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NOVEMBER 2020
ISSUE 47

COVID-19
TIME CAPSULE
EDITION



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Liberator Pty Ltd
265 Gilbert St, Adelaide, SA 5000

Tel 08 8211 7766
info@liberator.net.au

EDITORIAL COMMITTEE

EDITOR

Sheridan Forster

e :: agosciinfocus@agosci.org.au

EDITORIAL COMMITTEE

Fiona Still

Rodney Mackintosh

LAYOUT

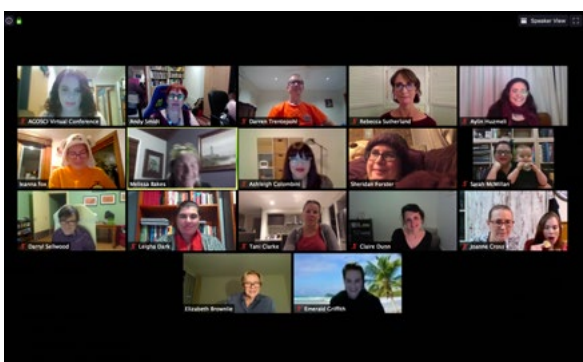
Sheridan Forster

AGOSCI In Focus is the National Magazine of the AGOSCI Inc. (formerly Australian Group on Severe Communication Impairment). AGOSCI In Focus is a bi-annual magazine and is available to members of AGOSCI. It contains information from and about national seminars, research, new communication technology, resources in the AAC field, news from overseas, and contributions from people who use AAC.

AGOSCI In Focus is an ISAAC affiliated publication.

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COVER PHOTO



The 2020 Online Conference dinner was a wonderful informal way to celebrate and share our community.

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NATIONAL EXECUTIVE

CHAIRPERSON

Darren Trentepohl *Speech Pathologist*

p :: 0492 864 255

e :: agoscichair@agosci.org.au

SECRETARY

Melissa Bakes *Speech Pathologist*

a :: PO Box 211

The Gap QLD 4061

e :: agoscisecretary@agosci.org.au

CONSUMER REPRESENTATIVE

Lisa Lehmann

e :: AACuser@agosci.org.au

TREASURER

Tracey Hanigan *Speech Pathologist*

a :: PO Box 211

The Gap QLD 4061

p :: 0409 002 619

e :: agoscitreasurer@agosci.org.au

PROFESSIONAL DEVELOPMENT

Ria Ferris

e :: education@agosci.org.au

AAC COMMUNITIES COORDINATOR

Jane Hudson

e :: communities@agosci.org.au

STATE REPRESENTATIVES

AUSTRALIAN CAPITAL TERRITORY

Jessica Dethick *Speech Pathologist*

e :: agosciact@agosci.org.au

NEW SOUTH WALES

Cecilia Rossi *Speech Pathologist*

Sabrina Fong *Speech Pathologist*

p :: 0421 870 157

e :: agoscinsw@agosci.org.au

QUEENSLAND

Emma Goldston *Speech Pathologist*

e :: agosciqld@agosci.org.au

WESTERN AUSTRALIA

Yvette Theodorsen *Speech Pathologist*

Freya Allen *Speech Pathologist*

e :: agosciwa@agosci.org.au

SOUTH AUSTRALIA

Jodie Whitford *Teacher*

p :: (08) 8243 8331 (work)

e :: agoscisa@agosci.org.au

TASMANIA

Felicity Lovatt *Speech Pathologist*

p :: 0418 235 202 (work)

e :: agoscitas@agosci.org.au

VICTORIA

Stephanie Weir *Speech Pathologist*

e :: agoscivic@agosci.org.au

NORTHERN TERRITORY

Fran Liepa *Speech Pathologist*

Nicola Sheppard *Speech Pathologist*

p :: (08) 9820 9450 (work)

e :: agoscint@agosci.org.au

CHAIRPERSON'S REPORT

Welcome to another edition of AIF, and to our new editor Sheridan Forster. Sheridan brings a wealth of experience to the role, including being a past editor!

Although COVID-19 has shaken our foundations, this edition will showcase some stories of hope and success. AGOSCI even managed to host a Virtual Conference, which was so well received, it feels like a part of our regular PD landscape already – and again a huge thanks to the amazing Andy Smidt and her team who helped to put it on.

It is also great to see so many members joining us for our online webinars with Kathy Howery, which is an amazing consolation for a cancelled National Tour.

So, as we move forward, I encourage you to stick together, keep doing great AAC things, and continue to consider how you might chip in to AGOSCI a bit more.

We always need more AGOSCI In Focus articles, Facebook posts, and volunteers – just ask us!

And finally, don't forget to make a date claimer on your calendar for our 2021 conference in Hobart from the 1st-4th September.

:: DARREN TRENTPOHL

SECRETARY'S REPORT

Well hi again to everyone. We've had a pretty good year so far for memberships with around 369 members which is 3 higher than this time last year. Most members are now using our online registration which is great. It's been a year of changes for AGOSCI with many of our events having to be cancelled and trying out a new online conference. Many thanks to Andy Smidt and her team for putting together a fabulous program which I really enjoyed. A lot of valuable information in these changing times. I look forward to having more face-to-face events in the future.

I have been busy typing up minutes and processing memberships and member enquiries.

Many thanks again to all the members who have joined this year. We value your membership and strive to provide an organisation that you wish to belong to. I look forward to seeing you in Hobart next year for the 2021 AGOSCI conference. A lot of hard work is going on in the background to make this happen. Thanks to the conference committee.

Welcome to Sheridan Forster as our new Editor. I'm looking forward to working with her for AGOSCI In Focus and I know she'll do a fantastic job.

Thanks also to everyone who has contributed to the listserv. I have enjoyed the discussions and the information everyone has contributed and shared. Keep up the good work.

:: MELISSA BAKES

EDUCATION REPORT

The AGOSCI Professional Development Team has had an interesting year with our biggest event plans sadly cancelled due to COVID-19 concerns. We moved quickly from the sadness of our cancelled National Tour, into the creation and delivery of the most inspiring Online Conference event AGOSCI has ever seen! With huge thanks to Andy Smidt and Chloe Wine for their motivation, drive, and commitment to support AGOSCI, for making this event happen just in time for our audience to benefit at the peak of telehealth delivery in Australia.

From there, we've taken time to re-group and start planning some new events for the second half of 2020. With restrictions still variable across the country, we are working hard to create innovative PD opportunities for everyone to benefit from.

Thank you for your patience, and please continue to watch our website and your inbox for PD updates. If you have a PD offering, or know someone who could be a great presenter for an AGOSCI event, please reach out to us at education@agosci.org.au. We'd love to hear from you.

:: RIA FERRIS

TREASURER'S REPORT

Hi everyone!

Amidst the COVID-19 lockdown, AGOSCI held its AGM in May this year. At the AGM I presented the membership with our financial statement for the 2019 calendar year and will summarise it for you now. In 2019, the majority of our income came through memberships and workshops that we held throughout the year such as PODD training sessions. We were also fortunate to receive significant funding through grants which helped many of our AAC communicators and their support workers to attend our fabulous conference in Perth. Our major expenses were wages and salaries paid to fund our new PD coordinator and our NDIS coordinator positions. Other expenses included the publishing of our AGOSCI In Focus magazine, honorariums paid to some executive and our annual executive face to face meeting. Unfortunately, we posted an overall loss of \$14,000.

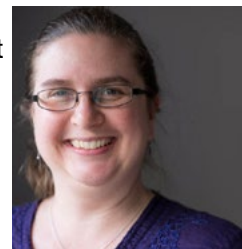
In 2020, we were expecting a strong start to the year hosting Kathy Howery for our National Tour. Unfortunately, this was cancelled due to the COVID-19 outbreak. Many other events have also not been able to go ahead. It was great that we were able to hold a highly successful virtual conference with the wonderful assistance of Andy Smidt and Chloe Wine which helped to recoup some of the losses which we incurred from the cancelled national tour as well as provide some high quality to training to members on teleAAC.

While the expected financial projections aren't looking great for the year ahead with face to face events on hold for the moment, we hope that we can schedule more events for members later in the year. Watch this space! The executive will also meet later in the year to update our strategic plan and discuss ways to keep AGOSCI in a financially stable position for the years ahead. If you would like more information on the financial report, please contact me at agoscitreasurer@agosci.org.au.

:: TRACEY HANIGAN

EDITOR'S NOTE

It is with pleasure that I bring you this edition of AGOSCI In Focus. It is extraordinary in many ways.



Firstly, it comes in September, and will hopefully soon be followed by another edition by the end of the year. So get your fingers typing, cameras snapping, and art equipment waving to build another edition.

Secondly, it is extraordinary in its theme: COVID-19 Time Capsule. While many hoped that it would capture a short period of time, it may be the beginning of a longer change. But, as this edition testifies, many changes are lessons of better ways that we can do things. Social distance means so many different things, but it does not mean an end to communication. I must however, solemnly recognise the horrible risks and difficulties that COVID-19 places on our lives, in particular, those with complex health needs. In Victoria, right now, my hope goes out to those living in group homes, places that hold greater health risks for people with disabilities and to the staff who support them.

Thirdly, well I'm back. After a 10-year break from AGOSCI In Focus, I have returned the position of editor, and, trepidatiously, layout captain. I am humbled by the Executive's decision to take me on. Life has changed greatly for me. I now experience an acquired disability, with my communication skills, memory, concentration, and energy levels affected. This gives me a very different lens for viewing AGOSCI In Focus.

Somewhat aligning with my own needs, this edition has been simplified in layout. I look forward to continue making AGOSCI In Focus more accessible.

Finally, I owe thanks to the returning editorial committee, the AGOSCI Executive, our advertisers, our authors, our exiting editor, Jess Preston, and you, our readers.

Keep well

:: SHERIDAN FORSTER

STATE REPORTS

NORTHERN TERRITORY

Alice Springs like other regional towns in Australia has been a bubble in 2020 and it has had some positive outcomes with more families engaging with a number of government and private allied health therapy services.



In the private sector, there has been a significant increase in the prescription of assistive technology for iPads with at least 38 NDIS participants now using or waiting to start using Snap Core First, Proloquo2Go and LAMP at school, home and in therapy sessions.

Can't wait for October's "Communication Picnic" at the Alice Springs Community Gardens.

Frequently, the functionality of devices has to be weighed up as recharging devices can be tricky. Also, there are times when connectivity can be really frustrating with a high number of dropouts. There are still large areas with no coverage in the NT which can make it difficult to utilise some apps. There has also been a few more families using PDD communication books, which are being implemented by the Office of Disability.

Working in the remote and very remote sector is very challenging due to language differences and working cross culturally with interpreters and family members. Together, we drill down to what is needed on a device, which can take a moment and can be very funny.

We also have a number of indigenous adults using Go Talk devices which are also being recorded on using peoples' first language, mostly Pitjantjatjara, as these devices head south into the Anangu Pitjantjatjara Yankunytjatjara (APY) lands South Australian desert and Docker River region.

The area of combining communication and technology is pretty new to many communities so it is an exciting time to be here and working in the NDIS framework.

:: FRAN LIEPA

SOUTH AUSTRALIA

As you are well aware the AGOSCI National Tour was cancelled due to COVID-19, however I would like send out a big thank you to Niki Tacos from Errington Special Education Centre for her continued support of AGOSCI SA events.



The virtual conference was well received by the AGOSCI community and after some minor technical issues I was able to sit in on a session.

SA has been rather quiet during this time, watch out on the website for the details of our annual AAC picnic which will be held this October to celebrate AAC Awareness month. I look forward to seeing you all there!

:: JODIE WHITFORD

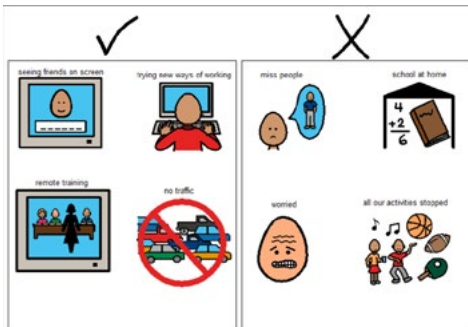


Fran working with a man who is based in Tennant Creek. He loves using his iPad to communicate. He has been using Proloquo2Go in his residential facility and at his day service in Tennant Creek. This attaches to his motorised wheelchair which makes it easy for him to go the shops and bank with his assistant.

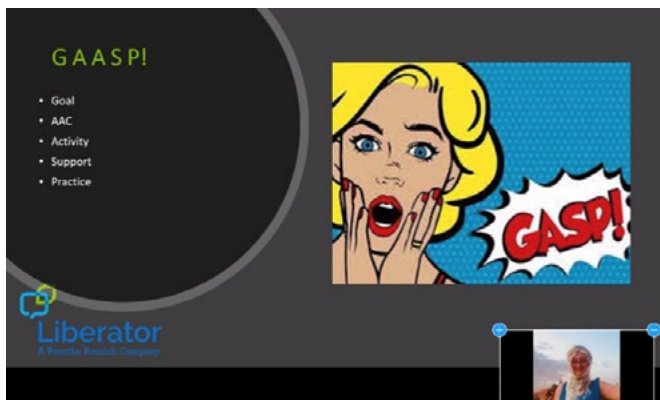
STATE REPORTS

TASMANIA

We have had our wilderness all to ourselves for most of the year ... like the rest of the world we have found some innovations and some frustrations within this. We have found some new ways of working smarter ... like Hannah who sent video cheerios to her AAC Communicator friends during the lockdown.



We met a few new Tasmanian AAC community members at the AGOSCI Virtual Conference who we will add to our networks! One of my favourite take aways from the conference was Leanna Fox's smart new acronym, GASP: Goal AAC, Activity, Support, Practice.



You may be well and truly ready for a breather in the cool Tassie wilderness after the year we have had. Why not save the 1st September 2021 as the date for your next trip South? Stay tuned for our AGOSCI Hobart 2021 Conference logo and theme coming soon...

:: FELICITY LOVATT

VICTORIA

Never ones to rest on our laurels, so far in 2020, AGOSCI VIC has been keeping busy, representing the National Executive Committee on several different projects. Hopefully we can report on the outcomes of those soon.



This year we are also sad to report that one of our wonderful Victorian Reps, Lisa Ho, has decided to step down. AGOSCI VIC is deeply grateful to Lisa for her service over her time as the AGOSCI Victorian representative, particularly her organisation of the AAC display at Monash libraries for AAC Awareness month in 2019. Thanks for everything Lisa, you will be missed!

If any Victorian members are interested in joining me as a representative on the National Executive Committee, please don't hesitate to touch base and express your interest.

Finally, we know that, so far, 2020 has been a difficult time for many Victorians, particularly those of us who have lived through two rounds of Stage 3 lockdown restrictions and the anxiety of a second wave of COVID-19. Please remember that AGOSCI VIC is always here to support the Victorian AGOSCI community, and please feel free to reach out to us any time with a question, for a chat, or for anything else you might need! We are always here to lend an ear.

Stay safe and well, Victoria. We will get through this together.

:: STEPHANIE WEIR

AGOSCI WEBINAR SERIES

The AGOSCI webinar series is designed to promote skills and knowledge about AAC across all sectors of the Australian community. All webinars are free to attend for AGOSCI members only.

 www.agosci.org.au

To attend a future webinar, please log-in to your AGOSCI account and proceed to the members only page to register.

To view past webinars, please log-in to your AGOSCI account and proceed to the members only section to view recordings. Past webinars are online within 48 hours of the view date. Our past webinars include:

What is AAC, and what does it look like? Presented by Janelle Sampson

Towards cohesive language development in AAC Presented by Cathy Binger

Being part of the AACtion Presented by Fiona Given

How I became an AAC communicator Presented by Nick Bradbury

Championing communication access for all Presented by Barbara Solarsh and Georgia Burn (from Scope)

AAC and the NDIS - Surfing the waves of change Presented by Gail Bennell

Achieving functional communication through Minspeak Presented by Siobhan Daley

Assessment and AAC - Where do we start? What am I looking for? Presented by Janelle Sampson

Communication assistants: What strategies do they use in conversation with people who have Down syndrome, Rett syndrome or Cerebral Palsy? Presented by Dr Jane Remington-Gurney

What's in a voice? An overview of message banking and voice banking Presented by Peta Booth, Speech Pathologist from LifeTec Australia

Understanding parent rejection and abandonment of AAC systems Presented by Alison Moorcroft

Using AAC to give evidence in court and tribunal hearings Presented by Fiona Given

Implementing music therapy and AAC in a lower resourced set Presented by Kylie Hinde and Farhin Chowdhury

Championing communication access for II Presented by Barbara Solarsh and Georgia Burn (from Scope)

Online therapy: Making the most of technology to support AAC users and people with complex communication needs. Presented by Edward Johnson

Finding your way with AAC AT provision in the NDIS: A joint collaboration between AGOSCI and Speech Pathology Australia Presented by Cathy Olsson and Jessica Moll

AAC and literacy Presented by Ash Harling

"How do I need to be in order to be with you?": Supporting adults with profound intellectual and multiple disabilities Presented by Sheridan Forster

Encouraging the promotion of long-term AAC use: Learning from social identity theory Presented by Ruyi Tong

I have a dream for communication - AGOSCI Conference Keynote Presentation 2019 Presented by Joey Harrall

SPA x AGOSCI: Considerations for AAC assessment in the world of NDIS Presented by Cathy Olsson and Jessica Moll

Moving beyond object requesting for AAC users with ASD: What does the research say? Presented by Kristy Logan

SPA x AGOSCI: Considerations for AAC assessment in the world of NDIS (Webinar #3) Presented by Cathy Olsson and Jessica Moll

International perspectives on Easy English and Easy Read: What do we need to know? Presented by Cathy Basterfield

And the latest webinar by Lauren Davis on **Exploring the spoken language development of school-aged children on the autism spectrum with minimal verbal language** should be there by now too!

There are also great past webinars that are not free (but are cheaper for members), such as Kathy Howery's recent powerful workshops on AAC Voice.

AGOSCI VIRTUAL WHIRLWIND

By Andy Smidt and Chloe Wine

Given the rapid shift to telepractice caused by the global pandemic, COVID-19, and the fact that Kathy Howery was unable to come to Australia for a national tour, it seemed a good idea to use the opportunity to provide “just in time” support to clinicians who were suddenly faced with the need to provide online therapy to people with a disability.

We therefore offered 24 virtual conference sessions across a 2-week period. Our plan was to hold these across multiple time slots to account for people’s geographical locations and work requirements. We also offered many sessions a second time to allow more people to attend. Sessions were held at 10am, 2pm, and 8pm each day.

A range of topics were covered which included supporting AAC users who use aided, unaided, high and low tech AAC so that they could provide direct telepractice, parent coaching and training, gathering data from devices, and providing behaviour support. We were very fortunate that so many people who we invited were willing and able to participate, so we had a truly international and inspiring group of presenters. Sessions provided served a range of purpose from providing ‘tips and tricks’ for using telehealth programs such as Zoom, to modifying parent coaching programs for telehealth and how to access device-specific analyses.

During the opening session, we identified some of the worst things about COVID-19 which included uncertainty, isolation, school closures, death, lack of contact with others, feeling unsupported, anxiety and missing those in person interactions including hugs. We also identified some of the best things which included opportunities to be more creative, having time to ourselves, wearing pyjamas all day, quality time with our kids and family and an opportunity to learn about telehealth.

Participants identified that they wanted to learn about parent coaching, supporting students as well as specific telehealth skills but they also wanted to engage with others, keep their brains alive and connect with others in the same boat. They wanted technical knowledge but also ideas of how to just “do” therapy via telehealth. They identified wanting to turn this opportunity into something positive and innovative (see here for full slides <https://andysmidt.wixsite.com/agoscivconf/post/day-one-off-with-a-bang>).

What do you want to gain from this conference?



So how did we do it?

One of the key things we did well, was to send out a call for papers that asked presenters to submit a short video clip. We needed to see that they could use the technology we were talking about and asked for a 5-minute clip with just 3 slides. These were super easy to rate because we could really see what kind of presenter the person was going to be from the clip.

Once the conference started, we ran all sessions from the same Zoom account but with a different log in for every session. We opted to allow people to sign up for specific sessions, but we naively thought that they would sign up before the conference started so we could send them a list of links. In fact, people changed their preferred sessions on the day, signed up for more sessions if they loved the first one and sometimes needed to change days due to their own availability. We tried to be flexible and accommodate changes, but it did make for some hectic days.

We had a Chair for each session and briefed them beforehand. Their task was to introduce each speaker and to keep an eye on the chat window. Chairs monitored questions being asked in the chat and facilitated these questions to be asked at the completion of the session during the Q&A. We also had a Zoom tech support person in every session. Their job was to let registered participants into the room and manage any participant who was having difficulty (remarkably few people needed assistance). We also asked every presenter to pre-record a video so that if the internet crashed, we could send a Vimeo link to participants who could watch the recording and type questions to the presenter. Fortunately, we didn’t need to use these as the internet was strong and there were no disasters.

What was the feedback?

The feedback was overwhelmingly positive:

- Loved being able to do so much professional development from my own lounge-room without needing to take time off work
- Very knowledgeable and engaging presenters
- Sessions were very evidence based and up to date
- I learnt so many tips and tricks that I have been using daily
- Great to be exposed to how telepractice can be used successfully with CCN and AAC as it expanded thinking about possibilities
- The evening sessions helped me access sessions that I would otherwise have difficulty accessing during working hours
- Fantastic to be able to access such great speakers from all over the world, hear current research and get questions answered, share ideas and resources etc., Lots of ideas were obviously transferable to non AAC clients

We specifically sought feedback from a range of participants including presenters, support volunteers and attendees. Here are just a few to give you an indication of what people thought from all points of view.

Presenter

Rafiah Badat is a Clinical Doctoral Research Fellow at City, University of London, UK and Speech and Language Therapist at St George's University Hospital NHS Trust, London, UK. She was one of our international presenters and commented that she "thoroughly enjoyed being involved in the conference as a presenter and participant. As an early stage researcher, it was a wonderful opportunity for me to share and gain feedback from an international audience around my work exploring digital language therapy. Sessions were interactive, engaging, and informative!"

Leanna Fox works for Liberator in Sydney. She commented that "as an attendee, it was such a lovely opportunity to get world class training from experts in the field in the comfort of my own home. Take home messages that I am still applying include incorporating more motivational interviewing coaching type

techniques with families, using internal data analysis more comprehensively to track progress over time, and using Google docs for larger teams for real time communication. And as a presenter, I was able to demonstrate how the technology can work remotely such as TeamViewer to support dedicated devices remotely. It was great fun to have a person who uses AAC also remotely commenting on my presentation as I went along so participants could hear how this works for a therapist and a consumer. However I must say I do find the format of presenting on tech via tech quite overwhelming as the amount of technical things that can go wrong is pretty terrifying!!!"

Attendee

Libby Brownlie is the National Coordinator of KWSA and she commented "I loved the sessions I attended of the 2020 AGOSCI Virtual Conference! Great to hear about some research in the field of Key Word Sign and think about exciting telehealth application and possibilities. So relevant in this COVID-19 world and for extending our reach into rural and remote areas even when we can get together again."



The screenshot shows a Zoom meeting interface with a slide titled "Identified needs". The slide contains three text boxes with the following content:

- Light blue box:** "Understand the advantages and appropriate role of telehealth parent training so as to eliminate or at the very least reduce these barriers" (Vismara et al. 2018, p. 76).
- Dark blue box:** "Investigate facilitators and barriers to the use of telehealth with clinicians, parents and individuals on the autism spectrum" (Sutherland et al. 2018, p. 334).
- Orange box:** "Need to understand capabilities and limitations of telepractice as a service delivery model" (Boisvert et al. 2010, p. 431).

Genevieve Johnsson spoke about behaviour support delivered by telepractice.

Zoom support

Eddie Ong wrote "I had the pleasure of playing a small role in the 2020 AGOSCI Virtual Conference as both a participant and assisting in the Zoom Room. The idea for this virtual conference was brilliant during the period of COVID-19 lockdown and the organisation was superb. The range of topics with a focus on maximising outcomes from telepractice was wide with very

AGOSCI VIRTUAL WHIRLWIND CONTINUED

experienced guest speakers. Thank you for organising such a worthwhile event.”

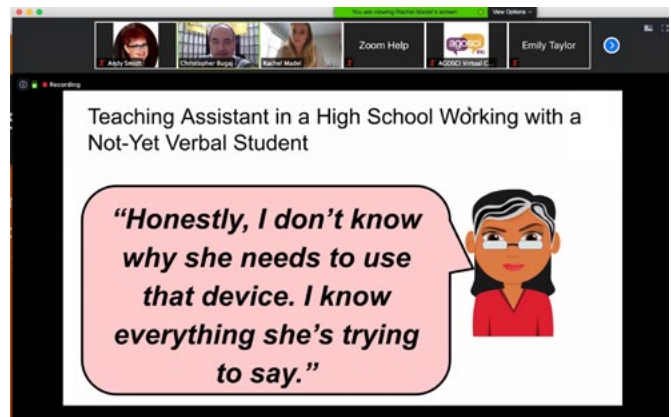
Should we do it again?

One person’s feedback was that we should do it again annually! We think this was a “perfect storm” as there was a huge need to upskill quickly, many people were suddenly available due to COVID-19 and consequently we were able to engage great speakers at the last minute. We don’t know if repeating it would be as effective, but we do think the concept of online learning is an important one. Perhaps something like a summer school or a winter school intensive might be appealing. The idea of participating from your own home in an intensive way seems to be appealing to people and so it is definitely worth considering.

Finally, we must acknowledge all the supporters who helped to get this conference established by donating their time and energy.

- Reviewing submissions: Rebecca Sutherland, Sheridan Forster, Leanna Fox, Ria Ferris.
- Chairing sessions: Leigha Dark, Ria Ferris, Arabella Ludemann, Darren Trentepohl, Sheridan Forster, Sabrina Fong, Felicity Lovatt, Jess Dethick, Tracey Hanigan, Mel Bakes.
- Presenters: Rafiah Badat, Kristin Bayley, Chris Bugaj, Russell Cross, Sarah Douglas, Leanna Fox, Eleanor Francis, Nerissa Hall, Aylin Huzmeli, Genevieve Johnsson, Rachel Madel, Jenna O’Brien, Christine Porter, Sarita Slater, Rebecca Sutherland, Ruyi Tong.

- Zoom support: Arabella Ludemann, Eddie Ong, Constantina Markoulli, Aylin Huzmeli, and Hsiu-Wen Chang.



Chris Bugaj and Rachel Madel of the podcast *Talking with Tech* talked about remote coaching of families on AAC implementation.

 www.talkingwithtech.org

 www.facebook.com/groups/talkingwithtech

Strengths-Based Coaching

Positive change starts with the relationship you build

Create a collaboration, be an active listener, ask open-ended questions, create a judgment-free zone, inspire hope

Start with what communication partners are already doing well

"I love how engaged he was during the puzzle..."

Providing Performance Feedback

"Next time you could pause before giving him the next puzzle piece to see if he will communicate with us"

Encourage self-reflection

"How do you think that went? What would you change for next time? What might have happened if <insert strategy to practice>? Why do you think that happened?"



WHAT CAN AN AAC MENTOR DO FOR YOU?

By Joseph Harrall, AAC Mentor

Hey everybody, my name is Joseph Harrall although I am better known as Joey. I just became an AAC mentor and Ambassador for Liberator's Western Australia team.

I love every type of technology as, without it, I would be nothing. However, with it I can do everything else that everybody does. I do not like to be called "normal" because if everybody was "normal", the world would be really boring, I think. I believe it is okay to be different.

One of my biggest reasons to be a mentor was, I want to help people to find their voice and speak up for their rights when they feel unsafe because everybody should have freedom of speech. There are a lot of different meanings behind a mentor and I do class myself as being all those meanings because a mentor can be a lot of different things to different people.

Mentoring found me in a funny way as it just hit me when I was at my first Motor Mouth Camp. I was nervous of being there and I was trying to keep to myself, so I was playing on my phone. I think that I was playing SimCity but somebody saw me playing with my phone, so they took my phone off me! You could think of this person as being a mother to me. Then I met two people who played an important part of opening my eyes to the AAC mentoring world. The first-person (KS) walked up to me and started trying to talk to me however I think that I blew KS off although she kept trying throughout that weekend to change my mind to become an AAC mentor. Then she called over Mel Smith who is an awesome AAC mentor to chat to me. Things started clicking inside my head after talking to Mel, but I was still not keen to talk to people. I was just eighteen at the time and I had not spent much time with like-minded people who could use AAC like myself.

Yes, I lived under a rock for most of my life. People started talking to me and at first, I was shy but like pulling off a band-aid it is better to do it fast than slow, so I took the jump. I'm not going to lie, I was pretty bad at talking to new people at that moment of time then after the camp, Mel started mentoring me to develop my skills and now I work beside Mel at every Motor Mouth Camp. I also did some additional training and completed Certificate IV in Assistive Technology Mentoring.

Here is my meaning behind being an AAC mentor. It is about having the ability to talk about things with somebody who has been through similar living experiences as you. This is so important to become



better versions of ourselves. Mel and I talked about everything and anything that came into our heads because there should be no limits on what you can talk about with a mentor I believe. People think that an AAC mentor can only help somebody with their AAC device however a mentor can support you to do anything. There is one more thing that people miss when they are talking to a mentor like myself. People think that I am only there for the AAC user which is not actually the whole truth. I can also be there for the parents, the sisters, or brothers of the AAC user, teachers, and speech pathologists. You do not have to ask me questions about AAC really. You can ask me questions about anything, and I always say this at every camp no question is stupid to me because it is okay to ask questions. We are always seeking knowledge.

I often see people wanting to ask me something however they do not ask. Maybe they think that they might make me upset by asking the question. I don't mind if they ask but I do know some people who don't like to be asked certain questions which is okay. However, most people that I know don't mind if somebody asks them a question. I look at answering questions as a good thing because we can learn how to change through other's experiences.

I want to hear from you. What does a mentor mean to you? You can email me your thoughts at joseph.aacmentor@gmail.com

Thank you for reading

THE EYE-OPENING EXPERIENCE OF CHANGING EVERYTHING

By Jess Dethick

In early March, when just about everyone's world got turned on its head, I found myself on the edge of a brave new world, and I was terrified. Telehealth was something that I always wanted to get into properly, however it never seemed to be relevant to my workplace or a priority in the past - just always a 'nice' idea.



Rewind to about three months ago, I had to learn quick to ensure that my clients still had access to a service to keep progressing with their goals.

There were many late nights and very sore eyes from hours upon hours of finding every article, webinar, infographic, and blog about telepractice to set myself up for success and, mostly, to reassure myself that everything was going to be just fine.

At first, I was really worried about how I was going to engage my clientele through a screen, as many on my caseload had complex needs and some of them a very narrow range of interests. Thankfully, I was blown away by how well my clients and their families engaged with telehealth. I saw a whole new side of them, and a window into their world. I met extended family members (who joined in the fun), met pets, and got to learn more about the things that really floated their boat. These things have gone on to inform some of the activities we do now.

But it is not to say that such a method of service delivery was appropriate for all my clients. There was one who was not interested in seeing my face on a screen and I pulled out so many ideas (including the one below) just to spark her interest and get talking. She got talking alright, she gave me the biggest "nooooooo" I had ever heard as she scampered away! Despite this brutal rejection, I was still able to provide support and ideas to her mum around modelling her AAC around motivating activities and to keep working towards her communication goals, even if the little client didn't wish to see me.

Making an Emma Wiggle costume out of what I had

laying around the house including the chamois I use to clean the bathroom and a very old and cheap wig.

An idea that I began incorporating into most of my sessions was for the family to take a photo of something fun they did in between sessions so we could talk about it. I shared photos of what I had been up to. Through this, I saw huge improvements in both the content and amount of language that was being exchanged in these sessions. This set my clients up to be more competent in sharing information about their interests as well as their recall abilities.

To think that this kite had been in our garage for years unloved and became a talking point for so many of my clients.



At the time of writing this time capsule, I have transitioned back to face-to-face therapy with most of my clients, however there's a good section of them who have chosen to stay with telehealth as it works better for them logistically, particularly the few that experience real challenges managing their anxiety in the clinic. These clients are the ones I have guided to the most incredible progress since changing over to online.

A few lessons and tips from my journey:

- Don't be afraid to have fun and be a bit weird. Find out what you have in the house to change up your look in order to create an opportunity to communicate.
- Parent coaching using telehealth, in my opinion, is often easier and also a great opportunity to show parents how they can use items laying around their house to practice their child's speech or language goals and have fun at the same time.
- Screensharing is endlessly engaging and useful. There are oodles of fun games online to play with clients and still achieve outcomes.
- Movement breaks are incredibly important, not only for the client on the other end, but for the therapist as well. Having less distractions working from home can be great for productivity, however it can be very easy to forget to take a break, stretch, and refresh.
- Telehealth is something that offers greater flexibility to my families, especially when coming to the clinic is stressful or difficult.
- Don't knock it till you try it!

KOPIKO LOLLIE GRANDPA AND KNITTING DOLL MAKE A CAR FOR THE BEARDED MAN

by **Hayden McLean**

Hayden McLean born 1978 is an Aartist who lives and works in Greensborough an outer suburb of Melbourne.

Hayden is a passionate and prolific artist with a strong daily practise.

Hayden draws the world around him and within him.

Hayden is a prolific shoelace and cord maker.

Some words from Georgia a friend and avid supporter of Hayden:

Hayden has been a shining light in the time of the COVID-19, while the world around has had slowed down Hayden has sped up! spending way more time at home engaged with making. Hayden's self-regulation skills have come so far from when I started nearly two years ago now. Having access to tools and more materials has changed the game. He hasn't been spending much time in the shops and has been extremely resilient to the anxiety in the community. It also feels as if something has been unlocked when speaking with Hayden, he is clearly telling us his needs and wants and starting conversations with staff. Hayden talks about being an artist a lot and working very proudly.



NAVIGATING ONLINE SERVICES AT TWO WAY STREET

By Amelia Edwards

Navigating the implications of COVID-19 presented a unique opportunity to provide services entirely online. This move was extremely important for us, at Two Way Street, to ensure the safety of our clients, staff, and their respective families. While of course there were some technical glitches and challenges to overcome, the collective experience of our clients, families and therapists was overwhelmingly positive. One young client commented that his speech pathologist was a “robot” because she was now a talking head on a screen! Another reflected that, “Talk to Amelia (SP) was fun on iPad”.

Online sessions provided an opportunity for families to be present for therapy sessions, when typically, therapy sessions may have occurred in the school environment. One parent shared, “I feel so much more confident using N’s PODD now”. Another parent commented, “I would like to thank Kate who does speech with K; I have learnt a lot while watching her model with my daughter in the last two months - because of this, I now know how to model in the correct way and what each path means of PODD.”

Two Way Street also offered some group Story Time sessions, where AAC users and their parents joined in with group story book reading and chat. Because of the nature of Zoom and the need for microphones to be muted when a larger group of people were meeting, this provided a genuine opportunity for clients to practice communication initiation by raising their hand when they had something to say, so the group leader knew to take them off mute. It was lovely to see new acquaintances forming and spontaneous conversations happening between the young AAC users. Reading ‘What Do They Do With All The Poo From All The Animals at the Zoo’ (written by Ahn Do) prompted one AAC user to make some toilet jokes – which other group members loved, and responded with “I think it’s funny!”. One client shared afterwards, “Storytime, great time today”.

Though restrictions are currently easing in South Australia, at Two Way Street we have decided to continue to embrace online services and expand our online offerings into the future. We have also taken the opportunity to set up an online learning platform that removes the location and scheduling limitations of our face to face workshops and training. The COVID-19 experience was one we would rather not repeat but also one that provided new and interesting

opportunities. We hope it was the same for the rest of our AGOSCI family.

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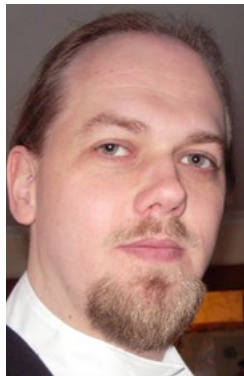
COVID-19 AND THE EMBRACEMENT OF EMERGING TECHNOLOGIES BY PEOPLE WHO STUTTER

By Dr Grant Meredith and Dr Leigh Achterbosch.

Lecturers of Information Technology at Federation University Australia

Stuttering is a speech disorder which is characterised by involuntary disruptions of speech and it afflicts around one percent of the world's population. Common characteristics include speech blocks, repetitions, and prolongations. It has been proven that the disorder can have negative effects on the quality of life, career opportunities and social anxiety levels for people who stutter. In fact, it is not uncommon for a person who stutters to employ complex avoidance and coping strategies to navigate through their day to day lives. When COVID-19 social distancing restrictions were implemented in Australia earlier this year, the nation had to adjust quickly to strategically restricted social and working lives. During this time, it was first feared that people who stutter may miss out on the opportunities to access their support groups, to expand their speaking comfort zones, and to engage with the wider world beyond their own homes. But in reality the opposite has been true due to the embracement of emerging technologies and with the use of growth mindsets.

The Australian Speak Easy Association (ASEA), Australia's peak body supporting people who stutter, were very quick to act in terms of readjusting the way that they engage with their Association's members. The Association's national conference was scheduled to occur in Brisbane during October of 2020 and was planned back in 2019. However, due to social responsibility and forethought that the national and international travel restrictions would not ease any time soon, ASEA quickly announced that it would hold its conference virtually. The ASEA was the first stuttering association in the world to announce this shift, which has led the way amongst large stuttering groups



for considering a virtual approach to their annual events or announcing a postponement for their 2020 conferences.

To assist to help people who stutter more during these changing times the ASEA also lead an initiative called Speaking Freely in the form of live video streaming virtual meetups using the WebX platform. Speaking Freely is aimed without any restrictions to anyone who has an interest in stuttering, including not only people who stutter but also their families, speech pathologists (and students) and friends. This initiative has been well attended and reached out well beyond the usual ASEA membership list, enabling all involved to learn more about stuttering and treatment options in Australia, all from a convenient and comfortable location.

In terms of online support group options, there has been a rise of interest towards long established virtual stuttering group meetings such as www.stuttersocial.com, and the need for individuals who stutter to form their own online meet-up groups. There has also been a spike in the use of Facebook groups devoted to stuttering, like The Stuttering Community, with membership rises and a range of questions revolving around how COVID-19 is affecting one's speech and fluency. Questions for example have focused on wearing a mask and if that action increases disfluencies. Topics have discussed the effect on communication skills as a result of social isolation. The Victorian chapter of the ASEA, who would regularly have monthly face to face "booster" days for members to practise their speaking techniques pro-actively, moved their meetings very quickly to the online video service called Zoom. During these unsure and isolated times this has led to these meetings becoming more accessible than ever before for these Melbourne-based booster days with additional attendees who would usually not be able to physically attend. In a manner of speaking, the COVID-19 situation has led to the forced evolution of such support options.

Apart from increased phone use, people who stutter have also reported on social media to have employed interactive and inventive means to work on their speech despite having less conventional means to do so. One such method is to use Google Assistant to simulate basic conversations and to search the internet

EMERGING TECHNOLOGIES CONTINUED

using their own voices. This has led to increased speech practise in terms of formulating sentences and being clear with commands. Another interesting new approach that ties into the ever-growing online gaming market is a focus on using team-chat applications. Applications like Discord and Overtone enable teams of gamers within a game to interact and chat with each other during live gaming. This has enabled some gamers who stutter to expand their speaking comfort zones while engaging within a passion area.

COVID-19 has led to challenges for all levels of society and has led to society feeling more isolated than it has in living memory. Yet groups of people with unique challenges associated to their lives, have risen to embrace new technologies in order to enrich their lives. People who stutter have shown that even in such restricted times, their ingenuity and ability to adapt and to overcome has led to more enhanced ways to interact, support, and communicate with others.

TELE THERAPY TRANSFORMATION

By Gail Bennell

In March 2020, the COVID-19 pandemic began to significantly impact our lives. Although therapy is an essential health service, therapists reported that their clients were cancelling their appointments for fear of contracting the virus. Therapists themselves wanted to avoid contracting or transmitting the virus between clients. With challenges of providing therapeutic services in a rapidly changing environment, therapists asked if teletherapy could be a viable service delivery model, and if so, just how fast could it be set up across their entire caseload?

To support allied health professionals from different therapy disciplines, I established a Facebook group called "Teletherapy Transformation" and encouraged therapists to ask questions and share ideas.

In the spirit of COVID-19 social distancing, I interviewed members 'virtually' on their experiences on using teletherapy during the COVID-19 pandemic.

What was the hardest thing about using teletherapy during COVID-19?

Sarah Elphinstone: Reliable internet connection. Learning a new service delivery model quickly.

Sue Diggins: To not talk too much... I talked way too much in my early sessions. Information overload. Much better when I let natural pauses happen.

Joy Ellen: The clients moving the screen and I got motion sick. Plus, they liked to move out of sight and run away.

Suzu Lock: 1. The parent moving the screen to track

the child which blurred the screen. 2. Trying to explain to place the device on the floor. This improved as the client had more experience. 3. Wi-Fi dropping out in the backyard. 4. Keeping the child's attention- but some little tricks actually helped immensely. 5. Parent stress if technology faltered. Relying on parent to redirect the child if they moved too far away. 6. Waiting for an appropriate device as I found the parent using their phone usually resulted in poor image definition making gait analysis ineffective.

Ellie Frances: The hardest thing about using telepractice through COVID-19 was the flow on effect of having no energy/ motivation to actually connect with family and friends outside of work. So many people who weren't doing video chats all day wanted to connect with loved ones in this modality, and I just couldn't handle the thought of having to do MORE of the SAME again.

Chris MacDonald: 1. Parents who thought they could walk away. 2. The technology difficulties at start up. 3. The mental strain on the therapist over the first few weeks trying to learn a new service delivery model across a whole caseload.

What has been the best thing about using teletherapy during COVID-19?

Sarah Elphinstone: Reconnecting with a client who had gone travelling around Australia with his family. We had paused therapy support because they weren't in my local town to attend appointments. So great to his face again and talk PODD with him! Also, wearing my pyjama pants while at work!

Suzy Lock: 1. Empowering the parent to work with their child just as they do during the home program. The parent was a much more active participant in their child's therapy. 2. Being able to see the child's home environment without the cost of travel time (saved funding). 3. Parents saved time travelling to me. 4. Some children engaged very well with the screen- was this a novelty or are they just so used to engaging with a screen? Some children can be fearful of clinicians (e.g. 12months -2year old's) and the screen in their home gave them more confidence. I could even "go away" by putting my thumb over the camera and going silent. This is very helpful if you want to observe a child's natural movement. Some children that had been difficult in therapy sessions felt more in control in their home setting over a screen. It was not for every client but was very physio tool for some clients. 5. I found it interesting that many children had poor seating support (due to postural weakness) and the teletherapy and home schooling exposed this.

Chris MacDonald: 1. It gave us a window into our client's lives that we'd never had before. 2. We got better engagement from so many clients than we ever thought possible. 3. We were able to use things in their home that were special to them.

What have you learnt about using teletherapy with your client group during COVID-19?

Suzy Lock: Teletherapy can be an effective tool to deliver paediatric physiotherapy. It is not for every child. Children with more complex needs requiring hands on support are less appropriate. It can be used as an alternate delivery method for some children particularly if travel is an issue: e.g. 3 telehealth sessions, 1 clinic. It can "mix things up" for a bored child who is not wanting to engage in "boring physio". Good way to engage with vulnerable children if they or I am unwell and not wanting to exchange bugs. It was good to be able to communicate at times with the parent without the child listening (child could play somewhere else in the house) e.g. for discussing strategies to get child to engage. In the future it could be a great way to engage with Sydney clinics without the cost of the local therapist (myself) travelling to the clinic.

Chris MacDonald: 1. For some clients it is now the preferred service delivery method. 2. It put the focus back on parent coaching.

What did you wish for the most in your practice during COVID-19?

Suzy Lock: More preparation time (this was not possible as COVID-19 really escalated quite quickly). Initially trying to find a reliable telehealth platform was very very hard. My eventual telehealth platform was reliable and had good screen quality however you could not play a game with the child giving them control of the mouse. This would have been awesome. Initial lack of funding for private patients meant a loss of income and loss of service delivery to patients. Consistent advice about when to reduce face to face and risk to clients- again probably not possible. I would have liked access to other therapist's opinions etc but this page (teletherapy transformation Facebook page) is where I turned to every day initially. Jumping between this page, the physio NDIS page and the APA paed's physio page kept me sane and working.

Chris MacDonald: To do no harm.

What have you learnt during COVID-19 that you will continue to do/use in your practice in the future?

Chris MacDonald: 1. Continue with it for clients that are well suited. 2. Cancellations can be run as telehealth sessions. 3. It showed us how to better use technology across a number of forums, including staff meetings and education.

The COVID-19 pandemic has challenged each and every one of us. Despite the disruptions, COVID-19 has provided us with the impetus to explore new ways of serving our community. Allied health professionals have demonstrated that they can rapidly adapt their service delivery model to meet the challenges of preventing transmission of COVID-19.

Teletherapy may not be suitable for every situation, however it increases the options for clients and their allied health practitioners to access high quality therapy, even when attending face to face therapy is not possible.

ART JOURNEY BEFORE AND THROUGH COVID-19

By Wendy and Conrad Yinfoo

Conrad has always been attracted to art, drama, and music activities. Sometimes I think he was fascinated that people can move and use their bodies in so many different ways, other times it is the enjoyment of watching people create and their responses. He also liked being in music and art classes at school watching and listening to his teachers and peers. However, Conrad has significant obstacles to his participation in the arts beyond the roles of the audience or critiquing.

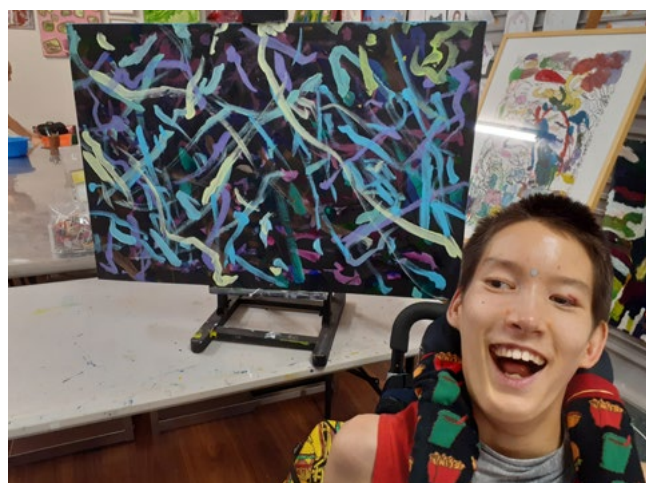
Last year Conrad began attending the Artists at Work Studio with our local ARC Disability day program.

Conrad was very interested in watching some artists at CPL Artel Visual Arts Studio at Redcliffe and looking at the resulting artwork in the Reasonable and Necessary Prints and Artist Books Exhibition that toured Queensland. Both experiences showed him that people with complex physical and communication difficulties could be artists. With such powerful models and examples of problem solving, it was inevitable that the day would come when Conrad shared with me “I want to find out if I can learn to draw and paint with my hands.”

Conrad has a severe level of dyskinetic athetosis cerebral palsy with little control over his positions and movements. The usual process of painting on something in front of oneself with fine coordinated movements was never going to happen. At the art studio, Conrad and his support workers discovered that positioning a large canvas on his left side enables Conrad to make paint strokes on the canvas. He is able to hold a long-handled brush in his left hand and his arm is supported by an assistant to reduce the big involuntary upward movements that would shower them all with paint. Sometimes my arm moves and it feels fantastic to create and other times my arm is frustrating and annoying. Before COVID-19, Conrad had completed two paintings through adding different coloured strokes to his canvas each session at the art studio.

With the prospect of a lengthy period away from the art studio, Conrad and I decided this was a good chance to make up some new painting tools. Conrad is still unsure about what he wants to use and what effects he wants to create so he needs a variety of options to try. We purchased a range of cleaning brushes and wooden spoons to attach textures to. Our criteria for selection and construction was anything that potentially

could carry acrylic paint and create a different mark with a swipe or a push arm movement. We now have a large container of rather unique inexpensive painting tools that can be easily replaced or discarded depending on their usefulness. Conrad recently explained what he has been doing during isolation



to some friends, “I wanted to learn to paint this year except I haven’t been able to go to the art studio. I bought paint and canvases and I’m experimenting with making prints with different brushes and things.”

The other obstacle Conrad has to navigate is communication. Conrad is an AAC user with different communication methods depending on his positioning, with all communication taking time and a tremendous amount of physical effort. On the spot quick communication is still tricky. With Conrad’s reliance

on an assistant with his art making, there is potential for Conrad's messages to be misunderstood or not get through.

Conrad has a strength in being able to think through how he wants to tackle something and what support he wants so we have reintroduced the journal concept. I will assist him to take time at the beginning of a project and between art sessions to write his thoughts and instructions for his assistants at the art studio. I have

already added some additional vocabulary to Conrad's device to allow for more precise communication including paint colours and shades. We are currently making up some tools cards that will be like a paint swatch. Each card has a photo of the brush tool with a paint mark examples and a name so these will provide a shared language and help with choice making and planning. We are working on a draft communication activity board using Conrad's choice of words, so he has opportunities during an art session to be flexible and change his mind.

“CORONA ISOLATION” PROJECT

by Conrad Yinfoo

My name is Conrad. I'm 19 and was going many places before corona came to Australia. Then my life changed because I had to stay home to stop getting corona. I feel a bit bored and I am looking forward to going places and watching people again.

I have enjoyed doing activities during isolation and support workers coming to visit because it would have been a very boring life otherwise inside my home.

I have seen many TV shows with Dad of different places and people, and I have learnt new things. I have really enjoyed this season of MasterChef.

ARC has had Zoom programs since April it has been entertaining and interesting. Some of the programs I do each week are Movie Magic, Treasure Hunt Chat, ARC's Got Talent, Quirky Quiz and Together Art.

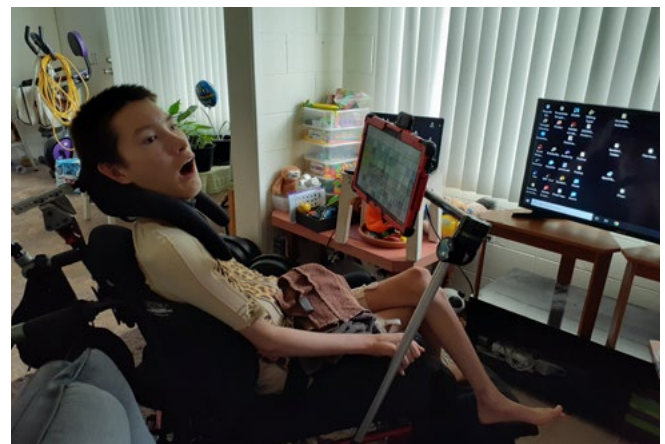
Most afternoons I have gone walking with our labrador dog Wally. Cairns is perfect for enjoying the outside and there is space for everyone. I like looking at trees when I

can't be with people.

I wanted to learn to paint this year except I haven't been able to go to the art studio. I bought paint and canvases and I'm experimenting with making prints with different brushes and things. Sometimes my arm moves and it feels fantastic to create and other times my arm is frustrating and annoying.

I have joined a Zoom communication group with CPL in Brisbane. It is good connecting with people who are patient with slow speech. It has motivated me to keep choosing my talking machine and working on my talking. I have started writing again so I can share my thoughts. I hope to improve my communication as my crazy wriggly head is making things difficult and my ideas are staying inside.

I'm happy that I am alive and well and I know life will be different while corona is still about. I am looking forward to getting out of my house and hang out with friends again and talking to people.



FINDING THE FUN FOR TELEHEALTH

By Elizabeth Lea

Freddie is an energetic and fun-loving eight-year-old who is learning to communicate via AAC. Freddie points to messages in his light tech PODD communication book and also has an electronic communication device with PODD vocabulary. Freddie uses gestures, Key Word and Sign and is also communicating an increasing number of words verbally. Freddie has been learning rapidly and his progress has been a source of excitement for him, his family, and his speech pathologist! Together with Freddie's family, our goal has been to provide aided language stimulation and model words and pathways in his PODD vocabularies to further develop his understanding and use of language.

Pre-COVID-19, Freddie's sessions were completed in his home. This provided Freddie with natural opportunities to initiate communication about things he was motivated to show me. Session activities revolved



around things we could do in the home environment, and Freddie's family were able to see how to integrate his AAC options into their daily activities.

Like many others, we made the decision to trial service delivery via Telehealth during the COVID-19 pandemic. Freddie's family utilised the NDIS "Low Cost Assistive Technology for Support Continuity during Coronavirus (COVID-19)" funding to purchase a laptop in order to access Telehealth. We ceased our regular face to face sessions and instead connected via Zoom videoconferencing.

Initially, I was concerned about how to maintain Freddie's communicative autonomy during sessions where he would need to be mostly in front of a computer. Freddie enjoys arts and crafts, so the day before sessions, I texted a photo of an art/craft activity to Freddie's family, and a list of materials required for the project. This provided Freddie with an opportunity to think about the activity and choose whether he wanted to create the project during our session, watch me create it or nominate an alternate activity. For our last session, Freddie's family texted me with an image of an art project that Freddie wanted to make, so I have felt confident that we have been providing Freddie with



opportunities to set the agenda.

During sessions, Freddie communicates via his light tech PODD communication book and I have a light tech PODD communication book and an electronic PODD vocabulary that I access via an iPad app. I either share my screen so my electronic PODD is visible on Freddie's computer, or simply hold it or the book up to show Freddie what I've communicated. Freddie often communicates his choice regarding how he would like me to model words and requests that I model via the PODD on my iPad. I model language to ask Freddie questions about the activity: the colours he is going to use and the steps he will need to take to make it. Freddie uses his PODD communication book to respond to my questions, to comment on the artwork and to communicate what he thinks about the activity itself! Towards the end of the session, Freddie often requests that I read a story. As I have two children, I have a ready-made library at my disposal, so I usually have a book that relates to our art project, for example, one that features the same animals, creatures or vehicles. At the end of each page, I pause so I can model language via one of my PODD options. Freddie's family also model language in his PODD communication book as I read.

Freddie has kept all of his completed art projects and they have pride of place on his fridge. These artworks have been providing new opportunities for him to reminisce and share news about how he made them and consolidate his understanding of the new words we have modelled with him.

Telehealth has been fantastic for enabling us to continue to work towards achieving Freddie's communication goals. As a speech pathologist, it has been beneficial for me to learn new skills and quickly incorporate them into my clinical practice. My work often involves the provision of training to support people to utilise technology for communication, so it has been especially valuable for me to be reminded how it feels to get used to using new technology.

While we would love to catch up face to face, Telehealth is currently a great option for Freddie and his family and has afforded us a viable option for providing child-centred intervention with measurable outcomes.

The Communication Toolbox

 www.thecomunicationtoolbox.com.au

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CAPTURING SHIFTS IN ATTITUDES TO A NEW SERVICE DELIVERY MODEL

By Jenna O'Brien (Senior Speech Pathologist - Kids Plus Foundation) and Eleanor Francis (Speech Pathologist, Therapy Consultant - Liberator)

It seems hard to quantify just how much has been learnt by therapists, families and those with Complex Communication Needs (CCN) in such a short amount of time since the introduction of COVID-19 restrictions and the following leap into pyjama pant work attire and the world of telehealth. Aside from all the practical strategies, such as engaging backgrounds, Boom cards, changing cursor size and colour, and homemade camera stands which have encouraged therapists to be virtually engaging and just like a play school presenter, the most exciting thing is the attitudes that have shifted through clinician and families shared desire and dedication for learning and passion for our clients with CCNs.

We presented at the AGOSCI virtual conference back in April this year. Our presentation focussed on direct tele-AAC strategies for a range of clients. Our message for this presentation was that we should

employ the idea of the least dangerous assumption for our complex communicators and give direct tele-AAC a try before deciding it might not be viable based on a young person's challenges. We implored therapists to think "Direct tele-AAC can work if..." in the hope of inspiring creative and innovative ideas to engage a child virtually. We were able to collect word clouds to represent how attendees were feeling about tele-AAC at the beginning of the session and how they felt following our presentation.

The attitudinal transformations of therapists and families alike, have allowed many clients with Complex Communication Needs to be engaged in direct virtual therapy and experience many successes including adding "coronavirus" to their device independently, sharing messages like "I miss you", "worried", adjusting volume on their own and other operational commands that otherwise may be done for them.

How is your Tele-AAC going so far?



How do you feel about your Tele-AAC going forward?



We asked some of our families and clients to reflect on how they felt at the commencement of virtual therapy:

- “I was wondering how my daughter would be kept interested on the computer for the whole hour” (Mother of child with CCN)
- “Concerned about lack of engagement with the therapist” (Mother of child with CCN)
- “Apprehensive” (Mother of child with CCN)
- “We were concerned he might not engage with the screen or understand why you were not there physically” (Father of child with CCN).

We also requested feedback from our families and clients after engaging in direct Tele-AAC to identify how their attitudes had shifted. This included:

- “It is an effective way to conduct sessions and allows the whole family to observe and hear how far he has come with his words, comprehension, counting and so on. I have also learned that this type of session can occur even in time of illness, holidays etc so there does not need to be a long period in between sessions if one cannot make it to a clinic or place of where the session was to be held” (Mother of child with CCN)
- “Different” (12-year-old child with CCN)
- “Okay” (9-year-old child with CCN)
- “Sessions are just as beneficial as face-to-face therapy and actually provide added benefits for carers as it gives them a defined support role in the session” (Mother of child with CCN)
- “He loves the activities which involve the use of shared screen (stories, games, spinners, POGG etc). These activities work as well, if not better than in face-to-face therapy sessions” (Mother of child with CCN).

This feedback tells us loud and clear that virtual therapy will not be a thing of the past. Some clients have expressed an urge for the continuation of services delivered in this way for a multitude of reasons. What started as a daunting and challenging prospect has in fact, led to feelings of excitement, inspiration, and innovation as we all worked together to share ideas and resources for the delivery of tele-AAC. We would like to extend a warm thank you to all our clients and their families for their flexibility and enthusiasm throughout

this time. Their energy and involvement have been essential to making direct Tele-AAC a success now and going forward.

➔ www.kidsplus.org.au

f www.facebook.com/KidsPlusFoundation

Kids Plus Foundation is a not for profit organisation based in Geelong, which specialises in interventions across the lifespan for babies, children and young people with cerebral palsy and similar neurological conditions.

➔ www.liberator.net.au

f www.facebook.com/LiberatorAUS

Liberator Australia provides those with Complex Communication Needs the latest in voice output communication technology and other product services, training, and support.

4 REASONS I LIKE TO STAY AT HOME DURING COVID-19

By Palmer Job

1. I like to do my homework at home with Mum.
2. I like to play around in the dirt outside in my walker.
3. I feel happy about walking around my home in my walker.
4. We did a lot of board games.



NEW ZEALAND

By Palmer Job

New Place

Excited to have fun

With my family

Zoom in with your camera

Enormous trees

And tall hills

Lots of beautiful beaches

Awesome forest

Night time fireworks with our family

Driving around the north island.



MY TIMES DURING THE CRISIS

By Robert Oakman

It was weird at first when the Coronavirus broke out. We have to take care where we go and who we meet. Because of social distancing, I need to stay away from people. So the beach was the safest because it was outside and I can stay away from people. As the time go on. Restrictions put on from the government to keep us at home and no one can visit too. One visitor a day each client. I was scared at first because the virus would go on six months or more. And the media frightened me about the virus and the chance one of us may catch it. Even I had a bit of a cold but it was only a bit of a sore throat, nothing to worry about. Doctor recommends I should stop home all the time because of my chest condition history. So I did that and just do an occasional walk from time to time, thought this is good. I can stay shirtless and watch movies and Netflix all the time. No pressure to go out anywhere. Just an occasional doctor appointment. Even dad had to limit his visits. Normally go to dinner every Sunday night, but we had to settle for a walk in the afternoon instead. I at least I could stay in touch with him. Churches has to close because of social distancing, so I got them online via Zoom which is interesting. A new way of viewing meetings and staying in touch with my friends. Not as good as see them in person. At least I can see them and say hi. I have bought an external iPad so I can see my friends on video chat. While speaking on my device to them, but you still get lonely even

though you still keep in touch on phone. No personal touch. Being inside the house all the time make you find things you haven't done for a long time. Like playing monopoly and connect 4, I have not played since I was a teenager with my grandparents. I used to be very good at connect four and those games, I also go on my bike and peddle every morning. To keep up fitness and movement. And create a vegetable garden in the back yard, I have enjoyed watering it and watching it grow! I also started writing songs online with Jeremy which is great to do again. I haven't written a song in yonks because I have been busy with other commitments the past few years. I have finished my self portraits too at home. be able to do things with out going out. I find it easier and enjoy it for a change. I did a hell of a lot of walks during the time. Around Rothwell and Redcliffe beach and Sandgate forefront, I don't think that is a part of the peninsular I have not walked. I watch a few series and movies. Including the James Bond movies from start to finish. And a series called The A Word, it is about a family who has a boy with autism. British series and I recommend it. Some days were better than others, I didn't know what to do some times. Trying to get my spirits up all the time. And I had some sad times too! A staff member left that really made me feel down. But I will get over it, we are keeping in touch on Facebook. This is a summary of my times during the crisis, I hope and pray that there are better times ahead.



LESSONS LEARNED DURING COVID-19

By Adrienne (AJ) Jackson (Speech Pathologist - To the Moon and Back)

One afternoon, in the middle of an online speech pathology session, I heard my client's mother call out, "who are you talking to?" I hadn't realised that my client had independently looked up his session link, logged in at the typical session time, and was undertaking every task without complaint or refusal, all without the prompting of his parents, his therapist, or a timer.

This was the first of several instances of an interesting phenomenon. Some of the children on my caseload were learning faster and becoming more independent in the telehealth than they had been in person. One child who had spent months working on simple sentence structure presented me with wonderful stories about him as a king fighting off burglars, and others roleplayed with their toys. It made me wonder: was telehealth more conducive for learning for some of our clients? Did interacting via computer present some unseen advantages, such as reducing the demands of being physically present with another? Not only did we see a shift in how they were learning in session, but anecdotally, many seemed more willing and comfortable to engage in therapy. Surely this would be beneficial to their long-term progress.

When the brave new world of COVID-19 first arrived, my concern was just the opposite. During in-person sessions, I use a high degree of active engagement. I identify and build on my client's interests to build opportunities to work on necessary, but let's be honest, sometimes dull, communication targets. I worried how I would manage this high level of engagement in this new format. Yet time after time in telehealth, my clients stayed with me and waited for games that could not be observed in the room. I no longer needed to 'pretend' to not understand the gestures to encourage language use as I would have in the face to face context – clients intuitively understood the nature of communication breakdown (I truly can't see where they are pointing to!), and the necessity of using language to remedy them.

In "The discovery of 'Aspie' Criteria", Attwood laid out the pattern of strengths and differences in the Asperger's population. The criteria begged us to ask the question, how many of the skills we are teaching and demanding of our clients, particularly at the higher language level, are necessary? How many are due to a kind of social arrogance, an unwillingness

to accommodate and accept a different style of communication and learning?

It became transparently obvious to me that though I had been working to make sure no opportunities were closed off to my clients, I had not thought about if it was indeed necessary for them to learn and master these skills in the same context I had learnt them in, or they might need to use them in.

Telehealth lowered social and sensory demands and yet maintained the presence of those skills that were ultimately more important to communication and relationship building. As my clients and I talk via the internet and use our language to describe things we can't gesture to, we are having meaningful conversations. We are still learning about each other's interests, checking faces quickly for emotions and indications of boredom and mastering narrative structure. The difference? There are differing norms for 'eye contact' on telehealth (everyone looks at their own little thumbnail, not at the camera, after all!) Demands are less direct, and dare I say, less confronting. No one is physically tapping at the answer or asking you to sit in a room that is uncomfortable, noisy, or any one of the hundred other things clients might find stressful and wearing.

As we transition out of our telehealth phase, I see telehealth as an opportunity, not a limit. Of course, it's important that therapy, telehealth or not, empowers clients with skills. But I am now challenging my assumption that these skills were best learned in a face to face context. My lessons from telehealth have helped me to see tremendous value in this new way of learning and interacting.

→ www.tothemoonandback.net.au

f www.facebook.com/tothemoonandbackinterventions/

CLICK TIPS FROM THE... COVID-19 TELECONFERENCE BOOTCAMP!

By Andy Smidt and Chloe Wine

The AGOSCI virtual conference brought together a number of experienced telepractitioners who shared their wisdom. This is a list of a few of the top tips that I took away from the conference.

Set Up

1. Expectations and consent. Explain that:

- A video consultation will not be exactly the same and may not be as complete as a face-to-face service.
- There could be some technical problems that affect the video visit.
- Some problems may initially be missed due to the nature of telehealth and that we can't always see or hear exactly how the person is communicating.
- We use systems that meet recommended standards to protect the privacy and security of the video visits. However, we cannot guarantee total protection against hacking or tapping into the video visit by outsiders. This risk is small, but it does exist.

2. Support caregivers Make sure that they feel supported and provide them with easy to follow information about setting up, reducing dropouts, and frustrations. There were some good tips such as:

- Some problems may initially be missed due to the nature of telehealth and that we can't always see or hear exactly how the person is communicating.
- Check what devices they are using.
- Set up in a quiet space, use headphones if necessary, minimise disruptions.
- Have a plan for when you lose internet connection.
- Not all sessions need to be with the client. Caregivers often need to talk and in these COVID-19 times even more so. Having time to meet with the caregiver without their child present is important.
- Use synchronous and asynchronous therapy. Ask the caregiver to record themselves doing

something with the person: reading a book, playing a game, part of a routine activity. You can then spend the time watching the video and giving feedback and ideas.

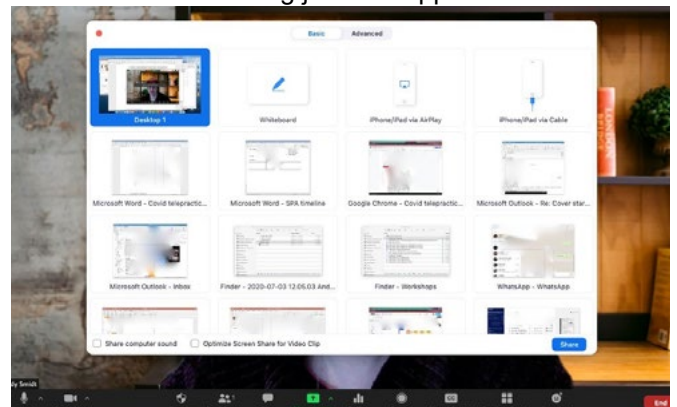
ZOOM

1. Set up meetings

- Create a unique meeting link for each client – the same link will work each week but only you and the client share this link so there is less risk of another client crashing into your meeting.
- When you email or SMS your confirmation of the appointment the day before, resend the link so it is easy to find and open. In this email or SMS, you can include a plan for the session, so the family knows what resources and equipment to have ready to go and information explaining their role for the session.
- Security and privacy. Go to the online oom site to modify settings (<https://zoom.us/profile/setting>). Enable waiting room so that the client can't enter the room until you are ready. You could also have a password. You can also lock a meeting once it starts.

2. Sharing your screen

- Once you are in a meeting you can share your screen. When you click on share, you will see that you can share your whole screen or just one application or program that is open. We recommend sharing just one application or



program. So, you might share just a PowerPoint presentation or just a website.

- You can also connect an iPad or a phone and share your device with your Zoom participants.

3. Annotate and Whiteboard

- From the share your screen space, you can also open a whiteboard, and this lets you draw on the whiteboard with your client.
- Another way to do this is using a mirroring app. I like the one called screen mirroring+ (see here <https://www.youtube.com/watch?v=uSpqxfOEgdo>).
- Scribble Together Whiteboard is an app that allows you to share a whiteboard via a web-browser. It works really well and allows both parties to annotate live.
- Annotate on Zoom – when you share a window on Zoom, you can also annotate it. You can draw circles, write, type, and even use the stamp function to tick correct answers if you were doing an activity with correct and incorrect answers.
- Customise your cursor – e.g. with Custom Cursor for Chrome

Running Sessions

Running sessions is challenging – how do you transfer what you do face to face to an online space. Here are a few of our best ideas:

1. Games

- Google Slides is a great way to play games – you can make tic tac toe games, Mr Potato Head or train tracks just like you would in face to face sessions or create slides with specific language targets in mind using GIFs and funny pictures. Here is a Paw Patrol emotions example: <https://docs.google.com/presentation/d/1Edffax8tBWyzHF8tbz-bAUHDuzoAUFcR2Kerls6mTRU/edit?usp=sharing>.
- Aylin recommends a site called ToyTheatre – <https://toytheater.com>.
- Spinners work really nicely too – there are several including <https://wheelofnames.com> and <http://www.superteachertools.us/spinner/> or an iPad spinner <https://apps.apple.com/us/app/spin-the-wheel-random-picker/id1467343690>.

- Kahoot – Kahoot is a quiz site but it is fun <https://create.kahoot.it/> - you can create your own quizzes or search the ones already uploaded. The client can play on their own device while you project your screen via Zoom.
- Switch Zoo Make and Play allows you to make silly animals by changing the head, body and tail of an animal https://switchzoo.com/make_play.htm.
- Boom cards -This is a site that provides access to free and paid interactive activities with a range of language targets <https://wow.boomlearning.com/>.

2. Get rid of ads

- Preload sites before your session so you play any ads or videos first.
- Install an ad-blocker such as Adblock.

3. Book building sites

- There are lots of good sites that you can build books with and share online such as <https://www.storyjumper.com>.
- Tar Heel Readers allows you to make books and there are some preloaded ones for individuals who use AAC <https://tarheelreader.org/>.

4. Video sites

- There are lots of useful videos on YouTube and other sites that you can use in therapy and for rewards. We recommend you preload them, remove ads, and make playlists to avoid wasting time.
- Edpuzzle – this is a video site but you can stop the video to ask a question. The person has to answer the question to continue the video. There are lots of premade videos that might be appropriate for your clients
- Tar Heel Gameplay - this is a site that has a collection of accessible, easy to play videos and activities. This site is great for individuals who are using switches. You can create your own to make it extra motivating for the individual who uses AAC <https://tarheelgameplay.org/>.

5. Other useful sites

- Padlet – Padlet is essentially a big wall. You can drag things to it and embed videos or pdfs. I use it

as a useful place to keep things together – so if you have a list of videos you want the person to watch, put them all on one Padlet. If you want to make video instructions for someone, put them all on one Padlet.

- Using the online stopwatch from <https://www.online-stopwatch.com/> to support engagement and completion of tasks.

This article was written by Andy Smidt summarising her favourite tips shared at the AGOSCI virtual conference. Input was also provided by Jenna O’Brien, Christine Porter and Aylin Huzmeli.

You can look at the slides from the following workshops here:


- ➔ Jenna O’Brien and Eleanor Francis: Direct Tele-AAC for the speech pathologist on the ground <https://bit.ly/ObrienFrancis>
- ➔ Christine Porter: Isolation clouds and AAC silver inings: Creative ways with virtual support <https://bit.ly/PorterAGOSCI>
- ➔ Aylin Huzmeli Tips, Tricks, & Tools: A practical guide to using technology for telepractice https://bit.ly/tips_tricks_tools

HAVE QUESTIONS....




YOU CAN ASK QUESTIONS ON AGOSCI'S FACEBOOK GROUP AND LISTSERV

The AGOSCI Facebook group and Listserv aim to be safe and inclusive spaces for all people to have conversations about communication and complex communication needs.

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