Enhancing AAC Outcomes: An Informed App and Page Set Selection Framework

Claire Della Torre

Short Abstract

Successful communication interactions for people with Complex Communication Needs (CCN) often relies on having access to a range of modalities, including electronic AAC strategies.

For clinicians, keeping up with the rapidly-growing range of electronic AAC options available, and sometimes even knowing where to start, can be challenging. Sometimes the person with CCN, family or team members might begin an AAC assessment with a particular app, access method or device in mind. Whilst this can still offer useful information, it can result in the person needing to adapt to 'fit' the tool, instead of the other way around. Part of the AAC assessment process involves finding a robust vocabulary that is suited to the person's unique abilities and changing needs. In addition to specific hardware and software features, electronic AAC options can involve additional considerations such as user interface design, software functionality, and compatibility between hardware and software.

In response to these challenges, Zyteq's consultant team used an evidence-based practice approach to develop a systematic framework. The framework assists people to make informed choices when selecting an app, page set and compatible device. This presentation will describe the three main sections of the framework, focusing on feature matching, supported trial of identified options and planning for current and future needs. An online course structure was developed and presented to a group of clinicians over four 90-minute sessions. Accompanying course resources included session slides, a workbook and a fillable paper tool. Participant feedback and future adaptations will be summarised.

Long Abstract

Successful communication interactions often rely on access to a range of modalities or strategies. For a person with Complex Communication Needs (CCN) this might include any combination of vocalisations, speech, gesture, sign, body language, and both paper-based and electronic AAC tools.

For clinicians, keeping up with the rapidly-growing range of electronic AAC options available, and sometimes even knowing where to start, can feel like an impossible task. Part of the AAC assessment process involves finding a robust vocabulary that is suited to the person with CCN's unique abilities and needs, enabling them to express their personal, social and cultural identities freely. A robust AAC system should have the ability to adapt to changing needs over time. When electronic AAC options are being considered, this also requires careful thought around specific hardware and software features, with complexities such as user interface design,

software functionality, and compatibility between hardware and software. Sometimes our clients or team members come to start of an AAC assessment with a particular app, access method or device in mind. While this can still offer useful information to add to our assessment, we need to be mindful that this can result in making the person 'fit' the tool, instead of the other way around.

In response to these challenges, Zyteq's consultant team have developed a systematic framework to help people make informed choices about when selecting an app, page set and compatible device, when considered in the broader context of that person's 'toolbox' of communication strategies and tools. This presentation will describe the framework, and outline an online course structure which was developed and presented to a group of clinicians.

The framework was originally developed in 2021 by Zyteq speech pathologist Karyn Muscat, then revised and built upon in 2024 using an evidence based practice approach. This involved combining the skills, knowledge and experience of our clinical and technical support team members, with contributions from lived experience of clients supported by Zyteq, plus recent relevant research. The framework has three main sections, focusing on feature matching, supported trial of identified options and planning for current and future needs. This framework is designed to be applicable for any available AAC software or hardware option.

Section 1 of the framework considers the unique needs and lived experience of each person, using a feature matching process to identify key features required in the person's AAC system. Methods and tools for gathering information and setting goals are covered and referenced.

Section 2 of the framework focuses on the 'Dynamic Display', including AAC page sets that are best-suited to meet the individual's goals. It considers how language will be represented, organised, and retrieved, and how the person's vocabulary needs for today and tomorrow will be met, including a robust vocabulary with personalised message options. Physical access requirements and how this impacts on access hardware as well as page set layout for efficient access are also identified. Complementary aided (non-electronic) and unaided AAC strategies are also considered.

Section 3 of the framework considers additional required functions that might be incorporated into a communication device, such as social media, phone and email. All elements are then brought together, to create a functional multimodal communication system. Emphasis is placed on the importance of finding software and hardware solutions which meet the person's physical access and sensory needs, and are compatible with each other.

The App and Page Set Selection Framework was offered to clinicians as a paid online course during May and June 2024, over four 90-minute sessions which occurred weekly. Each session ran live via Zoom, allowing for audience participation and questions. Each session was recorded and made available to registrants for 90 days afterwards. Accessibility measures included the option to turn on live closed captioning and save transcripts, provision of session slides in PDF format, and encouraging participants to interact in whichever mode they preferred, such as written comments in chat, or live video.

In addition to session slides, participants were given a workbook for each of the three sections of the framework, with key information summaries, references and resource links. They were

also provided with an electronically-fillable paper tool designed to bring together assessment, trial, evaluation and implementation planning.

Feedback surveys were offered at several points throughout the course, and again following completion. A Mentimeter online survey format was used to preserve anonymity and encourage honest and open feedback. A optional 1-hour ‘Question and Answer’ session was also offered to participants, 7 weeks after the final session. This allowed time for participants to consolidate information learned, and begin to apply the framework within clinical practice. Feedback received was positive, with comments reflecting the benefit of having a structured assessment approach specific to electronic AAC options. Future adaptations and improvements for the framework are planned, including alternative course formats.