

3: Choosing Communication Supports

The right communication supports can make an enormous difference in the life of a person with a communication-related disability. It is important to ensure that people with communication-related disabilities have access to supports that are tailored to their particular needs and preferences. It may be necessary to continually evaluate the communication supports a person uses and adjust those supports, starting in early childhood and continuing through early adulthood.

Types of Possible Supports

Supports may include:

- Speech-Language therapy
- Physical therapy
- Occupational therapy
- Specialized literacy or language instruction
- Augmentative and alternative communication (AAC) tools or technology
- Low-technology communication supports, including interpreters

People may use just one of these supports or may use a combination of many supports.

Speech-Language Therapy

Speech-Language Therapy is typically delivered by a speech therapist or speech-language pathologist. While many people assume that speech-language therapy is focused on training people to speak orally, speech-language therapy also can include training in use of augmentative and alternative communication (AAC) tools or technology. This may be particularly important when individuals have motor disabilities that make it difficult to speak.

Speech-language therapy may also include:

- Help with learning how to understand speech
- Training for an individual's family members and teachers in how to support an individual in learning language and communicating effectively.

Physical Therapy

Physical Therapy is typically delivered by a licensed physical therapist. Although physical therapists tend not to focus on the motor skills necessary for speech, they may help an individual develop motor skills that are necessary for other forms of communication, such as pointing, handling objects, using gestures, writing, or typing.

Occupational Therapy

Occupational Therapy helps people gain skills that they need in order to perform activities of daily living, which can include communication. It is typically delivered by licensed occupational therapists. Occupational therapy can help people develop communication-related skills like writing, pointing, using a letterboard or keyboard, controlling eye gaze, or using other forms of augmentative and alternative communication (AAC).

Literacy and Language Instruction

People with communication-related disabilities need the same access to literacy instruction as those without disabilities. Literacy and language instruction may significantly open up an individual's options for communication. For example, a person who has trouble speaking may, with appropriate literacy instruction, learn to type or spell using a letter board or keyboard. This in turn may help the individual use the full range of

his or her primary language, instead of having to rely on picture-based forms of communication.

Supporters should never assume that someone cannot learn literacy skills based on the individual's measured IQ or ability to speak. In some cases, people with developmental disabilities learn to read before they learn to speak.

Literacy and language instruction may need to be tailored to an individual's particular disability-related needs. For example, people who have trouble distinguishing words from each other may need extra support and one-on-one instruction that typically developing individuals would not need. People who have difficulty speaking may need their language instruction to be paired with AAC training.

It is important that language and literacy instruction begin early. In general, children are thought to learn language most easily before the age of five, and ideally should be exposed to a language-rich environment as early as possible. Even if an individual has not demonstrated language use before adulthood, however, it can still be worthwhile to invest in language and literacy instruction.

Augmentative and Alternative Communication (AAC) Tools or Technology

People with communication-related disabilities may benefit from augmentative and alternative communication (AAC). These can range from very high-tech speech-generating devices to very simple tools, such as a pre-printed letter board. There is no one form of AAC that works for everyone.

How to Choose Supports

It can be difficult to decide which services and supports to try. Many people try a wide range of different services and supports before finding one that works. You may want to consider:

- The recommendations of any communication assessments [1] that have been performed
- The individual's or family's perceptions about which needs are most important
- Availability of coverage for the support:
 - Private health insurance [2]
 - Medicaid EPSDT programs for people under age 21 [3]
 - Medi-Cal [4] for adults
 - Private health insurance [2]
 - IDEA Part B [5] for people ages 3-21
 - IDEA Part C [6] for children from birth through age 2
 - Vocational Rehabilitation [7]
 - Regional Centers [8]
 - The [9]Americans with Disabilities Act [9]

Choosing an Intervention and Provider

If you are considering interventions such as speech-language therapy or occupational therapy, it is important to carefully consider which intervention to use.

Depending on the source of coverage, you may need to bring in an **interdisciplinary team** to help decide on a service or technology. For example, if you are seeking interventions through the IDEA, the intervention needs to be agreed upon by a team that includes the parent, teachers, administrators, other service providers, and if age-appropriate, the student.

It can be tempting for service providers to have a set of "go-to" services to recommend for people with a particular diagnosis. This is not necessarily a good approach.

Instead, parents, service providers, and teams should consider:

- What are the **specific challenges** that the individual is facing with respect to communication?
- Which approach would enable the individual to communicate **as fast as possible**?
 - People who are not yet literate may benefit from communication supports that do not require literacy,

while they are working toward literacy goal

- People who have difficulty with the motor control necessary for speech may benefit from AAC that does not require fine motor control - even if improving speech production is a goal

- Is there a provider in your area who has particular expertise in working with people with similar needs or using a particular intervention method?
- What kind of time commitment can the individual, family, and service providers make?
- Is the intervention available in the individual's school, home, or immediate community?
- Are all relevant stakeholders - including the individual, family, and other service providers, "on board" with the intervention?

Choosing an AAC Method

When choosing AAC tools or technology to try, you should *also* consider:

Ability to use the tool across a variety of settings

- If the AAC is a standalone piece of equipment, is it portable? Does it work across settings?
- If the AAC requires the help of a supporter to use, are trained supporters available across a variety of settings?
- Are there providers in the area who are capable of teaching the individual, family, and service providers how to use it?

Availability of AAC across settings is important to helping people become proficient at using it. It is difficult to learn any form of communication if one does not have the opportunity to practice it throughout the day.

Availability of AAC across settings also promotes self-determination and well-being. Imagine if you could only speak for one or two hours each day, or only with certain specific people. This would quickly become frustrating!

Ability to enable open-ended communication

- Does the AAC method allow the person to use the entirety of the language they use most at home (e.g., English, Spanish, Mandarin, American Sign Language)?
- Can the AAC tool be used to form full sentences, greetings, questions, and directions? This is important even if the individual has not used full sentences in the past - it is impossible to learn to communicate in sentences if it is not possible using the available AAC method?
- Does the AAC tool allow the person to use words and phrases other than those that have been "pre-programmed" or added to the menu of available options? Does it allow the person to add words and phrases to the "menu"?

Equipment features

When choosing physical equipment - such as a speech-generating device, keyboard, or letterboard - it is also important to consider features such as:

- **Weight:** can the individual easily pick up and hold the equipment?
- **Durability:** is the equipment waterproof and shockproof? Can it easily be fixed or replaced? This may be particularly important if the individual frequently knocks, drops, or throws the equipment, or if the equipment must be used outdoors.
- **Complexity:** is the equipment easy to navigate and learn? Are letters and images big enough and clear enough for the individual to find and recognize? Are they organized in a predictable and easy-to-understand way? Does the individual have to navigate multiple pages or screens in order to form the average sentence?
- **Volume:** In the case of a speech- or sound-generating device, it is important to consider volume. Can volume be varied so that the person can be heard in both quiet and noisy environments?
- **Other technical features:** in the case of high-tech equipment, you may want to consider features such as **battery life** and **commercial availability**. Technology with a long battery life or with replaceable batteries will be more likely to last throughout an entire day. Technology that is easily commercially available may be easier to replace or fix if it breaks.

"High-tech" equipment is not always better.

"High-tech" equipment can be heavy, fragile, or complicated. Low-tech solutions, such as letter-boards, may be more portable, durable, and easier to learn. Sometimes it may make sense to offer both high-tech and low-tech equipment and enable the individual to choose which one makes the most sense in any given situation.

Addressing Supporter Influence

Whenever an individual needs considerable support to communicate, the influence of a supporter may be a concern. The possibility of supporter influence is not restricted to only certain kinds of communication supports,

nor does it mean that all communication using that support is inauthentic. It is important to keep in mind that people with developmental disabilities who do not use communication supports may be influenced by the people with whom they communicate - especially if they perceive those communication partners as authority figures or if they have been subjected to compliance-focused interventions.

Quality communication supports will acknowledge the possibility of conscious or unconscious supporter influence while also taking meaningful steps to minimize its likelihood.

Here are some traits of a **good** communication support provider:

- The supporter is committed to helping the individual increase his or her ability to communicate independently.
- The supporter does not contradict the individual.
- The supporter encourages others, such as parents and teachers, to learn the communication method as well.
- The supporter does not insist that the communication method he or she uses is the only accepted method.

Here are some signs of a **bad** communication support provider:

- The provider claims to be irreplaceable or tries to remain irreplaceable. For example:
- In sessions with the supporter, the person receiving support makes hyperbolic statements about the supporter's importance, which are not repeated in communication with others.
- The supporter undermines or discredits the individual's attempts to communicate using other methods, insisting that only communications using the supporter's method are "valid."
- The supporter does not encourage others to learn the same method.
- The provider shows inappropriate emotional boundaries.
- The individual seems to have a different set of vocabulary words with the supporter than with family members.
- During open-ended communication, the supporter appears to be prompting the student by pointing to symbols or letters, or by "correcting" answers.

Language

English

OFFICE OF DEVELOPMENTAL PRIMARY CARE

500 Parnassus Ave, Box 0900
San Francisco, CA 94143

Phone: (415) 476-4641 **Fax:** (415) 476-6051

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Links

- [1] <https://odpc.ucsf.edu/communications-paper/Assessments>
- [2] <https://odpc.ucsf.edu/communications-paper/Private-health-insurance>
- [3] <http://odpc.ucsf.edu/communications-paper/medi-cal-epsdt-program>
- [4] <https://odpc.ucsf.edu/communications-paper/Traditional-Medi-Cal>
- [5] <https://odpc.ucsf.edu/communications-paper/IDEA-Part-B>
- [6] <https://odpc.ucsf.edu/communications-paper/IDEA-Part-C>
- [7] <https://odpc.ucsf.edu/communications-paper/Vocational-Rehabilitation>
- [8] <http://odpc.ucsf.edu/communications-paper/regional-centers-and-the-lanterman-act>

[9] <https://odpc.ucsf.edu/communications-paper/Americans-with-Disabilities-Act>