

AAC Myths and Realities

There are many common myths that can potentially affect an individual's or family member's willingness and motivation to use AAC. However, available research does not support these myths (Romski & Sevcik, 2005).

Myth 1: Introducing AAC will reduce an individual's motivation to improve natural speech and will hinder language development (including the development of social communication skills). AAC should be introduced only after the ability to use natural speech has been completely ruled out.

Research Findings

- The use of AAC does not affect motivation to use natural speech and can, in fact, help improve natural speech when therapy focuses simultaneously on natural speech development and use of AAC in a multimodal approach (Millar, Light, & Schlosser, 2006; Sedey, Rosin, & Miller, 1991).
- Intervention for minimally verbal school-age children with ASD that included use of an SGD increased spontaneous output and use of novel utterances compared with the same interventions that did not include use of an SGD (Kasari et al., 2014).
- AAC can help decrease the frequency of challenging behaviors that may arise from frustration or communication breakdowns (Carr & Durand, 1985; Drager, Light, & McNaughton, 2010; Mirenda, 1997; Robinson & Owens, 1995).

Myth 2: Young children are not ready for AAC and will not require AAC until they reach school age.

Research Findings

- Early implementation of AAC can aid in the development of natural speech and language (Lüke, 2014; Romski et al., 2010; Wright, Kaiser, Reikowsky, & Roberts, 2013) and can increase vocabulary for children ages 3 years and younger (Romski, Sevcik, Barton-Hulsey, & Whitmore, 2015).
- AAC use with preschool-age children has been associated with increased use of multisymbol utterances and development of grammar (Binger & Light, 2007; L. Harris, Doyle, & Haff, 1996; see Romski et al. [2015] for a review).
- AAC use can lead to increases in receptive vocabulary in young children (Brady, 2000; Drager et al., 2006).

Myth 3: Prerequisite skills such as understanding of cause and effect and showing communicative intent must be demonstrated before AAC should be considered; individuals with cognitive deficits are not able to learn to use AAC.

Research Findings

- Measures of pre-communicative cognitive ability may be invalid for some populations, and research suggests that impaired cognition does not preclude communication (Kangas & Lloyd, 1988; Zangari & Kangas, 1997). Development of language skills can lead to functional cognitive gains (Goossens', 1989).
- AAC intervention for children with complex communication needs helps develop functional communication skills, promotes cognitive development, provides a foundation for literacy development, and improves social communication (Drager et al., 2010).