>> Welcome to Closing The Gap Solutions.

This webinar AAC and early childhood, this and realities,

was sponsored by Forbes AAC,

and was recorded September 28th, 2017.

It is presented by Andrea Schario.

Andrea is a Speech and Language Pathologist and AT

Specialist with Forbes AAC, Mansfield, Ohio.

>> First, I just wanted to thank Closing The Gap for the opportunity to present today,

and all of you who are here listening to this topic.

This is a topic that's near and dear to my heart.

So we're talking about AAC and early childhood,

and then delving into some myths and realities.

I'm trying to get my PowerPoint to move along here.

There we go. Just a little bit about me.

I am a Speech Language Pathologist

and an Assistive Technology Specialist with Forbes AAC.

I've been in this role as an Assistive Technology Specialist for about two years.

Before that, I was a member of the Augmentative Communication Team at St. Louis

Children's Hospital and also spent some time in private practice.

During that time, I was really focused on early intervention,

and did a lot of work with

Missouri's Early Intervention program which is called First Steps.

My contact information is in the slides here.

Several times throughout this presentation,

I'm going to encourage you to reach out to me if you have

any questions about anything that comes up.

This is such a broad topic,

and there were a number of subtopics that I really wanted to cover

that it's going to feel like a fairly general overview at times.

I'm actually hoping that you leave this with more questions

and more items that you want to find more information about.

I am more than happy to be a resource for you moving forward.

Just quick disclosures.

I am a salaried employee of Forbes AAC.

Forbes is a manufacturer of speech generating devices.

I'm going to introduce you to

the ProSlate and WinSlate device series today

as examples of the things that we're talking about.

My role as an Assistive Technology Specialist with Forbes is multifaceted.

I participate in AAC evaluations.

I provide a lot of education and support to therapy and evaluation teams;

so speech pathologists, occupational therapists,

often parents, and of course the clients themselves.

I often assist teams with acquiring funding for ACC devices.

Forbes has a whole funding department that

is incredibly helpful when we're going through the funding process,

but I will also help me answer questions about report writing,

and evaluations, and that kind of thing.

Most importantly, I support AAC users and their caregivers.

So I do a lot of trainings in a whole bunch of different environments to

try to get entire teams of people on board with using devices.

I'll talk a little bit later about why that's so important.

Then last but not least,

I do some content development for our WinSlate device.

So I developed our core word language system,

which we'll talk about fairly briefly later on today.

What I wanted to do next is find out a little bit more about who you are, you attendees.

I'm going to get the list up.

If you would use the raised hand tool to tell me who you are.

How many of you are Speech Pathologists?

I'm watching the hands raised,

okay so a bunch.

Then Becky, I think you have to clear those out.

Then what about OTs, Occupational Therapists?

A couple, very good.

Assistive Technology Specialists or something in that realm?

I know that role is called different things.

Wonderful. What about Special Educators?

We've got a really good mix of people.

Parents of children who use AAC?

Some of you may wear multiple hats in this [inaudible 00:05:08].

Awesome. Then "Other?"

I always hate the "Other" bucket [LAUGHTER].

But anybody who doesn't fall into one of those other categories?

Oh, actually we don't have any others.

All right, good.

That's what I was expecting when I was preparing the content for this webinar.

I suspect that you all have a pretty good foundation

to put what we're talking today into context, but of course,

if you do have questions as we go along,

feel free to send them my way,

and I'm going to answer those in a couple of

different rounds as we go through everything.

I do want to take one more quick poll.

Just getting a very broad idea of your previous experience with AAC,

how many of you have known a young child,

let's say maybe three or younger,

who uses an AAC device?

Good, a lot of you, probably about half.

Then how many of you have worked with AAC yourself,

either a low tech or mid tech or high tech option?

Very good. All right.

So a lot of you, it looks like,

have a background in at least using AAC to some extent,

but we do have some people who are listening who have not

used AAC before, which is great.

We're going go over some pretty important foundational concepts today,

and introduce some really nice options for

both software and hardware to use with young kids who are just starting out.

What I wanted to do is just give you an idea of

the different subtopics that we'll be talking about.

The first thing that we're going to address is some common myths

related to AAC use in early childhood,

then we're going to go fairly briefly into the idea of multimodal communication.

Throughout the presentation, I'll be presenting some software and

hardware options that are appropriate for use with little ones.

Then we'll talk about supporting

early intervention communication goals with AAC and where to start,

and then briefly I'll be going into some access methods.

For those kiddos who are not able to reach out and touch the screen of a device,

what options are out there?

I wanted to quickly spotlight some eye gaze technology.

To give you a brief idea,

everything that we're talking about today

falls under the umbrella of Assistive Technology.

You've got a definition there that I'll spare you reading the whole thing.

But the idea is that Assistive Technology is systems or

equipment that is meant to improve

the functional capabilities of a child or of an adult with a disability.

So everything we're talking about today falls under that umbrella.

We're really focusing on Augmentative and Alternative Communication or AAC.

While we're focusing on high-tech options,

so computerized devices that can be customized and programmed,

I'll also be touching a little bit on some low and mid tech AAC options,

and when they may be appropriate to trial,

and some draw backs of some of those systems as well.

Another correlated term is a speech generating device.

The ProSlate and WinSlate devices that we'll be highlighting today are considered SGDs.

In short, a speech generating device is an aid that provides an individual

with a severe speech impairment the ability to meet their functional communication needs.

Of course, getting to that point where you're meeting all of your needs

with your device can sometimes take time,

and training, and persistence.

We're talking about some of those key factors and success a little bit later on as well.

Another umbrella term is durable medical equipment,

that includes physician prescribed AAC devices.

The devices that we'll be talking about today are considered

durable medical equipment and therefore can be funded by private insurance,

and Medicaid, and Medicare.

To give you a brief introduction to these devices

before we jump into those myths and realities of AAC use,

the first series that I'll be using this as

an example throughout the talk is the ProSlate Series.

This device runs on an iPad or iPod platform.

Essentially what this device was engineered to

do is to harness all of the amazing things about

the iPad but then address the drawbacks

of using an iPad as a standalone communication device.

We're going to go into those in pretty good detail in just a bit here.

But just to introduce you to a few features of this ProSlate device.

You're able to get any commercially available AAC app on this device.

We'll be going over some of the apps that are really

appropriate for young children later in the presentation.

Again, it is Medicaid-approved so it's able to be

funded through private insurance, Medicaid, Medicare.

All of our devices have this really awesome wearable speaker that's called a SoundPOD.

What that does is allow your voice when you're using the device to communicate,

it allows your voice to come from your body rather than from

out in front of you if you're holding the device.
It points the sound towards your listener so they're better able to understand you.
It also results in just some pretty cool things in conversation like
better eye contact and just increased naturalness while people are communicating.
It also has the FlexABLE Handle and Stand,
which you can see at the top of the screen, ProSlate 10.
It has a stand on the back that was engineered to allow people who
maybe don't have great fine motor skills to adjust the screen,
tilt up their device for a better visibility,
and it lets you account for glare from environmental lighting too.
All that can be done without great fine motor skills.
Then the last really important feature of this device,
and I'm going to touch on this briefly later as well,
is the five-year worry-free warranty.
That's a significant drawback of a standalone iPad,
is that a lot of the young kiddos that we use
these devices with are pretty hard on technology.
There's a fairly good likelihood that you're going to end up with
some damage to your device at some point along the road.
Having the ability to quickly send in the device for repair and
get it back in a short amount of time rather than
having to wait for funding for a repair or potentially just paying out of pocket for
the repair is a really big deal in the world of kids who use these as their voice.
Again, we're going to just use this platform as an example as we go along today.
Then when we're going to alternative access,
I'm going to be talking about the WinSlate Series as opposed to the ProSlate,
which is on an iOS platform.

The WinSlate is on a Windows platform.

It has an optional eye tracker.

You can see the one with still the dog on the screen in

the top right is the WinSlate for kids version.

It has an eye tracker and also has this amazing teaching platform called Look to Learn.

I'll show you a user using Look to Learn a little bit later on.

But essentially what it does is allow a kiddo to explore, and have fun,

and engage in really motivating activities while

learning the concepts and properties of eye tracking behind the scenes.

That might include things like looking at the entire screen,

or dwelling on a certain target for a desired amount of time before it clicks.

That platform is really designed to teach

those concepts in a way that's fun and engaging for kids who

are young and potentially don't have

the world's longest attention span because that can be something we're up against.

Then we'll also go into the communication side of things.

The communication platform is called Grid 3.

Our core word system supports natural language development,

and is really user-friendly,

and tends to get our clients up and running really quickly with language.

Those two divided series,

the ProSlate and WinSlate,

are what we're going to be just using again as

examples as we talk about the concepts involved with AAC in early childhood.

Here we go. Launching into the myths.

The biggest thing that always comes across my radar when we're talking about

myths related to AAC in early childhood is that

use of speech-generating devices will have a negative impact on speech development.

On its surface, it does make sense that this would be a concern.

A lot of parents will come to me and say, "You know what,

I'm really concerned that Bobby

has this way to communicate with a speech-generating device.

He's no longer going to try to talk.

I want him to keep working on that skill as well."

It does make sense that that's a concern.

But what's amazing is that a lot of research has been done on this topic.

There has really been no evidence of decreased speech as a result of AAC device use.

Of course, the results of these studies are a little bit theory but most of them actually

show gains in speech production with AAC intervention.

If this is an idea that's new to you,

you might be thinking, well that doesn't really make sense.

He's got this device that can speak for him.

Doesn't it make sense that he would speak

less verbally because he's got this other option?

But the reasons that it does make sense

that verbal skills would continue to improve with use of an AAC device,

are listed here at the bottom of your slide.

One of the biggest ones is that

the speech-generating device itself provides a consistent verbal stimulus.

That means that the kiddo can press

the button on the screen and hear that word as many times as he or she wants.

That kiddos can listen to and imitate as often as they wish.

It's actually surprising how often you'll see this.

You'll see a kiddo listening to the words on

his or her device and attempting to repeat after the device.

It puts them in the driver's seat.

They can hear the words as often as they want and try to imitate as often as they want.

The second bullet here is that speech-generating devices as opposed

to other methods like maybe a Picture Exchange system,

or sign language, they teach the power of verbal words.

When you're using a speech-generating device,

that is producing verbal communication even though it is

from the computer rather than from the actual user.

But what that is again teaching is that, hey,

when someone is across the room,

I can use this verbal communication

to get their attention to request something that I want.

Then often that concept carries over into

the child using more natural speech to get their needs met as well.

Then your last bullet here is that when children learn the meaning and use of words,

they're going to communicate in the most efficient way possible.

What I meant by that was that,

again to try to address the fear that,

hey, they had this communication device,

they're not going to speak anymore.

But young kids who are using

communication devices most often have some other methods of communicating too.

Whether it's facial expressions or signs or some verbal words.

Frankly, for a little kiddo who is moving around the environment super busy,

playing with toys, there are lots of times when it

is not going to be all that convenient for them to use a communication device.

Maybe their hands are full,

maybe they have mud all over them.

They are going to be lots of times when it's going to be more effective and

efficient for them to use a different form of communication like verbal speech.

I wanted to include that thought just again,

address that fear that speech will no

longer be used if the communication device is there.

Again, there are going to be lots of times that present themselves in your child,

your client's life, that it actually makes more sense for

them to try to speak verbally rather than using their device.

I wanted to move on to another myth now.

This is one that I also see a lot,

and if that children must master low-tech AAC before moving on to a computerized device.

I see this a lot, SLPs will come to me and say,

''I think this kiddo was a good candidate for AAC,

but he's not ready for a computerized device because

he's not that great at using his GoTalk yet.''

In reality, while low and mid-tech devices,

like maybe a GoTalk or a BIGmack or a picture exchange system,

while they certainly have their place and are very effective for some kiddos,

there are a lot of children who are not able to demonstrate

their true skills when those would be only options they have.

Some of the limitations of those low and mid-tech options are listed below here.

One is that a lot of those forms have either limited or no voice output.

That might be something like a BIGmack switch that has

just a single message recorded onto it,

or a picture exchange communication system.

Without that verbal output,

a lot of kiddos have a hard time

really effectively communicating with the particular system.

Then a lot of those low and mid-tech options also have limited vocabulary.

I've seen again and again that if a child

doesn't have adequate vocabulary on their communication system,

they are likely to resist using that system eventually because it's frustrating for them,

it doesn't have the words that they need in there.

Also, devices like the GoTalk that require you

to change up paper overlays so you can see another layer of vocabulary,

I have yet to see a very young child who's able to do that independently.

Again, that creates a limitation where they've got maybe those nine words,

but they can't get to another layer of words because they're not able to

manipulate the low-tech overlay by themselves.

The third limitation is that when children are using some of

those other communication methods like maybe sign or text,

they're often not understood by all communication partners.

Sign is a big one,

I've seen a lot of kiddos who will approach a peer and use

a sign maybe for "more" or "all done" or "my turn"

and the peer doesn't understand the sign and so that

communication attempt wasn't really responded to by the peer.

Again, that can lead kiddos to attempt to communicate less than they

would if they had a system that allowed them to

communicate more effectively with a wider range of people.

Then of course, one of the big ones,

and this is why we're really going to talk about this later, is the access.

If you've got a kiddo that you're trying maybe

a low-tech communication board and you're asking them to point to what they want but

they have maybe a diagnosis that affects

their motor skills and they're not able to effectively point out

what they want or they're not able to take that picture symbol and exchange it with you,

they may not be able to show you their true language skills

if those access considerations aren't really being accommodated.

That is the reality that a lot of

these low and mid-tech communication systems are

fabulous as a bridge to something that is more comprehensive.

They are fabulous places to start,

but a lot of kids will not be able to show you

their true skills and their true potential until they

have something that lets them being more

independent and that gives them access to more vocabulary.

This third myth, so this is one that is going away over time, thank goodness,

but I thought I'd still address it because there's

a surprising number of people do still have

this perception that me and

these computerized communication devices are super-complicated,

I don't know how to use them,

I don't know how to implement them, and they're confusing.

This is one that I tried to address all the time with trainings and that kind of thing,

but the reality of the situation now is that lots of people so caregivers,

therapists, kids themselves, we are

exposed to technology at a much higher rate than ever before.

Not only are we more familiar with it,

we also accept things like high-tech AAC devices as more normal and

more accessible than we used to and more accessible even than low-tech devices.

A lot of people now will look

in a tablet with an app on it and think, ''Hey, you know what?

I can figure out how to use that.''

But if they're expected to figure out how to use one of those mid-tech devices where

they have to maybe record every word,

that seems a lot more difficult for them.

So we're definitely moving in a direction where people are more

comfortable with the high-tech end of things.

Another really awesome thing about that is that lots of parents and professionals

are aware of the benefits of using commercial-grade tablets like the iPad.

There are some serious benefits about the iPad and

some amazing things that benefit both our clients and the people who support them.

One of those things is that the platform itself.

The iPad is socially acceptable.

People know what it is,

they recognize it, they think it's cool.

This comes into play a lot with kids.

Back in the day when communication devices were really big and clunky and heavy,

a lot of kids would be embarrassed that they had

this thing that they had to lug around with them.

But iPads are cool.

A lot of times,

I will see peers of kiddos you think maybe are closely who are like,

''Man, that's really cool. I want one of those.

I want to carry it down the hallway for you.''

The fact that the platform itself is socially acceptable is a pretty big deal.

Also, there's a reduced intimidation factor.

Most people have either seen or used an iPad,

and there are other commercial-grade tablets that I could use as an example here,

but I'm just using the iPad as my default,

have either seen or used an iPad or actually owned one themselves so know it really well,

and so there isn't that factor of, "Oh gosh,

this is something totally unfamiliar to me and

I'm going to put it in the closet for now until I'm ready to address it."

Also, the tablets are readily available.

There is a caveat, of course,

I worked with a lot of families who are not able to fund the iPads themselves.

But in general, those tablets are more widespread than they have ever been before.

On the iPad platform especially,

there's also a wealth of AAC app options.

You've got a ton of different language apps starting with very,

very basic communication moving all the way up to 108 words on the page,

people who want to be able to quickly

formulate the entire narratives about what they did that day.

Then of course, with these commercial-grade tablets like the iPad,

there are some really snazzy things about the hardware itself.

It's instant on, it doesn't take a while to boot up,

the screening is super high def and brilliant,

it's got a long battery life,

and there are a whole lot more benefits in that category too.

Again, people are more and more familiar with

these high-tech platforms and there are a lot of things that are amazing about them.

But I want to go to myth number 4.

Why I think some people are tempted to think is,

''Cool, so the iPad is amazing,

I can get one.''

It's a one-size-fits-all, this is going to work for all the kids that I work with,

or my neighbor and my niece and everybody down the street.

A lot of people think that that can

be used as a stand-alone with all kinds of different communicators.

In reality, the iPad does work as a stand-alone for some,

but a stand-alone iPad has

pretty significant limitations especially

for people who need a more fully-featured communication device.

Those are really the two.

One of the biggest ones is durability.

All of these have been addressed,

as you see at the bottom of the slide with the ProSlate series.

You can find out more information by following that link.

But durability is a big one.

Standalone iPads are in commercial cases often don't

withstand though the warrant pay here

that they go through when they're used by young kids.

That's a really important thing.

You can have, again,

the most amazing hardware platform ever,

but if it's broken,

your kiddo isn't going to be able to access their communication.

Another thing is sound quality.

The internal speakers of an iPad really have a hard time keeping up in

a noisy environment like a classroom or crowded doctor's office or the mall.

Again, that external speaker that we have on our ProSlate,

well, both device series,

but on the ProSlate series as a direct comparison to

the iPad allows you to speak much more loudly than the internal speakers

of the device and also its directional

so you're able to point this down towards your communication partner.

Again, positioning and handling is a big issue with the standalone iPad.

A lot of the clients that we work with have some fine motor deficits in addition to

their communication impairments and need help

with potentially the flexible handling stand

to put the device in a position that they are able to see it and access it.

Another drawback of the iPad as esteemed

alone is the availability of high quality keyguards.

For those of you who aren't familiar,

a keyguard is typically a plastic or

acrylic overlay that goes over the screen of a device.

It's got holes that match up with the buttons on the screen.

What you can do is rest your hand on the keyguard and then drop

your finger into the hole in order to select one of the buttons on the screen.

So a high-quality keyguards that lines up with whatever app you're using is

an extremely important component for people who have

some motor deficits or people who are using a lot of buttons on the screen.

In just a bit, we're going to look at

the Lamport's for life app and that has 84 buttons on the screen.

A lot of people will accidentally press things that they don't mean to say if they

don't have a keyguard that helps differentiate buttons from each other on the screen.

Another drawback of that standalone iPad is the ability to mount it to a wheelchair.

If you've got an a person who uses a wheelchair for mobility,

iPads can be hard to attach to the wheelchair so it goes

with them and is positioned appropriately [NOISE].

Again, that's something that has been addressed with our devices.

Training and technical support,

this is one that I always really try to encourage people to realize the importance of.

A lot of families will come to me and say,

''I've got this iPad.

I've got a really cool app but I don't have

anybody to come out and train the school on it or

train his speech therapist that he sees in an outpatient clinic or train his dad.''

The availability of someone to come out and interface with

both the user of the device and caregivers and educators,

that is such an important component for success.

Then that last bullet point is again,

warranty and we touched on why that's so important.

Now again, our young kiddos tend to just be rough on devices.

That's just the way it is.

Having something in place that protects you and gives you the ability

to very quickly get your device repaired for free is,

I just can't overstate the importance of that factor.

All right. I hope that going through those myths was helpful.

Here's a quick summary.

Then I was going to wait for a few seconds to see if

anybody had questions about what I've gone over so far.

In summary about those myths that we've discussed,

use of AAC in early childhood has not been

shown to have a detrimental effect on speech development.

It's not necessary to consider a high-tech device as a last resort,

or exhaust all of your other options before considering a high-tech device.

iPads are awesome. People like them.

They are everywhere, we like them too.

But a standalone tablet does have pretty significant functional limitations.

For a lot of AAC users that are addressed with dedicated devices like the ProSlate.

Now, before I jump into Multimodal Communication,

I'm going to hang out for just a second here and see if

anybody wants to submit a question about what we've talked about so far.

Okay. Becky, you already answered an organizational question in there.

Its possible that we don't have any so far,

which is just fine.

I'll keep looking for more questions to pop up if more things arise as we go along.

All right, so now what I'm going to touch on is the idea of multimodal communication.

I did just spend a lot of time talking about why

high-tech devices are the most amazing thing ever.

I do love them and advocate for their use.

However, they do not replace all other forms of communication.

That is just a fact.

So while they do typically provide

a long-term solution that lets kids language continue to grow,

gives kids a lot of independence with communication.

You often need to employ a combination of strategies.

You'll see my little graphic here,

and that kid is so cute.

I think he just was a Google image or something,

but I wish that he was one of my clients.

[LAUGHTER] This series of photos here just shows that,

yeah, you can use a high-tech device.

But what about when you're in the pool?

What somebody came up with here is just laminating a picture board

to a kick board that somebody could use in the pool or in the water.

Which is an amazing idea.

Then of course, you would want to continue to

use and encourage other forms of communication,

whether it be sign or verbal words

or gestures that you've been working on using functionally.

Again, that combination approach is a really important one.

[inaudible 00:37:20] There we go.

To just quickly define multimodal communication,

it means that you're using literally multiple modes to communicate.

We all do this throughout the day or even in a single sentence.

You can use multiple modes of communication,

well say, one single word.

For our young kiddos with communication impairments,

some of these might include things like facial expressions,

body language, gestures and signs,

AAC strategies, whether it's low made or high-tech.

Then of course, verbal communication.

The soapbox that I wanted to jump up on

briefly about this is that all of these modes are valid,

especially when you're working with a brand new communicator

or a kiddo whom really is in the emergence stage of communication.

So I always encourage families and therapists to respond to all communication attempts,

especially with emergent communicators.

An example of this might be,

let's say Bobby has ProSlate and he's using

the touch chat app and you as a therapist have been working on requesting,

let's say, particular food items.

So Bobby has been doing okay with that,

but he's definitely still learning where everything is.

One day he grabs you by the hand,

pulls you over to the fridge and points at the grapes,

and then you're in a,

"well, what do I do?"

situation because that was an obvious attempt to communicate with you.

But he didn't use his AAC device.

So what I would encourage you to think about when those kinds of

situations arise is that that was communication.

It's important to validate that and respond to it appropriately.

It is okay, of course to then model back using the communication device.

But you don't ever want to ignore a communication attempt just because it's

not the form or the mode that you were looking for.

What I would recommend doing in a situation like that

is expecting that as a valid form of communication.

So you used gestures with me,

you probably used facial expressions,

you made eye contact maybe during that request.

So I would say something like, ''Cool Bobby,

I see you are telling me that you want grapes right now.''

How I might say that,

''I'm going to use your device.''

and I would show him the communication devices,

that's the end goal,

and say, I could say, "I want grapes."

and show him on this screen where those words are.

Then just go ahead and get those grapes down and go to town.

I would not recommend,

especially at the beginning,

forcing kids to say something again.

That is a fast-track to frustration.

So if someone has really successfully communicated with you,

but you would prefer them to do within another mode,

making them say that message again is often going to frustrate them.

So modeling it back to them in the way that you would prefer them to communicate,
maybe using the communication device is great.
But making it a rule that they say it in
one particular way every time is likely going to be frustrating
because our little ones need to be able to use a bunch of
different strategies as they're learning to communicate effectively.
As much as I love AAC devices,
I think it's so important to remember that there are other ways to communicate too.
We need to make sure we're responding to those appropriately.
Now, I wanted to move into communication goals and the AAC.
A lot of kids who are using an AAC device in
early childhood are getting some formal early intervention,
whether it's speech therapy or early intervention through your state's program.
So I wanted to talk about
some appropriate platforms that can be used to target communication goals.
One thing that I think is an important to keep in mind when you're
thinking about what should my goals be as
I'm using this device when this kiddo is that communication goals
don't need to change just because a new piece of technology is present.
If you had been working with Timmy on,
let's say, functional use of verbs to participate and play routines.
So maybe you've been working on goal and stuff with sign.
Then Timmy gets a communication device.
That goal, the fundamentals of that goal do not need to
change just because he's got a different technology platform.
It still seems pretty appropriate to work
on verbs to impact to the world around him,

and you may want to tweak exactly how that communication is being expected.

But again, a lot of people fall into this trap where you think,

"Okay, well, we've got this new device,

we need to completely revamp the plan.

When really, you just got another way for

that kiddo to successfully meet the goals that you've already got in place.

Along those lines, the second bullet point is to

keep goals functional, not technology focused.

At first, of course.

Really focusing on the communications side of things,

not necessarily something like turning

the device on and off or modifying the volume again at first.

The way to really get buy in to these devices and get kids excited to use

them is to teach them the power of communication,

and some of those more operational goals can come down the line.

Another factor is consistency when you're thinking about goals.

I've seen a lot of kids who are really expected to communicate in

very different ways depending on who they're with.

Grandma might be really uncomfortable and technologies that she just express gestures.

But then mom might love

the communication device and always expect the kiddo to communicate that way.

Endless ties directly into this last bullet point which is that it can

sometimes be helpful to add a goal related to parent

or grandparent or other

caregivers training and involvement to really get everybody on the same page.

If at home, it's okay for Timmy to use his communication device,

or sign, or try to say the word verbally,

then those same expectations,

as much as possible,

should carry across different communication environments,

so the kiddo knows what to expect and knows what is expected of him or her.

Those are just some kind of foundational concepts.

Now, we're going to talk about some specific examples of software platforms that can be

really great places to start when

you're thinking through starting a scene with a young child.

This is an example. That device being used would be a ProSlate.

The language program which is an app is called Snap Scene.

The way this app works is that when you tap one of those hot spots on the screen,

so the spots that are circled,

it will say something.

In this particular instance,

if you tap on the girl with the purple shirt on,

it might say her name.

If you tap on the girl with the pink shirt on,

I know would say her name.

If you tap on the yellow ball, it says ball.

Maybe the hands would say, "My turn."

It's a visual scene that really supports the use of some functional language.

This particular app and

example would be great to support goals related to maybe labeling objects.

So ball or labeling a person.

It might be great for turn-taking,

so if the child in pink is the one who's using the communication device,

maybe she would be expected to tap the hands to say "My

turn" before she gets the ball again.

Engaging in social routines obviously.

If this is the final routine for them,

rolling the ball back and forth,

use of this app would be a great way to help

that child be more independent and communicating during that routine.

Using family members names and then of course,

requesting an item with its name requesting with words.

This is a great simple option to give very concrete support to language.

Here's another one. This page is from the WinSlate,

and the software platform is called Grid 3,

and this particular page is from the interactive learning activities.

I don't have the actual animation tied into this PowerPoint,

but I'll just describe to you.

So when you select one of those choices at the bottom of the screen,

that animation cell with Dilbert,

the dog, comes to life and does some really fun stuff.

If you select the spider,

he gets really scared,

he jumped on top of his doghouse,

and he eventually squishes the spider.

This might support goals related to choice making.

You might ask Sally, "Hey Sally,

he seems really hungry,

do you think he wants a bone or some sausages?"

Encourage her to make a choice.

Again, vocabulary expansion, following directions.

So you might give the child something discrete. You know what?

I think it's time for him to play with the ball.

Find the ball, and wait for them to follow that direction by clicking on that cell,

and again, just meaningful engagement and play.

A lot of kiddos who,

especially those who have very significant physical impairments,

they may not have been able to

independently play much in the past without someone helping them.

If someone were accessing this page with eye gaze,

this would give them the opportunity to really engage in

a fun age appropriate game without a lot of help,

which is really cool.

Young kids are very motivated by independence and doing things on their own.

That alone can be a really important and functional goal.

Moving on, we've got a couple more examples here. I mentioned this earlier.

This is an example of ProSlate device with the Lamp Words for Life program on it.

What you can see here is that a lot of buttons are hidden on the screen.

I use the feature called Vocabulary

Builder to hide all but the most important words to start with,

and what you'll see is that we've got nine words showing,

and these are vocabulary items that are targeted

a lot in early intervention because they are what's called core words.

They are often multi-meaning,

they are able to be used throughout a lot of

different communication environments with different listeners,

and evidence shows that these are the words that we

use the most often throughout the day.

As opposed to what's called the fringe vocabulary

which might be something like banana or fox,

things like that that might be motivating for a kid to say but less

relevant in that wide variety of communication context.

Again, this is a ProSlate with the LAMP and it might support goals

related to requesting items that the child wants,

protesting appropriately which is a really good goal in early childhood.

The use of the word stop as opposed to maybe some less appropriate behavior to protest.

Increasing sentence length.

You might look at this and think that it's not a lot of vocabulary,

but there are many functional phrases that could be created using just these nine words.

It could be more drink,

it could be turn eat.

If someone that's saying,

"It's my turn to eat," but they haven't

yet got all of those grammatical features in place.

Then turn-taking.

The word turn itself is a really important way to be able to request a turn of something,

and then of course,

they could also indicate that it's

someone else's turn by maybe saying something like, "Go."

You do sometimes think outside the box when you're thinking about how to

use a slightly smaller vocabulary in a bunch of different activities.

But there are a lot of resources out there available

to help you think through how to do that.

This is just another example of some vocabulary and

a software platform that's fabulous for kiddos at this age.

This is my last one.

This is just one more example,

and this is a ProSlate with the GoTalk NOW app on it.

You can see, this is a simpler screen.

Can you see four nouns on there?

Bubbles, cars, Play-Doh, and puzzle.

You are a little bit more limited as far as the types of

words that are available at least on this particular screen.

But even so, you could use this to support goals related to choice making.

Again, vocabulary expansion, labeling items in your environment,

and even answering questions.

So what do you see?

They could find the item on the screen.

Even when an interface like this looks pretty simple,

if you consider all the different things you can do with these words,

you'll realize that you can support a pretty wide variety of goals.

What I wanted to jump into next.

We've talked about those myths related to AAC.

The idea of multimodal communication, supporting communication goals,

and then I wanted to,

as our last item delve into access methods fairly quickly.

But before I do that,

I'm going to give you guys a couple of seconds again,

if anybody has any questions that they want to send across.

I'm trying to give you a chance to ask some questions as we go along,

just because we are covering a pretty broad range of topics.

Just a few more seconds.

We might be good to go unless I'm missing something.

Okay. Again, feel free to just send them my way as anything come to mind.

So our last topic here is going to be accessed methods.

What that means, what that term refers to is how a person controls

an AAC device or makes selections on the screen.

So you can see this is my buddy Maverick.

He is using direct access.

That means he's able to reach out and touch the screen.

He's kind of the ideal candidate for

direct access because he's got really great fine motor skills.

You can see he's got great finger isolation.

He has perfect vision.

So he's able to see those small words on the screen,

his literacy skills are strong.

So he was a great candidate to

really hit the ground running with the direct selection or direct access.

However, there are a lot of instances where direct access is not an option.

I'm going to quickly introduce a few alternative access methods and then again,

just kind of spotlight eye gaze technology.

Alternative access essentially means

other options that are not direct access are not reaching out and touching the screen,

and these are just a few options here.

There are, I mean,

we could spend days on this topic alone.

So I've included a link on this slide if you want to check

out some more information about alternative access methods.

But the things that you see on this screen are the items on the far left,

it's a gyroscopic head mouse,

and what that means is that the user is able to wear that on their head,

can clip it to their eyeglasses.

They're able to move the mouse cursor around on the screen just

by making small motions with their head.

If you've got somebody who has pretty good head movement and

head control that gyroscopic head mouse can be a really nice option.

The next items you see there are switches.

So that particular switch bundle,

it's called the EV switch bundle,

is really cool because the switches are wireless.

So for those of you who have used switch access before,

it can be a little bit of a challenge when you've got wires going all over the place.

So those are a nice size,

and also again wireless so they can be

mounted and positioned in a place where it's easy for your kid to access.

You've just got fewer limitations related to where you're able to position them in space.

The next item you see is the head pointer.

That actually would be considered direct access but just with an external tool.

So this would be for somebody who had good head control but was

not able to reach out with their hand and touch the screen.

That's another option for direct access,

and then lastly, we're going to talk about eye gaze.

So you'll see there on the right,

WinSlate device in that enablized modules highlighted there.

So that's what we're going to go on to next.

This is Gabby.

She's adorable.

She is using a WinSlate device with eye gaze,

and for those of you who know the literature learn platform,

this picture makes me laugh because she's using that

large clouds activity in love to learn,

which lets you just look around the screen

and make a whole bunch of different fart noises.

For kids this age,

that is something that they could do all day long,

and you can see she's really excited about it as is her wonderful speech pathologists.

We're going to go into some of

the key things to consider when you're thinking about eye gaze as an access method.

Just to quickly define it.

Eye gaze access, or often called eye-tracking,

refers to the use of specialized cameras and software that

enable the user to make selections on the screen just using their eyes.

The way you actually make a selection,

you can do it in a couple of different ways.

You can dwell in a certain location on the screen,

which means that you hold your gaze in

a particular location for a designated amount of time,

and then the computer knows that you're trying to click there.

There are often some visual feedback components that

you could use to let you know how long you need to look in order to click.

You can also use a blink as a click.

The software will filter out your normal blinks and it's looking

for a longer intentional blink that it knows is your mouse click,

and then some people are also able to use

an external switch to make a click on the screen.

Which is pretty cool because you can get going really

fast if you use that as your activation method.

But again it enables people who don't have great control over other parts of

their body to use their eyes to access all of the contents of the device.

So I wanted to go over in this picture some keys to success,

and I tried to choose a picture that showed a lot of those different elements.

So this is my friend Maleny.

She does not fall into the category of early childhood.

She's a little bit older,

but is so huge that I had to include him.

One of the biggest keys to success with eye tracking is mounting and positioning,

and that refers to mounting of the device,

attaching it to potentially a wheelchair or using different type of

mounting solution that positions the device in

a place where the camera is able to see the users eyes.

So the position of the device and

the user and space is really critical with eye tracking,

because the camera needs to be able to see you in

order to know where you're looking on the screen.

It needs to be able to see specifically your pupils. There we go.

I am highlighting here the positioning system that Maleny is using.

There you can see she's got a supportive positioning system

and replace with foot plates on her wheelchair,

and she's got a rigid trunks support

in place and a headrest in place to help keep her head stable on that midline.

You'll also see that we've got a mount that is secured to her wheelchair.

So that mount has been positioned in

the right spot so that the camera of the device is able to see her eyes.

The next critical component is training and support.

So you can see there are two adults in this picture, one of them is me.

I'm the person on the left.

So I was there for a training session with Maleny and her therapy team and her mom.

Then on the right is Shawna Dunaway who is an amazing OT.

She works at the Mazzeo therapy services

and their team and many other teams that I work with.

They do an amazing job of bringing clients

back for intensive therapy after they get a device.

So they know that they've got the groundwork laid for success.

The next thing is having a motivating and engaging teaching platform.

We've talked a little bit about look to learn and interactive learning activities,

and both of those are features of our WinSlate device that are really important

when it comes to getting kids engaged with the device,

giving them immediate success and teaching them

the concept of eye gaze and letting them practice things like targeting,

and again, looking around the entire screen.

Then the last thing,

also a component of the device is age-appropriate language content.

So you can see if you look closely,

she is using six buttons on the screen.

This is forward six that she's using.

She started there because she needed to start with something a little bit simpler,

but pretty quickly graduated up to 10 or 20 because she needed more vocabulary.

Again, it's really important to make sure that you are keeping up

with the person's vocabulary needs.

Because having too little vocabulary is just as bad as having too much.

Because if you don't have enough that person that's going

to let that off then it's going to

lead to frustration and potentially even abandonment of the device.

Again, this picture just illustrate some of

those really key components of success with an eye gaze based system.

I'll just recap what we talked about and then

give you guys again some time to ask any questions that you might have.

What we went over was some of those common myths related to AAC use in early childhood.

So those were the fact that you need

to exhaust all other options before trialing a high-tech device.

The worry that a use of an AAC device will hinder speech development.

The concern that high-tech devices are really complex and can be confusing,

and then that myth related to the iPad being a one-size-fits-all solution.

So we talked about the realities associated with each of those.

Then I went on my Soapbox about

multimodal communication and how important that is for long-term success.

We talked about hardware and software

options that are appropriate for use with young kids.

I should also say,

we did highlight a couple of different apps,

but there are many more out there.

I'm going to point out to you some resources on

the next slide that can help you just get a sense,

if you're not familiar,

get a sense for what's out there and which apps and language that's of high-quality.

Then we talked about supporting early intervention communication goals with AAC.

Then briefly touched on different access methods.

So these resources that I've just promised.

Some general information about AAC is,

you can find on the ASHA website with that link.

If you wanted to find out more about the specific devices,

that ProSlate and WinSlate that we talked about today,

you've got some links on this slide too.

Then Forbes also has a wealth evaluation and funding resources.

I gave you a couple of different links,

but I might also just suggest that you just take a look at

our website and just peruse some of the different things that are there.

But to get you started,

the member-resources section, funding forms,

and funding terminology can help you lay

the groundwork and get a feel for some of those resources that we have available.

So AAC app comparison,

this was the thing that I just mentioned.

I love the lists that Jane Farrall puts together.

She creates these incredibly complex and long lists of AAC apps,

and compares features of each and then rates them as far as

their overall soundness or robustness,

I guess I would say.

How likely they are to be able to continue to support communication as

someone grows towards meeting more vocabulary.

I would definitely recommend that you take a look at her website.

She has more resources too besides these apps.

In my world, that's a [inaudible 01:06:39] resource that she puts together.

There are also a ton of resources on

this practical AAC website related to a lot of different topics having to do with AAC,

but they've got some fantastic implementation resources.

I would definitely recommend you take a look at that,

and then just know if you have a particular app that you want to learn more about,

you can contact me or someone in our company,

or peruse that app's accompanying website,

and you will likely find a lot of resources related

to everything from programming to why the app is the way it is,

webinars and videos, those kinds of things.

Definitely know a lot of these,

especially high-quality apps, have whole libraries of resources available for you.

Then lastly, I just wanted to encourage you if you've got

specific systems or apps that you want to learn more about,

to check out whether they have a Facebook page.

A lot of high-quality apps and software platforms have

Facebook pages or groups that you can join and ask questions,

ask for help troubleshooting a problem,

and also just become a part of the community of people who are using that platform.

I would definitely recommend that as well because it can help you just to get to know

other people who are living in the same world that you are.

Then some references from the studies that I mentioned earlier in the presentation.

Then discussion, which will be a little bit one-sided.

But again, if you have any questions that you'd like to send along, I am here.

Let me read this. This is a great question.

Mary said, "In the request for funding submissions,

does the SLP also request the communication app?

If so, does Medicaid cover the cost of the app in addition to the cost of the hardware?

Is the device then locked so that other communication apps cannot be listed?"

This is an awesome question.

The first part is, does the SLP also request the communication app?

Yes. So when you are doing

an evaluation for a [inaudible 01:09:18] what you would determine is the hardware,

so which size of device.

Potentially whether the person needs a key guard or a mount.

But then another big part of your evaluation is determining which app you want.

The app then gets bundled in during the funding process.

Yes, Medicaid does cover the cost of the app in addition to the hardware.

But you are limited to one communication app to go through funding.

So what you want to do during that evaluation,

and potentially using resources from Forbes,

is to take a look at a couple of different apps that you know are

high-quality and get a feel

for whether or not it's going to best to meet that person's needs.

The last part of this question is,

is the device then locked so that other communication apps cannot be loaded?

Yes. So it's part of being

a dedicated communication device that it comes

in with the software configured in a way that does not

allow you access to the app store because the idea is that you are

using it as just a communication device with the app that you have chosen.

A caveat to that though is that the family does have the option to unlock,

after the device arrives on their doorstep.

In the long run, if it was determined that,

we really want to use a different app with this child,

you could purchase and add a different app to the system.

Some people will also add apps related to educational objectives.

I always try to steer away from more entertainment type apps because it can be

so hard for kids to toggle back and forth between

entertainment and communication on the same device.

But some people do that well.

Sometimes that is an okay option,

it just depends on the client.

So that was an awesome question,

and I see some more. Okay, Lisa.

Sorry, I'm reading through this question.

One of Lisa's question is regarding comments on multi-modal communication.

"If a family has been using speech ASL and cued speech with their young child,

would it be overwhelming to introduce a new language in terms

of SGD or speech generating device?"

That's a great question. I think there are ways in which that could be overwhelming.

What I would recommend doing is introducing the device gradually,

and in the context of

familiar communication routines and

familiar words that you have potentially been targeting with speech or sign,

and again, modeling in all of those modalities as well.

If your kiddo signs the word,

you might sign it back and then show

them where that word is on their communication device.

At first, really focusing on that aided language input,

which means you're showing them,

you're modeling, rather than

expecting them to produce the word on the speech generating device.

I think it can become overwhelming if you immediately expect them to start communicating

on the device rather than having a period of pretty intense modeling,

where they're watching you use the device with their familiar words.

That was another great question.

Breanna, sorry. I might have butchered your name.

"Do you loan devices for evaluations

or do you have regional reps who come and do the evals?"

Both, we have a section on our website that's called Try a Device.

You can either request an on-site demonstration where somebody comes out in person,

or request a loaner device that will then come to

your clinic or school or whatever context you work in,

that you could then use for evaluation purposes.

Which of those things you request depends on your comfort level.

If we're talking about the ProSlate,

if you've already used the iPad with

a particular app and you're really comfortable with it,

that might be just fine for us to just lend you

ProSlate for you to use during your evaluation.

But if you need a little bit more help,

it might make more sense to request it.

Somebody come out in person if possible,

to help you out during your evaluation.

Then the other thing I wanted to mention too when we're talking about loaner devices,

is that we also have a program called the ProSlate AAC Evaluation Kit,

that allows you to take an existing iPad that you use,

so your iPad or potentially one that's owned by whoever you work for,

whether it's a school or a clinic,

and convert it to a ProSlate.

This program was designed to allow people who are already doing

AAC evaluations to quickly get their hands on the ProSlate hardware,

but then using their own iPad apps to complete an evaluation.

Because an important thing to know is that if you are an evaluator,

you can't just try it on iPad with an app and then recommend the ProSlate for funding.

You have to actually try out the ProSlate itself with the hardware and potentially,

the [inaudible 01:15:04] if your client needs that,

but you do need to try that specific platform during your evaluation process.

Breanna, Breanna, [LAUGHTER] I keep trying to say your name.

Check out the Try a Device section on our website.

It's forbesaac.com.

You'll see some options there.

Stacy says, "I can't find the cost on the website."

If you need a quote or a statement of cost,

you can always reach out to us

directly because the cost varies depending on warranty level and size,

and there's a bunch of different iterations that can affect the cost of the device.

Lisa says, "Thank you." Thank you, Lisa.

Then the last question is from Rhonda.

I'm making sure I'm not going overtime. We're good.

Let's see. I'm going to read through this really fast.

Rhonda is asking about some similarities and differences between different devices.

Rhonda pointed out, "The ProSlate devices

look the same as Wego devices by Talk To Me Technologies.

The Wego is another option that adapt an iPad.

Also pointed out similarities between the WinSlate and

the Eyespeak devices by Talk To Me Technologies.

Rhonda, you're right in that,

the things about the platform are the same.

The ProSlate and Wego,

both are essentially an adapted iPad.

What you're going to notice between those two devices

is pretty significant differences in hardware.

Those hardware, things that I pointed out about

the ProSlate that are so critical for access,

like that flexible handling stand,

that wearable speaker, really high-quality keyguards.

You'll want to take a closer look at those features of

the device and really get a feel for how they can make a huge functional difference.

Then you also mentioned the difference between

the WinSlate and Talk To Me Technologies Eyespeak devices.

Those actually have more differences related to software content.

What WinSlate has is

that proprietary language system called

core word that is not offered on any other device.

I'd be more than happy if anyone wants to reach out to me,

I can send you some information about core word and it's also on our website.

But that's a whole language that's,

and that's available on the website,

that is not available on any other device.

Of course, you've also got hardware differences there in terms

of down quality and adjustability and that kind of thing.

These were fabulous questions.

I think that was the end of the list.

Anybody else?

Thank you, guys, so much.

Those are really pertinent questions,

I can tell, to the situations that you're working in.

We've hit the end of the line of questioning.

Becky, do usually wrap up?

>> Yeah. If there's no more questions,

I would just remind you that you will receive an email within the next hour

that's going to have the information for CEUs and certificates of attendance.

As Andrea said, you can reach out to her if you have additional questions as well.

>> Wonderful. Becky, Mike,

can they still hear me? [LAUGHTER]

>> Yes.

>> Great. I just wanted to thank you all again so

much for participating and asking such great questions.

Again, I would love to chat with you more if you

have any remaining questions that come up as you think through all this stuff.

>> Great. Thank you, Andrea,

and we thank you again for sponsoring this webinar.

>> All right. Thank you so much.

Have a nice evening, everyone.

>> Have a good night.