

SAHK

Citation: Chan, H. Y. and So, K. W. (2010). *Implementation of augmentative and alternative communication (AAC) for adults with developmental disabilities under Conductive Education (CE) – the setting up of communication station at vocational and residential settings*. Abstracts of the 7th World Congress on Conductive Education (pp. 240 – 241). Hong Kong.

Introduction: Numerous number of people with developmental disabilities failed to use speech to communicate. The inability to communicate effectively would lead them to social isolation and failure to sustain interpersonal relationship^[1]. Therefore, using different methods to replace or complement the ineffective verbal means (i.e. the use of AAC) is of great importance. Clients using AAC have to acquire a range of linguistics, operational and social skills in order to communicate functionally in the natural environment^[2]. However, they are usually lacking of motivation to communicate and lacking of the ability to generalize the skills into different communication contexts^[3] that lead to a negative ramification particularly in the adulthood. As a result, a majority of the adult clients (with or without AAC prescription during childhood) only used their AAC during training sessions organized by speech therapist (ST) (if any), but not during daily life context. This study aims at applying the holistic CE model during AAC implementation for adults with developmental disabilities. By viewing the clients as active learners and by providing them with learning opportunities during daily routines, we tried to alleviate these two obstacles.

Method: A communication station, including communication software, adapted switches and voice output communication devices, was set up in a sheltered workshop and a hostel for a total of twenty adults with developmental disabilities. The clients were actively involved in selecting vocabularies and designing the templates of the communication board. Trainings were incorporated into clients' daily routine via a transdisciplinary team. It involved cross-disciplinary in-service trainings with all staff members (both professional and non-professional), so that they shared the same repertoire of skills and knowledge about AAC.

Results and Discussion: Clients showed an increase in spontaneity and communicative functions during daily conversation with frequent self-initiated use of the communication station. Non-ST staff members were able to update the contents and carry out AAC training in real-life situations with regular monitoring of ST. By treating clients as active learners, incorporating AAC training into daily routine activities with consistency across the entire staff team, the clients' motivation and generalization across contexts in AAC usage were improved.

Conclusion: Through the application of CE principles, we provided our adult clients with active and consistent learning opportunities throughout their daily life^[4]. This facilitated the successful implementation of AAC. Extending this program to other adult units of SAHK and incorporating other ST trainings under the CE system would be our future goals.

References

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