Innovations in Communication Partner Training - Integral to AAC success

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Short Abstract

It is well identified in research and clinical practice that a key component of any successful Augmentative and Alternative Communication (AAC) intervention is Communication Partner Training (Kent-Walsh & McNaughton, 2005). Despite this being well known and accepted, the practicalities of this in Private Practice, and within the National Disability Insurance Scheme (NDIS), can be challenging. 'Direct' therapy with the client also continues to be more highly valued by most caregivers and educators, requiring a shift in attitudes and philosophies to prioritise training based service delivery.

As a practice, we recognised that to achieve quality, sustainable and meaningful outcomes we needed to find ways to incorporate regular and ongoing partner training into our model of care. By carving out time to educate, inform and share knowledge, skills and observations, we hoped to shift perspectives towards valuing training as equal to direct therapy.

This presentation will share our experiences from our newly developed, innovative service delivery model of direct therapy combined with explicit and frequent communication partner training. We will share our initial steps from marketing to scheduling, to resource development and learning opportunities. We will also outline the professional development we sourced in order to develop this service.

Our communication partner training process from joint assessment and information gathering, to goal proposal and strategy discussions, followed by ongoing training will be outlined, together with our improved outcomes for both clients and their support teams.

Long Abstract

“The success of communicative interaction is dependent on the communication skills of each individual participating in the exchange… The success of the interaction depends not only on the skills of this individual, but also on those of the communication partner” (Kent-Walsh & McNaughton, 2005). It is well identified in both research and clinical practice that a partner interacting with an individual who uses Alternative and Augmentative Communication (AAC) requires additional knowledge, training and skill to ensure a successful interaction. Despite communication partner interventions often being identified as a critical component of any AAC support, they regularly fail to be prioritised in the interventions for people who use AAC.

In the early months of 2022 we began to identify that many of the caregivers and educators around our clients lacked an understanding of the core components and philosophies of AAC. We also recognised that many partners were demonstrating a lack of practical skills in modelling and interacting with their person who used AAC. In our discussions within our client sessions, and our reflections as a team, it emerged that we were not ‘on the same page’ as many of our clients’ support teams.

For many years we had been focusing on the client and meeting their communication needs, which had resulted in the provision of mostly ‘direct’ therapy to assess, prescribe and then deliver interventions targeting the clients goals. Our clients were well set-up with the infrastructure of AAC, and were making progress towards their goals, but we began to think, what about the partner’s needs? Did they have goals and were they making progress towards these? Perhaps they weren’t up-taking the information and demonstrations provided in client sessions, perhaps immersing them in the skills of AAC wasn’t enough.

Around the same time, our practice had been approached by a number of families seeking remote support for their child who used AAC. There were no local therapists who had the knowledge and skills these families required, and in order for their child to continue to make progress, they needed more specialist support. We had capacity and were more than willing to provide support, but questioned how we could effectively provide a high quality, sustainable and meaningful AAC service without the ability to be there in person.

A decision was made to trial an innovative service delivery model for these families, and new families commencing at the practice, where communication partner training was offered as a regular and ongoing component of our service delivery. In order to get buy-in from our families and care teams we needed to effectively communicate our vision that Communication Partner Training would become ‘part of what we did’ and valued as an important component of our interventions. To achieve this we developed various ways to explain the benefits of communication partner training to our families and extended support teams. After these discussions the majority of teams were on board and willing to be involved in this component of therapy.

Communication training sessions, usually held remotely, were then scheduled. These were usually at the same interval as any direct therapy, and for the same length of time, and all main caregivers and educators were invited to attend. For some clients training sessions were scheduled fortnightly, alternating with direct therapy, for others monthly or on an ad-hoc, more flexible basis.

As we began to roll out our Communication Partner Training sessions we realised that we needed to increase our understanding of Adult Learning and Partner Coaching in the area of AAC. We accessed Sam Brydon's 'Introduction to AAC Coaching' and also referenced the 4P Teaching-Learning Cycle from 'Making Hanen Happen Leaders Guide for Hanen Certified Speech-Language Pathologists/Therapists' (2013). Kent-Walsh and McNaughton's (2005) 8 Step Instructional Model was also reviewed and heavily influenced how we developed the service. The Advanced PODD Workshop provided valuable insights into teaching partners how to navigate and develop fluency in AAC systems and underpinned many of our hands-on training sessions. As a team it was important for us to be able to identify possible ways to effectively convey the 'why' and also the 'how' of AAC in an accessible and memorable way.

The Rubric of Communication Competency (ROCC) Assessment had been cemented in our practice as our main way of recording and tracking progress in communication skills. We extended this into our Communication Training sessions by completing the assessment collaboratively with parents and educators. We came to realise that the format of the ROCC enabled us to facilitate conversations and information sharing which enabled us to get to know not only the client but the team around them. Gathering these vital insights then provided us an opportunity to explain, teach, analyse and reflect on the principles of AAC and communication partner skills which may not have been well understood. The ROCC Triangle is now also routinely completed after each ROCC Assessment and used to establish collaborative goal setting with the clients team. This ensures that we all start, and continue, on the same page!

As the service evolved we began to see and experience a range of positive outcomes. Parents frequently commented that they were learning many more things and that their confidence was increasing. We started to see partners provide increased amounts of aided language stimulation in our direct therapy sessions, and our clients' communication skills were improving as a result. There were economic benefits also, in that direct therapy sessions could be moved to communication partner training at short notice in the event of illness, resulting in less cancellations and improved rapport between clinicians and teams.

There is still a lot to learn and we will share these reflections along with our plans for future directions. We hope to inspire other practices to trial our innovative service delivery model which aligns to best practice and shows that focusing on attitudinal shift and upskilling of communication partners really is integral to AAC success.