Rethinking Non-Face-to-Face Therapy Support for AAC Users: Time for a Bigger Conversation

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Short Abstract

This paper emphasises the critical role of non-face-to-face support in Augmentative and Alternative Communication (AAC) practices, advocating for a broader discussion involving stakeholders such as parents, policymakers, and the National Disability Insurance Scheme (NDIS). As societal needs and funding models evolve, it is essential to recognise the value of these supports and integrate them into everyday AAC practices. Both families and providers face challenges: families often feel excluded from decision-making, leading to confusion about therapy goals and limitations in accessing necessary services, while therapists manage overwhelming caseloads and perform significant non-billable work, contributing to burnout and decreased quality of care.

To address these challenges, the paper argues for a paradigm shift in how non-face-to-face support is perceived and valued. It calls for service providers to clearly communicate the importance of their time and efforts beyond direct therapy sessions, promoting a collaborative approach that includes team meetings and practical resources for families and support workers. By prioritising transparency and interdisciplinary teamwork, the aim is to enhance service quality and ensure that all stakeholders recognise the full scope of work necessary for effective AAC support. Ultimately, fostering open dialogue and shared responsibility is crucial for creating sustainable and impactful AAC practices.

Long Abstract

We must continue discussing the role of non-face-to-face support in Augmentative and Alternative Communication (AAC) practices. This isn't just for practitioners but for a broad range of stakeholders: parents, policymakers, and the National Disability Insurance Scheme (NDIS). As society's needs shift and funding models evolve, it's vital to highlight the value of non-face-to-face support and advocate for its thoughtful integration into everyday AAC practices.

From the perspective of individuals and families who receive these supports, there are recurring challenges that must be acknowledged. Many families express frustration over a lack of involvement in the decision-making process, leaving them unclear on what therapy goals are being pursued and why. Often, families are unintentionally left in the dark about the rationale behind the therapy support being provided, resulting in uncertainty about its purpose or relevance to their day-to-day needs. These families also face limited funding options, which

restrict their ability to access necessary services and likely increases concern around billable supports that are not face to face.

On the provider side, therapists are also challenged. Many struggle with overwhelming caseloads, underfunded services, resource shortages, skill gaps, and a lack of support. This pressure creates an unhealthy work dynamic where therapists are left managing high volumes of non-face-to-face work, like planning, coordination, and administrative tasks, without appropriate recognition or compensation. A significant amount of valuable work is simply not being billed for, despite it playing a critical role in delivering meaningful therapy outcomes. As therapists grapple with these realities, they are increasingly caught in a cycle of burnout and autopilot routines, which can diminish the quality of care and attention given to clients.

Both clients and providers share these challenges, and at the heart of these issues is a mismatch between expectations. Clients may view therapy in a particular way, often emphasising direct face-to-face interactions as the core of therapy, while providers understand the essential nature of the unseen, behind-the-scenes work that supports these sessions. The emphasis on direct therapy has led to a persistent devaluation of non-face-to-face support. Additionally, the lack of funding for these supports creates barriers that limit access to high-quality services. Therapists, while still managing their direct therapy duties, are simultaneously performing this non-face-to-face work without appropriate billing, which leads to excessive workloads and contributes to professional burnout.

To address these overlapping challenges, we need to recognise a fundamental truth: the solution lies in embracing non-face-to-face support as a vital part of AAC therapy, not just an add-on. Service providers must begin valuing their own time AND communicating this value clearly to families. Too often, providers underplay the time and energy spent on client-related work that happens outside the face-to-face sessions. This disconnect between time spent and what is billed leads to unsustainable practices. In the context of the NDIS, businesses can only remain viable if they bill appropriately for all their time—not just face-to-face sessions but also the indispensable work that goes on behind the scenes. Unfortunately, there remains a widespread perception that direct therapy is somehow superior or more valuable, which contributes to the tension between clients and therapists over billing practices.

This presentation will focus on how we can move forward by exploring practical, effective, non-face-to-face supports that emphasise collaboration, transparency, and shared responsibility. We must look beyond the concept of a single therapist as the sole provider of care and instead build networks of support around individuals. Imagine team meetings where families, therapists, and support workers all come together to align on the same priorities, rather than working toward scattered, uncoordinated goals. Picture "how-to" videos designed for siblings to naturally incorporate AAC into their daily lives or quick-reference guides that give support workers actionable strategies for reinforcing AAC use in the community. These types of non-face-to-face supports are practical, effective, and central to creating a unified approach to care that serves clients better.

Therapists are human, not machines, and non-face-to-face supports such as assessments, clinical planning, and collaboration are critical components of delivering thoughtful, consistent, and accountable service. Clients and families deserve to know what non-face-to-face supports are being provided on their behalf. Transparency is essential here—when families understand how therapists are spending their time, they are more likely to recognise the value of that work and be comfortable with it being billed. This transparency extends beyond client

relationships; it is also fundamental to how the NDIS funds AAC services in the future. We cannot continue to expect therapists to do unpaid work for every client. Funding bodies need to formally acknowledge and support this work to ensure the sustainability of the sector.

One key question we should all ask ourselves is: Are we receiving effective support, and is there enough collaboration? The best outcomes often arise when service providers take a unified, interdisciplinary approach. For example, consider how Occupational Therapists and Speech Pathologists collaborate on AAC assessments. By addressing sensory-motor considerations together, they increase the likelihood of choosing an AAC system that truly meets the client's needs. This type of teamwork leads to more holistic and effective support, which is why prioritising non-face-to-face collaboration is so essential.

Moving forward, it's clear that non-face-to-face supports are not a secondary aspect of therapy—they are fundamental to its success. We must advocate for a change in how these supports are viewed and valued, not only by families and clients but also by funding bodies like the NDIS. By fostering greater transparency, encouraging collaboration, and adopting a team-oriented approach, we can ensure that all stakeholders—clients, families, therapists, and funders—recognise the full scope of work required to achieve successful outcomes. Shifting our focus toward these often-overlooked elements of therapy will not only enhance service quality but also ensure that supports remain accessible, effective, and aligned with the complex, real-world needs of those we serve.

In summary, the path to better AAC support begins with open dialogue, shared responsibility, and a commitment to working smarter—not harder—together.