>> Welcome to Closing the Gap solutions.

This webinar, Talk the Talk and Walk the Walk: modeling, questioning,

and encouraging language development with AAC was sponsored by

Saltillo Corporation and was recorded October 4th, 2017.

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>> Awesome. Thank you so much, Becky.

I'm so happy to be here.

Even though this is electronic and we don't see each other,

I'd like to try to create a community feel.

So definitely, please feel free to type in that question bar

with anything that you may have come across your mind and we'll go through it.

This is our hybrid of

two seminars for talking the talk and walking the walk for increasing communication.

I am so grateful for your flexibility because of my delay or

inability [LAUGHTER] to host the webinar when

we originally scheduled it due to Hurricane Irma.

I hope that you guys your schedule wasn't impacted too much,

but I'm a consultant for

the Saltillo Corporation and I cover the Northeastern part of Florida,

and I also do some work with our funding department.

Just a little bit, this is going to focus,

as it is it's sponsored by Saltillo,

it's going to focus exclusively on our Saltillo products as well as our applications.

You'll see that during some of the videos that I'm going to be modeling,

you'll see a low-tech version of our WordPower 96 board,

which you also have in your materials and handouts.

Some disclosures, I am contracted by Saltillo,

that's a financial disclosure,

and then non-financial I am given

certain loaner devices and loaner apps for trainings such as this.

As I said, I'm a speech language pathologist, licensed and certified,

and I'm an ASHA member as well as a member of SIG 12.

Just to go through your dashboard,

probably everybody has been on these types of webinars before,

but just in case you are muted and we did take off the ability to unmute yourself,

what you can do is type a question in there at

the bottom and you'll see that you can collapse it.

If you want to move that off of your screen that's fine.

You can access your materials in

the Materials section there if you didn't download them from the e-mail.

Now, one thing that you'll notice it's not in the materials is the PowerPoint,

and that's because this information is also part

of an ongoing two-part webinar series with Saltillo.

I don't distribute PowerPoints because number 1,

we know it doesn't really facilitate learning to [LAUGHTER] have the PowerPoint,

and then also because it is ongoing in another area with Saltillo.

You're not missing anything.

People often will type into the comments and say,

"I think I'm missing the PowerPoint."

You're not. You're all good.

We want to make sure that you stay on the entire time.

Again, you'll get some information for ASHA CEUs.

Make sure that you stay on and you complete

those forms and you send them in as instructed.

One thing I like to do real quick at the start of

these webinars is get a feel for who's here.

We're going to launch a quick poll,

and if you could just identify

which radio button you feel you identify with the most,

are you an SLP or perhaps an SLPA,

a speech language pathology assistant,

a paraprofessional or an aide, an educator,

whether that's a teacher,

maybe you identify as an educator if you are

a school-based clinician of another discipline like an OT or a PT,

if you're a parent or other,

however you feel that you fall into those.

We've got some responses coming in.

It looks like we have a majority are SLPs,

but we do have some educators and parents and some people identifying as others.

That's great. This really helps me to,

number 1, know who is in our group.

I always think of these as communities of learners.

I don't like to have it where I'm out here speaking alone,

[LAUGHTER] that we're all in this together.

So it's nice to know who's here.

Still some responses coming in and we still have the majority of people as

SLPs and then the other largest is educators right now. Thank you.

If you've voted and submitted your response,

that's definitely very helpful.

I will definitely gauge my comments and some examples towards those main demographics,

but I'll throw some in for parents as well because it looks like

a couple of people that are on here that are identifying as a parent.

Wonderful. I'm going to go ahead and close that now and we'll get moving along.

Here is what we're going to talk about a little bit today,

and the bulk of what we're going to spend our time with on for

the first hour are going to be six techniques to improve communication,

specifically for turn-taking, focusing on us as communication partners.

Then we're going to move into the second phase,

which is dealing with strategies,

two strategies in particular that really focus

on how can we make these techniques automated and within a strategic format.

You might be thinking techniques and strategies the same thing.

In my world, I always say no.

A technique is something that you can use,

but to use something strategically you're doing it automated,

recognizing when it's working and when it's not so that

we can gauge for success and then change that if we need to.

It's something that is,

like I said, automated or NA.

It's so ingrained you just do it automatically without even really thinking about it.

We're going to go through the techniques and then we'll move into the strategies.

One of the things that I really try hard in any training that

I do is to make it so that when you're done with this,

when we log off or you close up your notebooks,

that you don't have to look back at

your notes to be able to implement what we talked about today.

I know as a learner myself,

I get frustrated with myself when

I fail to go back and look at notes and then I'm ready to implement something and I go,

"Oh, but wait, am I thinking of that right?

Am I remembering that correctly?"

Ultimately, what ends up happening a lot of times is I don't

ever get to fully implement what I learned in that session or training.

I'm going to repeat some of this information.

Again, we're all different learners,

so we're going to go through this where you see it on the slides,

you hear me talk about it,

and then I've put some videos modeling the techniques and

modeling the strategies so that you can see it in action.

Hopefully, that really helps you be able to walk away

with all of this committed to memory or at least

committed enough that you feel like I could go out and try this and be successful

at my first couple of attempts and then hone those skills as we go.

Before we get into this,

I'd like you to think for just a quick moment and you can jot

down on anything that you are taking notes on or if it's on your computer,

open up a quick little notepad or Word doc,

think about something that during

your intervention sessions or during the sessions maybe that you observe,

can you recall something that was done to help increase communication?

Whether that's increasing some turn-taking,

whether that's increasing a type of response,

like an initiating response,

just think of that.

See if you can jot something down.

It'll be interesting to see as we go through these techniques if

there's anything that we talk about that maybe you wrote down and you go,

"Oh, well, I didn't know that was research-based.

I was just doing it because it made sense to me."

I see this quite frequently where people will say,

"Well, I just was doing it.

I didn't know that that was supported by research."

You might be surprised that some of the things that you're already

seeing implemented or that you yourself,

if you're a clinician, are already doing,

you now have some evidence base supporting it here.

Here is an advanced preview of our six techniques that we're going to go through.

The first one, using aided AAC models.

Now, this might seem pretty basic that if

we have a client that is using some form of AAC,

whether that's low-tech, mid-tech,

high-tech that we're going to use it as well.

We're going to model the use of those symbols,

the use of that language with that device.

But unfortunately, we don't see this put into practice as often as we should.

Especially as settings change,

we might see it one more one on one in a therapy session or in a small group

session,

but we may not see it as much when we're in the classroom,

in the community or at home.

I'll be the first to admit that life can get busy and crazy.

You don't have to be modeling every single thing for every single utterance,

but we do need to be making it a pattern and a practice,

we need to be consistent with that.

Using the device to model that aided language.

I know that sometimes parents or

individuals that come from a non-clinical or non-education background,

almost view these devices as a magic fix-all,

where, "We got the device.

Now we're going to be able to communicate, no problem."

We really need to educate everyone that no,

we have to teach them how to use it.

They have to learn where symbols are.

They have to learn how to operate it,

how to be strategic in certain environments.

The best way for anyone to learn something is by watching it happen,

by seeing it in action.

We do this with typical language development.

We model, model, model.

We want to do that with our aided AAC systems as well.

The second technique is wait time,

or if you are from a clinical background,

you might have heard this termed expectant delay.

This is an area that I personally enjoy teaching,

especially to graduate students,

because it can be one of the simplest and most powerful techniques that we use.

Yet one of the most challenging to actually

implement because it feels awkward [LAUGHTER].

You're basically allowing this space in silence

while our client or child is processing information or formulating a response.

When you think, especially as a speech-language pathologist,

when someone's coming to you for speech or language therapy,

you almost feel there needs to be some type of talking or communication all of the time.

Especially, like I said,

with graduate students when they're being observed.

This is a really critical one where we want to have that expected delay.

We want to set that tone that we're waiting,

we're anxious to hear what you have to say,

you're a important communicator in this dialogue,

and so we want to set the tone for that.

That's providing wait time.

The third and the fourth,

go hand in hand.

If you think for a minute about the kinds of questions that typically are posed,

especially in the beginning when someone just is new to AAC,

and perhaps even a clinician is new to AAC.

The types of questions that are being asked tend to be very simple,

like yes, no, or two choice questions.

Those questions have a purpose in communication and in our linguistic functioning,

but they're not the end-all be-all.

We don't want to get stuck there in this type of,

do you want macaroni and cheese, yes or no,

or do macaroni and cheese or chicken nuggets?

We don't want to get stuck there.

Instead, we want to ask open-ended WH questions.

We would say, what do you want for lunch?

That thing, leaves it open.

We are not accidentally pigeon holing our clients or

our communication partners into a single or a simple dual choice option.

We're leaving it open. Who knows?

Maybe they're not even hungry at that moment and they have the ability then

to answer openly because we've asked a question that allows for that.

But you might be thinking, okay, that's great.

I'm awful at WH questions,

but my clients not at the stage at that they can really answer them,

or maybe they have become such a subscriber to that passive communication role,

which we'll talk about in a minute,

that they've just gotten used to the fact that if they sit there long enough,

you're going to move on.

You've asked a question,

if they don't respond and up time passes,

you're going to move along because,

come on, we got to go, we need to get moving.

We only have 30 minutes of therapy time,

whatever the case may be.

What we do instead of just moving along is we provide answers.

We answer our own question that we just asked.

Again, this might feel a little funny,

but it's purpose is to, number 1,

model that question and answer format and to set the stage of,

even though you didn't answer,

this question does need to be answered.

The days of asking and moving along without an answer,

those are changing, those days are gone.

We want to answer the questions.

if we were to have asked,

what do you want for lunch and we don't get an answer,

you could then model and answer like, "Well,

today, I think pizza actually sounds like a much better option.

What do you think about that?"

We're answering and then you can circle right back with

another WH question like I just modeled or you could move on and say,

"Well, since you didn't answer, you know what?

Pizza sounds great to me,

I'll get that started."

Sometimes doing that can even be enough of an insight to have some type of response,

and you can go, "You don't like pizza,

you want something else?

All right, what do you want for lunch?"

Or they might agree with you.

You go, "Great, that's awesome,

I'm so glad you agree."

We want to ask WH questions and we want to provide answers.

The fifth one is dealing with prompting,

and there are two types of prompts that we really talk about

in this research, visual and physical.

Now, when we first start implementing these techniques

or changing how we as communication partners behave,

we may need to provide more prompts in the beginning.

But when we think about therapeutic scaffolding,

we always want to be moving to less and less prompts,

and less and less supports so that our clients is as most independent as possible.

Again, we're always thinking down the line,

as a clinician, even if I have a client come to me at the age of four,

I'm already thinking about high school,

some type of employment in secondary education,

that thing is already in my mind.

I want them to very quickly not need these types of prompts.

But in the beginning, they might be necessary.

A verbal prompt, something like it's your turn,

or show me on your device,

or even a physical prompt where you might tap on the shoulder or the arm,

those are definitely important and have a place especially in the beginning.

The sixth technique is responsivity or responding to anyone's turns.

This, we as communication partners,

can be guilty of completely bolt hosing through,

and we don't want to do that.

Especially if caregivers, if we're in a parent or grandparent role and

our child hits a selection that we perhaps think was incorrect,

that's not what you really want or that's not what you really meant to say,

we might then say,

"I know you said asparagus,

but I don't think you really want that.

I think you really want broccoli."

I use a lot of food in my examples. [LAUGHTER]

We don't want to just make that assumption that what they said was incorrect.

We want to respond to that.

So we might say, "Oh, wow, well,

that's new, you want asparagus today?"

"Okay, let's see if we have it."

We want to respond and again,

life can get busy,

and I'm a mother,

I totally know how the days can run you [LAUGHTER] versus you running the day,

so don't feel like you have to be doing this every single time.

But we do want to make an effort not to be

interrupting and interpreting things that we feel are inaccurate,

we want to respond to what they actually say.

So some common traits of individuals that use AAC,

we know for a fact that they know more than they are

expressively communicating with their natural speech abilities.

This is why they have a device.

Receptive laying.

We want to make sure that we are allowing them time to process what we're saying,

and time to then communicate it.

Because we know it's there.

We also know that they can be passive communicators.

I mentioned this earlier when I said

about if they are asked a question and if a certain amount of time passes,

they just expect that it will just be moved along.

So they fall into this passive role,

and we don't want that.

We really want all of our clients and anyone that we're working

with to move into that active role where they are initiating conversations,

they are asking questions,

they are telling jokes.

So this passive role,

especially if you're working with someone that

has been perhaps without a system for quite sometime,

this can be a really challenging trait to shift.

So keep that in mind.

The third trait is that we tend to see that they

communicate from limited number of reasons or purposes,

and sometimes this is just amplified by our own behaviors.

A lot of times when I go into support clinicians,

I'll watch the sessions first and they're doing fantastic.

But I'll notice that a lot of the questions that they're asking are the tasks

that they're having the clients complete are the same things over and over again.

So we don't want to get stuck in this.

What do you want?

Or what do you like?

Or yes and no.

So these very limited simplistic linguistic functions

tend to become the pattern over time.

So we don't want that.

We also see that they use restricted grammar and syntax.

Now, in the beginning,

when we first get a device,

we're first learning this,

that's no problem when we're using restricted syntactic forms and such.

We're not focusing on morphology just yet at the beginning,

most of the time.

This is not to say that that's always the case.

But then we stick with it.

We go, "Oh, great."

We said that, we built this sentence.

I can get the gist of what you're saying.

It's not syntactically perfect,

but I get what you're saying and we accept it and we don't go back and

provide those correct models or encourage that correct production,

and we really need to be doing that by enlarge.

Again, thinking way down the line for their employment and their secondary education.

We want them to be successful and part of that is being able to manipulate

morphological forms and complex syntactical structures.

So keep that in mind when you're designing your lesson plans and

your therapeutic care plans for all of our clinicians that are on the line here.

Now, we're going to turn the mirror on us.

Sometimes this can be a little bit challenging to take a look in the mirror,

and I always tell people,

especially clinicians, because sometimes we can think,

oh, I'm doing this, I've got it.

I'm putting into practice all of these techniques and things. It's great.

Then if you video yourself in a session and go back and watch that a day or two later,

sometimes you'll see these traits coming

through like wildfire that perhaps you weren't even aware of.

So we tend to take the majority of communicative turns.

We tend to really just railroad the conversation.

Again, sometimes we feel like there shouldn't be any silence that we need to be

having conversation all of the time especially if we're being observed.

So if you're being observed for a supervisory visit or by your principal or something,

we don't want to be doing that.

Again when there's a pause,

when there's a space for someone else to communicate,

that's when it's going to happen.

So we need to back up and make sure that we're only taking our fair share.

Think about when we have conversations with people that speak.

If someone was taking 90 percent of the communicative turns,

you probably wouldn't seek that person out for coffee and

a conversation because they are dominating the conversation.

We want to make sure we allow for equal communicative turn-taking.

We also provide few opportunities for growth.

Like I mentioned just a moment ago with the limited syntax and grammatical forms,

we need to go through that.

We need to talk about morphology and how we change words.

How we say I ate breakfast instead of I eat breakfast.

If we're talking about breakfast that we had four hours ago,

we need to do that and show how that's possible with our systems.

Our high-tech devices are capable of so much morphologically and

syntactically that for us to not provide those opportunities,

it's really, really just short-changing our clients just massively.

This is a hard one for a lot of people.

We interrupt and we interrupt a lot.

[LAUGHTER] We might be in a hurry.

Again, we might be needing to end our session,

we might be needing to get in the car because we are late for something,

and so we get two symbols done with the utterance and we go "Oh,

that's great, I know what you're trying to say," and we fill in the blanks.

We don't want to do that.

The more that we interact,

the more that we are promoting that passive traits that we don't want to see.

We want to take our time,

we want to allow them time to be able to communicate and formulate those messages.

Again, when we video ourselves,

this is often the biggest one that we see come up that we are interrupting.

The last one is,

and this is very common with clinicians,

is we focus on the technology versus the person.

I work with a lot of clinicians in my role as

a Saltillo consultant that the clinician say,

"I took the AAC course,

but it's been awhile and I'm not sure or I've

worked with apps but not a device or not this particular device,

and so I'm nervous and I don't really know what to do."

Well, our therapy is always on the person.

Our focus is always on growing that person's language and

their ability to communicate in a variety of contexts with a variety of partners.

So the technology is a tool.

Do you have to know how to operate it at some basic level?

Yes. But guess what?

That's what people like me are for,

and we have so many resources.

Saltillo website, which I'll reference for you at the end,

has a ton of online video tutorials and

recorded webinars that you can watch over and over again at your leisure.

Sometimes people like to do this at night or early

in the morning when their brains work better,

when they're not distracted in the moment, that's fine.

But the focus is always on the person, not the technology.

You have people to support you at the technology, don't be afraid.

Again, our language goals are going to still be focused on that person's language.

So we want to make sure that we're focusing on our clients, not the technology.

For my clinicians that are here,

my educators that are here,

we always need evidence to support what we're doing.

We're going to go through a little bit of a research that we have right now.

We have done these types of partner communication techniques

as well as the strategies across the board with various partners,

parents, educators and educators includes clinicians and peers,

as well as siblings.

This is not something that has to be done by an adult,

you can teach a peer educator how to do this as well?

I know a lot of schools in our area have buddies like

our local schools will pair fifth graders up with eighth graders,

and sixth graders up with first graders, things like that.

You could teach those students.

You can even teach students in the same class how to

implement these techniques and strategies and the research supports that.

We've used them across demographic groups, African-American, Caucasian, Latino,

and these studies are primarily based out of

the work of Dr. Jennifer Kent-Walsh and Dr. Cathy Finger.

If you're familiar with them,

you know they study quite a bit about

partner instruction and changing the behaviors of the partners.

Therefore we see growth and gains in both partners,

that communication partners as well,

plus the person using AAC.

I've participated in some of those as well as one of our local researchers here,

Nancy Harrington and several others.

I've given a reference list just well that you can

look at some of those studies stuff if you want to,

but it is across partners and across demographic groups.

We've also done these studies across contexts.

One of the things that we've done as small groups and then even larger groups.

A couple of years ago we did a summer camp and it

was quite a few children along with their families that came.

We did a week long camp everybody,

learned how to use these techniques and strategies,

the kids had a great time socializing with each other and everybody had mass the gains.

Of course, you can do this in the schools if you're using

a school-based model going into

the classroom and you're working with a group of students.

We've had success with one-on-one.

Sometimes people think, "Oh, well,

the best effects are coming from

individualized one-on-one therapy," and that's just not the case here.

When we focus on the communication partners,

we see growth no matter what.

Depending on your study,

you may work in one or both of these type of

context and we've got evidence to support them.

Then here's just a little snippet of some of

the diagnoses of the kids that have worked in our studies with us.

You see we have some very large global common, if you will,

diagnoses like developmental delay, cognitive impairment, autism,

and then we have others that you might not see as much depending on where you work.

Just keep that in mind, and again,

you've got that reference list to go back to if you're looking for something,

because we always try to ideally match our evidence

up to the same client population that we are working with.

We're going to give it a try here,

we're going to go into those techniques specific one by

one and then you're going to watch a video model of each technique.

Again, some of this is going to be repetitive so that when you walk out of this,

you can name those six techniques,

boom, right off the top of your head and not have to go back and say,

"Well, I remember one of them,

but I'm not sure about the others."

I really want you guys to be able to take this and run with it.

Before we go into that,

I want to make sure that I mention how this low-tech board is organized.

If you're familiar with our devices and our word power files,

our core vocabulary files,

then this should look very familiar.

Our pronouns are in yellow,

our verbs are in green and they move up to about the middle of the page.

Then we have some of our others, prepositions,

adverbs that maybe some people may not use as often,

those are in blue and pink,

over on the right.

This is loosely based off of the Fitzgerald color coding schemes.

If you're familiar with that,

then this should look similar.

The nice thing about our word power files,

we're going to be using

a 96 location low-tech version of a word power file for our video examples.

But even if we were to use a 20 simply,

which is our lowest number of items and our word power files,

they're still organized in this same fashion and with the same color coding,

so it makes it really nice for us as clinicians,

when we're bouncing around between different vocabulary files with different clients,

as well as nice for the client as

their language changes over time and grows, becomes more complex.

They may grow from that 20 to a 42 to a 48 and they're

not learning in a whole new unique page layout.

Here's our review.

Remember we're going to talk about aided modeling, expected delay,

WH questions and then answering those,

giving some type of a prompt,

whether that's verbal or physical and then increasing our responsivity.

The first one, sometimes people,

and this is usually from individuals that are not from a clinical background,

they will say, "Why do I have to model?

I can speak, they can hear me,

why do I have to model?"

Well, the answer is, number 1,

that's how people learn.

We are modeling use of the device.

We want them to use the device,

we need to use the device.

The other side is,

that's how we as communication partners, learn the vocabulary.

It is so critical for us to know the vocabulary.

We can't expect to implement use of the device if we don't know where items are stored,

if we don't know where the vocabulary is.

This will help us learn it.

Now, what modeling is not is modeling every single word that you speak on the device.

Oftentimes, this is what we see with a lot of, like I said,

people without a clinical background,

that when we say model,

what you say, model it on the device,

they take it to mean every single word.

I had a grandmother onetime that, bless her heart,

she was trying so hard with her grandson and she would do just anything for this child.

She came in one day for a visit and said,

"I'm just really struggling because I can't model as fast as I am speaking."

So I said "Okay, show me what you're doing."

She would ask him a very common phrase,

"Do you want mac and cheese or chicken nuggets?"

That was a rope phrase in their home.

She was trying to model every single word in that phrase.

I said "Okay, wait a minute though,

do you know where mac and cheese is?"

She said, "Oh, yeah, of course, it's right here.

So I said, "Then start with that,

so you're going to speak,

do you want mac and cheese or chicken nuggets?

But you're only going to push the button on the device for mac and cheese."

She was like, "Oh my gosh, okay."

Very quickly she then got up to chicken nuggets and then we moved her

into asking WH questions instead of just the two choice question.

But we don't need to be modeling every single word.

We do want to vary what we model.

While we might start with something that's simple,

like the nouns that are in our sentence or utterance,

eventually it would be great if we could model some of

the articles or the pronouns that sometimes gets overlooked.

We're speaking, we're modeling on the board and we're having our clients watch.

I'm going to show you this in action.

What I have done here is I've included

a simple story book that I have glossed and the storybook is from Tar Heel Reader.org.

If you're familiar with that site, it's just wonderful.

It's got a lot of very simple, visually supported books,

and all I did was gloss those with,

putting them in the PowerPoint and gloss them on the handouts.

Then it was a symbol supported book as well based on the text.

I really like storybooks for not only these workshops,

but for training these techniques out in the world,

because it gives a wonderful context to

support not only the client that we're working with,

but it takes a lot of the pressure of the cognitive load off the clinician as well.

You'll see that in action here along with our word power 96.

For our first video,

I'm going to show you what modeling looks like.

I've got a sample book here,

It's called going on picnic,

and it has been glossed,

meaning that I have put different examples of symbols that you could

use for each page and each page has

been combined onto this single sheet here for ease of this.

Then over here to the other side,

I've got our 96 location low-tech board that I'm going

to use to model certain steps here for you.

Now this board is a little bit more complex than

perhaps the device or the board that your child or student is using,

but since I'm just modeling for you today,

I wanted to use a more complex one.

You can do this modeling feature with any board at all,

whether it's four items or over a 100, it doesn't matter.

Let's turn over back over here.

I want to show you what it looks like.

Here I have going on picnic and it's got a

visual and I've got it glossed with go and eat.

When we're reading and we're modeling,

you might say something like today we're going to read about going on picnic.

What I would model would say go.

Then I might ask a question because over here we're talking about a picnic.

I might say, we're going to go and we're going to eat on a picnic.

So I am modeling not only what is written on the page,

but also having some dialogue in there and I'm modeling that dialogue.

We come back over,

our next page says we will spend some time with good friends.

If I was modeling,

I could even put we or I could put time as I've modeled on our book here.

Or I could say something like a comment like that will make

me very happy to spend time with friends on a picnic.

The next page shows,

we'll pack a lunch and I have we and a,

so we could model those.

Or I could come over here and I could model part of my dialogue.

If I wanted to be simple with what I have on my board,

I could come over here and say we will pack a lunch.

I'm simply pointing to an item that is either

on the text of the book that I'm reading or I'm using a comments.

I'm creating a dialogue and I'm modeling

whatever it is that I choose to say for that question or comment.

>> Hopefully that helps our visual learners see it in action.

I want to address a question real fast that was posted here.

The question is, is a copy of the PowerPoint going to be available?

The answer is no.

I addressed this at the beginning,

but I know we had some people that were signing

on a little bit after I probably said that.

I don't give out the PowerPoint because this is

an ongoing series of webinar workshops with Saltillo.

But all of the materials that are available for

you are in the materials tab and linked to your e-mail.

Thank you for asking that.

Technique 2 is our pausing or our expectant delay.

The purpose of this is number 1 to again provide that opportunity for communication,

making sure that we're setting that stage,

that expectation of that we're a partner.

This is a dialogue I want to communicate with you and

it's not just me taking the majority of the turns.

The other side of that is to allow for additional processing time.

A lot of the clients that we work with may need some extra processing time and

sometimes that can vary and even increase depending on their physical state.

If they're hungry, if they're tired,

if they just got back from a field trip,

who knows what they've eaten something with a lot of sugar.

We just never know,

but we need to allow that processing time.

Especially when you think about how we may present questions.

A lot of times when I work with typically parents or grandparents that just got a device,

they're asking questions in such a rapid pace that there's no processing time.

It's that do you want this?

Do you want this? Do you want this? You must want this.

There's no time in between for our client to actually process what was said,

never mind formulate a response.

The rule of thumb that I try and teach people when we're starting

with this is to count to 10 silently in your head.

That usually is a good starting points.

Now, if you see that your client or child

is processing their thinking or they start to formulate a response,

then just keep waiting.

There's no hard and fast rule that says,

I count to 10, time to move along.

That's just a usually a good enough time to set that expectation.

Now, we have to do something during this.

We're not just sitting there waiting,

we are leaning forward,

we're maintaining eye contact.

You might raise your eyebrows.

You're giving that nonverbal communication

of I'm expecting to hear from you, it's your turn.

I'm eager to hear what you have to say.

It's not just okay,

I'll check out and move my eyes around the room

and count to 10 and see if they say anything.

This is an active engaging delay, again expected delay.

Again, this can feel awkward.

I encourage you to try it out,

maybe even try it out at home with

your own kids if you have kids or with your spouse or significant other.

Because pausing for 10 seconds,

which most of the time,

it's going to be longer than that as they start to formulate a message.

But pausing for 10 seconds can feel very awkward and yet it is so necessary and powerful.

Let's take a look at this in action.

>> Here we are and I'm going to show you how to pause or demonstrate expectant delay.

This may seem something that sounds really easy and natural and yet it hands

down can be one of the hardest different techniques to master.

We're using our same book and our same 96 location page.

While we are reading,

we can pause either after we read the text,

we will spend some time with good friends.

Of course, we model on our board.

But instead of going right to the next page or turning the page or moving right along,

we're going to pause.

Now, people will say,

how long do I pause?

That is going to vary by every single client.

A really good baseline or starting point would be to count to 10 slowly in your head.

Trying an old school,

one Mississippi, two Mississippi, three Mississippi.

But looking at the child or the client and judging,

are they processing what you've said and what you've read?

Are they looking at the symbols on the book?

Are they looking at the symbols on the page or the device

and trying to think of a response or a comment?

Because if they are, then you want to give them more time.

This may be longer or shorter than 10 seconds.

Typically as you go,

the pause time gets less and less as

our clients move from a very passive communicator to an active communicator.

Here's what it might look like.

If I were to say something like,

we will pack a lunch and I come over and I comment,

I love to have a picnic lunch.

Instead of moving along and asking a question

immediately or making a comment, I'm going to wait.

That was 10 seconds.

Now, that may have seemed like a very long time.

You know what, when you're in the moment, it is.

But it's really not that long when we're asking a client to really process what we've

said and think about what we're showing them as far as on our page and in our book.

>> Now we move on to asking WH questions.

As I mentioned, the purpose of this is to really start to

promote higher level communication.

We want to ask these open-ended questions so that we are really just

allowing that communication to unfolds

rather than limiting or pigeon holing certain responses.

Now, the slide here says to replace yes/no questions.

What that means is really replace those yes/no questions that

could be replaced with open-ended WH questions,

not replace all yes/no questions.

There are quite a bit of instances that a yes/no question

is perfectly appropriate and we wouldn't want to remove those.

But what we don't want is having the majority of

our questions be yes/no or as I said, dual choice questions.

Do you want this or that?

We really want WH, who,

what, where, why, when, how?

One of the things I mentioned that we're using a storybook framework

for this as well as in our two strategies that we'll talk about next.

One of the ways to really focus on this and make sure that we don't fall back into

our old patterns of yes/no questions is to preview a

storybook or in this case a Tar Heel Reader book that you've adapted,

preview that and think to yourself,

what questions would I ask in a WH format?

Write those down on a post-it note and then put that

post-it note on those pages so that as you turn the page,

you have your post-it note right there with your WH question on it.

You don't have to think at all about what are you going to say.

Now, as the conversation unfolds,

if your client says something or asks

another question that perhaps you didn't anticipate or expect,

then yes you're going to have to think spontaneously.

But when you're reading and just getting started in this,

having that support is really, really helpful.

Consider doing that as just a little helpful tip for the WH questions.

Now, you'll see here on the handout, for example,

I glossed the text for things that I might model.

Here our text says,

what might we need to buy at the store to eat?

That's our WH question.

I glossed with what need and eat.

I'm asking that question.

Now, in this example,

the text itself has the question.

If it didn't have a question,

I would make one up and then you use that sticky note to support.

The flip side is answering the WH questions.

If I ask that question,

"What might we need to buy at the store to eat?", and I wait.

I give expectant delay time,

I don't think that there's any kind of answer or response being formulated,

instead of just moving on and reading the next one,

I'm going to answer it.

Again, I'm going to model that question and answer

format and it sets that expectation of,

if a question is asked,

it's going to be answered.

We don't want to just leave it hanging there.

We are modeling through this whole process.

Like I said on my books,

I glossed them so that we had a symbol representation on the text as well.

You can do this on storybooks and paperbacks, etc as well.

You just would have to print those out and then take them into the book.

But there's quite a few therapy sessions that I do that I include those.

I just tape them in, you could use velcro as well if you wanted to.

Then here is an example in the script.

This is an answer that's also in the text,

"Fruit sounds good," and I glossed it with good.

Here is our video.

>> This technique I've mentioned in our other two videos about asking questions.

But we really want to make sure that when we are asking questions,

we are asking open ended,

meaningful questions that really require more of a response than a simple yes or no,

that really require our client to think about it.

We want to move them from being a passive communicator to an active communicator.

Asking these open ended WH questions is a wonderful way to do that.

Now, in your text when you are looking at these samples here,

you may notice that some of the items have a WH question already in the text,

like this one, "What might we need to buy at the store to eat?"

We can model that very easily over here.

We can provide that posing,

and expectant delay and we've asked our What question right off the bat.

But what about when we are having a conversation or reading

a book that does not have a WH question in the text?

Something like this, "Fruit sounds good."

That's just a comment, that's an observation.

While we can model that over here about being good,

we really can follow up with a WH question like,

"What fruit should we get?",

or "Where is the best place to get fruit?",

or "When can I get a grapefruit?"

Something like that, that really allows for more advanced in-depth thinking and again,

just expands that language and allows for more conversation.

It doesn't have to be included as text on a book,

and it doesn't have to be the same WH questions every time.

Now, if they don't answer

your WH question and you've given them plenty of time to pause and process,

you can tell that that's not the case,

you don't just want to leave that question unanswered.

Go ahead and model that question's answer.

If we were to do this one,

"What might we need to buy at the store to eat?"

We could come over here and we could answer that question.

"Well, we would need to buy food",

and so we may have to navigate into another page or we could say something like,

"We will need to get something to eat like oranges, or grape fruit."

If we are over here and we ask,

or we read this page,

"Fruit sounds good" and I ask a question,

"What kind of fruit should we get?"

and I don't get an answer,

I might then answer that for my client and say,

"Oh, I know what fruit I'm going to get,

I love grape fruit.

Let's get some of that."

You don't want to just leave that WH question that you've

posed there open and hanging, unanswered.

Go ahead and model the way to answer that correctly.

Give that complex language model and then we can move on.

>> For our prompts,

this is probably something that we're all familiar with.

Basically giving a direct indication of what they're supposed to do,

but a verbal prompt should be brief.

This is something that we may have to teach some of our

non-clinically based individuals that are communication partners.

We don't want these prompts to be something that's

either a very lengthy utterance or something that repeats itself over and over again.

Like, "It's your turn show me on your device.

We got this device so that you could show us go ahead and look at it, show me."

No, we need to slow it down, keep it brief.

Something like, "Use your device to tell me.

Use your NOVA chat, show me two".

That means if you're moving from a single symbol

to a multi symbol message, "Show me two."

Something that's simple like that.

Then we again pair it with our other techniques expectant delay, and such.

Now if we need to include a physical prompt,

then we can but we do want to do this only if necessary.

We don't need to put in physical and verbal prompts if all we need is a verbal.

Provide assistance with what they're supposed to be doing.

It might be hand under hand,

or it could even be something a little bit simpler like pointing towards the NOVA chat,

pointing towards a particular button,

or tapping their arm or elbow just to say,

"Hey, it's your turn, here you go.

You do it." We want to scaffold and make

sure that we're removing these prompts as we get more and more independent.

>> We are on step number five for our fifth technique.

Now what we want to do is provide a verbal prompt.

We have shown that modeling,

we've given a pose or expectant delay,

we've asked and answered some WH questions,

and sometimes we still need to provide some type of prompt.

A verbal or a physical prompt is totally okay to provide if we need to.

You may find that you need to do this a little bit more in the beginning,

just because again, we're moving from that passive to active communicator status.

We've been modeling with this book and maybe you're down here, "Fruit sounds good",

and you've asked a question and you've answered it,

and you can tell that they're thinking.

You can say, "You show me",

or "Show me on your NOVA chat",

or "Point to one",

or "It's your turn, show me two."

Those types of verbal prompts are sometimes very necessary.

Sometimes, for whatever reason,

people may feel like they need permission to use their own device.

Perhaps it's new, perhaps they're in a new environment,

and unfortunately sometimes perhaps people have even used a device as

a reinforcement and taken it away and then

brought it back and so they feel like they need permission.

That's okay. Give them a verbal prompt to show.

Then I also just demonstrated a physical prompt.

Showing them on here where it is and what you can

push or a physical prompt of touching their hand,

tapping them on the top of the hand,

moving their hand over,

or touching their elbow,

or their shoulder, those types of physical prompts are okay.

We don't want to have total hand over hand where you are guiding their hand,

but hand underhand can work, or again,

if you in the very beginning are modeling something very basic,

that's when you would go hand over hand.

But for this type of physical prompt,

it's more of a reminder to use the device,

use their low tech system,

whichever it is that they're using to

answer the question and participate in the conversation.

>> Our last technique is increased responsivity.

Basically this just means we need to reinforce these communication attempts.

We need to respond and expand.

Again when we think about language development in infants,

this is what we naturally do.

They might say something and we respond to it,

but when we respond,

we expand that utterance.

For example, if a child says,

"Mommy go," we're going to expand it and we might say, "Yeah, mommy go.

Mommy is going to go to Target."

We repeat and we expand.

We want to make sure that we're doing that and we're not saying,

"Oh you didn't mean to say go we're not going anywhere.

No, let's go back, tell me what you meant."

We want to respond.

Sometimes that response might even be a question.

We are consistent in this.

This consistency with all the techniques is really important,

but being consistently responsive,

is going to just feed that transition from passive to active.

We really want to make sure that we're doing that.

Now this video puts everything packaged up together,

and you'll see that she asked a question and then she poses something else and

her response is to what the child actually communicates.

>> All right, so when I am feeling hungry,

it's best to keep clear.

That's for sure because he's eating the deer.

Can you tell me eat? Look at that,

he is squeezing him so he can eat him.

Eat is right here, or go.

What would you like for me to do?

>> Go.

>> Go. Okay. Bye.

>> Hopefully, that demonstrates an action how to implement all of these.

Now, keep in mind, obviously,

when we go to try these for the first time with our kids and clients,

it may not go as easily as that one did.

Just keep trying. Again, I encourage you,

if you're able to video record so that you might be able to identify

some physical and environmental barriers that maybe if we change the next time,

would allow for some better communication.

Again, our six which hopefully at this point,

you've got committed to memory.

Now, we're going to move into the strategies,

the RAA and the RAAP strategies.

These are based off of the 2003 work of Dr. Jennifer Kent-Walsh.

This has been repeated and replicated multiple times, and again,

consistently shows just huge success and growth,

not only with the communication partners but with the individuals that are using AAC.

When we use this,

especially for this training,

and when you start incorporating this,

we are going to use storybooks.

The reason why is because we have such a huge amount of context to support the language.

We're not having to come up with questions and language on our own,

we also have a visual support,

and it's typically something that's engaging for our clients.

Having that high level of contextualized language is really important when we start this.

When we also think about language reciprocity, listening,

speaking, reading, and writing,

how they all feed each other.

The stronger that one gets,

the stronger that the others get,

we call that the Matthew Effect, the rich get richer,

the poor get poorer kind of phenomenon.

We want to be reading and so they're listening and then we're speaking.

Sometimes, depending on your level of client,

they may even be able to do some writing,

whether that's with their device or some adaptive equipment.

It's also very natural.

It's something that we should be doing at home with our kids,

it's something that's happening in school.

It's a pattern, it's a context that they're used to,

it's a routine that's familiar.

We can provide that simple scaffolding,

if we need it.

Again, we have our ability to put our little sticky notes on

there when we need to to even provide our own scaffolding for us.

It allows for greater social learning as well.

As speech language clinicians,

we know that when we get a device,

we're not only focused on the linguistic aspects of the device,

it's linguistic, operational, social, and strategic.

There's a lot of social learning and

social contexts that are presented in storybooks that

we can use that in context of our therapy as well.

Again, we're always thinking about literacy.

Literacy is one of my areas of specialty,

I'm huge in this.

We definitely want to be treating and thinking about literacy from the very beginning.

Again, if we can teach someone to be literate,

we open so many doors for their future,

again, employment and secondary education.

It allows us to pick up on some of those early red flags with younger children,

and incorporate text and phoneme graphing correspondence with some of our older kids.

For this, as I've said,

hopefully, you have those committed to memory.

Go ahead and type in the questions box if you can remember the six techniques,

just jot one of them down if you can.

Hopefully, we'll see all six of them start flowing in.

We'll do this quick,

but hopefully, you've got it.

If you're sitting there going, "Oh, wait,

I thought I knew it," then I like to use this as a way to really be a awake-up call like,

"Oh, maybe I remembered one but not all six or maybe I remember three."

I'll be watching here.

Great. We've got modeling, WH,

pausing, questions, wait time, modeling.

Good. We've got a whole bunch coming in.

Thanks, guys. I love it when people are interactive.

Don't forget the responsivity and the prompting.

Excellent job.

There they all are. Again, these all work together for increased communication.

But what we're going to do now is take

these six techniques and put them in context of a strategy.

The way to look at this layout,

this slide, is in descending order.

The strategy, the acronym RAA,

stands for read, ask, answer.

We're always modeling with every step.

There's one of our techniques right there.

Pausing is in-between every step,

there's one of our techniques right there.

Answering is built into the strategy and that's also a technique.

Now, at any point,

if we're reading our book and our client says something,

they make a comment about the character or they ask a question,

we respond to that.

We don't tell them, "Hold on, wait,

I have to finish reading this page," we want to respond.

Because again, we want them to be active.

The fact that they initiate a communication was totally awesome,

that's what we want.

We're going to read, we're going to model what we're

reading using the NOVA Chat or whatever device that we're using,

and then we're going to pause.

We're going to have that at least 10 second delay,

we're going to look at the book,

we're going to wait, look at the client.

If they don't have any comment or question,

we are going to ask a question.

We're going to ask a WH question,

we're going to model, then we're going to wait.

If they don't answer,

then we're going to answer our question and we're going to model.

We respond to any communication at anytime.

Now, some of the questions that usually comes in is,

"Okay, but what kind of books can I use this for?"

I'll give you some techniques and tips that we used

in the research studies and that Dr. Kent-Walsh has used throughout her studies.

Number 1, you want them to be engaging,

you want them to be something that the child is interested in.

My personal favorite for these are the Little Critter books by Mercer Mayer,

if you're familiar with those.

They are engaging, they're funny,

they've got social relativity so people can relate to them,

they are animated, and they have a lot going on in the pictures.

There's so much that we can talk about

with all kinds of shenanigans that Little Critter is getting into.

Then there's also that little spider.

If you're familiar with these books,

you know I'm talking about the little spider that's hidden on every page.

There's multiple in this series of books.

Whether I pick up a Little Critter book on one week and a different one the next week,

they follow the same format,

it's the same characters,

he's always getting into some kind of trouble.

So I'm not having to do a ton of programming over and over and over again on the device.

So it lessens my workload as well.

That's my personal favorite.

Some other ones have been Dora, Diego,

Clifford the Big Red Dog, the Berenstain Bears.

You can go back to some of those classics, if you want to.

Some of the modern ones.

Pete The Cat is a very popular one.

If you're looking for something that doesn't have as many animations,

as many illustrations on them,

the magical tree house series is very good.

Just keep that in mind.

But we're going to go through this and you'll see it in

action here with a different glossed book.

You'll see this one is A Day At The Beach or the one was on a picnic.

This is a different one but I have glossed it,

and you'll see the RAA RAA RAA strategy.

For this strategy, we are going to walk through

the RAA RAA RAA example with a storybook called A Day At The Beach.

Now, this is from Tar Heel Reader,

and I have also adapted it with some glossed symbols here, you'll notice.

We have our same 96 location low-tech board that we used in part 1.

But remember, if you are using a nova chat or any other device,

a Chat Fusion or TouchChat.

You have a different board,

this is just serving as an example.

You would use whatever board your client is using.

For our RAA RAA RAA strategy,

the way that Jennifer Kent-Walsh discusses it is that we

include some of our six techniques

that we learned in part 1 and reviewed just a moment ago,

or all of that as necessary,

and we put them into this three-step process: read, ask, answer.

First, let's talk about it a minute with

these examples and then I'll go through and demonstrate.

We would read what's on the text,

A Day At The Beach.

Then we would model using our device or our low-tech board.

We would ask a question,

whether it's a question that's on the text or a question that we

are adding on as part of a comment or a query,

and we would, again,

model with our board.

If we don't have a response given,

then we would answer, again,

either using the text or filling that answer in and also modeling.

Let's run through what this would look like.

A Day At The Beach.

What day did we go to the beach?

We went to the beach on Sunday.

I read, I asked, and I answered.

In-between, each of those,

I had an expected delay or pause.

Now, for the purposes of this demonstration,

my pause is not as long as it really shouldn't be.

If I needed to add in anything else such as a verbal or physical prompts,

then I would do that.

Let's try another one.

At the beach, there is sand and water.

I love the beach.

I'm pausing here.

Even though I didn't ask a question,

I'm using one of my techniques where I'm using expectant delay and just waiting.

Do you love the beach?

Yes, you do love the beach.

We always have a good time,

so I asked, and then I paused,

and then I answered.

Now, at any moment,

if our client responds,

whether it's during the reading,

during the asking of the question or during our providing an answer,

we respond, and we go right back to the beginning.

Even in the middle of reading,

if I'm reading this,

at the beach, there is sand and water.

If my clients starts using their board,

to say something, whether it's "I love the beach",

or "I like to play at the beach",

something like that, I'm going to stop,

and I'm going to respond, "Oh yes,

I love to play at the beach too,

I like to take a beach ball.

I like to look at the seashells, and show them".

I'm not going to keep going through the process,

if they have initiated communication.

We go through read, ask,

answer, always pausing in between the steps,

and always responding at any point when they initiate communication,

and that's how we do RAA-RAA-RAA.

>> Hopefully, that allows you to see it in action

incorporating the techniques that we learned in a strategic version,

so I want you to think for a minute,

hopefully during the course of this,

you've been maybe earmarking some techniques that

you can implement in just certain sessions or with certain clients,

or if you're a parent,

thinking about how you're going to incorporate this into your day with your child.

So I want you to just make a quick note either on

your handouts and pen or on your computer if you're watching this,

and keeping your handouts electronically.

Think about things that you've done that have worked thus far,

think about how these could be incorporated,

and what challenges might you face.

It's always good to try and think about not only what's going well,

but what could go against us,

what could be a challenge?

Again, sometimes it's something simple like we need

to turn a desk around or move a chair,

and other times it's a little bit more complex,

but acknowledging those challenges

up front is going to help us so that when we encounter them,

when we're trying to implement these techniques and strategies,

that can seem so simple and easy when we're sitting here watching them on our computer,

they can change the dynamic of those,

and so if we're expecting that,

it makes it much easier to continue implementing them,

and again, to see success as time goes on.

Now the RAAP strategy,

is almost identical, except at the end you see we have prompt.

So we're using our techniques in a storybook framework in a strategic version.

Read, ask, answer, prompt,

always modeling, and always causing.

The same as with RAA We respond to any communication at any time.

We descend in that order, and when we turn the page,

we do it again,

so let's take a look.

>> The second strategy that we call RAAP-RAAP-RAAP is

basically the same thing with an addition of prompt on the end.

I mentioned in the last demo with RAA-RAA-RAA,

that if at any time we need to do a or providing verbal,

and/or physical prompt, we can do that.

However, this is a little different because it saves that prompt for the very end.

When we are providing therapy services or trying to teach

individuals how to become that more active initiating communicator,

we want to fade out our prompts in a systematic way,

so that it's not an all or nothing type of situation.

In the beginning, they may need these prompts a little bit earlier in the sequence,

or they may need more frequent prompts,

but as they get the hang of this,

and they start to master,

not only use of the device,

but communication and language skills,

we can put in the prompt at the final portion of the strategy.

So we have our same book here,

a day at the beach, still glossed,

and adapted from Tar Heel Reader,

and we will still use the base of the RAA-RAA-RAA Strategy,

but we will add on a prompt.

Again, pausing in between every step, and again,

responding at any point if the client initiates communication;

asks a question, makes a comment,

whatever form that may be,

at any step along the way.

If we were to read our book,

and I'm going to skip down here,

you can play in the sand with sand choice.

I'm going to model with you,

and then I might make a comment like,

"You went to the beach,

and it was a good day".

I provide that expectant to lie.

I'm going to ask a question,

"Are you going to go again soon?"

I'm going to wait,

and if they don't answer,

then I'm going to provide an answer for them,

"Yeah, I think you are.

I think you might go,

this weekend" Since the whole point of

this strategy is to really get our client to be responsive,

and then passively initiating as we move on,

if they still don't respond,

I'm going to give a prompt,

a verbal or physical prompt,

and it might even say,

show something like this,

"When are you going to go to the beach?"

Your turn, show me too, show me go.

Point to go.

Something like that.

We're going to be from general all the way to very specific,

so it could be something like show me on your board or tell me on your device,

use your know the chat.

Or it could be something very specific, like use too,

show me too or even something more precise like,

tell me go, because you're going to go next weekend,

so we go through this.

Again, at any point when they respond,

we go right back up to the top and we continue along : reading,

asking, answering and then prompting.

>> So during the video,

Irene typed a question about "would you

ask them to tell you rather than show you", for example.

Absolutely, the language that you use for that prompt is up to you,

whether show works better or tell.

In the video, you heard me say it quite a few,

both of those in fact.

So yes, go ahead and use what you want.

You're right. It is not a test.

The whole point of this is to get them to communicate,

to increase that communication.

If tell me works better than show me, go for it.

That is awesome.

Then Kyle had a question about the site where I got the stories.

The site is Tar Heel Reader,

that's North Carolina UNC Tar Heels, tarheelreader.org.

Thank you for posting those questions. I appreciate that.

Again, just like we did with the raw strategy,

think for a minute about what might work thus far and what challenges you might face.

As you go through these and your client has growth and changes,

you're going to constantly need to revisit these and be

reflecting on what's working and what is a challenge.

It's funny because as we do these research studies,

oftentimes a challenge that comes back after a while is,

"They're talking too much.

I can't get through a book.

It's taking forever."

Sometimes what we shoot for

the moon for can become a challenge and you have to start thinking about,

how am I going to incorporate this when I've got a 30-minute session,

and we only get through two or three pages of a storybook, for example.

Now, I want you to think depending on

what type of individual you are for this webinar, again,

what type of radio button you clicked in recognition,

if it's an SLP or a parent or an educator.

How can we incorporate these concepts?

Our core vocabulary are growing

these grammatical and syntactical forms, increasing communication.

All of these things that we've talked about today,

how can we incorporate these across environments?

Because we love it when we see kids master these techniques

and strategies and their communication is just

going bonkers and they're talking all the time.

But the context, the environment,

can be so critical to that.

Think about how we can use this in a home environment versus the community.

I know communicating with my kids at home is drastically

different than trying to communicate with them in

the car or at Target or at the grocery store.

Same thing at school.

So brainstorm around those, make some notes,

and again as you go, revisit this.

We don't want to just learn these techniques and then be like, "Okay,

that's great," because our client is dynamic and they're going to be changing.

You also have to plan ahead.

If you're a parent, go back and say, "Hey,

I signed in on this webinar and I learned some stuff.

Are you already using these and I just don't know about it?

If not, do you mind if I share with you?

Can we talk about the goals that we're going to use?

Can we talk about the environments?

Are we doing treatment in the classroom,

in the therapy room, in the cafeteria?

Where is this taking place?"

Then again, I've mentioned that as an SLP,

I'm constantly focused on the long game.

I want to think about way down the line: employment,

independent living, secondary education.

Whatever the best possible future can be for my client,

that's what I want to be thinking about.

Thinking not only about your goals that are on this school year or this care plan,

but five years down the line,

10 years down the line.

Let's discuss that as a team,

as a team of caregivers.

I always tell my students especially,

you're not an island,

you are working with multiple people to provide speech and language services.

Think about all of these things,

bring this information back to that team and

talk about how can we start to incorporate this because if I

learn this and pass it on to the teacher and

the occupational therapist and behavior

therapists and anybody else that's part of that team,

then the more people that are implementing these,

the better because then we're getting it all day,

no matter who we're talking with or where we are.

Think about those kinds of things.

We've got just a couple of minutes left.

I'd like to open it up for any other questions.

You guys have been awesome putting in questions

throughout and I've addressed I think most of them throughout.

But if I missed one, please go ahead,

type it in there or if there's one that you were holding on to,

type it in the question box and I'll go ahead and answer it now.

If you are not able to do that at this moment,

I'm going to put up some resources and

references for you and you can definitely email me as well.

On our website on saltillo.com,

if you haven't been there lately,

definitely go and check it out.

We've got so many different resources for you.

One of them is just like the low tech 96 location board that I shared for this workshop.

We've got other display items that are available for download there.

We've got, as I said,

some recorded video tutorials and recorded webinars that you can access anytime,

very helpful articles if you're passing on

information to a family to provide support to them.

Then of course, we've got our NovaChat as well as our TouchChat user group on Facebook.

That can be a really nice way to plug into the community.

It's very helpful for families to also see questions that people are asking.

It's a great way to stay up to date with some news,

with device updates and things like that.

This is also where you can access our chat editor software,

which if you're not familiar with that,

it is the software that is on all of our devices and apps,

that you can download and put it on a PC.

I always show this to teachers because if you've got a smart board in your classroom,

download the chat editor software,

put it on your desktop in your classroom and you can display

communication boards on your smart board and model for the entire class,

not unless the child that has a NovaChat.

So check out our website there.

Then here's my contact information as well as

some other general contact information if you want to.

Even if I'm not the consultant for your area,

please feel free to email or call me if there's something that you have a question about,

like you tried to implement some of these techniques and you

encountered a roadblock that maybe you didn't

anticipate or challenge that you hadn't thought of.

Shoot me an email, I'm happy to help and brainstorm with you.

Anytime that you have a technical issue with any of our devices or apps,

give our 1-800 number a call,

and then you can also email them or live chat electronically if

getting on the phone isn't possible during that time.

Of course anything with funding,

Saltillo and PRC are sister companies,

so our Saltillo funding goes through the same funding department as our PRC family,

so you'll see the website there is the same as theirs.

That's great. It makes the process a little bit easier when you learn

one process for two different product lines, which is great.

Hopefully this has been helpful.

I have very much enjoyed being here with you today.

I don't see any new questions coming in,

so I'm going to go ahead and end it here,

and just thank you again very much for your time and being with us today.