

It takes a village: identifying and providing essential telepractice strategies for quality AAC intervention for people with complex physical disabilities outside major metropolitan centres

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Short Abstract

Face-to-face service provision can facilitate delivery of best practice AAC intervention effectively, however access to these services can be limited for people living outside major metropolitan areas, especially for those with complex physical disabilities or who need specialised support.

Telepractice has many benefits, but presents unique challenges to AAC intervention:

- Therapists are less able to closely observe and provide positioning adjustments to help develop movements needed to access aided AAC systems and use informal communication modes.
- Training communication partners and peers without in-person demonstration can reduce the effectiveness of support.
- Telepractice sessions often mean participants remain in a single location, making it challenging to support embedding AAC in daily life where communication is dynamic and unscripted, and risks reinforcing the dated notion that aided language activities should be used to implement AAC.

So how can we ensure that people receiving therapy services via telepractice are receiving the same quality of intervention as those receiving face-to-face services to support long-term outcomes?

This paper explores the use of telepractice, collaboration and coaching to provide best practice AAC intervention to people who cannot access regular face-to-face services. This will be explored via the case study of a seven-year-old girl and her family, based in Tasmania, supported over three years by her transdisciplinary therapy team from CPEC, in Melbourne. The mother of this participant shares her perspective. The paper addresses the challenges of collaboration at a distance and emphasises the importance of ensuring that high-quality AAC intervention is accessible to everyone, regardless of location.

Long Abstract

Best practice in AAC intervention requires training of communication partners, embedding strategies into daily life, and supporting individuals to communicate autonomously using

multiple modalities. This approach involves engineering natural environments to include aided AAC and teaching potential communication partners aided language stimulation techniques. Additionally, it recognises the importance of empowering individuals to see that their AAC systems are powerful personal tools, enabling them to communicate their own messages for a range of purposes.

Face-to-face service provision can facilitate the delivery of best practice AAC intervention more effectively. CPEC's face-to-face service delivery can include community visits, transdisciplinary group programs, clinic-based sessions, mentoring, communication partner training and peer training. This service delivery model can demonstrate the embedding of AAC in the user's environment, in real time and with key people in their life. Therapists are physically present to show participants and families how AAC can be used to support communication in genuine interactions.

However, access to face-to-face disability services is often limited for people living in regional, rural and remote areas, especially for those with complex disabilities or who need specialised support. CPEC provides specialised therapy services to participants and families both face-to-face and through telepractice for those unable to access the specific support they require within their local communities.

Telepractice has many benefits, but also has unique challenges:

- Therapists are less able to closely observe and provide hands on adjustments of positioning to help develop movements for communication to access aided AAC systems, and use informal communication modes.
- Therapists are not physically present in the participant's natural environment to use spontaneous real-life opportunities to model communication
- Training communication partners without in-person demonstration can reduce the effectiveness of support
- Telepractice sessions often mean participants remain in a single location, making it challenging to support partners to embed AAC in daily life where communication is more dynamic and unscripted, and risks reinforcing the dated notion that aided language activities should be used to implement AAC.
- Peer training can be challenging, especially with younger participants and their same aged peers via telepractice.

How can we ensure that people receiving therapy service via telepractice are receiving the same quality of intervention as those receiving face to face services to support long-term outcomes? This paper aims to explore the benefits, challenges, and service innovations involved in delivering high-quality AAC intervention via telepractice for NDIS participants with complex physical disabilities.

Collaborating

Under the NDIS, core funding has significantly increased the availability of support workers. For AAC users, this often translates to a broader range of individuals supporting participants. However, progress and opportunities for AAC users, particularly emergent communicators, can be limited when communication partners frequently change and require upskilling themselves. Frequent turnover of support workers, teachers, and/or integration aides

can disrupt social, academic, and communicative progress as new communication partners learn the AAC user's access methods and/or AAC systems.

This emphasises the importance of having a local driver to embed and provide training for other communication partners: this might be a parent, a local therapist who is open to collaboration, or a long-term support worker. This key person is essential in providing consistency for the AAC user, where upskilling key people in the AAC user's environment is a priority to support ongoing communication development.

All expressive communication requires movement and AAC is no different. Some people with physical disabilities may need to explicitly learn the movements for effective communication without long term musculoskeletal complications. This includes people who use direct or alternative access methods to use their aided AAC systems. Developing and maintaining movements for communication requires learning and practising of targeted movements, positioning, and assistive technology. These are areas of need that are not always best served via telepractice. Working closely with local therapists helps bridge these gaps, ensuring that AAC users with complex physical disabilities benefit from comprehensive and coordinated support. Collaborating with local therapists with a shared vision and understanding is crucial for ensuring the consistent implementation of strategies within the AAC user's environment.

Coaching

Providing therapy services via telepractice for AAC users and families living remotely places additional emphasis on coaching and upskilling key stakeholders in their life. Coaching communication partners to provide aided language stimulation can lead to more confidence using AAC. Another effective practice for coaching communication partners has been through video recording, feedback, and reflection. This approach allows for targeted upskilling and collaboration, which supports communication partners to refine skills. CPEC therapists reflect that this has enabled more effective observation of movement, improved explanation of clinical reasoning, and encouraged a more active approach in communication partner training.

Embedding

When supporting school aged AAC users, working at a distance means that community visits are more challenging. Removing participants out of classes to provide therapy means that they miss learning time and genuine communication opportunities. Using push-in service delivery models via telepractice has been beneficial and has enabled classroom coaching via telepractice. Additionally, the skilled local driver becomes essential as they can provide support and ideas in the classroom where telepractice cannot reach.

There are benefits and challenges to providing AAC intervention via telepractice. The focus on coaching and collaboration enables communication partners to become more active in intervention sooner, however challenges around access to resources, providing support to develop movements for communication, and building a confident communication community can mean that some telepractice services are repetitive and the AAC user is left waiting for their world to catch up to them.

In this paper we will explore the use of telepractice, collaboration and coaching to provide best practice AAC intervention to people who cannot access services in major metropolitan centres.

This will be explored via the case study of a seven-year-old girl and her family, based in Tasmania, supported over three years by her transdisciplinary therapy team from CPEC, based in Melbourne. The mother of this participant will also share her perspective. The paper will also explore the challenges of collaboration at a distance and emphasise the importance of ensuring that high-quality AAC intervention is accessible to everyone, regardless of location.