Communication Access for All:

Changing Practices, Policies, and Technologies

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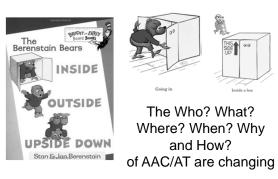
AAC FOR EVERYONE

University of Göteborg, Sweden June 2, 2014

From Monterey to Göteborg



Inside, Outside and Upside Down



Do people who use AAC have limited communication access?
Where, when, how, why?

Talk with person seated next to you

Preview

New opportunities for AAC and AT stakeholders

- Broader use of AAC/AT tools, technologies, strategies.
- Using AAC knowledge and skills to overcome communication barriers for more people.
- Address RIGHT to communicate in healthcare, justice, education, community businesses & services, local government.

What can you do? What should do? How might you make a difference?

The Times They Are a'Changing



CHANGES Technology, Policy, Practice

- We live in a global society
- Mainstream information and communication technologies are ubiquitous and mobile



- The nature of "communication" has changed
- Communication Access is increasingly recognized as a "human/civil rights" issue



Current Threats to AAC

AAC industry

Service delivery

Maintenance and repair issues

Information

overload



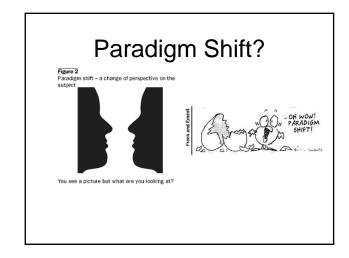
CRISIS

Not even at the table

Resources that support integration/usability of multiple devices

Role of our professional organizations

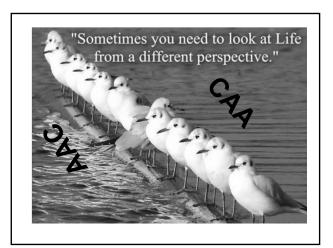




Augmentative and Alternative Communication (AAC)

Communication Access

for All (CAA)



What other groups face communication barriers? How might they benefit from "AAC"?

- Augmentative and alternative communication refers to the use of
- ???
- strategies
- techniques
- low-tech tools
- high-tech devices
- access options

- CC
- 1. People with complex communication needs should have same access rights as others. THEY DON'T.

CAAA

- 2. Other groups can benefit. AAC stakeholders have knowledge & skills to share. NOT HAPPENING.
- AAC/AT only benefits people with CCN. THAT IS NOT TRUE. LIMITS POTENTIAL IMPACT.
- 4. What if we don't shift our paradigm? THREAT TO SERVICE DELIVERY, AAC INDUSTRY, CONSUMER SUPPORTS, ACCESS TO TECHNOLOGIES.
- 5.Mainstream technology. A GAME CHANGER.

So Dad, how do you like the iPad we bought you?



AAC industry

CRISIS

Service delivery

Maintenance and repair issues

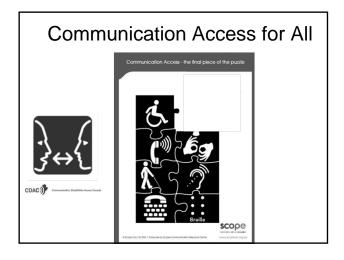
Information overload

Resources that support integration/usability of multiple devices

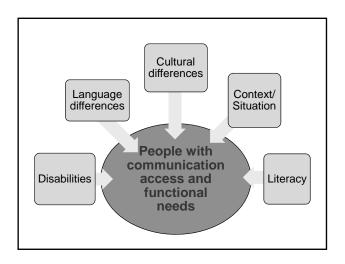


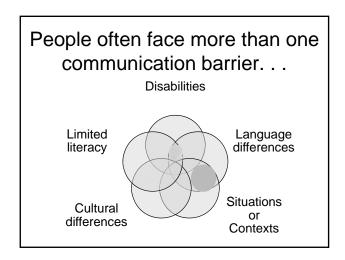
Opportunities: Kommunikations curbcuts











What do AAC stakeholders have to offer?

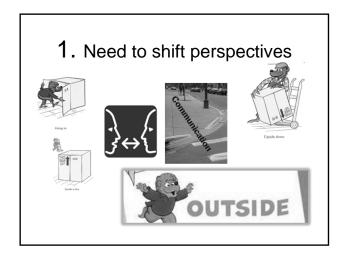
- ☐ Experience supporting participation
- ☐ Understanding of language & language disorders
- ☐ Broad understanding of communication
- ☐ Skill in addressing physical and cognitive access issues
- ☐ Know how in use of technology as a communication tool
- ☐ Get beyond "Gee Whiz Bang" factor of new technologies

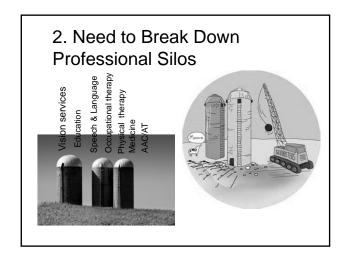
- ☐ Creativity in solving complex communication problems
- Expanding research base demonstrate effectiveness of AAC approaches
- ☐ We "work well with others"
- Long history of advocacy
- ☐ People who are "retiring"
- Advocates who work outside day-to-day AAC
- □ etc.

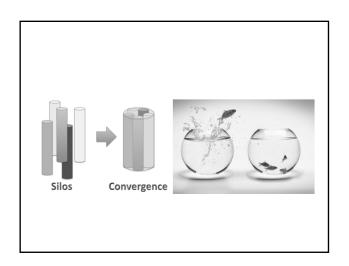
3 ACTIONS

- 1. Shift our perspective
- 2. Break down professional silos
- 3. Be at the table.

Participate in discussions about communication access to: Healthcare, justice, businesses and services, government, education, etc.













"Relevant Rules and Documents" Sweden

- A strategy for the implementation of disability policy, 2011-2016, memorandum
- Discrimination Act (2008:567)
- Social Services Act (2001:453)
- Act concerning Support and Service for Persons with Certain Functional Impairments (1993:387)
- Assistance Compensation Act (1993:389)

"Improving access to different domains of the environment, • Buildings and roads

- Transportation
- Information







These domains are interconnected - people with disabilities will not be able to benefit fully from improvements in one domain if the others remain inaccessible."

(World Report on Disability, 2011, p.169).





"Individuals with communication disabilities such as hearing impairment or speech impairment are at a significant social disadvantage, in both developing and developed countries ... particularly in sectors where effective communication is critical - such as those of healthcare, education, local government and justice"

(World Report on Disability, 2011, pg. 170, 172).



Changing Demographics

More people will experience communication challenges

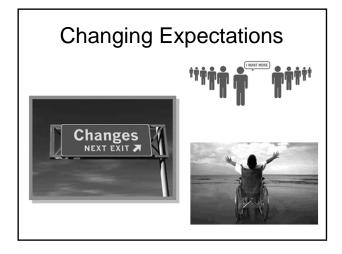
- Increase in life expectancy
- Medical advances → disabilities
- Mobility of societies: multi-linguistic/ multicultural differences.
- Proliferation of information and communication technologies

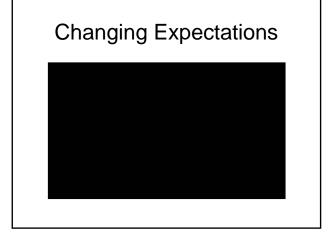
Changing Technologies

- Mainstream technologies support learning/information &
 - communication access
- Acceptance across age span
- New methods emerging
- Preferences changing









AAC technologies of the future need to

- Provide relevant and desired, "just in time" communication supports for all who need it
- Be easy to learn and to use
- Enable people to
 - Be bilingual
 - Use multiple devices
 - Use multiple access methods
 - Access mainstream technologies

http://aac-rerc.com

 Provide access to full participation (education, employment, healthcare, community, recreation, relationships, social networking. . .)



Not all Powerful Communication Technologies are electronic OR come in boxes Hands Free Wheeled Mobility





The Bridge School Christine Wright Ott

Te Amo Mama!



COMMUNICATION ACCESS FOR ALL
FROM AAC TO CAA

COMMUNICATION ACCESS FOR ALL FROM AAC TO CAA

"Improving access to different domains of the environment, including • Buildings and roads

- Transportation
- Information
- Communication



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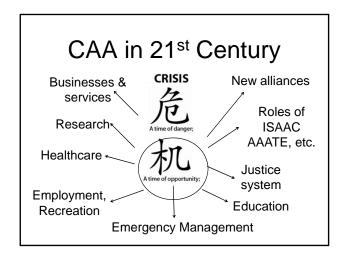




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Example: Research Community Businesses, Services, Organizations, Agencies

 Individuals with complex communication needs (CCN)

 Service providers who support people who use

augmentative and alternative communication (AAC).

(Collier, Blackstone & Taylor, 2012)

- Government Services
- Recreation / Leisure

Educational Services

- Health Care Services
- Political / Civic
- Disability Services
- Emergency Services
- Transportation
- Stores
- Professional Services
- Restaurants, coffee shops, bars
- Religious Services Personal Services
 - Other....

Types of communication access barriers

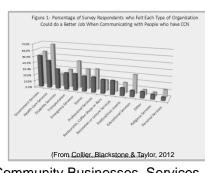
- Face-to-face communication (expression and comprehension of spoken language
- Telephone communication
- Text and print based communication
- Internet, email, and social media communication
- Written communication and
- Communication in groups.

Access to

- Government Services
- Health Care Services
- Disability Services

SURVEY

- Emergency Services
- Transportation
- Stores
- Professional Services
- Restaurants, coffee shops, bars
- Recreation / Leisure
- Political / Civic events
- **Educational Services**
- Religious Services
- Personal Services



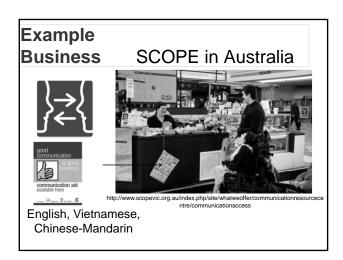
Community Businesses, Services, Organizations, Agencies

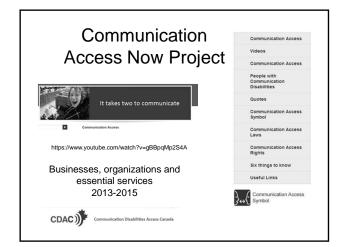
Communication Access Now: CAN Project

Directed by Barbara Collier

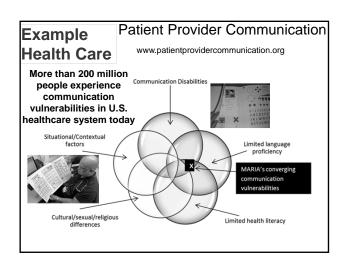
- Surveyed individuals with CCN
 - Identify communication barriers
- Identify where need to communicate, how prefer to
- Develop guidelines for businesses, organizations and agencies in Canada

Funded by Canadian Government









First Responders Emergency Rooms ICU's Acute Care Hospital Dr's Office/Clinic Rehabilitation Hospital Nursing Home Home Health Hospice

Expectations: Typical PP Interview

- Between general practitioner and person without a disability
 - 20 minutes in length (Mann et al., 2001).
- Patient typically has 23 seconds to communicate concerns before being interrupted by the doctor.
 - Marvel et al. (1999)

Health Disparities

- Result from barriers (race, ethnicity, gender, education, income, geographic location, disability status, and sexual orientation, other inequities)
- Disproportionately affect patients with communication difficulties.

(Patak, Wilson-Stronks, Costello, Kleinpell, Henneman, Person & Happ, 2009; Bartlett, Blais, Tamblyn, Clermont & MacGibbon, 2008).

Poor patient-provider communication can cause:

- Serious medical missteps
- Delayed healthcare utilization
- Increased healthcare utilization
- Increased costs
- Poor patient outcomes
- Reduced patient satisfaction (The Joint Commission, 2010ab; Divi, Koss, Schmaltz & Loeb, 2007)

Communication Vulnerable Patients

MORE LIKELY TO

- Be hospitalized
- Experience medical/physical harm, e.g., drug complications
- Leave hospital against medical advice
- Be intubated if asthmatic
- Have increase costs
- Delay care
- Receive a diagnosis of psychopathology

LESS LIKELY TO

- Adhere to recommended medication regime
- Report abuse
- Access and use medical care
- Return for follow-up appointments after Emergency Room visits
- Be satisfied with care

Role of AAC strategies, techniques and technologies in patient-provider communication for individuals who are "communication vulnerable"

AAC-RERC

What is "Effective Communication"?

"the successful joint establishment of meaning wherein patients and healthcare providers exchange information, enabling patients to participate actively in their care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood"

(The Joint Commission, 2010b, p. 91).





Joint establishment of meaning

"We must shift our focus from the specific deficits of an individual. It is conversations that are impaired, not the interactants."

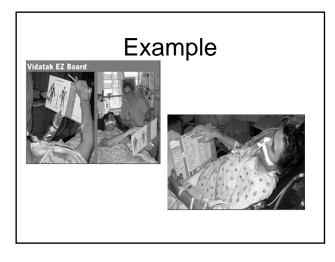


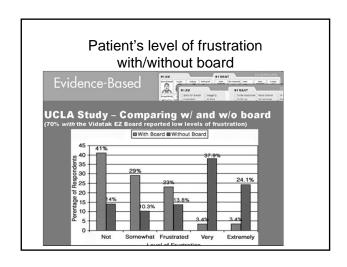
Wilkins, 2004; Blackstone, Williams & Wilkins, 2008

Effective patient-provider communication

- Increases the likelihood that:
 - patients' problems are diagnosed correctly
 - patients understand and adhere to recommended treatment regimens
- patients (and their families) are satisfied with the care they receive
 (Wolf. Lehman. Quinlin. Hoffman. 2008)
- Is increasingly viewed as an essential component of quality healthcare and patient safety as well as the basic right of every patient.

(Ethical Force Program Oversight Body, 2006; The Joint Commission, 2010, new ASHA mission statement)

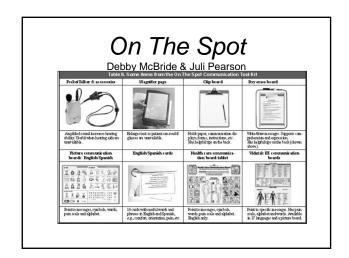






VidaTak Boards for use in ICUs with children

> John Costello, Children's Hospital Boston



COMMUNICATE

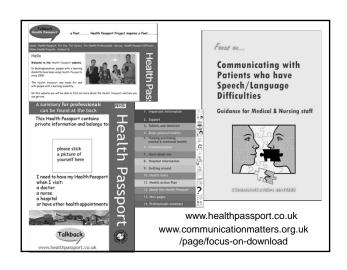
A UIHC Initiative December 2013

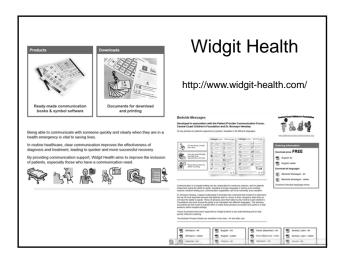
Goal:

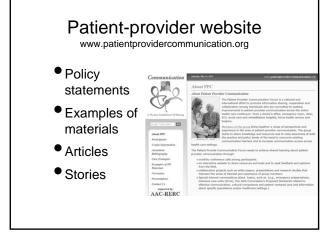
- 1) Enhance bedside communication and reduce adverse events Strategies:
- 1) Raise awareness of the need to effectively communicate
- 2) Alert everyone to the patient's communication needs/barriers
 3) Low Tech Communication Tools available at all beds
 - Adapted Switches/Nurse call
 - b) Writing Tablets
 - **UIHC Basic Communication Boards**
 - UIHC Bilingual Communication Boards
 - Specialty Communication Boards for doing assessments
- 4) High Tech Communication Devices via consult5) Training Materials

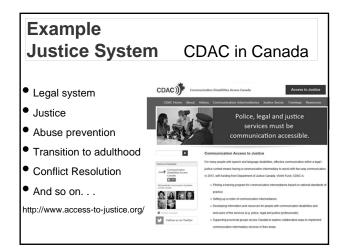
http://www.youtube.com/watch?v=w9rgNQ3R1sk











Institute on Disabilities -**Temple University**

Augmentative and Alternative Communication (AAC) AAC Vocabulary

- Vocabulary Sets: College Life, Emergency Preparedness, Employment, Health Care, Transportation
- Vocabulary Set: Personal Assistance Service
- Vocabulary Set: Reporting or Telling about Being a Victim of a Crime
- Vocabulary Set: <u>Sexuality</u>, <u>Intimacy and Healthy Sex</u>



The role of Human Supports for Communication Access

- Communication assistants
- Sign-language Interpreters for the deaf
- Intervenor services for the
- Professional readers for the
- Trained and paid
- Communication assistants for people with CCN
 - Rarely trained, rarely paid
- Communication partners
- Communication facilitators

Finland, Sweden & Canada

Sweden -

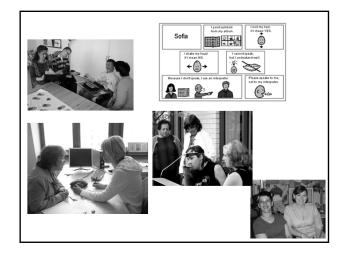
- SSIS interpreter services for people with CCN since 1986
- Funded by Swedish Health Dept
- Coursework for SSIS interpreters
- SSIS for people with aphasia: Results of a study

Finland -

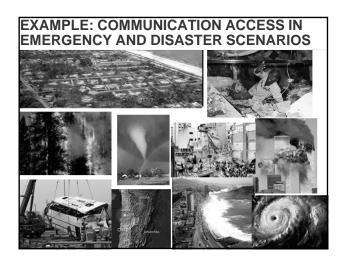
- SIS Interpreter services for people who have difficulty speaking or understanding speech, either spoken or written
 - No cost to individual
- 180 hrs per year
- At school, work, community
- Trained to translate/ interpret /support

Canada

- Communication Assistant project
- Explore use of CA support for adults who rely on AAC
 - 9 individuals with CCN
 - 13 Communication assistants
- Participant training 30 hours
- Centralized services
- Results (see page 11, ACN, vol 20, #3, 2008)





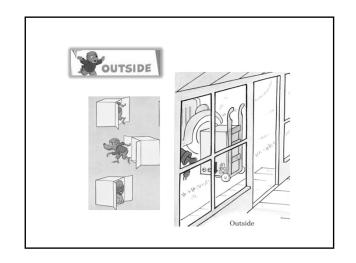


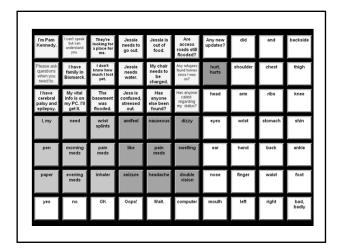
Who is vulnerable?

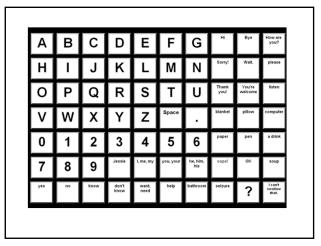
- People with speech, hearing, vision impairments
- People with mobility limitations
- People with limited understanding of spoken language
- People under severe stress or who are confused
- People who do not have access to tools/ supports they need

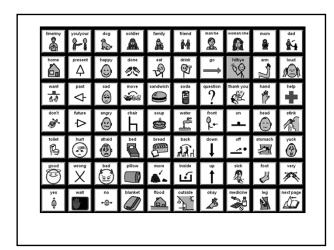
- People with significant cognitive challenges
- People with 2nd language issues
- The very young
- People who are sick/ill

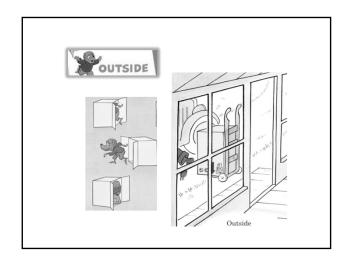


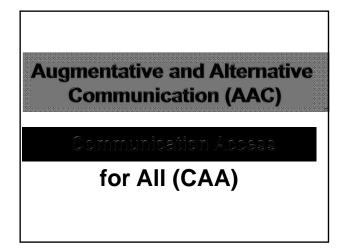


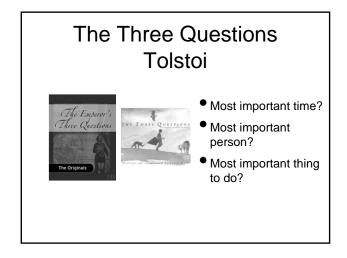


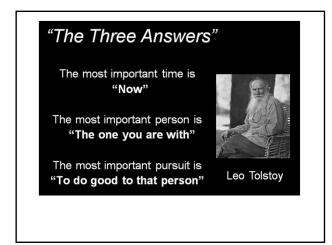


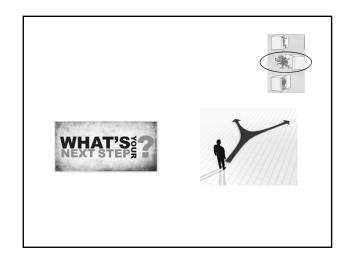




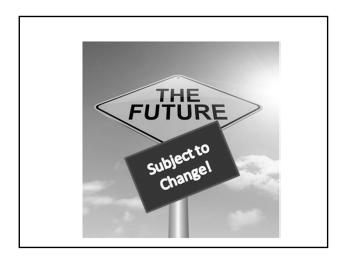












Use your skills in ways that make a difference





A conclusion? The place where you got tired of thinking. Stephen Wright

Thanks for your attention and participation

