

Will AAC Impede Speech Recovery for People with Aphasia?

AAC MYTHS REVEALED

MYTH: For people with aphasia, introducing and using AAC early on will keep an individual from recovering their natural speech.

This assumption is false.

Augmentative and alternative communication (AAC) was once thought of as a 'last-resort' for people with aphasia (PWA). Immediately after a stroke or brain trauma, if someone experienced aphasia, traditional therapy to restore speech and language skills would begin. After a few months, or just prior to discharge from therapy, AAC options might be discussed to support communication.

Instead, we now know that there are many benefits to using AAC with people with aphasia from the very beginning. In fact, recent research tells us immediately providing appropriate compensatory strategies, like AAC options, at the initial onset of aphasia improves outcomes in many areas. AAC, when incorporated into speech therapy and used outside of therapy, can improve not only functional communication and overall mood, but also support speech and language recovery.

What are the truths about AAC and speech for people with aphasia?

- AAC will NOT keep someone from recovering their natural speech.
- AAC tends to have a positive effect on speech production and has been recommended as a therapy tool for language recovery in aphasia.
- AAC is part of an individual's overall communication system that includes natural speech.
- AAC enhances an individual's ability to communicate effectively and independently, which improves overall mood and participation in preferred activities.
- AAC supports speech, it does not replace it for people with aphasia.

Several leading researchers have recently looked at this area. Let's review the research.

How do we know that AAC will not keep an individual from using or recovering their natural speech?

- Hux et al. (2008) found evidence supporting the use of AAC to enhance speech production for people after brain injury. In addition to enhancing speech, AAC often supplemented communication. That is, AAC was used in combination with natural speech for more functional interactions.
- Hux et al. (2010) found that the best conversational outcome came when a person with aphasia used both speech and AAC as opposed to either form of communication individually. It is important to note that the communication board used in this study was shared by the communication partner and the person with aphasia, meaning both people interacted with the board to communicate.

How do we know that AAC should be used early-on in recovery and in conjunction with traditional therapies?

- Dietz et al. (2020) reported that AAC can be viewed as a dual-purpose tool that can simultaneously support language function and provide compensation during communication breakdowns. Therapy trends are changing to focus more on the individual, their life, their goals, and improving their communication independence from day one.
- Weissling & Prentice (2010) share a great analogy between rehabilitation's use of ambulation supports and communication supports. The physical therapist does not wait for people to walk independently before allowing them to move around in their environment. That would make recovery even more difficult. Instead, they might provide a walker or a wheelchair while simultaneously working on walking independently. In addition, people with only mild weakness may have difficulty ambulating safely and may still need assistive equipment (canes, crutches) to achieve walking goals. As such, why should PWA wait until they fully recover their language/speech before they communicate? The answer is simple: They shouldn't!
- These and other research studies now tell us that clinicians should teach PWA how to use AAC strategies immediately to compensate for word-finding issues they will experience, while guiding them to self-cue spoken language whenever possible. AAC is both a visual and auditory cueing system for supplementing spoken language. A hybrid approach to rehabilitation, which encompasses both remediation and compensation, is recommended.

How can AAC improve mood and language recovery for people with aphasia?

- When you are anxious or frustrated, is it easy to find your words? Probably not. The same is true, and even more significant, for PWA. If we can provide familiar supports that decrease communication breakdowns, we are also decreasing frustration. If a person with aphasia is struggling with their speech but knows they have a 'back up plan' with their AAC device, they may feel less anxious and more willing to express themselves.
- We also know depression and feeling isolated can occur with aphasia. Depression has negative impacts on recovery and outcome measures. If compensation strategies, like AAC, are targeted early-on in treatment, people can more easily return to life activities they enjoy.
- The Life Participation Approach to Aphasia (LPAA) states the importance of reducing the consequences of aphasia while improving quality of life, mood, & overall well-being. It also reminds therapists to focus on real-life goals personal to the person with aphasia. LPAA emphasizes re-engaging in life by strengthening daily participation in preferred activities as soon as possible.

How do natural speech and AAC work together?

- Dietz et al. (2020) reminds us of a phenomenon where if you pair a new action (using AAC) with your natural reaction (speech) they work together to create a stronger learning path. Therefore, the researchers recommend combining both responses together. For example, ask the person with aphasia how they are feeling and offer them their AAC system (with feelings choices on it) but prompt them to try to tell you with speech as well.
- Using AAC makes communication more visible and concrete. This additional input can help someone access a neural pathway to speech that may have been inaccessible without the added support provided by AAC. Overtime new neural pathways can be established, which may make speech easier to access when paired with AAC. Using natural speech simultaneously with AAC also makes it easier to integrate AAC use into communication. Therefore, natural speech works to improve AAC use and AAC use works to improve natural speech!
- It is important to note that gains in speech production following the introduction of AAC will vary from individual-to-individual.

If AAC is introduced, will it always be a part of an individual's communication system?

- Not always. As the analogy of the cane for a person working on walking showed us earlier, AAC is a support or a supplemental tool that is needed when natural speech alone is not functional for communication. If you use a wheelchair after an injury your hope is to progress to the point where it is no longer needed. As you begin to get stronger with your walking, you may progress from a wheelchair to a cane. After a while maybe you only need that cane for long distances, or on uneven surfaces. AAC can be the same way.
- When aphasia is initially acquired, PWA may need a basic system of just photographs and only a few choices. As they progress, they may advance to an AAC system with many additional choices, various topics, and other tools. If their speech improves further, they may notice they use the AAC device less and less or only in certain situations. Once they feel their speech is functional, the device may only be used a practice tool or a 'back up' when word finding is difficult.

References

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