

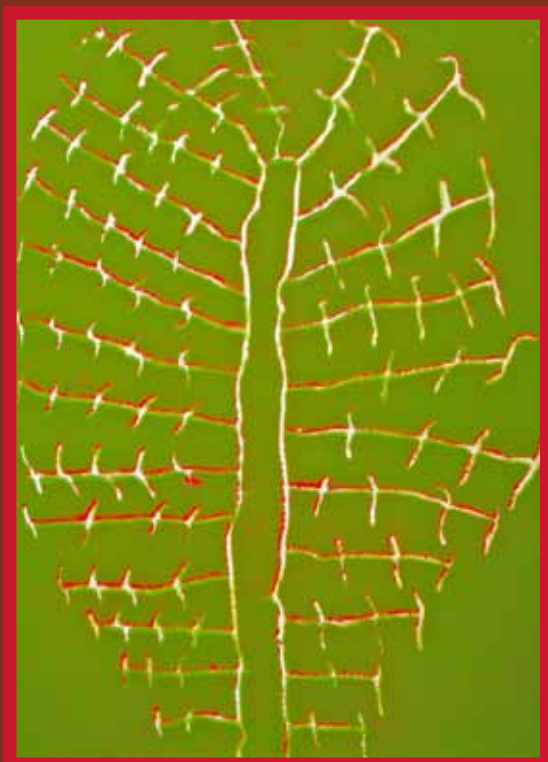
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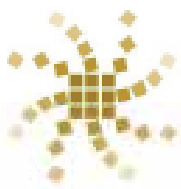
in focus



THIS EDITION

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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.

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Nathan Hughes -Artist



My name is Nathan, I am 19 years old and have been enjoying doing art since I was very young. I first joined DADAA when I was just 9 years old. I like to do prints and paint mostly, but I also enjoy experimenting with different ways to make art. There are many things that inspire my creativity; my family, friends, pets and places I visit while I am on holiday. I think about my favourite things like TV shows and hero's too. Art makes me feel good and I often get surprises when my work is done. I feel proud when other people also enjoy my art. I want to be a better artist. I would like to do art for my job and keep surprising myself.

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Welcome to this edition of AGOSCI in Focus - AAC from Healthcare to the Community. Most of us reading this magazine are fairly comfortable in the community, but the advantage of living in a society with good healthcare is the inevitability that all of us, at some stage, will come in contact with the medical system. The medical world is a strange and alien place for many of us. It is a world where you will see many different professionals (sometimes within the same hour) and be exposed to technology that would sit more comfortably in a science fiction movie. All of this poses difficulties for anyone using an AAC system either for the first time, or who is trying to make their system fit this environment.

I have recently spent some time in Paediatric Intensive Care with my 3 week old son (who is now fine). What struck me about that experience was the sheer volume of communication that needed to occur - not with one, not two, but many, many more people than I could remember. Not only that, because of the number of professionals involved, the need for someone to be able to tell the story - both for what had happened previously, and for what had happened in different departments in the hospital was vital. To make it more difficult, due to the pressure on acute care, the expectation is that all of this complex information needs to be conveyed quickly and concisely.

These competing demands - the need for indepth information, the need for speed and the need to communicate around a range of messages that may be difficult to predict, place a huge demand on an AAC system and an AAC users support network. It is this challenge which we hope that some of the articles and resources reviewed in this edition hope to address and I hope, give you something to think about. Thinking about how we approach the health system, for all of us who are users of an AAC system, who support people using AAC, or those who may in the future become AAC users (ie. all of us) I would like to throw out 3 challenges:

1. It is inevitable that all of us will come in contact with the healthcare system in our lifetimes. How are we going to plan to ensure that our story is able to be heard? For some of us that means planning and having the communication system available for if we enter hospital. For many it means talking about our wishes and story with those who can advocate on our behalf.

2. For those using AAC in a hospital setting, or assisting someone to set up their system, I would like to challenge you to create a system that works within the limitations of the system and think of systems that are fast, contain powerful messages, and are easily understood by unfamiliar communication partners. These systems will have limitations, but should be an important component of a person's system. Hank Wylie in this issue talks about his success in using such a system - community request cards. This is an fantastic example of deceptively easy strategies creating real communication results for people.

3. For those working in hospitals I would challenge you to slow down, take the time and understand that good accurate communication with an AAC user will not be quick. It may, however, save you time on diagnosis and may lead to fewer unexpected complications.

Of course healthcare encompasses more than just acute hospitals. This edition features articles by Donna Chambers on her experience with suffering a stroke and becoming Aphasic, while Miriam Haire discusses introducing technology into a Rehabilitation setting.

Next edition of AGOSCI in Focus our theme is **AAC HERE THERE AND EVERYWHERE**. With such an exciting and open ended theme I am expecting that every reader can contribute. For this edition we are seeking inspiration. If you think you can write an article great! If you just have an inspiring photo - FANTASTIC. We are talking AAC to the streets (where have I heard that logo before) and we want everyone to contribute. Just one word of warning - if you think your AAC solution is boring - has been done - you are probably wrong. You have the opportunity to inspire someone who thinks your idea is simple and genius or something we have done, but not done as well. So let us discuss AAC, everyday solutions, extraordinary solutions, and one off experiences. We look forward to your submissions

So with that challenge open and the prospect of a super dupper won't fit through your letterbox edition in September, I welcome you to read this edition of Agosci in Focus.

Kirsty

THANKS

AGOSCI is a volunteer organisation which has had the privilege of having the involvement and inspiration of a large number of talented, dedicated and hard working people. AGOSCI in Focus would like to put out a thanks to all who work to ensure the continuing success of AGOSCI.

In particular this month we would like to give a special thanks to 2 retiring members of the Executive. Wendy Webster who is stepping down as Chairperson after 6 years in the job. This huge level of commitment is what makes AGOSCI the strong organisation it is.

Another long stayer, Jenny Arthur has put in 4 years cheerful and dedicated service to the challenging roll of Treasurer.

Also thank you to State Reps, Harriet Corner, Nikki Thompson and Kate Jarvis.

Thank you all!



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Chairperson's Report

Wendy Webster

Well, this will be my last contribution to this magazine as Chairperson of AGOSCI. It has been a great privilege to lead this little organization that manages to achieve so much. And as I have said at the end of each report "And all this with volunteers!"

Volunteering is the practice of people working on behalf of others or a particular cause without payment for their time and services. There are several slogans used to encourage people to give of their time and energy: "Volunteers- everyday people extraordinary contribution" and "Volunteers change our world". Volunteering is generally considered an altruistic activity, intended to promote good or improve human quality of life. This is true of those who are involved with AGOSCI, but I think I can speak for all to say that we all have also benefitted greatly personally and professionally. Not only has it made it possible to enhance our own skill development around AAC, but we have made friends amongst a wide cross section of people involved with the AAC community nationally and internationally.

My time gave me the opportunity to sing (badly) in front of 300 people, dance (madly) at Conference dinners and meet the Governor General. Thanks Mel for the wardrobe tips! But mostly it was just a great opportunity to absorb the energy that being involved with AAC and related issues creates. The greatest achievement over the last years, I believe, has been a substantial increase in the contribution of people who communicate with AAC particularly on the listserv, with articles in the AGOSCI In Focus, and involvement at the Conference either as attendee or presenter.

So far this year, the AGOSCI National Tour with Joanne Cafiero

was well received. State representatives worked hard to make sure the days ran smoothly and Joanne really enjoyed her time in Australia. The Literacy Intensive with David and Karen will be fully attended in July, and this will also go to New Zealand. Many thanks to Jane for organizing both these events. Plans for "Taking It To The Streets" in Adelaide 2011 are well under way under the guidance of Janelle and her committee. The Listserv continues to foster healthy information sharing for a wide cross section of the AAC community internationally and the website allows us to inform the world that AGOSCI exists. Thanks Sal for your continued diligence with both of these. The local content and relevance of this magazine is something to be proud of. Thanks to Sheri, Kirsty and Dom and editorial committee as well as all those willing to contribute.

And of course, many thanks to the State Representatives. I wish to especially thank Harriet Korner, Nikki Thompson and Kate Jarvis who are finishing up as NSW and ACT representatives. We are still looking for new representatives in these areas so please feel free to volunteers your services. I say a big thank you to Jenny Arthur who steps down as Treasurer after four years and welcome Jane Farrall to the post of Treasurer. There is much AGOSCI would like to do but doesn't have the person power, so if you have some energy to burn, please contact the Committee and offer to be part of the journey.

Finally, I would like to welcome Sue Owen as the current AGOSCI Chairperson. Sue comes to this after a long association with AAC in Australia, AGOSCI and ISAAC. It will be wonderful to have Sue involved at this level.

And all this with volunteers!

AGOSCI Conference 2011 TAKING IT TO THE STREETS -Update



Hopefully you all have the AGOSCI conference 2011 website link <http://www.alloccasionsgroup.com/AGOSCI2011> in your Favourites folder, and have signed up to receive the updates by e-mail. If you have, then you can probably stop reading this which was written in time for the magazine to go to print and the website is more up to date. You can also find a link to the conference website from the AGOSCI website if you already have that one in your Favourites.

For those who haven't already heard, we are pleased to announce that Barbara Collier will be one of our keynote speakers, and also presenting a pre-conference workshop. The topics are not yet finalised but it is likely the pre-conference workshop will highlight Barbara's work in training communication assistants for people who use AAC and her

keynote will highlight Communication Access for businesses and services. If you want to know more about Barbara, go to www.accpc.ca.

The Call for Papers and Sponsorship and Exhibitors Prospectus should be out by mid 2010 and an electronic version of the registration form as soon as possible after that. For those seeking funding from their employers, be sure to highlight this conference early in the new financial year so that they can work it into their budget.

We have also submitted an application for the FaHCSIA grant this year and hope to secure these funds to support people with CCN and their families/support workers to attend the conference. Keep your eye on the listserv and the AGOSCI website for more information on the scholarships.

That's about all I can announce right now although there are many other exciting plans in the works. Feel free to send any feedback, suggestions or questions to us via the website above or via agosci2011@aomevents.com.



Notations ...



Secretary's report

Melissa Bakes

Hi Everyone,

It was a busy start to the year with the National Tour and with many memberships coming in. I have just the usual Secretary jobs for now- banking cheques, forwarding information, answering enquiries etc. etc. I'd first like to congratulate Jane Farrall and all the representatives for an absolutely FANTASTIC National Tour. Joanne was a great speaker and I picked up some really useful and practical ideas.

I have included the minutes from the recent AGM in this copy of AGOSCI In Focus. So, following the AGM I have some farewells and welcomes to mention. Firstly, we say farewell to our Chairperson Wendy Webster who has been at the helm since 2004. Wendy has done a wonderful job over the years with sensible decision making. So many thanks Wendy for everything you have done. We welcome our new Chairperson, Sue Owen. Sue has worked all over Australia in many fields both in adult and child services. Sue brings a wealth of knowledge and experience and was at the original meetings and discussions when AGOSCI was forming. So welcome Sue.

We also say farewell to our Treasurer Jenny Arthur. Jenny has been our Treasurer for the last four years working tirelessly with the books. So thank you Jenny for all your hard work. Also a special thanks to Jenny's husband, Bruce. Bruce has helped out with the accountancy side of things and has been a huge help. So thanks again to Jenny and Bruce your efforts have been very much appreciated. We welcome (back) our new Treasurer, Jane Farrall. Jane has had a few roles in AGOSCI in the past, but first time for Treasurer.

We also farewell our two NSW Representatives, Harriet Korner and Nikki Thompson. Both Harriet and Nikki have worked tirelessly for the past few years in NSW building the membership and putting on great events for AGOSCI. Kate Jarvis, our ACT Rep is also stepping down. Kate has also done a great job in the ACT building membership and putting on events. So again many thanks to Harriet, Nikki and Kate, your efforts have been greatly appreciated. Unfortunately we don't have anybody as yet to fill the Representatives positions in NSW and ACT. So if you are interested please feel free to contact me.

The only other information I really have to report on for the moment is the membership numbers. At the moment we have around 280 members. This number is up from last year's figures for the same time of year. I have seen some new names again this time around and some past names rejoining. So the word continues to get out there. Thanks again to all of those who have rejoined. Your continued membership is appreciated and valued. We continue to grow each year. Well that's it from me this time around so until next time - Mel

State Reports



NORTHERN TERRITORY BRANCH REPORT

Marion Schultz

At the moment, there are no AGOSCI sponsored workshops scheduled for this year. On AAC related news; Darwin will have a visit from private therapists in New South Wales, presenting a "Talking Hands" Key Word Signing workshop. The Australian Association of Special Education (AASE) is holding their national conference in Darwin this year in June, which is very exciting for local teachers. Gail Van Tatenhove is presenting a workshop in Alice Springs late May – Great Expectations: Building Communication with Pre-K Students Through Implementation of a Core Vocabulary Classroom. Potentially, Gail may be able to return to the Northern Territory (NT) for an AGOSCI event for Darwin later in the year (hopefully will have good news on this in the next In Focus issue).

Any suggestions for topics for interest group meetings or professional development for the NT would be most welcome – send to marion.schultz@nt.gov.au



WESTERN AUSTRALIA BRANCH REPORT

Sally Hunter

The National Tour in Perth was a highly successful event with very positive feedback from the participants generally. Joanne arrived the day after our notorious storm and was very patient as we were minus vehicles and windows and a roof at work. Thank goodness I booked a different venue this time. Once again on the back of a very successful event, membership numbers are also stronger in WA. Feedback from the National Tour included expressions of interest for further PODD training in WA so we will be looking towards planning this in next year.

Our exciting news is that there is funding support for an AAC camp in Perth. Variety WA is supporting the Variety Motor Mouth Camp which will be held 4th - 8th May 2011 at Point Water campsite (so look for the bags under the WA delegates' eyes at the conference in Adelaide). For more information contact Kelly Moore Kelly@ilc.com.au. It has been some years since WA had a camp so it is great to see the wheels in motion again and great to see the interest of local service providers. Expressions of interest are coming in now.

The website could still use some more photos so if people can send them to me sally@ilc.com.au I would be very grateful. ISAAC photos would be fantastic.

State Reports (cont)



VICTORIAN BRANCH REPORT

Katie Lyon & Stacy Cohen

The Victorian Branch Report is short and sweet, and of course, about the National Tour mainly!

Dr. Joanne Cafiero kicked off her Australian National Tour in Melbourne on the 17th March. She is a very engaging presenter with many practical strategies to use with people with Autism, showcased through her many case studies, and lots of evidence based information from the many research projects she had completed. We had approximately 50 people attend the day – a mix of therapists, teachers and parents. We think that everyone left with big smiles on their faces and hope that their brains were full of great information. The feedback was very positive.

There are many Victorian AGOSCI members heading over to Barcelona for the ISAAC Conference in July. We wish them all the best and hope that they come back with plenty of new ideas! Katie looks forward to catching up with you at the Street Party! We are planning a couple of other events for the remainder of the year. As always, we are open to ideas about the topics, so please let us know if you think of anything. A feedback session from ISAAC is in the planned for the 6th October so pop it in your diaries and we hope to see you there.



QUEENSLAND BRANCH REPORT

Paula Hartwig & Melanie Waalder

Queensland had a very busy end to 2009 hosting Gayle Porter and Helen Tainsh for an Introductory Pragmatic Organisation Dynamic Display (PODD) workshop. The success of this workshop was evident with all places filled well before the closing date. A number of people were unsuccessful in attending this workshop, which resulted in us inviting Gayle Porter and Melissa Riepsamen back in April 2010 for a similarly successful and well attended event.



In October AGOSCI QLD held a breakfast to celebrate AAC Awareness month. This was very well attended with a great mix of AGOSCI members including parents, teachers, speech pathologists and other professionals representing a range of organisations across Queensland. It was a wonderful chance to network with different organisations.

2010 also looks to be another busy year for AGOSCI. Like



all of the state representatives, we have been busy hosting the AGOSCI National Tour presented by Dr. Joanne Cafiero. Queensland has been lucky enough to host two workshops with Dr. Cafiero presenting in both Brisbane and Townsville. Both workshops were extremely well attended, hosting 75 attendees in Brisbane and 25 in Townsville. Dr Cafiero's work is based on her strong belief in the benefit of meaningful, contextually based instruction for individuals with autism spectrum disorder. Dr Cafiero was an inspiring presenter with all attendees rating the 2010 National Tour presentation as either good or excellent.

If you have any questions about AGOSCI QLD events or if you would like to suggest a topic or presenter for a local QLD event, please do not hesitate to contact us (contact details can be found at www.agosci.org.au). AGOSCI QLD is happy to help organise local events.



State Reports (cont)



SOUTH AUSTRALIAN BRANCH REPORT Amy Furze and Janelle Sampson

The start of 2010 has found AGOSCI in South Australia busy with the National Tour and also the preparations for the 2011 AGOSCI Conference. The National Tour had fewer numbers than we have had in recent years, but was still attended by a pleasing cross section of people. Attendees included: teachers; speech pathologists from disability, school settings and education; allied health assistants and parents. It was also great to see some people who were able to travel from outside of Adelaide to attend. It was a fantastic event that gave us great knowledge and practical information to take away into our varied settings.

As you are all no doubt aware, the 2011 AGOSCI conference is looming (May 11-14, 2011) so could all South Australian AGOSCI members please continue to spread the word across our state and the country about this event. Information is available through the conference website: <http://www.alloccasionsgroup.com/AGOSCI2011> and another good tip is to encourage people to subscribe to the AGOSCI listserv as this will be another good source of information and reminders about the upcoming conference.

With these two major events to plan for, there have not been any other AGOSCI events in South Australia. It has, however, been exciting to see another great South Australian contribution to the November 2009 edition of the AGOSCI In Focus Magazine. Well done to Laurence for his story 'And You Thought You Have Problems: A Story about What it is Like to be a Teenager with Cerebral Palsy (CP)'.



TASMANIAN BRANCH REPORT Diane Symons

The National Tour was attended by 16 people from across Tasmania. We had an audience comprised of speech pathologists and educators. It was good to reach some people who had not previously been involved in AGOSCI. We all enjoyed Dr Cafiero's practical experience and approach to Autism and AAC. I particularly appreciated her ability to bring together basic communication strategies along with behaviour management techniques and language, literacy and social development programs.

In other AAC news, we've recently had Minspeak workshops in Hobart and Launceston provided by Liberator. As well as getting into some of the "nitty gritty" of Minspeak devices, workshops covered a basic introduction of language development and AAC systems.

During the recent State government election campaign funding for a community equipment scheme was raised as an issue; including a government funded scheme that can provide funding for speech generating devices. While the results of the election have been finalised we are still awaiting announcement of ministerial portfolios. It will be interesting to see if changes occur to programs affecting people with complex communication needs in Tasmania.



NEW SOUTH WALES BRANCH REPORT Harriet Korner & Nicole Thompson

NSW hosted the AGOSCI National Tour on Friday 26th March 2010. Joanne Cafiero presented on Autism and AAC: Research to Practice. The day was a great success with 35 participants who gave extremely positive feedback about the practical and very useful content of Joanne's presentation. Thank you to Northcott Disability Services for hosting the National Tour, we received many positive comments about the quality of the venue and the yummy food that was supplied!

In December 2009 a farewell dinner was held for Teena Caithness, who has moved back to Victoria. Teena made an enormous contribution during her time in NSW, greatly increasing the capacity of Makaton NSW, advocating successfully for communication resource libraries and carrying out the state wide project Inclusive Communication and Behaviour Support, training direct care workers in AAC. We wish Teena all the best with her move back to Victoria.

Melanie Fried-Oken presented in October 2009 about AAC in Healthcare Settings. Feedback from attendees was that this workshop helped to outline how professionals in healthcare settings could include AAC into their practice and assisted in reducing the anxiety around implementing AAC within their work. They also requested information about how they could access further training on use of specific AAC devices.

Northcott Early Childhood Support Services will be hosting a morning tea with fun activities for young AAC users and their families. This group aims to bring together preschool, primary and high school age children who use AAC. Please contact Vanessa Smith, Speech Pathologist, Northcott on 02 9890 0142 if you would like more information.

The last year at DADHC saw a name change. They are now known as Ageing Disability and Home Care (ADHC) within the larger Department of Human Services. ADHC's newly appointed Practice Leaders (Speech Pathology, Occupational Therapy, Physiotherapy and Psychology) completed a "Practice Package" in each of the disciplines. This is a very useful induction and reference tool for assessment and interventions specific to ADHC's client population.

State Reports (cont)

A review of the widely used ADHC Nutrition and Swallowing Policy and Checklist and Procedures is happening at present, with a large group of interested parties involved in several working groups. Dr. Leanne Togher from Sydney University, is undertaking a study of evidence based practice with the speech pathologists in ADHC NSW. This will add considerably to the Speech Bite data base in the area of intellectual disability and speech pathology assessment and intervention. There is also a large long term study involving several universities and ADHC western region regarding service delivery models. Many other ADHC projects and initiatives are underway. For more information please contact Felicity Burke, Practice Leader Speech Pathology ADHC felicity.burke@dadhc.nsw.gov.au

The therapists in ADHC Metro South have been trying different ways of managing their ever expanding needs registers. Therapists have been working alongside Case Managers to develop an array of service delivery options to support their local communities. Some examples of these models are the "Needs Assessment Clinics", "SPOT clinics" and "School groups". Each discipline has also been taking part in minimum three monthly regional forums with presentations from guests and local therapists.

An Arabic Basic Makaton Workshop will be presented by speech pathologists from The Spastic Centre, Penshurst. Please contact Larissa Collins at lcollins@tscnsw.org.au if you would like further information.

If anyone is interested in attending or organising AAC workshops to meet their particular needs, please contact your AGOSCI NSW representatives: Harriet at harriet.korner@northcott.com.au or on 02 9890 0100 and Nicole at nthompson@tscnsw.org.au or on 02 9586 1077.



ACT BRANCH REPORT

Kate Jarvis

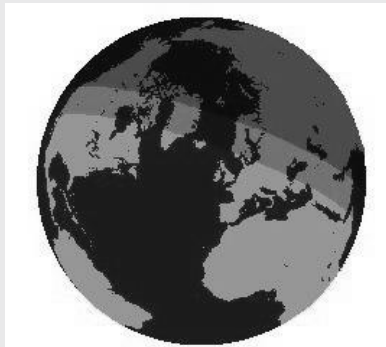
Is it really time again to write another update about what's happening in the ACT AGOSCI wise??? Geez doesn't time fly!

Since our last update we have had some very well attended Intensive Interaction workshops which were conducted by Jenny Arthur and Lyn Floyd. For those of you who don't know Jenny and Lyn they are very committed members of the AGOSCI family. Jenny and Lyn both donated their time and expertise to educate families, teachers, speech pathologists and other professionals about the principles of Intensive Interaction and how it can be incorporated into our interactions with the people we work with. The workshops reached maximum capacity on both occasions, with approximately 30 people attending each of the dates. The feedback was overwhelmingly positive, with many people expressing a desire to start putting into practice what they had learnt during the workshops straightaway. The ACT is extremely lucky to have teachers like Jenny and Lyn who were prepared to share their vast knowledge and experience willingly with the community free of charge and with such enthusiasm. So thanks Jenny and Lyn.

We had hoped to get Gayle Porter back to the ACT to host a Pragmatic Organisation Dynamic Display workshop, but unfortunately this hasn't happened just yet. This could be something for the committee to work towards in the future.

Unfortunately this will be my last ACT update as I will be moving interstate this month. I've really enjoyed being the ACT representative and I hope whoever steps into the role next will enjoy it as much as I have.

Want to know what is happening with AGOSCI? Have you checked out our website lately.....



The AGOSCI List

Go to the website and click on 'List Serve'

.....IT'S FREE

www.agosci.org.au



MEMBER TALK

CATHY BASTERFIELD

Member talk is a new initiative of AGOSCI In Focus. The purpose is to tell people about members of AGOSCI who come from a diverse backgrounds and have different interests. We could be contacting you next!

How long have you been a member of AGOSCI?
Since 1989

How are you involved with people with complex communication needs?

I coordinate the Accessible Information Service. This service is part of Communication Resource Centre – Scope. It is based in Box Hill in Melbourne.

The Accessible Information Service provides a translation and consultancy service to Easy English, and also run training for individuals and organisations in how to write in Easy English. The role of the service is also to increase the awareness of the need for Easy English across all sectors, including government and non government agencies.

Why do you like about being a member of AGOSCI?

Initially, it was to locate professional development opportunities in AAC. There did not seem to be anything available in mainstream professional development. In later years, it was to be involved in conferences, and conference planning, meeting like-minded people (both professional and consumer and parents), and the great professional and personal friendships.

What do you think have been the best things in AAC in the past 10 years?

AGOSCI National Conference has grown into a dynamic conference, with elements including fantastic consumer participation, parents presenting their perspectives, encouraging disability support workers and other professionals to present at the conference, and the great work of band of volunteers who keep AGOSCI going.

I also think that the interesting and different National tours, that meet many of the memberships needs, has been great.

What do you think we need to learn more about in the next 10 years in AAC?

Promoting what is happening in Australia and not thinking that the best work in AAC or community capacity building is always overseas; we have some amazing practitioners in Aus and we should be looking and using those people, and their experiences even more

Community capacity building and getting the case studies and individual projects evaluated and publish the results

Working with community organisations to promote community inclusion

Promoting what is AAC and complex communication needs to the wider community better – marketing – strategic – talk to the “right people.” Also using advocates & self advocates – working with people to get the message out

Making sure that unaided communication is promoted and presented at our conferences, in the same way practitioners present information on aided communication

Seeing the word *Accessibility* mean more than just *Physical Access*

Looking beyond disability specific research for what other streams of researchers and practitioners are considering, and doing (e.g., literacy practitioners, psychologists, nurses)

Continuing to promote the positives of being a part of AGOSCI to non speech pathology professionals.



AAC from Healthcare to the Community

CASE STUDY:

TRIAL AND IMPLEMENTATION OF A SPEECH GENERATING DEVICE IN THE COMMUNITY REHABILITATION HEALTH CARE SETTING

By Miriam Haire

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With advances in technology, we have seen an increase in the numbers and variety of Alternative and Augmentative Communication (AAC) devices available to the wider community. Traditionally, aphasia therapy in hospitals and in rehabilitation has focused more on an impairment based approach, rather than a functional approach. However, the trend for therapy aiming at the activity and participation level, according to the International Classification of Functioning, Disability and Health (ICF: World Health Organization, 2001), has been growing. The introduction of AAC systems into the hospitals is still a slow progression. However, I believe it has a valuable place right from the emergency department and intensive care unit to the community rehabilitation setting and beyond. In working with Disability Services in Queensland, I have been fortunate to gain an appreciation and knowledge on different AAC systems. I was then able to use this knowledge in my hospital and rehabilitation role in QLD Health to help develop different AAC systems for a variety of adult inpatients and outpatients. In this article I will specifically discuss a client with whom I presented about at a recent Medical Aids Subsidy Scheme (MASS) statewide videoconference, detailing some of the challenges and gains made along the way in the application and implementation of a Speech Generating Device (SGD).

Mr. M was a man with whom I worked with over a period of 6 months. He had been previously seen for therapy for almost two years following his left CVA three years prior. This large stroke left him with a severe expressive and moderate receptive aphasia and severe verbal and oral apraxia. Functionally, Mr. M was unable to say familiar words such as his wife and children's names. He also had marked difficulties following 2 and 3 stage commands and answering yes/no questions. With regards to mobility, he had a right hemiplegia but was able to functionally use his left side for most tasks.

Previous therapy had been targeted at the impairment activity level, with mainly language and speech based activities following integration into role-plays and scenarios. There had been some improvement, however, he was still unable to make many basic needs known and use all the functions of communication. What was immediately apparent was that when he used a total communication approach (natural sign, intonation, facial expression, and pointing) combined with his speech, his functional communication ability and effectiveness increased

immensely. It was also noted that his literacy skills improved when given visual information to assist his comprehension. During therapy, Mr. M also had a notebook with familiar names, dates, and days of the week, in which he would refer to and point when communicating with others. Mr. M was able to prove that when given visual aids and other low-tech methods of AAC, his communication effectiveness improved, leading me to believe that he may benefit from another method of communication with higher level technology.

One of the main difficulties that I have found in introducing AAC systems, including both low and high-tech devices, is the resistance from many clients. I have noticed that often patients with acquired injuries feel that there is a negative social association with using such systems. Indeed, this was the reaction that Mr. M first presented with. However, I found that when I demonstrated his success in using his current low-tech AAC systems, he was able to recognize the benefits these systems can create. I was also able to show him the advancement in technology of new speech generating devices, which also increased his willingness to trial them.

When assessing Mr. M's suitability for speech generating device (SGD), it was important that a range of functions of communication were addressed. These included being able to request, gain information, question, choice make, comment, indicate yes/no, greet, direct, socially engage, express emotion and share feelings, just to name a few. It is these functions of communication that were also important in vocabulary selection for the device chosen. Personally, I find that vocabulary selection is one of the most difficult tasks in setting up a SGD. One technique I find useful is using the device for my own communication methods. In therapy sessions, I will use the device to model communication and use it in exchanging and receiving information between myself and my communication partner, the client. I find that I can then relate to the difficulties and challenges of using such devices, when using it for my own communication purposes. Thus in sessions, using the device together often helps with vocabulary selection and programming of the device. This is also a great motivational tool and model for the client as you can often share frustrations and achievements together.

During the trial, many different SGDs were used. These included the Palmtop 3, ichtat3, Bluebird 2, DynaVox S4 and

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the Tech/Speak. During the trials of these devices, different scenarios were simulated including shopping, talking with friends, and going to movies. The devices were also trialed in MR M's home environment, with his family members learning how to use the device and troubleshoot when problems arose. There was also trial of the device in a group therapy situation, which was found to be useful in assessing Mr M's level of participation. It was important that the whole therapy and family team were involved with the trial including measurements for mobility, functional hand use, and access. In comparing the different devices certain parameters were measured including the ease of programming, what the symbol set was like, size and portability, speech output, and access options. While the MASS 9I trial proforma was not used in this case, it would be useful for stimulating questions regarding goals and success measurements for therapy. I would definitely recommend using this proforma in the future. The MASS application form was also very useful in prompting certain questions to ask of oneself when deciding what device should be recommended and also in ascertaining the client's understanding in the use of the device in many situations.

Following a six-week trial of the various devices mentioned above, the Palmtop 3 device was found to be the most successful and motivating for Mr. M. He found its small weight, portability, speech output and symbol set, the main advantages compared with the other devices. This dynamic display device was used with a 12 page symbol set (pictures and words) on each page. He was able to navigate

and remember where certain vocabulary programs were, and was able to functionally use this device in many settings. An interesting observation was that he was able to use the device as a prompt for his own speech. When practicing alone, he would use repeated sentences generated by the device to help him increase the amount and intelligibility of his own verbal output. I discussed this with finding with Melanie Fried -Oken at a recent workshop and was fascinated to find that this was a similar finding in many of her clients using SGDs with whom she had worked with. In measuring success and outcomes, the Australian Therapy Outcome Measures (AusTOMsPerry & Skeat, 2004) and Canadian Occupational Performance Measure (COPM: Law, et al., 2005) were used, with significant improvement shown in these two measures. It must also be noted that throughout all therapy sessions, a multimodal approach was taken. This included using various

techniques such as PROMPT, language stimulation, increasing facial expression and gesture, and encouraging the use of current low tech and visual methods that Mr. M was using. I find this is particularly important so as not to lose already well-developed skills gained from past therapy.

Recommendations were made for the Palmtop 3 with successful application of the device through the Medical Aids Subsidy Scheme. This enabled Mr. M to receive funding for the device. Mr. M continues to successfully use the device in various home, community and group settings. Through the use of AAC systems, I can see the benefit this provides in various clinical settings and definitely recommend clinicians' trialing more AAC systems with their clients. With increasing research, advancement in technology, and awareness of AAC systems in hospital and community health care settings, this approach to therapy, in conjunction with other approaches, has an enormous potential to improve the quality of life for many people with communication impairments.



http://www.spectronicsinoz.com/images/email_updates/palmtop3_and_screen.jpg

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WORKSHOP BY PROF. MELANIE FRIED-OKEN AAC COMMUNICATION IN HEALTH CARE SETTINGS, BRISBANE, 19-20 OCTOBER, 2009

Dr. Bronwyn Hemsley, NHMRC Postdoctoral Fellow, Communication Disability Centre, School of Health and Rehabilitation Sciences, the University of Queensland b.hemsley@uq.edu.au, (07) 3365 2089.

With funding and support provided by AGOSCI and Speech Pathology Australia, QLD Branch (Continuing Professional Development), and as part of a 3-State tour, Professor Melanie Fried-Oken visited Queensland in 2009 to deliver her workshop Augmentative & Alternative Communication in Health Care Settings: Supporting Patients from Intensive Care Units into the Community. Melanie's dynamic presentation highlighted the full range of AAC options for many different patients in hospital and other health care settings and included elaboration on assessment and management, common barriers to success in using AAC in these settings, and strategies to improve communication. The workshop brought together 24 clinicians from all over QLD, representing metropolitan and rural areas; adult and child caseloads; education, disability, hospital acute care, hospital rehabilitation, community rehabilitation, and aged care services. As such, the two-day workshop in Brisbane was a great opportunity for a diverse range of clinicians, with AAC in common, to meet Melanie and one another and learn about AAC in healthcare settings.

Along with the funding provided by AGOSCI and Speech Pathology Australia, QLD, other agencies provided material support to the workshop: The University of Queensland (with Dr. Bronwyn Hemsley assisting in organisation and presenting on local funding options for AAC and strategies for maximising funding application success), LifeTec™ (www.lifetec.org.au) (with speech pathologist Ann-Maree Pantoja demonstrating equipment and answering questions during hands-on and feature matching exercises), and the Cerebral Palsy League (with the Communication Board Service providing light technology AAC for display). With the AAC equipment available, and guidance from Melanie and Ann-Maree, participants also gained hands-on experience with AAC technologies. This helped them to move the AAC theory and research findings into practice during the workshop. Two of the participants wrote about their impressions of the workshop and how it has helped them in their AAC practice since then, and these are included here.

“Working previously in the field of disability, I found that I already had a good knowledge of AAC options and the assessment and implementation of these options. In my most recent role in adult rehabilitation in the health care setting, I sometimes found implementing AAC systems more difficult.

However, I was passionate about making AAC accessible to all who could benefit. Attending Melanie's workshop gave me the confidence to continue to implement and advocate for the use of AAC in acute, rehabilitation and community health care settings. I found that her presentation consolidated my knowledge on AAC theory, and the research she presented aligned well with similar issues to what I had found in implementing AAC devices and strategies in these settings.” [Miriam Haire, Speech Pathologist, Rural Rehabilitation Outreach Service, Darling Downs - West Moreton Health Service District].

“I am a rural speech pathologist and therefore have an extremely diverse caseload consisting of paediatric clients with developmental disorders through to adults with progressive neurological diseases, post-stroke, head and neck cancer and dementia. It was therefore extremely appropriate that Melanie's presentation covered a wide population of clients where AAC can be used. The course extended my clinical management of my clients, opening up the possibility the use of AAC, an area in which I had only basic knowledge about prior to the course. Since the course, I have felt more confident in assessing, trialing and/or recommending the purchase of AAC options with a number of clients and have been amazed at the success and acceptance of AAC. I have also spent time sharing the resources supplied in the course with my peers, who have all applied the principles of assessment and management of AAC users (and potential AAC users) within a diverse caseload.” [Melissa Reed, Speech Pathologist, South West Health Service District, QLD].

I would like to thank Melanie and all involved in this workshop, including the many active participants, most warmly for their part in this most valuable workshop. I hope it will be the first of many collaborations with all who are interested in increasing awareness of and access to AAC in Queensland. I look forward to future collaborations in the AAC field and across all sectors in Queensland.



COMMUNITY ACCESS CARDS

Hank Wyllie

I use a Polyana AAC device as well as a 'backup' of my netbook that has Text Aloud © from Nuance™ installed.

However, it is not always suitable to carry "Polly" (my pet name for the Polyana) with me when not at home, as it is in my backpack and difficult to get to. Of course I could ask someone but more often than not they have no idea what I want.

As a convenient alternative, I always carry sets of Community Access Cards in my bum bag. My own cover a variety of everyday stuff such as takeaway foods I like, where I want the taxi to take me, please put in my backpack, please be patient as I can't talk easily and many other everyday things.

For people who are not aware of Community Access Cards, they are sets of cards about the size of a business card (or can be any size you want) with a picture and description of the item on them.

Of course, everyone is an individual with their own likes and dislikes, so they can be made to suit you. I always include a "thank you" symbol on them to be polite. In Victoria, there is the Non Electronic Communication Aid Scheme (NECAS) that can supply them laminated and on a ring. If in Victoria I suggest you look at www.scopevic.org.au/index.php/site/whatweoffer/communicationresourcecentre/necas. I am sure there are similar schemes in other States that your speechie is probably aware of.

You can phone 1800 888 824 (outside Melbourne), or (03) 9843 2000, fax 61 3 9843 2033 or email crc@scopevic.org.au.

Please note that "Priority for the provision of non-electronic communication aids will be given to people who meet all of the following criteria:

Adults who are a permanent resident of Victoria and hold a Medicare card

Adults who have complex communication needs

Adults who are able to access services under the Disability Act (2006)

From my perspective, they are an easier and very effective way of communicating without the effort of trying to explain what I want, point to items on a board up high and behind the counter and staff and them try to guess what I am pointing at. It is also easier than starting up Polly.

It would be fantastic if all cafes, restaurants, doctors, dentists, etc had symbol boards available but I think that may be a while

to come, but can I say, if you have Community Access Cards then use them as a learning tool.

I have found that the general community understands Community Access Cards very well, and have not found any bad reactions. So get out there and create awareness!



In Victoria we have the Non-electronic Communication Aid Scheme, which is funded by the Department of Human Services and provides low-tech communication aids to adults with complex communication needs in Victoria.

It started as a pilot project in 2005 and is now a recurrently funded service. To my knowledge it is the only Government funding that exists for low tech aids in Australia (and possibly internationally?). Data has been collected since the beginning of the pilot project and since this time approximately 800 communication aids have been provided. These include range of aids such as communication books, timetables, community request cards, book about me etc etc

Katie Lyons

LIVING WITH APHASIA

Donna Chambers – donnachambers@virginbroadband.com.au

Writer, Donna Chambers, was admitted into Princess Alexandra's Hospital (PA) in Brisbane on February 25, 2008, with a brain aneurysm which hemorrhaged into her speech centre – what a layman calls a stroke.

She spent three months as an inpatient at PA Rehab and continued her intense speech therapy as a day patient until the beginning 2010. She is now an outpatient of PA's Speech Department, attending the Friday morning Aphasia Group.

This is Donna's breakfast speech at Brisbane on August 27, 2008, for Speech Therapy Week.

Hi,

I'm Donna Chambers. On the 25th of February this year about 7 pm that evening I had a strange headache – as though my brain was echoing outside my body. I remember thinking maybe I need to lie down and it will go away.

I was diagnosed with a subarachnoid hemorrhage from a left cerebral aneurysm. Three days later half of my blond hair was shaved off and the aneurysm was clipped. Two weeks after surgery I transferred to PA's Banksia ward for rehab.

Today, I'm still in rehab, albeit at home with twice weekly visits to "speechies" and an Aphasia group on Fridays. Aphasia – it took me about three months to say that word.

For me the concept of speech difficulties was not new. At Disability Services Queensland, I worked with people every day who didn't talk. Six months ago I became the person who had a communication problem.

Erin, my first speech pathologist, will tell you when I first came to PA Rehab I could not say my name, let alone where I lived. And all I ever said was "whatever," over and over. I was not such a great conversationalist!

Some of communication strategies which have helped me living with Aphasia are:

Day to Day Life Skills: Because I live on my own, I need to be independent. Before I went home from PA, I practiced using the phone, shopping, and catching the bus. Even today I write every thing down before I go out just incase I "lose my words."

Aphasia Card: I always had this card in my wallet - words come out easier when people know that I have communication problem.

The ABC chart: This helps me to sound out words. It used

to be a pain getting through half way with the alphabet and forgetting where I was.

Fingers, and number charts: useful. Fingers, I always have them on me! For example, ninety-five – nine fingers raised, then five fingers raised. Good for dollars and cents. Don't ever rely on what I say. What comes out my mouth isn't always what I mean.

Contact Phones Numbers Charts: Have these near phones, on my desk, activity books and in my wallet.

Personal Information Book: I carry a book (small photo album) which has all my information in my bag – numbers, addresses, timetables, ABC charts, pictures, pencil and pad etc.

Whiteboard: I have one of these in my lounge-dining room on the door. I use it for lists – lots of lists, shopping lists, sewing-sewing lists, important phone umbers, my personal email lists etc. I often can't spell things but I know what I mean.

Calendar: Coloured pens for important dates, e.g., doctor appointment with the letter stapled to the page.

Notices: Notices near the stove and on doors in big red letters – "Please Turn Off The Stove." My short term memory since my stroke is not as good as it used to be.

Mobile Texting and Emails: For someone like me texting and emails are very important. I can't work out what someone says to me on the land line phone message service but I can read emails and texts. I had to relearn using the computer and mobile phone, still learning, and I have to think before I send a message or email.

Inappropriate language: Often what comes out of my mouth it wasn't put there by my brain. Honest. Sometimes I don't hear different sounds of words.

Writing: Reading, writing, listening and viewing movies – all forms of stories have always been in my world. So, as you can imagine, it was been a shock writing my first email – it took me two hours for three simple sentences and two hours sleep before I sent it. It is getting better but still it has a long way to go.

Freedom: Strangely, my aneurysm has been freeing for me. he one thing I have on my side is time. I don't have to work at the moment and I am more accepting of my self. I don't worry so much these days and I take my time to do things, see things, and "smell the roses."



LIVING WITH APHASIA ... (CONT)

I don't know what my future is but all I know is the present. And at the moment the present is looking good. I have so much to be thankful for – particularly everyone at the PA Hospital. And, like all of us, I do believe I am in this world for a purpose. I don't need to know what that purpose is. It is enough that I am here.

Life after Aphasia

Here are a few notes from Donna since she wrote that speech. At present she has not returned to paid work but she is a volunteer – “a Busy Bee” – one of the over 100 volunteers at the PA Hospital. She writes:

I have had many learnings since I have been aphasic. One of the things I have learned is that I can't go back, the only way I can live my life is forward, one step at a time.

You see, I had a work accident three years before I had the stroke. I was transferred from client based work at Disability Services Queensland (as known then) to work in the office, where one of my duties was to answer the phone. Well, even now I have difficulty with the phone – I'm lucky that I have

relearned to use the computer and phone texting, but it's no good leaving me a message on the answer service. And I still have difficulties with numbers – I can write them and read them but can't say them and I don't even hear them.

Thank goodness for volunteering – I now work with people doing craft at PA Rehab and Mental Health. It gives me joy when I watch someone's face when they make things.

And I say thank you for that brain hemorrhage – I discovered my right brain! I now do things I didn't even know that I could do – I quilt, sew, embroidered, what I call “painting with fabric and thread.” Life is pretty good for me these days.

So everyone, if you have aphasia, or you know someone who has aphasia, you don't need to feel sorry for that person – it can be a blessing in disguise. That old adage – “Some doors close which gives more room for other doors open” – can be true!

PS: I'm part of the Aphasia team for training PA staff and families who can become communication partners for patients who have Aphasia – they practice on me.





MUSIC AND AAC THERAPY

Jane Remington-Gurney, Director Options Communication Therapy and Training Centre, Brisbane, Australia

When I began my private practice fifteen years ago I was working primarily with people who had complex communication needs and challenging behaviours. Many people were engaged in Applied Behavioural Analysis and many also participated in music therapy; two very different approaches yielding participation and learning.

In my interventions I began singing more, modifying traditional songs to make better use of language through song (see http://www.optionsctc.com.au/songs_to_learn_by.pdf) and using background music. I also took time to observe and, eventually, participate in music therapy sessions for my clients. I had been aware of Melodic Intonation Therapy (Norton, Zipse, Marchina & Schlaug, 2009; Kim & Tomaino, 2008) but had never had the opportunity to observe or use this approach to language recovery. A few years later when a key music therapist left the area I resorted to a CD Rom called Mimi the Mouth, produced by music therapist Anne Gray. Music did appear to have "charms to soothe the savage beast" (Rev. James Bramston) for many of my clients, even those with hyper-sensitivity to sound.

In 2009 two significant events occurred. Firstly, I began working with Rebecca Craner, music therapist and performer. Secondly, I presented some papers at the Inclusion Symposium at Syracuse University, USA, and had the opportunity to participate in workshops conducted by Neurologic Music Therapists (NMT). This is probably a good place to review terminology.

I describe Augmentative and Alternative Communication (AAC) to families as: Augmentative and Alternate Communication (AAC) refers to methods of communication such as using our hands to point, gesture and sign and the way we use our body language. Research has shown, that when we use one or more of these ways to communicate there is often less frustration for both interaction partners. Some people find learning speech easier when they are less stressed and many find understanding spoken language easier when visual communication is used. The biggest barrier to using AAC is often the communication partner because they need time to learn not just the AAC methods but the special techniques and tools that people need for using AAC. In my AAC workshops we spend the morning session in activities which highlight what it's like for the audience to be without not just speech but all communication. It's amazing how many people avoid eye contact, engage in excess eating of the morning tea, and find the whole process challenging! But no-one has been observed in self injurious behaviour yet!

For AAC access, there needs to be awareness of the body part to be used, proprioception for where that body part is in space, ability to isolate the muscles concerned in moving the body part, and, most importantly, the ability to synchronise and switch between movement patterns. Consider the movements needed to not just point with index finger isolation, but to then retract the limb and start the sequence over again. Research has

suggested that people with autism "have to recruit and rely on more conscious, effortful motor planning because they are not able to rely on the cerebellum to automate tasks" (Report from Krieger Institute, 2009). People with autism may experience a range of movement disturbances. Coupled to these movement disturbances may be issues of the timing, range, duration and speed of movement planning (Donnelan & Leary, 1992).

In music therapy, we can develop skills in body awareness, movement, timing, and pacing of communication. We can use instruments as tools to develop the gross and the fine motor components for access, gesture, signing, body language, and vocalisation.

Music Therapy is defined by the Australian Music Therapy Association as "the planned and creative use of music to attain and maintain health and well being" and they add that "its therapeutic aims distinguish it from musical entertainment or music education" (Thaut, 2008). Neurologic Music Therapy, a particular type of music therapy, is "based on a neuroscience model of music perception and production and the influence on functional changes in non-musical brain and behaviour functions" (Thaut, 2008). Those people trained in this therapy learn about neuro-anatomy and the rehabilitation of cognitive and/or motor functions.

The National Standards project (2009) from the National Autism Centre of the United States of America, describe both Music Therapy and Augmentative and Alternative Communication (AAC) in the category of Emerging Treatments for People with Autism (p.20-21). Emerging is described as "for which one or more studies suggest the intervention may produce favourable outcomes."

We are working on building that both AAC and MT are valuable for people with autism. Whilst we are working with people of all ages and abilities, here are some of my observations from work with the Autistic Spectrum population in an AAC and music therapy context.

Rett syndrome

1 Rigidity and freezing of movements, often means that a combination of eye pointing and direct access is used. Gentle rocking and massage can assist movements, demeanour and extend attention span (Bergstrom-Isaacson, 2008). Readers might also like to source information from Rhythmic Movement Therapy and the Masgutova Integration of reflexes in children with Cerebral Palsy.

2 Don't be concerned if person looks down or away when reaching. To look at the target may make access more difficult (Hermann von Helmholtz, 1984). Gazzaniga and Mangun (2002) demonstrated that a fundamental law of attention was that it could operate without head movements or eye movements.

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MUSIC AND AAC THERAPY ... (CONT)

3 Try to introduce a gesture or signal for 'stop' and 'go', so that the person can practice and possibly use this when overwhelmed or losing or recovering sensory awareness.

4 Use songs that can be used functionally to assist with basic need movements such as sitting, standing, walking, maintaining hands in a soft position.

Autism and Asperger's syndrome

1 in an area with minimal visual and auditory distractions. It has been reported that the atypical way people with autism demonstrate joint attention and solicit the attention of others is thought to be due to their failure to be able to initiate and execute motor movements, their atypical resistance to distraction, and their differences in parallel perception (Gernsbacher, Khandaker, & Goldsmith, 2008).

2 Use a Social Story™ (www.thegraycenter.org) to set the scene, and follow up at the end with a Social Story to praise an accomplishment.

3 Use a visual schedule with choice display so that the person can see the routine and knows where the beginning, middle and end of the session is.

4 Have an emotional thermometer or rating scale available so that you can check and also clarify with the person their emotional behaviour and management.

5 Use hand over hand to enable the person to feel the rhythm and beat of the music. Do not be afraid to offer touch support. People with complex communication needs may find accessing AAC and environmental tools tricky because of movement as well as sensory challenges (Mirenda, 2008).

6 Marry the hand over hand with singing of functional phrases so to enable the person to feel the prosody in daily phrases and words.

7 Often there is no time in music therapy/AAC sessions for casual conversation. Firstly, there isn't time even with word prediction (which many of my AAC users with autism don't like because they "do not think that way"). Secondly, the love of music, playing the instruments and finding their voice outweighs anything AAC can currently offer in this context.

8 Use the music medium to work on turn taking, listening skills, auditory-memory and commenting. Music therapists have access to some great visual resources for this.

9 Expect that the natural head gesture for 'no' will be more difficult to teach and will require more scripting. This may be because of the different neurological pathways involved between movements for nodding and shaking the head (Geschwind et al, 2001).

10 Have static, rather than dynamic displays, available, especially if the frustration of index finger and thumb isolation and opposition (the movements for turning a page) to locate, detach, switch gaze, and give a communication card causes too

much of a frustrating interruption in the session.

11 Incorporate the vocabulary for music into the Picture Exchange Communication System (PECS) or Pragmatic Organisation Dynamic Display (PODD) displays so that the person can chat about the session afterwards.

12 As anticipated, some clients place their fingers in their ears during music/communication sessions. To accommodate for this we offer natural lighting, reducing the spoken language in the room, reducing the volume and timing of the music, and offer 3D or glare reducing glasses (Markram, Rinaldi, & Markram, 2006).

13 Have a folder of quick boards available in symbolic and text formats. Here is an illustration in text format (Fig. 1)

Figure 1: Example of the format of board that can be used in the therapy session



1 Always finish with choice of two goodbye songs or signal the session is finished with a consistent goodbye song.

2 Social skills and vocabulary development are often good goals to work on in the session (Fig. 2). There are some great resources in the music therapy field for this. In addition, taking a song and changing the words using mind mapping can be a good strategy. I have worked on the area of interrupting with people with Asperger's Syndrome and have been amazed at how well this idea can be taught using playing of musical instruments. No one likes their song interrupted by someone else's!

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MUSIC AND AAC THERAPY ... (CONT)



Figure 2: Scripts for working on social skills

Summary

This article is about AAC use in music therapy contexts with people who are on the Autism Spectrum. Spoken conversation is often unpredictable and without a consistent rhythm. Language through music provides the consistency and predictability that many people with Autism Spectrum prefer. People on the spectrum have a high incidence of movement disturbance. Blending music therapy with AAC interventions can serve to improve access to all forms of AAC and promote spoken language development. Some of the ways this is achieved is by using a highly motivating technique, using repetition to develop a motor schema, and providing a non-judgmental and, consequently, a minimal stress environment.

I would encourage practitioners not to be deterred by using interventions that are described as emerging in the knowledge that oftentimes the quality of the people delivering the service, has as much to do with outcomes as the techniques and strategies themselves. I continue to grow in my understanding and use of music and AAC. In June this year, Rebecca will be attending the Neurologic Music Therapy Course in the US. In July I will be presenting at the Inclusion Symposium in Los Angeles, on the work at my own clinic. I hope to spend time with the Neurologic Music Therapists there. Rebecca and I hope that we can share more information about the blending of our disciplines and maybe help lift these interventions from Emerging to Established.

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AGOSCI NATIONAL TOUR 2010 - SYDNEY

Harriet Korner and Nicole Thompson
NSW AGOSCI Representatives

In Sydney we were very pleased to host Dr Joanne Cafiero who presented her workshop, Autism and Augmentative and Alternative Communication (AAC): Research to Practice. Dr Cafiero has extensive knowledge and experience working with children, adolescents and adults with Autism Spectrum Disorder (ASD). She was able to share information from her research, particularly over the past 15 years and included many inspiring video case studies.

Dr Cafiero's work is based on a strong belief in meaningful, contextually based instruction for individuals with autism. She provided research-based examples of how children with autism and complex communication needs learn language, which models of instruction are most effective, and how to apply this information to everyday practice. Dr Cafiero demonstrated how characteristics of autism and AAC fit

and work together to actively facilitate learning for people with ASD. She also demonstrated how AAC may assist with the development of speech and language skills when applied in real situations. Many practical ideas were provided on the use of visual supports and natural aided language as a way to build interactive communication.

Practical examples included parent training at home and group instruction in preschool and school settings. One video example of a family at dinnertime using a placemat that displays visuals for interactive communication during mealtimes, captured a magical moment of successful communication. The importance of considering the physical set up of an environment was highlighted by practical examples, for instance, children sitting at a group table rather than "floating around" on chairs without a table (as is often the case in NSW classrooms). Another example focussed on all children having their own AAC displays to participate in curriculum activities, rather

than sharing a class display, which increased their engagement. In addition, information was provided on pivotal response treatments and how visual supports may assist with regulation of behaviour. The workshop also included ideas for scripting learning of pretend play and demonstrated how the use of adapted readers within literacy teaching can be a powerful tool for speech and language development.



Participants for this workshop included a mix of speech pathologists and teachers who came from Sydney, regional areas of NSW (including Albury, Wollongong and Newcastle) and from a school in Canberra, ACT. Participants came from Ageing Disability and Home Care, NSW Department of Human Services, NSW Department of Health, Northcott Disability Services, Aspect, private practices and other organisations.

Evaluations were very positive about Dr Cafiero's practical approach and her strong research base was noted with enthusiasm. Several participants have since told me that they have been able to apply information from this workshop directly to their work with clients. I feel this is a benefit of the National Study Tours – helping to improve clinical practice and enhance the quality of life of those we work with in very practical ways.

For those who would like further details, a copy of Dr Cafiero's presentation will be available soon on her website www.cafierocommunications.com. There are also several interesting articles and recent presentations which can be accessed.

Nikki and I enjoyed hosting the 2010 National Study Tour and Sydney turned on a couple of lovely days for Dr Cafiero, as she had a little time here before flying up to Brisbane. We're hoping that she will be tempted back to Australia soon.



DVD REVIEW

BEING A MODEL COMMUNICATOR. TALK TO ME WITH AAC

Produced by and available from Yooralla, ComTEC, 705 Princess Highway, Brooklyn, 3012. Ph 03 9362 6111.
<http://www.yooralla.com.au/comtec.php>

Reviewed by Naomi Rezzani. Speech Pathologist.

DVD with key information about “modeling by doing.” The resource is aimed at parents, teachers, and carers of children who use AAC, and is intended to complement the support offered by a whole team including speech pathologists, teachers, parents, and carers.

Through the narration, comments by speech pathologists, still shots and many videos, the focus is on the importance of the communication partner modeling constantly in order to teach someone to use AAC – “modeling is teaching by doing”. A nice play on words is used which shows TEACHING is not CHEATING.

The DVD has two chapters, Chapter 1 – Communication and Chapter 2 – strategies.

Chapter 1 discusses:
what is AAC

why do we communicate (in particular the importance of social closeness and interacting socially)

learning to speak using AAC will take time and effort, and

the benefits of modeling using symbols and the AAC user needs to feel their AAC system is “valid and valued”.

Chapter 2 discusses:
how and where to model AAC (everywhere!)

single person and two person modeling

setting up routines to provide opportunities for practice

demonstrating turn taking

how to subtly teach as you go, and

asking the right questions.

You can watch the chapters one at a time or play the whole DVD. When you watch the DVD straight through, it can be difficult to distinguish between each chapter and the sections in the chapters. If you note the time of particular sections, it may be easier for you to review the DVD or recommend sections to others.

This DVD would be really useful for parents, teachers, and carers who are starting out with AAC. It reinforces the importance of teaching, not testing, the AAC user and creating a culture of AAC for communication.



KEY WORD SIGN AUSTRALIA THE CHANGE FROM MAKATON

Karen Bloomberg

Makaton is a brand name that is synonymous with Key Word Sign. It will be many years before people embrace the term Key Word Sign in the same fashion. However, it has actually been years since traditional Makaton workshops have been presented in Australia. A shift to teaching the Interactive Vocabulary in Basic workshops occurred around 2002.

The Makaton Vocabulary began in 1972 in Surrey, England, as a project to teach sign language to deaf adults with severe intellectual disabilities living in an institution. The word Makaton comes from the initials of its inventors MA (Margaret Walker) KA (Kathy Johnston) TON (Tony Cornforth). The original vocabulary was adapted and modified for use by both children and adults in late 1970. The vocabulary was formalised and a package developed to teach communication partners how to use a key word signing approach. The organisation became known as the Makaton Vocabulary Charitable Trust.

In the early 1980s Makaton was introduced in Australia. Ann Cooney began using it at Stockton Hospital again with adults with an intellectual disability. In Victoria it was tried in Doveton at a special needs pre-school and in New South Wales in an early childhood program. After a visit by Margaret Walker, it was decided to base Makaton Australia at the University of Newcastle. A licensing agreement was made with the university with royalties for British products to be paid to the UK. This was based on the use of the trademark name, Makaton. The role of the university was to support research, training and resource development in Key Word Sign.

Over time, there were a number of changes. Firstly, the source of manual signs changed from the Signed English Dictionary to the Auslan Dictionary. Secondly, Australian resources were produced and the vocabulary was modified to reflect the needs of the Australian population. The licensing agreement lapsed and, even though resources were available from the UK, Australia only sold Australian resources. There was also a shift away from the format used in the UK to introduce Makaton. The original Makaton vocabulary was divided into 9 stages with approximately 40 signs per stage. A traditional Makaton Basic workshop included teaching stages 1, 2 and 9 of the Makaton vocabulary. Stage 9 was considered to be an open-ended stage. Instead, Australia chose to teach sets 1 and 2 of the Interactive vocabulary (Brownlie, 1999) and focus on the role of the communication partner.

The other difference was Makaton UK started teaching Symbols workshops which introduced participants to the use of Makaton Symbols. Makaton symbols were designed to support the development of literacy skills. Makaton symbols are known in Australia however they are not widely used. Picture

Communication Symbols with Boardmaker and Widget symbols with Symwriter have more commonly been used in Australia. Other systems used here have included Bliss, COMPIC symbols and Softpics.

In 2010 a national meeting with representatives from Western Australia, South Australia, Victoria, Queensland, Tasmania and New South Wales decided not to renew the licensing agreement with the UK. Instead, Key Word Sign Australia was constituted. It was agreed that this was an opportunity to create a uniquely Australian vocabulary. It has provided an opportunity to look at research into vocabulary development and the evidence base for a new vocabulary set. The principles underlying the use of key word sign remain. There is the recognition that augmentative communication can facilitate language development in terms of both receptive and expressive language. (Note: Makaton UK also wanted to enforce the teaching of Makaton Symbols workshops in compliance with their approach to Total Communication. Australia has chosen not to teach dedicated Makaton Symbols workshops. There is, however, strong support in Australia for the combined use of aided and unaided augmentative strategies using the most appropriate system(s) for the individual.)

The creation of the new Australian vocabulary has been a collaborative venture. The underlying principles have been that the vocabulary is based on current research and evidence based practice. It reflects an Australian context. And finally, it encourages communicative interactions and supports developing language skills. Key word signing was developed for use by children, adolescents or adults who have developmental or intellectual disabilities. It is a basic means of communication targeting the "here and now". It was never designed for sophisticated language users. The approximately 400 words selected for the Australian Key Word Sign vocabulary aims to support comprehension and the development of a simplified means of communication.

The design of the vocabulary involved a literature review of vocabulary studies with inclusion and exclusion criteria based on the functional use and the principles of key word sign. The vocabulary studies identified the frequency of vocabulary use across various populations. The most notable study for the purpose of the Interactive Vocabulary is the study by Banajee, et al (2003) on Toddler Vocabulary Arranged by Frequency. Except for "How are you" all items in Interactive Vocabulary Set 1 are verified by research. For Interactive Vocabulary Set 2 66% are verified by research. Inclusion of other items is based on functional use or concept development.

The most frequently occurring words and concepts are included in Sets 3 and 4. These sets represent a shared core or generic vocabulary. A core vocabulary is consistent across populations, activities, topic and demographic groups. Other

KEY WORD SIGN AUSTRALIA - THE CHANGE FROM MAKATON ... (CONT)

sets are taught via a theme-based approach. Themes include food/drink, people, places, transport, activities, colours, time concepts, etc. With the change to Key Word Sign Australia there is the added bonus of unique Australian content.

Inclusion and exclusion criteria were applied to the selected vocabulary items. There were two primary exclusion criteria. Firstly, could the item be represented in context by a natural gesture e.g. him, her, this, it. Secondly, did the item function as a key word in the sentence e.g. is, the Inclusion criteria included frequency of use and a set of signs that can be used functionally and fluently by communication partners. It is worth remembering that a typical adult uses around 50,000 words, and an 8 year old child has around 20,000. We are looking at a vocabulary of maybe 300 – 400 for your client. These are going to be just some of the factors that get taken into account.

There was also a change in the way Makaton Presenters were being trained. Qualified Presenters were taught about aided and unaided augmentative strategies. The 3.5 day training included over 6 hours of training in manual sign and

9 theory lectures covering topics such as the development of communication, aided systems and strategies, sign production and modification and adult learning styles.

For more information, contact Karen Bloomberg or Key Word Sign Australia: Kbloomberg.crc@scopevic.org.au or <http://www.newcastle.edu.au/kwsa>

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BOOK REVIEW

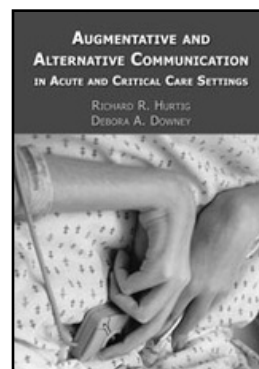
Augmentative and Alternative Communication in Acute and Critical Care Settings

By Richard R Hurtig and Debora A Downey
Plural Publishing, 2009.

Review by Bronwyn Hemsley, Ph.D. The University of Queensland.
Communication Disability Centre, School of Health and Rehabilitation Sciences
b.hemsley@uq.edu.au

The text *Augmentative and Alternative Communication in Acute and Critical Care Settings* is aimed at hospital-based clinicians providing communication services to support patients with communication disabilities in acute and critical care settings. However, it is also a useful resource for community based clinicians working with people with complex communication needs as they prepare for hospitalisation. The authors of this text are justified in asserting that AAC and assistive technology provides a way for individuals with communication difficulties to communicate with hospital staff more effectively and be active participants in decisions about their own healthcare. Along with providing information about the issues facing clinicians in implementing AAC in hospital settings, the text provides a range of practical strategies to improve patient-staff interaction and expands upon the resources available to clinicians providing communication services in hospital.

The authors have included introductory material on AAC and several chapters on practical aspects of the assessment and design of AAC systems and assistive technology for gaining attention and environmental control in hospital. A companion DVD is provided with video and printable resources including standard AAC communication boards, including picture, word, and alphabet boards for use in hospital and speech generating device overlays as templates. The templates and videos are particularly useful in demonstrating a range of communication strategies that clinicians and hospital staff may use in establishing the best mode of communication at the bedside. The resources provided are relevant and aim to address the common barriers or challenges to AAC in hospital settings. Photos, examples, and scenarios illustrate a range of alternatives for finding a suitable way to communicate in hospital. The text is a valuable addition to training resources for clinicians seeking to establish AAC in hospital settings for patients with communication difficulties, and will provide guidance to all who seek to increase the communicative accessibility of hospital wards for patients with complex communication needs.





BOOK REVIEW

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION IN ACUTE AND CRITICAL CARE SETTINGS

By Richard R Hurtig and Debora A Downey
Plural Publishing, 2009.

Review by Barbara Solarsh, Communication Resource Centre, Scope.

This book is a MUST for Speech Pathologists working in hospitals!

It provides a comprehensive account of all aspects related to communication and environmental control through assistive technology for patients in acute and critical care settings. It applies to both adult and paediatric patients. It also provides a DVD to support training in assessment, examples of environmental controls, low and high-tech communication resources, access issues, and positioning of communication aids and switches.

The information in this book is based on data from over 200 patients at The University of Iowa Hospitals and Clinics, for whom some form of augmentative and alternative communication was implemented. There are numerous clear black and white illustrations in the book which are replicated in colour on the DVD, in addition to the video clips demonstrating both the hardware and strategies discussed.

The book is especially valuable as it combines broad expertise in the field with a deep sensitivity to the needs of people who may find themselves in a critical care unit and are no longer able to use speech.

The chapters in the book include:

History of AAC, including: How technology has impacted on AAC and etiologies that may benefit from AAC

Challenges, including: Access challenges and opportunity challenges

The Impact of Assistive Technology in Acute Care Settings, including: A review of AAC in acute care settings

Assessment Protocol, made up of two parts

(a) interview of the patient's care staff and family members

(b) a 5-10 minute bedside evaluation

The assessment protocol includes 9 video clips on the following topics: identifying voluntary movement, yes-no response hand squeeze, yes-

no response eye gaze, yes-no response used in managing care, environmental control via direct selection, caregiver manual scanning, high-tech device auto scanning, high-tech multiple page set AAC system, and using a high-tech on-screen keyboard

Switches as the first Step to Establishing Communication, including: Nurse call systems, standards switches, advanced technology switches and the Iowa Smart Switch

Iowa AAC Templates, including: One, two and three button templates as well as grid-pattern templates. In addition, the Iowa Template includes 12 topics: feelings, pain, entertainment, chat page, medical questions, jokes, room control ECU, bed control, TV control, help, personal, novel message generation, rate enhancement strategies etc. with 2 video clips (row-column scanning and pop-up link demo)

Mounting and Access issues, including: Device mounting, hand-held options, bed tray and bed rail implementations, as well as the original IV pole implementation. There are 2 video clips (Board positioning check and Iowa AAC pole-positioning protocol)

Pain Management through patient-controlled analgesia (PCA) pumps

Environmental Control units as the first step to engaging a person in the possibility of using a communication aid

Bad news- Communication issues when conveying bad news to patients

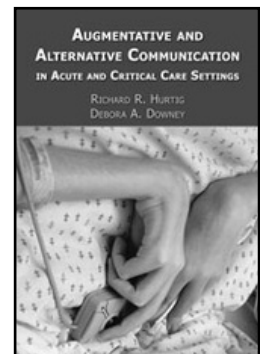
Cases: There are 8 case reports to highlight lessons learnt using the following examples: solving the language barrier, maintaining a personal voice-adding humour, don't assume full understanding, don't assume too little understanding, voicing anger, co-dependency, failure all round, and against- all-odds success

Setting up and funding an AAC/ Assistive

Technology Service, including: organization of an Assistive Technology service, staffing, equipment, training, and funding issues

Useful products and links including: The MacGyver Kit: essential tools and materials, AAC manufacturer links (for USA), AAC resources links (for USA)

Appendix A contains 9 useful assessment scenarios on the following topics: halo patient with AAC system in place, low-tech patient with AAC system in place, MVA patient without an AAC system in place, MVA patient with AAC system in place, paediatric patient with an AAC system in place, cerebral palsy patient with an AAC system in place, low-tech patient with AAC system in place, paediatric halo patient with AAC system in place, and C-4 fracture patient without an AAC system in place.



Each assessment scenario consists of the case description, the question or problem and scoring criteria for self evaluation. The preface of the book describes Richard Hurtig as a "psycholinguist with a tendency to be a tech-nerd" and Debora Downey as "a speech language pathologist with many years of experience working with children with developmental disability." Together they provide the wealth of information and experience upon which this invaluable book is based.

DVD REVIEW

Caldwell, P. (Writer), & Hicks, D. (Producer) (2010). *Autism and Intensive Interaction: Using body language to reach children on the autistic spectrum* [DVD]. England: Jessica Kingsley. Cost: \$40.00

Review by Sheridan Forster

Phoebe Caldwell, long-term practitioner of Intensive Interaction, has released a new DVD called *Autism and Intensive Interaction: Using Body Language to Reach Children on the Autistic Spectrum*. The DVD (95 minutes in length) features video footage taken of Phoebe working with 'difficult to reach' children with autism at a school in England. The DVD, with three parts, includes an introduction in which Dr Matt Hoghton interviews Phoebe, a discussion between Phoebe and teacher, Penny Mytton, and an unedited Intensive Interaction session of Phoebe working with Jamie, an eight-year old with autism.

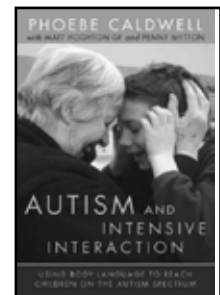
This DVD will be useful to anyone who works with people with autism who spend large amounts of time in self-engaged states. It may also be useful for families, as it gives some rationale to interactive strategies that they may already use naturally. The processes that Phoebe uses, which incorporate Intensive Interaction and sensory processing theory to, essentially, manage arousal and open opportunities for engagement, are presented clearly through both the video images and the explanatory narrative. Hence, the DVD can be used as an instructional tool for those new to Intensive Interaction, or as a timely refresher for those already familiar with Phoebe's work.

The positive outcomes for the children shown in the DVD are unquestionable. Children who are largely in self-engaged behaviours do make eye contact, seek proximity, and begin to initiate interactions with Phoebe, through her carefully tailored interactions. These outcomes are consistent with Phoebe's earlier work and the growing body of research and practitioner evidence that supports the effectiveness of Intensive Interaction. Here though, there is a notable absence of reference to any other Intensive Interaction practitioners or

researchers, other than Ephraim who first inspired Intensive Interaction in the early 80's, and Zeedyk who has been instrumental in scientifically examining Phoebe's and other's outcomes of Intensive Interaction. The booklet that accompanies the DVD largely refers to Phoebe's own back catalogue.

Phoebe explains her understanding as to why Intensive Interaction is successful in bringing about change in the behaviour of people with autism in terms of it meeting their need to establish a sense of coherence in their world. Whilst this might be true, no reference to empirical evidence to substantiate this theory is provided. Phoebe has tested her theories through many years as a practitioner of Intensive Interaction, and these are often supported by Phoebe's reference to personal accounts of people with autism (e.g., Donna Williams). However, there are problems when theories are stated as facts, particularly in an area in which the evidence base is expanding so rapidly. My preference would be for her to preface her statements with "we believe", to couch the theoretical framework from which she operates.

Nevertheless, *Autism and Intensive Interaction* is a good resource that supports the growing evidence base for the positive impact of Intensive Interaction for supporting interactions between people who are severely withdrawn and the people who support them. The unedited clip of Phoebe working with Jamie and his teacher demonstrates in real time how people can move from intensely self-engaged to being inquisitive and motivated by interaction with another person. I would recommend it for the professional library of both practitioners and teachers.



Contributions wanted for the next edition of



THEME

AAC - HERE, THERE AND EVERYWHERE

AGOSCI in Focus relies on contributions from all of its members. We would love you to tell your story. All contributions welcome big and small, including:

Photos of a communications system or a communication system out being used

Short stories of how you use AAC

ARTICLES

Please send contributions to Sheridan Forster sheridanf@yahoo.com

Artworks Wanted



Artwork by Nathan Hughes our featured artist - to learn more about Nathan see the inside front cover.

The cover of AGOSCI in Focus features artworks by artists with complex communication needs. Artists are paid \$250 for use of their work. If you have Artwork that you would like to see published contact Kirsty Holcombe at:

agosciinfocus@yahoo.com.au

PHOTOS WANTED

To use on the AGOSCI website, including ISAAC photos

Contact Sally Hunter if you can help:

sally@ilc.com.au



**AGOSCI 10th
Biennial National Conference
Adelaide Convention Centre
Adelaide
12 - 14 May 2011**

The Conference

The AGOSCI Biennial Conference will be held at the magnificent *Adelaide Convention Centre* in 2011.

The program will include keynote addresses and presentations from Australian and international speakers, preconference workshops, and a stimulating social program, including a welcoming cocktail party, celebration of AGOSCI's 30th birthday and a formal dinner.

The conference theme – Taking it to the Streets - is designed to encourage thought, innovation and action that will increase understanding and awareness both within and outside of the disability sector.

This conference will be of interest to individuals experiencing complex communication needs (CCN), family and community members, teachers, speech pathologists, occupational therapists and other professionals.

What is AGOSCI?

AGOSCI is a group representing people with CCN as well as those who live, know or work with people with CCN.

AGOSCI aims to lobby for the rights of people with CCN, increase public awareness of CCN, and to provide relevant educational and professional development events across Australia.



For further information or to express interest in attending please contact:

All Occasions Management P: 08 8125 2200 | F: 08 8125 2233 |
E: agosci2011@aomevents.com | W: www.alloccasionsgroup.com/agosci2011