect with her via

FaceTime, our concerns would have gone unchecked. Prior to the pandemic, our agency’s operations had been mostly based in physical locations, with travel across a large county and everyone was used to seeing their friends, staff and therapists each day.

After addressing that issues of fear and isolation, we expanded our focus to share existing web-based resources and we created a “Learning Resources for Our Community” page on our website (<https://arcwestchester.org/news/learning-resources/>) that focused on many important topics including Advocacy, Health, Exploration, Mental Health, Daily Living Skills, Art, Reading, Technology and other activity ideas.

When we started to create our own virtual learning sessions, we discovered some very important (and now obvious to many) things to avoid in this new medium.

- Just because you have a camera and a microphone, that doesn’t mean that you can make an interesting and entertaining lesson. You have to engage your audience and get used to the lack of immediacy, the distractions and the inability to clearly read body language and easily assess your audience’s interest level. The lack of presenter/audience interaction will doom any session. Enlisting the individuals we support as program hosts, enlivens any session.
- Enthusiasm! The presenter must sound interested! If the presenter doesn’t appear to be interested, why should the audience care?
- Limit distracting background visuals and sounds – turn off ringers, alarms and notifications on your desktop computer, tablets and smartphones. Be aware of how your visual background appears to viewers. Will the mess on your desk distract from the impact of your message? Is your background too bright, causing your face to be in shadow? Do you have any light source that you can put in front of you to remove shadows? Avoid the ghoulish effect from lighting your face from below. If you’re using a Zoom background, is it making your face darker than the background or making you look like a “cutout”?
- Put a sign on your door to let others in your household or office know that you’re in a session and should not be disturbed

- with a knock on your door or calling out your name.
- If you can manage it, two screens are best for a desktop presentation. It allows you to have one screen as the audience view and the other as your management screen, showing the PowerPoint presentation along with comments and information on your audience – names, who has video, who is unmuted, etc.
- Make sure you have a strong WiFi connection. If possible, the moderator should originate the call from a hard-wired Ethernet connection, like a desktop or laptop networked computer. If you can't do this, move around the site until you find the location for the strongest WiFi signal.
- If you're using a PowerPoint or other type of slide presentation, take a look at the slides and ensure:
 - Simple, non-distracting slide design
 - Minimal text on each slide and make sure font is readable. A slide deck shouldn't be a book or the presentation script.
 - Text should be direct – not everything has to be put into full sentences. Just highlight the main points! Use graphic to emphasize your message
- At the outset, tell people what you're going to cover, do it, and then recap what you've covered in the session.
- Is the session scheduled for a good time of day, not too early or too late, based upon your audience?
- Is the session a good length? An hour is a long time to maintain people's interests.
- Be human, but don't make excuses for mistakes – just move on! Don't dwell on the problem and freeze.
- Enlist the support of families and residential staff to help with the scheduling and logistics arrangement for virtual sessions. Provide them with a schedule and list of topics for upcoming sessions.
- Review online etiquette with participants so that sessions start on time, with limited crosstalk and abundant respect for everyone involved (see our Zoom Tips at <https://youtu.be/YMI-r0C4zQs>).



YouTube Video - <https://youtu.be/YMI-r0C4zQs>

- Provide an unstructured time for participants to just chat amongst themselves to replicate the social connections that seemed so commonplace just months ago.
- Script your presentation rather than winging it. Improvisation in-person is much easier than doing it online where it can seem like an exercise without direction.

Some of the day service sessions that have been well-received are online book clubs, scavenger hunts within a person's home, healthy cooking lessons, talent shows, exercise sessions and money management. With many of the individuals in our employment programs furloughed during this crisis, remote connections to keep interviewing and job skills honed were very important, along with teaching them the practices they will need to use to stay safe and healthy when they return to their workplace.

To make these virtual services possible, we've added a significant number of tablets and smartphones to keep our participants and staff connected. In order to ensure that these devices are secure and available with relevant apps, we've made the important investment in a Mobile Device Management (MDM) system throughout the agency. Prior to implementing the MDM system, an iPad would turn up with an unknown passcode and become an unusable tech brick. All of these significant expenditures have relied upon the funding received from our affiliated Arc Westchester Foundation, as government funds haven't been available to pay for this investment in personal technology.

As this is being written in late August 2020, our agency's physical programs are slowly and carefully reopening on a limited basis. We are emerging from this experience with the pride of low mortality rates and an enthusiastic workforce striving to help our participants rejoin their communities. There are permanent lessons from this experience, such as:

- The barriers that have been successfully broken down between agency departments as a matter of necessity during the pandemic must be nurtured so that open lines of communication remain an essential part of our organization.
- Virtual services will be a permanent part of our learning toolkit.
- Due to the fact that our staff need more tools to support Life-long Learning, we need to develop interactive video lessons they can readily use with their program participants, limiting the lesson preparation time required of the staff, giving them the ability to pause the presentation and engage in lively real-time local group discussions and. An elementary example of this type of tool is the first in our "Advocacy Game Show" series that you can preview at <https://www.youtube.com/watch?v=vvys7RaIVSU>
- We can learn so much from the K-12 system and the virtual services they've developed and also those our fellow adult agencies have created. We see a definite need for a centralized portal where best practices and learning resources for virtual services can be collected, shared and leveraged to our



YouTube Video -
<https://www.youtube.com/watch?v=vvys7RalVSU>

mutual benefit. Another important lesson in breaking down silos across service and educational systems.

Finally, the greatest takeaway is seeing what the human spirit can do in the face of adversity. Staff that risked their health by delivering PPE to residences in desperate need. People who elected to stay for days and nights in our homes, supporting and providing loving care to our residents. Our day services staff whose optimism and creativity were anchors of calm across the digital ether. The people we support, their families and our dedicated and caring staff can now confidently face many other challenges that may be ahead of us. ■

MAKING CURRICULUM AVAILABLE FOR ALL WITH DISTANCE LEARNING

Want to know more? Contact us: 727-316-8101

With recent **2019 NAEP Reading Scores** showing **students are falling behind**, on top of the current health crisis, we're providing the opportunity to use ReaderPens to ensure your students and children won't fall below grade level during hybrid learning.

PERCENTAGES OF STUDENTS AT OR ABOVE NAEP PROFICIENT IN READING 2019

Grade 4
35%

Grade 8
34%

Source: 2019 Nation's Report Card

FREE 30-DAY TRIAL AVAILABLE FOR PARENTS & SCHOOLS



Increases independence & confidence



No Wi-Fi required



ReaderPen is portable



Supports social distancing in classrooms



Access to print materials



"We are very happy to be able to offer our students the ReaderPens. We have found much success with the devices helping our students to access text, which has impacted every other area of their academic development. The pens have been a helpful tool for a wide range of users, from those with reading and learning difficulties (particularly dyslexia) to general students. Our students who have received the reader pen are feeling better about reading which is translating into better academic outcomes."

DIRECTOR OF SPECIAL SERVICES/504 COORDINATOR

AAC in the Time of COVID-19

SPRING 2020

In March of 2020, therapists across the United States began to realize that life as they knew it was going to change. With the spread of the coronavirus and state and local shut-down orders pouring in, clinicians across the country, whether in medical, clinical or school-based settings, were in for some serious adjustments. Those of us working in speech-language clinics and schools found ourselves faced with what felt almost like a career change. Suddenly it seemed, we were all tele-therapists, like it or not. Rules and regulations changed. We all started to get familiar with telepractice lingo and platforms. "You're on mute" became the new "can you hear me now?" Invitations to webinars and "how-to" courses flooded our inboxes and social media feeds. Questions were raised about which of our students and clients would be good candidates for virtual therapy sessions, and for every clinician heard exclaiming that "everyone can be successful with teletherapy" there was a parent, a teacher or a therapist wondering whether this was really true.

And so, the two of us, set out on our own journey to answer this question for ourselves. As full time speech-language pathologists, working with many students and clients who are AAC users,

we certainly had our own doubts about the efficacy of teletherapy for the children we support, particularly those who are emerging language learners and who may require a great deal of support to access and successfully use their AAC systems. In addition to being full-time clinicians, we both also contract as Language Acquisition through Motor Planning (LAMP) Educators through the Center for AAC & Autism. Prior to the pandemic, we each traveled extensively across the country and abroad teaching parents, teachers and therapists how to support individuals learning to communicate using AAC. We now found ourselves grounded and wondering if all of these familiar and time-tested strategies we had been using and sharing with others were going to hold up in this new context.

THE LAMP APPROACH

The LAMP Approach to teaching AAC was developed by John & Cindy Halloran who direct the Center for AAC & Autism, established in 2009 by the Prentke Romich Company. The LAMP methodology is a therapeutic approach to teaching AAC based on neurological and motor learning principles. The five key components of the LAMP approach are: readiness to learn, joint en-



JOSIE RANGLES is a Speech-Language Pathologist and LAMP Educator for the Center for AAC & Autism. After earning her Bachelor's and Master's degrees in Speech-Language Pathology at the University of Washington in Seattle she began her career at Seattle Children's. Currently, Josie resides in Phoenix where she supports students with autism in a public school setting and has the opportunity to provide virtual and in-person trainings for parents, therapists, and educators who want to learn more about the LAMP approach. Josie is passionate about communication and working with teams and families to support AAC users.



AMY BEREITER received her Bachelor's degree in Communication Disorders from the University of Kentucky and her Master's Degree in Speech-Language Pathology from the University of Redlands. She has been a speech-language pathologist since 2004, working with toddlers through young adults, and has worked in a wide range of settings including in-home early intervention, early childhood special education, elementary self-contained programs, pediatric rehabilitation units, university clinic and private practice.



BACK TO
CONTENTS

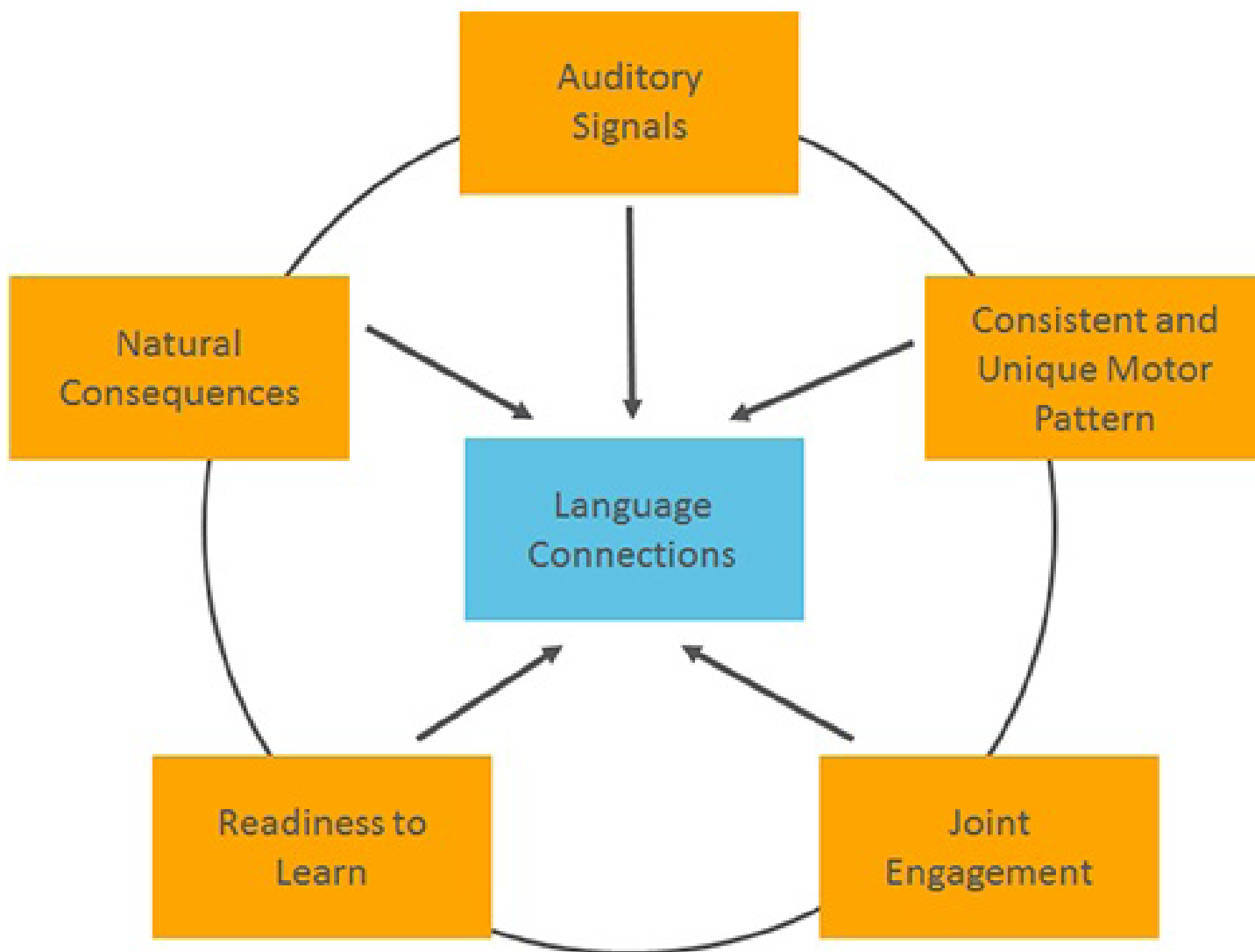


Image 1 - The 5 Components of the LAMP Approach

gagement, consistent and unique motor plans, auditory signals and natural consequences. In their clinical work with young children with autism who were not developing spoken language, John and Cindy found that an approach that gave access to core words on a speech-generating device, teaching those words in the context of sensory-rich, child-directed activities and having just one consistent and unique motor plan for each word, combined with a natural reaction from communication partners provided a means for the development of spontaneous and independent communication. These findings have been replicated, and the Center for AAC & Autism now provides frequent one and two-day trainings to teach parents and interventionists to apply the LAMP principles to supporting language development.

A BRIEF OVERVIEW OF THE PRINCIPLES OF LAMP

Each of the five principles listed above are foundational to the LAMP approach (see image 1: Components of the LAMP Approach). These principles support the language learning of AAC

users and provide a framework for communication partners who can model and teach language following a developmental approach (e.g., beginning with single words and providing the means to learn both the form and content of the home language or language of instruction).

Readiness to Learn refers to the idea that individuals must be in a “ready to receive” state. Their state of arousal needs to be compatible with attending and learning, something which can be quite challenging for individuals with developmental disabilities. Readiness to learn does not refer to particular linguistic or cognitive prerequisites that must be achieved prior to introducing AAC, but rather that an individual’s unique sensory needs must be met prior to engaging with a communication partner to learn language. We also need to take into account individual learning styles, ability to attend to activities, emotional states and level of motivation. We know that we will be more successful teaching when the activity is interesting and engaging for the AAC user.

Joint Engagement refers to participating in an activity or event with another person. We know that social interaction is a challenge for many of the individuals that we support, and is a core deficit of individuals on the autism spectrum, so the goal is to provide motivating, child-directed activities that improve the capacity for joint attention and engagement. We are looking for a “moment of joy” (and hopefully a lot of them!).

The use of **Consistent and Unique Motor Plans** means that the motor plan that an AAC user uses to access vocabulary does not change once it is learned. While each of the LAMP principles are important, this particular aspect of the LAMP approach is sometimes referred to as “LAMP Law”; the consistent and unique locations of every word allows for us to teach vocabulary based on location and allows for an automaticity to develop that is impossible if an AAC user has to cognitively attend to the icons, categories, or shifting locations of vocabulary items. We know that our brains develop motor plans for movements that are repeated frequently. Some examples of this include: typing, handwriting, driving a car, playing the piano, etc. Over time, as we become proficient in a specific task or skill, we don’t have to “think” about the actions required to perform it. Likewise, with spoken language, once we are a proficient speaker of a language, we are able to devote cognitive resources to thinking about what we will say with little regard to how we will coordinate our articulators to form the words in our message.

Auditory Signals are provided to AAC users as they access individual words. In individuals who are developing spoken language along a typical course, these auditory signals are provided as sounds and words are expressed using the vocal folds and the articulators (e.g., lips, tongue, teeth), whereas AAC users are using their hand as an articulator and the auditory output is provided by the speech-generating device. When consistent auditory feedback is paired with each unique motor plan, an AAC user is able to learn the meaning of words.

Natural Consequences are also incredibly important for language learning. Communication partners should provide animated reactions to the utterances of the AAC users, provide the item or activity that has been requested, or offer an appropriate response that lets the AAC user know that their message has been received. All attempts at communication should be honored.

The goal of incorporating each of these LAMP principles is to help the AAC user develop language. As clinicians, we take what we know about language therapy and intervention with users of spoken language and apply it to our work with AAC users. In fact, it’s vitally important that we don’t lose sight of the fact that we are in fact teaching language. We view teaching language to AAC users through the same lens we use to approach teaching language to non-AAC users, we want to help you to be able to say whatever you want, whenever you want, to whomever you want.

Ultimately, it was coming back to this fundamental belief

about how we approach language learning that made us realize that perhaps teletherapy wasn’t going to be quite so different than what we had already been doing in our in-person service delivery models.

LONG DISTANCE LAMP BEGINS

So just as we began to see some of our own clients via teletherapy, we decided we should start a conversation within our community of like-minded LAMP-focused interventionists. We developed a 90-minute webinar with the idea of sharing our experience as we learned to navigate these unfamiliar waters, hopeful that we would be able to confirm our hypothesis that these trusted principles would indeed guide the way even as our service-delivery model had changed. Our intention was to create a space for connection and community, to cultivate a safe space to ask questions, an opportunity to share challenges and successes, and to offer reminders of the things we already knew in the context of learning so many new things.

What we thought might be a one-off, web-based session, turned into several more, and Amy also developed a LAMP at Home webinar focused on parents. We found that despite our initial concerns and hesitations, that all of our clients were in fact good candidates for teletherapy provided we kept focus on the principles of the LAMP approach and maintained some flexibility for what each individual session looked like.

That is not to say that this transition to telepractice was easy. We had moments of anxiety and overwhelm, and as we all know technology can be both friend and foe. As we began meeting with our colleagues to share our experiences, we asked them to provide their one-word reaction to being faced with the prospect of AAC intervention via teletherapy. During each of these sessions, we compiled a word cloud using the interactive presentation software program Mentimeter (mentimeter.com) where word frequency was indicated by the size of the word in the cloud. After several sessions, we created a composite word cloud, realizing we were seeing many of the same words, offering a continual reminder that while we were maybe not all in the same boat, we were certainly all in the same storm. (See image 2: Clinician Response to Teletherapy- Mentimeter)

APPLYING THE PRINCIPLES VIA TELETHERAPY

Before really discussing what application of the LAMP principles would look like in a virtual AAC session, we needed to talk about changes in service delivery and platform. Prior to the precautions put in place related to COVID-19, we had both been seeing our students and clients for in-person, direct therapy. Suddenly, we were showing up in client and student homes on a screen and relying heavily on parents to support us and their AAC users during therapy sessions. We likened this in some ways to the experience of supervising a graduate student, in that we found we needed to wear (at least) two hats, that of clinician/interventionist and that of mentor/coach. We found that sessions



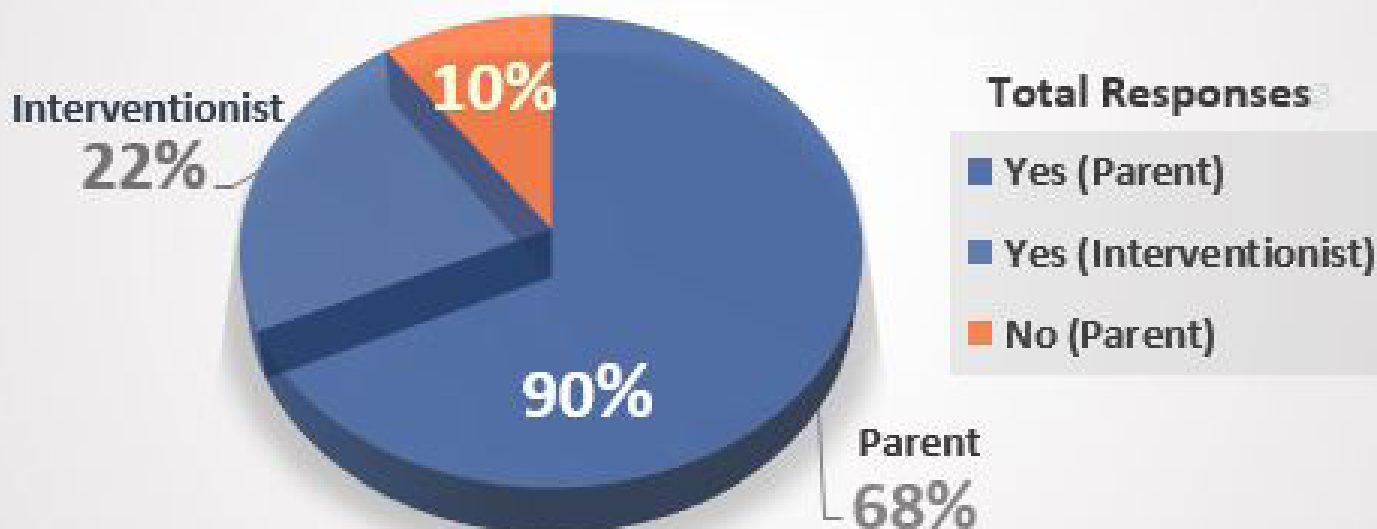


14



Auditory Signals are provided by the voice output function of the device, but dependent on the technology, the clinician may not be able to hear the voice output, so again it is important to have clear communication with the in-person communication partner so that they can provide information or adjust the

Language Explosion During COVID School Closure



*There were zero "No" responses from Interventionists

Image 3 - Language Explosion During COVID School Closure

technology to allow for a better signal. In some cases, AAC users do not have access to their high-tech speech-generating device due to repairs or devices being kept at school. Reminders need to be given about providing auditory feedback if individuals are pointing to symbols/words on a paper-based system.

Natural Consequences can be provided by either the clinician or the in-person communication partner depending on the context of the activity. It is important to model natural interaction and avoid using words such as "push, show or press". Encourage in-person communication partners to continue to respond to all attempts at communication, to generalize words, and to participate in brainstorming sessions to determine how else they might target vocabulary covered in a session.

As in in-person therapy sessions, maintain the focus on language development. This is language therapy. The modality is different and now the service-delivery is different as well, but the focus remains the same. We have found continued success during this time, and while there are certainly some challenges, it seems there are some decided benefits to this time for some of our AAC users and their families / support systems.

POSSIBLE SILVER LININGS OF COVID-19 PRECAUTIONS & STAYING AT HOME

As we began providing teletherapy services for our clients using AAC, we started to receive feedback from families that they were feeling more comfortable with the devices and vocabulary, that they were enjoying the opportunity to participate directly in sessions, and that many of them were noticing increased communication from the AAC users they were supporting.

On May 11, 2020, roughly six weeks following the beginning of school shutdowns across the United States in response to the Coronavirus pandemic, a parent posted the following question to the LAMP Words for Life Users Facebook Group:

"Anyone else's child having an explosion of language (verbal or AAC) since being in quarantine with siblings and parent all day long everyday for over a month. We have seen extreme growth in language and expressive ability. Curious if others have seen same result."

The post generated a great deal of engagement including 268 reactions and 105 comments. In total, 72 of the comments were from parents or therapists/interventionists answering "yes" or "no" to the question posed. The other comments were either supportive comments, questions or responses to questions or comments.

There were responses from 56 individual parents and 16 in-



dividual therapists/interventionists in all. 49 of the 56 parents (87.5%) reported that they had in fact seen an increase in their child's spoken language and/or use of their AAC device (see image 3: Language Explosion During COVID School Closure). All 16 of the therapists/interventionists (100%) reported that they had seen increases in spoken language/AAC use or had been given reports of the same by the clients/families they are working with. Combined, 90% of the parents and therapists/interventionists that responded to this Facebook post indicated a positive change in their children, clients, or students.

Of the 49 parents who reported an increase in language, 26 simply answered in the affirmative (yes!, 100%!, raised hand emoji, etc.). 23 parents provided further information or thoughts about why they thought they were seeing this language "explosion". Several parents noted that they were modeling and using the device more frequently at home than prior to school being shut down. One parent described this as "doing speech therapy every day for a few hours". Several parents (8) directly reported an increase in the use of spoken language with two noticing an uptick in echoed speech. Several other parents mentioned a decrease in pressure/stress on their child to use the device or an increase in play/social interaction with siblings/family members. Two parents reported having removed their children from a traditional school setting prior to the pandemic and seeing an increase in language then. Two other parents reported an increase in language along with a decrease in challenging behaviors (e.g., hitting/biting).

The responses to this Facebook post raised some interesting questions for us. We know that there is research that points to seeing gains in language development when a speaker is engaged with someone with whom they have a relationship, and we speculate that the science behind why we are seeing this increase in communication skills may be rooted in the social connection children have for their parents and siblings (Bernier, Dawson, Webb, & Murias, 2007). We also know there is research that posits that many of the individuals we are supporting to learn language using AAC may demonstrate deficits or impairments in their Mirror Neuron Systems (Dapretto et. al, 2006, Théoret 2005); the increase in parent modeling and use of the AAC device at home could be helpful for individuals who require multiple models to learn a skill. An additional possibility is that teletherapy sessions act as a form of video modeling, a well-studied evidence-based practice for intervention. In addition to the benefit of providing coaching for in-person communication partners, Charlop, Le, & Freeman (2000) found that generalization of tasks occurred only for the tasks that were taught through video modeling.

While certainly even the most robust analysis of a Facebook post provides us with anecdotal information, it is fascinating to consider what may be driving the increase in language we are seeing reported while AAC users are at home for extended periods with their parents and/or siblings. This points toward ex-

citing new areas of research, and may turn out to be one of the positive impacts of this challenging time.

WHAT'S NEXT?

While the future remains a bit uncertain for all of us, we believe it's fair to say that teletherapy for AAC is here to stay. Even as we move back into in-person therapy sessions, we now have new tools to use and based on our own experiences and feedback from other clinicians and interventionists, we find that telepractice offers a unique window into AAC use and as Granlund et. al. (2008) remind us "the primary context for evaluating the effects of the AAC intervention is the family".

If you are interested in learning more about the LAMP approach, please visit the Center for AAC & Autism at aacandaautism.com

Amy & Josie look forward to presenting Long Distance LAMP: Applying the Principles via teletherapy at this year's virtual Closing The Gap conference and we look forward to seeing you at our live Q&A session on Wednesday, November, 11th at 11am CST.

REFERENCES:

Charlop, Marjorie & Le, Loc & Freeman, Kurt. (2001). A Comparison of Video Modeling with In Vivo Modeling for Teaching Children with Autism. *Journal of autism and developmental disorders*. 30. 537-52. 10.1023/A:1005635326276.

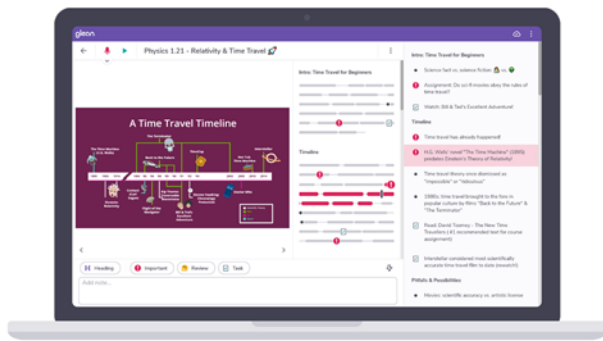
Granlund, Mats & Bjorck-Akesson, Eva & Wilder, Jenny & Ylvén, Regina. (2008). AAC Interventions for Children in a Family Environment: Implementing Evidence in Practice. *Augmentative and alternative communication* (Baltimore, Md. : 1985). 24. 207-19. 10.1080/08990220802387935.

Dapretto, M., Davies, M. S., Pfeifer, J. H., Scott, A. A., Sigman, M., Bookheimer, S. Y., & Iacoboni, M. (2006). Understanding emotions in others: mirror neuron dysfunction in children with autism spectrum disorders. *Nature neuroscience*, 9(1), 28-30. <https://doi.org/10.1038/nn1611>

Théoret, H & Halligan, E & Kobayashi, M & Fregni, Felipe & Tager-Flusberg, Helen & Pascual-Leone, Alvaro. (2005). Impaired motor facilitation during action observation in individuals with autism spectrum disorder. *Current biology : CB*. 15. R84-5. 10.1016/j.cub.2005.01.022. ■

product spotlight

GLEAN – MEET YOUR LEARNING POTENTIAL WITH THE NOTE TAKING TOOL DESIGNED TO IMPROVE YOUR LEARNING AND PRODUCTIVITY



INTRODUCING GLEAN

Combine audio recordings with multimedia notes like never before

THE NOTE TAKING WEB APP THAT HELPS STUDENTS REACH THEIR POTENTIAL

Glean allows students to take great notes in class, online or out and about. Developed with learning disabilities in mind, the tool is simple-to-use and distraction free.

HOW DOES GLEAN LEAD TO BETTER NOTES?

- Capture all information as audio and highlight important points
- Review your notes after class and add extra detail
- Organize your notes to create rich study resources

Notes are stored securely in the cloud and are accessible from anywhere, on any device.

GLEAN SUPPORTS THE LEARNING PROCESS AND LEADS TO BETTER GRADES

"It's helped me figure out who I am as a learner. It's taught me how to take notes." – Samantha, Harvard University

"Before I started using Glean I was a C- student. When I got access to Glean my grades have dramatically improved, I'm now an A student." – Natalie Wiker Carleton University

GLEAN IS A WEB-BASED APPLICATION.

They built it to be simple, so it doesn't require any download or installation on a computer with a supported web browser.

[LEARN MORE](#)

SCRIPOR ALPHABET – COLOR IN DARKNESS



COLOUR MATTERS!

Colour plays a vitally important role in the world in which we live. As a powerful form of communication, colour is irreplaceable. Colours affect emotions, emotions affect decisions. Colour can sway thinking, change actions, and cause reactions, it can irritate or soothe your eyes, raise your blood pressure or suppress your appetite. When used in the right ways, colour can even save on energy consumption.

The human eye is the mean that is used to detect colour. Sometimes, the choice of colour reflects our personality and thoughts. In fact, colors influence our emotions and actions. Even blind people are affected by colors. And yes, they dreaming colors too.



[LEARN MORE](#)

Meet eSight 4 – The best enhanced vision device is ready for life on the go.



THE MOST VERSATILE LOW VISION DEVICE

Built upon eSight's clinically-validated technology is used daily by thousands of people with over 20 different serious eye conditions causing visual acuity from 20/60 to 20/1400, eSight 4 takes sight enhancement to a new level. Experience best visual acuity, unmatched mobility, ease of use, and new mobile and cloud-based capabilities. .

ESIGHT AT SCHOOL, WORK, HOME, AND PLAY

Empowering people with low vision and legal blindness to see new possibilities. Discover how eSight works, its thoughtful features, and life-changing benefits.

BEST VISUAL ACUITY

Enabling more people who are legally blind to achieve 20/20 enhanced vision.



[LEARN MORE](#)

Do It All With Eyeworld 3



EYE WORLD 3

Their flagship software for accessing computer functionality and communication.

Included within this suite is almost everything a user would need to do modern computer interactions: Chat, Mail, Phone Text/Calling, Computer Control, Environmental Controls and much more.

HOW DOES EYE WORLD 3® WORK?

Eyeworld 3.0 has a lot of options. Use these buttons to jump straight to specific capabilities:

Home. This is your entry point into Eyeworld 3. From here you can access all of the features included within the software bundle.

The user interface throughout Eyeworld 3 is designed for power users.

- Dark background colors are used to reduce eye strain.
- Icons with simple flat design are used to allow for easy identification.
- Interface elements such as navigation and Eyegaze monitor are always placed at the same spot on each screen.

All of this translates to a software that feels easy to use and reduces cognitive fatigue.

COMMUNICATION

Communication is the most important aspect of AAC software for Eyegaze users and reaching real time conversation speeds is just as important.

Eyegaze Inc. has invested many hours into fine tuning user interface and communication functionality to ensure the Eyegaze user can reach near live conversation time.

[LEARN MORE](#)

Caption.Ed by TalkType – Caption Any Media. On Demand.



Livestream and pre-recorded WCAG 2.0 compliant captioning.

FLEXIBILITY

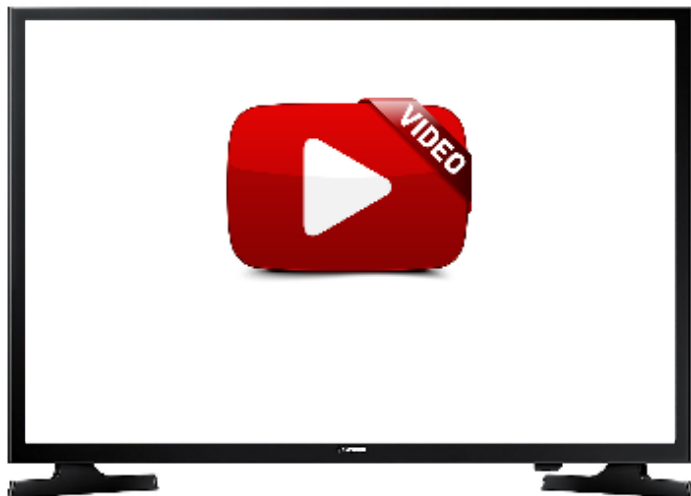
Any Media - Caption.Ed allows you to caption any media. It's quick and easy to use, simply press start captioning and start your media. Your captions will appear on your screen.

ACCURACY

Highly Accurate - Caption.Ed is powered by best in class speech to text technology to provide you with highly accurate captions, even with accented voices and highly specialised terminology.

CROSS PLATFORM

Browser Based - Their Chrome browser extension allows you to quickly caption any media on your device. Your Caption.Ed account lets you use Caption.Ed across your devices.



[LEARN MORE](#)

Smartbox – Take a look at the new Grid Pad 15



GRID PAD 15

Grid Pad 15 is a fully featured communication aid designed for independence, with a 15.6" display and rear-facing second screen.

PURPOSE-BUILT FOR INDEPENDENCE

Grid Pad 15 is ready to use with any access method and features a 14-hour battery life.

KEY FEATURES

- High spec computer for fast communication
- 15.6" HD tough antiglare display
- Antimicrobial casing and screen
- 4.6" rear-facing second screen
- Built for all access methods
- Over 14 hours battery life (9 hours with eye gaze)
- High quality amplified sound
- Remote power button
- Built-in radio and infrared Environment Control



[LEARN MORE](#)



BACK TO
CONTENTS

NeuroNode Trilogy GridPad – Faster speed. Less fatigue. More durability.

FASTER SPEED. LESS FATIGUE. MORE DURABILITY.



Control Bionics is excited to expand its Trilogy product line in the US to include the new GridPad Trilogy.

Now get the same great easy to use 3-in-1 solution found in the NeuroNode Trilogy with added durability and best-in-class battery life. The Grid- Pad Trilogy offers users additional switch ports, built-in IR, improved speaker output, and all-day battery life...all in the same funded solution!

FLEXIBLE, CLIENT-DRIVEN SOLUTIONS

Control Bionics is also expanding our available Eye Control solutions within the Trilogy product line. As an integral part of our unique 3-in-1 multi-modal solution we understand that one eye gaze camera does not fit all.

While we will continue to offer the TM5 from EyeTech we excited to now offer alternatives, including the IntelliGaze v5 eye gaze device from Alea Technologies.

Reach out to our team to schedule a demonstration with a local representative or schedule a trial for your patient. We're now offering both in-person and remote assessments.

WHAT'S THE NEURONODE?

At the heart of the Trilogy product line is the NeuroNode3, the latest generation of the world's leading wearable EMG control device. The NeuroNode3 is packed with new benefits – making it more intuitive and flexible than ever.

- Smaller, lighter, and more durable

- Improved battery life for over 24 hours of use with hassle-free charging

- Adhesive-free, wearable solutions with the NeuroBand

- Multi-Modal access within the same device: EMG or Spatial signaling.

The NeuroNode3 now offers the combined power of its EMG + Spatial Control. This new control set allows users to choose EMG or Spatial to access their Triogy system, all in one, small, wearable device.

[LEARN MORE](#)

PicSeePal



The most innovative and inclusive communication device ever designed for the global citizen

PicSeePal is a world first AAC – portable, customizable, durable, affordable, splash proof, modular and easy to use.

Why the PicSeePal Initiative – And how your support can help?

PicseePal was originally developed in response to the need for a low-cost, durable AAC solution, which increased communication access for children with autism and developmental disabilities in Australia, the Pacific and Cambodia.

They quickly realised there was a global need for PicSeePal.

With the global challenge of Covid 19, the need for low-tech visual communication systems in hospitals especially, has reached a critical point. We are doing everything possible to get PicSeePal into the hands of those who need it. A growing team of parents, AAC users, therapists and educators agree that PicSeePal works across all settings, ages and abilities.

With your support the PicSeePal initiative will help millions of people.



[LEARN MORE](#)