Preparation and Competency of Speech Pathologists to Practice in Augmentative and Alternative Communication

Sally Clendon[1]
Stephanie Weir[2] and AAC Committee IALP[3]
[1] Massey University
[2] University of Melbourne
[3] IALP

Short Abstract

Background: Historically, augmentative and alternative communication (AAC) was typically seen as a specialised area of speech pathology practice. Over time, AAC has arguably become a core practice area, with speech pathologists providing AAC supports to individuals across a range of practice settings. For these supports to successfully meet communication needs, individuals and their families must have access to speech pathologists who are competent and skilled in AAC. However, there is currently little international consensus as to how competency to practice in AAC can be determined. This may be of particular concern in Australia, where the growth of disability services under the NDIS has seen an increase in speech pathologists working in AAC, but often with reduced access to support and guidance from senior AAC clinicians.

Method: An analysis of global professional competency guidance for speech pathologists in AAC was undertaken. Documents from nine countries (Australia, England, Finland, Ireland, New Zealand, Slovenia, South Africa, The Netherlands, and the USA) were collected and analysed, including professional competency frameworks for speech pathologists, speech pathology university program accreditation frameworks, speech pathology scope of practice documents, and position papers on AAC.

Results & Discussion: A synthesis of similarities and differences in competency guidance across countries will be presented and contextualised through a discussion of local issues. This discussion of competency will provide an opportunity for speech pathologists and speech pathology educators to reflect on the skills and knowledge required to provide effective and high-quality service in AAC.

Long Abstract

Background: Historically, augmentative and alternative communication (AAC) was seen as a specialised area of speech pathology practice. Over time, AAC has arguably become a core practice area, with speech pathologists providing AAC supports to individuals across a range of practice settings. For these supports to successfully meet communication needs, individuals

and their families must have access to speech pathologists who are competent and skilled in AAC. However, there is currently little international consensus as to how competency to practice in AAC can be determined. This may be of particular concern in Australia, where the growth of disability services under the NDIS has seen an increase in speech pathologists working in AAC, but often with reduced access to support and guidance from senior AAC clinicians.

Method: A document analysis of global professional competency guidance for speech pathologists in AAC was undertaken. Documents identified for inclusion comprised professional competency frameworks for speech pathologists, speech pathology university program accreditation frameworks, speech pathology scope of practice documents, and position papers on AAC. Documents from nine countries (Australia, England, Finland, Ireland, New Zealand, Slovenia, South Africa, The Netherlands, and the USA) were collected. Data was extracted relating to the following criteria: (a) how AAC is positioned in the document, and whether this has changed over time; (b) if AAC is specifically mentioned at all, what AAC competencies are described; and (c) whether the competencies differentiate between novice versus experienced clinicians.

Results & Discussion: A synthesis of similarities and differences in competency guidance across countries will be presented and contextualised through a discussion of key issues. For example, one issue highlighted will be how AAC is positioned in pre-professional curriculum, including the quality and quantity of teaching focused on AAC, what expertise should be required to teach it, should AAC be a dedicated subject area or woven through other courses (e.g., aphasia, child language), and should students be required to gain clinical experience working with individuals who use AAC. Another issue discussed will be the impact of shifts towards generic professional competencies, as seen in Australia with a shift in focus in the Professional Standards to communication and swallowing rather than distinct range of practice areas, and the implications this may have for AAC competence. With increasing numbers of speech pathologists working in AAC in Australia, often in private practice settings, guidance around AAC competence may be particularly critical.

Finally, the advantages and disadvantages of specialty certification in AAC will be considered with advantages being the importance of speech pathologists having a career advancement pathway and drivers of excellence in practice, and a disadvantage being the risk of only some clinicians seeing AAC as their role, and the creation of hurdles to receiving AAC services. This discussion of competency will provide an opportunity for speech pathologists and speech pathology educators to reflect on the skills and knowledge required to provide effective and high-quality service in AAC, and how professional competency frameworks and guidance might influence that. This discussion is also particularly relevant to Australian professionals and educators, within the context of speech pathology as a self-governing profession.