Background

- An online survey addressing AAC service needs and utilization in school-age children with severe Developmental Disabilities (DD) and without ASD highlights the differences and commensurabilities between these two groups in terms of language development, communication abilities, and AAC use.
- Children and youth with DD and ASD represent a growing proportion of the SPs reviewed and are often long-term users (tympanic beyond the mandate of publicly funded programs).
- Many individuals with DD and ASD use AAC which has substantially changed in recent years and has crossed over into the mainstream with the advent of new and affordable technology such as the Fruyểnki, the iPad, and the TouchTalk.
- With this group accessing AAC and the evidence that AAC use positively impacts on the development of spoken language, should the tracking of SPs and the funding of treatment reflect this changing demographic?

Purpose and Research Questions

- What do parents report for their children? How many actually receive AAC services? Are parents satisfied with them?

Method

- Data collected through the GO4KIDS online survey addressed the general health, well-being, and social inclusion of children with severe DD, and their parents – questions specific to SP services were included.
- Participation:
  - 190/257 (74%, 31 biological parents, 75% familiar, avg. 38.6 yd, age = 21) from across Canada (see map of Canada)
- 87% of parents reported in their language of other English

Method (cont)

- Participants:
  - 190/257 (74%, 31 biological parents, 75% familiar, avg. 38.6 yd, age = 21) from across Canada (see map of Canada)
  - 87% of parents reported in their language of other English

Results

1. SLT services – need, receipt and satisfaction:
   - 90% of parents reported in need of SLT services
   - 91% received SLT services
   - 85% of the sample who received AAC services reported the therapy were not interfering with their normal behaviors
   - 97% were able to communicate

2. AAC use by diagnosis:
   - No difference in AAC use between the ASD and DD group

3. How an AAC device is used:
   - 58.2% of children with an AAC device are able to communicate

4. Gender distribution was as expected in the ASD group (63 boys, 8 girls)

5. There was no difference in AAC use between the ASD and DD group

6. Services terminated too soon (termination criteria too rigid)

7. Most parents indicated that they were dissatisfied or had mixed feelings about them (see Table)

8. Accountability and parental concerns:
   - 80% – worse expressive communication level with AAC
   - 85% – expressive concerns stayed the same
   - 80% – increased in expressive communication level with AAC

Results (cont)

Levels of Communication with the use of AAC

- “Very little meaningful communication”
- “Needs, wants and some ideas”
- “Wide variety of topics in a meaningful way”

Discussion

- Although 91% of parents received SLT services, salification levels and parent comments indicated that the quality of services was questionable.
- Baseline tech devices were most commonly used and appear to be in contrast to the median level of communication skills and abilities, Nominated Principal
- Conclusion: Children with very low levels of communication are targeted for AAC in the ASD group, while individuals with moderate language abilities are targeted for AAC in the DD group.

Limitations and Future Research

- The current sample is not equally representative of each province or region of the country where AAC was used.
- One-line parent report may make it inaccessible to know how long an AAC device has been used and contact tracing received.
- A longitudinal design to measure expressive level at baseline and then a prospective measure of expressive level with AAC would strengthen the design.

Acknowledgements

The authors would like to thank all the families who have completed the Basic and Extended Surveys that were used for this study. Data for these studies were collected as part of the CHIP Team, GO4KIDS: Great Outcomes for Kids Impacted by Severe Developmental Disabilities, Nominated Principal Investigator: Adrienne Perry, York University.