Bridge Brief

CHANGING THE GAME: COACHING IN TELE-AAC

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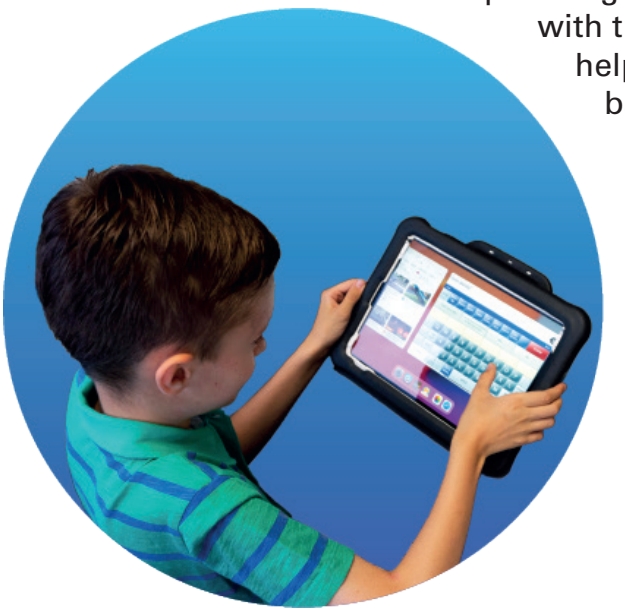
AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC): AN INTRODUCTION

Individuals with severe speech and language problems often face barriers to full participation in life experiences. To overcome these obstacles, many people with complex communication needs use Augmentative and Alternative Communication (AAC). AAC refers to multiple ways of communicating to compensate for speech impairments, including speech generating devices as well as gestures, facial expressions, and body language (American Speech-Language-Hearing Association, n.d.).

In Arizona, the state Medicaid program provides funding for AAC evaluation and training services for children with any of the following diagnoses: cerebral palsy, Down syndrome, seizure disorder, cognitive impairment, or autism. Their degrees of disability range from mild to severe cognitive, perceptual, and/or motor impairments that create barriers to the successful use of AAC. Many qualifying children also face social, cultural, and environmental barriers to successfully using their AAC systems, such as poverty and lack of sufficient support services. It is essential to help children and their caregivers overcome these barriers to effective AAC use, because "unmet communication needs can hinder a child's ability to participate meaningfully in everyday settings and may result in profound and lasting health effects in children and their families" (Ryan et al., 2015, p. 148).

To help children and families overcome barriers to the successful use of AAC, the Augmentative and Alternative Communication Evaluation and Training Program at Northern Arizona University's Institute for Human Development (NAU-IHD) was established over 20 years ago to provide contracted AAC services in the state of Arizona. Through this program, speech-language pathologists, occupational therapists, educators, and other rehabilitation professionals work with individuals experiencing communication barriers as well as their caregivers to determine the most appropriate AAC devices and implementation methods. Additionally, a licensed speech-language pathologist or occupational therapist also provides families with training on device setup and use. This program has helped hundreds of children overcome communication barriers, increasing their participation in life experiences. This paper discusses how our program responded to the challenges of the COVID-19 pandemic by providing virtual services and coaching for AAC users and caregivers, as well as the lessons learned from our experience that may benefit clients, caregivers, and other teleheath providers.



PROVIDING TELE-AAC SERVICES DURING THE COVID-19 PANDEMIC

Like many other health providers, IHD's AAC program had to adapt in response to the COVID-19 pandemic. To ensure client and staff safety, we began offering our evaluation and training services virtually. Between January 1, 2021 and January 1, 2022, our program offered tele-AAC services to 95 families seeking evaluations, as well as an additional 125 families qualifying for AAC device training. This required some flexibility from both our service providers and the families themselves. Our team had to transition from providing in-person, hands-on services to consultation and coaching, while caregivers had to take on new roles and responsibilities.

The role played by families in ensuring the successful use of AAC cannot be overstated. Obtaining an AAC device is just the beginning of the journey, and training for both the device user and their support team (such as caregivers, paraprofessionals, teachers, and therapists) is typically required to use the device successfully. Family caregivers are particularly important because they provide support to the AAC user within their home environment and during their daily routines. Thus, one goal of tele-AAC services is to empower families, which requires the active participation of family members (Hwang et al., 2013). However, caregivers of children with disabilities need support to avoid feeling overwhelmed and self-conscious during training in tele-AAC (Anderson et al., 2014). Therapists therefore must be active listeners and provide relevant feedback to support both the AAC user and their caregivers.

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COACHING FOR TELE-AAC SERVICES

Overall, the transition to tele-AAC services had several benefits for clients, as they were able to learn how to use and maintain their devices in a familiar setting while also saving time, effort, and money compared to services provided in the office. However, there were some challenges associated with virtual delivery: it required increased levels of engagement from the family members, who were sometimes uncomfortable with the technology or their new responsibilities. Our team found that coaching can provide the support needed to overcome these challenges to telehealth provision.

Coaching differs from training, which primarily consists of providing information. Coaching is more collaborative and participation-based, and therefore may help families achieve their goals more effectively than training alone (Camden et al., 2019). It is particularly effective when caregivers use their daily routines as opportunities to teach their children skills and to promote participation in family life (Wilcox & Woods, 2011). Aspects of coaching include:

Joint Planning: This involves reviewing goals at each visit to learn about progress or setbacks, as well as assessing priorities and next steps together with the client.

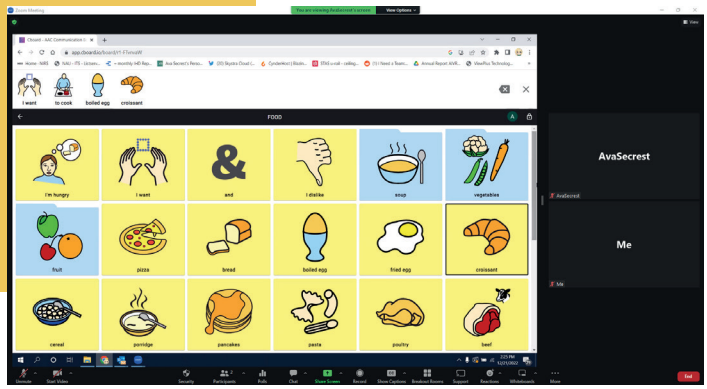
Observation: This includes watching the child to see what skills they are using, as well as watching how the caregiver engages with the child. It also involves asking the caregiver to discuss any challenges they are experiencing.

Action/Practice: In coaching, the therapist will suggest strategies for the caregiver to try, demonstrating them if necessary, and ask the caregiver to demonstrate them as well.

Feedback: The therapist provides positive reinforcement, telling the caregiver what they are doing well, while also discussing things that may need to be changed and why.

Reflection: This involves asking the caregiver how they think different activities are going throughout the session, as well as learning about their concerns and what they would like to do differently.

In their study of parents' perspectives on telehealth services during the COVID-19 pandemic, Camden and Silva (2021) found that parents believed the tele-coaching model had been empowering and helpful in carrying out recommendations.



LESSONS LEARNED

Despite the importance of coaching in telehealth provision, service providers are not often trained in this skill. In order to contribute to a greater understanding of this subject, the remainder of this paper will describe what we learned during our experience with coaching during the provision of tele-AAC services.

One thing that worked well during tele-AAC provision and coaching was maintaining familiar settings, people, and routines for device users and their families. In addition, the more flexible scheduling permitted by virtual sessions was beneficial to both participants and service providers and helped increase the number of school and home support staff participating in evaluations. We found it beneficial to send the AAC devices to the families early and to talk them through the equipment preparation. Using coaching techniques and follow-up sessions, we were able to encourage greater caregiver involvement in the learning process, which in turn increased the likelihood of successful AAC communication. Some of our coaching techniques included:

- setting goals collaboratively
- communicating clearly about caregiver roles and responsibilities
- providing meaningful opportunities for caregivers to adequately demonstrate use of the AAC device, as well as receive feedback and engage in reflection and self-assessment
- supporting engagement between caregivers and clients during AAC use
- being active listeners and providing relevant feedback
- providing caregivers and clients with emotional support during sessions

Some of the challenges associated with providing tele-AAC evaluations and coaching included unreliable Internet connectivity as well as client and caregiver lack of familiarity with Zoom. Virtual coaching and device training were also more challenging when the family had not been adequately prepared for the sessions, and when the sessions were not long enough to achieve all of the goals of coaching. Virtual coaching and device training were also more challenging when working with clients who have very complex sensory regulation or physical access needs, for whom hands-on services may be more appropriate and beneficial.

In the year ahead, IHD's AAC Evaluation and Training Program plans to continue providing families the option to participate in tele-AAC evaluation and training. We will also work on improving our coaching skills, training curriculum, and preparation of materials for families. We will continue to survey families to learn their perspectives on the coaching they received during their tele-AAC services, as well as areas where our program might improve. We will also work to incorporate the recommendations of Simacek et al. (2021) regarding the type of hardware best suited for tele-AAC service provision as well as how to handle technology breakdowns and online intervention. Additionally, as Biggs et al. (2022) suggest, we will work on addressing current barriers to low-cost, high-speed Internet access for families interested in tele-AAC services.

Telehealth services have several advantages and are a promising option for many clients, but require a special set of skills compared to traditional hands-on services. In particular, shifting from a training approach to more participatory coaching methods is likely to improve the effectiveness and lasting benefits of telehealth services for service recipients and their families.

REFERENCES

American Speech-Language-Hearing Association. (n.d.). "Augmentative and Alternative Communication." https://www.asha.org/njc/aac/

Anderson, D.K., Oti, R.S., Lord, C., & Welch, K. (2007). Patterns of growth in adaptive social abilities among children with autism spectrum disorders. *Journal of Abnormal Child Psychology*, 37, 1019-1034. https://doi.org/10.1007/s10802-009-9326-0

Biggs, E.E., Therrien, M.C.S., Douglas, S.N., & Snodgrass, M.R. (2022). Augmentative and alternative communication telepractice during the COVID-19 pandemic: A national survey of speech-language pathologists. *American Journal of Speech-Language Pathology*, 31, 303-321. https://doi.org/10.1044/2021_AJSLP-21-00036

Camden, C., & Silva, M. (2021). Pediatric telehealth: Opportunities created by the COVID-19 and suggestions to sustain its use to support families of children with disabilities. *Physical & Occupational Therapy in Pediatrics*, 41(1), 1-17. doi: 10.1080/01942638.2020.1825032.

Hwang, A.W., Chao, M.Y., & Liu, S.W. (2013). A randomized controlled trial of routines-based early intervention for children with or at risk for developmental delay. *Research in Developmental Disabilities*, 34, 3112-3123. https://doi.org/10.1016/j.ridd.2013.06.037

Ryan, S.E., Shepherd, T., Renzoni, A.M., Anderson, C., Barber, M., Kingsnorth, S., & Ward, K. (2015). Towards advancing knowledge translation of AAC outcomes research for children and youth with complex communication needs. *Augmentative and Alternative Communication*, 31(2), 148-158. doi: 0.3109/07434618.2015.1030038

Simacek, J., Wattanawongwan, S., Reichle, J., Hyppa-Martin, J., Pierson, L., & Dimian, A.F. (2021). Supporting aided augmentative and alternative communication interventions for individuals with complex communication needs via telepractice: A tutorial. *Perspectives of the ASHA Special Interest Groups*, 6, 1170-1181. https://doi.org/10.1044/2021_PERSP-21-00050

Wilcox, M.J., & Woods, J. (2011). Participation as a basis for developing early intervention outcomes. *Language, Speech, and Hearing Services in Schools*, 42, 365-378. doi: 10.1044/0161-1461(2011/10-0014).

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