

**Record: 1**

**Title:** Collaborative Service Delivery between School Board and AAC Clinic.

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**Source:** Conference Proceedings -- International Society for Augmentative & Alternative Communication. 2014, p1-1. 1p.

**Document Type:** Article

**Full Text Word Count:** 799

**Accession Number:** 120766454

**Database:** Communication & Mass Media Complete

### **Collaborative Service Delivery between School Board and AAC Clinic**

#### **ISAAC 2014 Submission**

Collaborative Service Delivery between School Board and AAC Clinic

#### **Paper Stream:**

- AAC CLINICAL PRACTICES AND PROFESSIONAL EDUCATIONAL

#### **Content Focus Areas:**

- Creative Direction in AAC Practice -- Professional/clinical education, mentoring, and coaching

#### **Paper Presentation Preference(s):**

- 60 MINUTE INTERACTIVE PRESENTATION
- 30 MINUTE PLATFORM

#### **Short Abstract:**

This presentation outlines the process of coordinating collaborative service delivery between the Speech & Language Department of a School Board and an AAC Clinic in Toronto, Canada. The process for engaging with community partners in no-tech AAC assessment and intervention will be reviewed. The delivery and development of a joint workshop and AAC Resource Kit will be described. Goals and outcomes of this initiative will be outlined, as will the benefits and considerations of the collaborative service delivery approach. Suggestions for future enhancements to this collaborative initiative will include opportunities for simulation-based learning, ongoing information sharing, and regular collaboration between the Speech & Language Department of a School Board and the AAC Clinic. Factors to consider when identifying, evaluating and updating elements in an AAC Resource Kit will be addressed. Participants will be provided with an opportunity to view samples from the AAC Resource Kit during this presentation.

#### **Long Abstract:**

Collaborative service delivery in healthcare has been identified as a positive approach to promote efficient assessment and intervention (Hadley, Simmerman, Long, & Luna, 2000; Pershey, 2003). AAC service delivery includes multiple professionals and perspectives in the assessment and intervention process (Beukelman & Mirenda, 2005). This presentation outlines the process of coordinating collaborative service delivery between the Speech & Language Department of a School Board and an AAC Clinic in Toronto, Canada. The process for engaging with community partners in no-tech AAC assessment and intervention will be reviewed.

The need for collaborative service delivery was identified when the AAC Clinic's updated referral criteria required individuals who were direct accessors to be utilizing no-tech AAC tools prior to referral. As a result, referring School Board Speech-Language Pathologists (S-LP) required access to AAC resources to better inform their referral process. The Speech & Language Department of the School Board identified the need for no-tech AAC materials but did not have access to supportive personnel to create these resources. Therefore, the School Board engaged in a process to obtain ready-made no-tech AAC tools created by the AAC Clinic for assessment and intervention.

Implementation of tools is most successful when education is provided. The use of case studies and hands-on exposure to the resources can also improve the learning experience (Downer & Swindells, 2003). Therefore, a joint workshop was designed to provide further information and contexts for the implementation of AAC materials. The joint workshop addressed the following: Eligibility Criteria & Referral Process, Best Practices for Joint Referrals, AAC Assessment Process & Frameworks, Communicator Profiles & Tools and case studies to enhance the learning process, and provide the context for education (Downer & Swindells, 2003). These case studies were co-presented by the AAC Clinic and school board clinicians to demonstrate use of AAC tools.

As part of the evaluation process of this initiative, school board S-LPs were also further engaged in this collaborative process by providing the AAC Clinic with feedback on the joint workshop. Feedback was also gathered within the first year of implementation on the clinical relevance of the AAC Resource Kit and specific tools in the kit. This feedback is being used to further enhance the AAC Resource Kit and provide an opportunity for future collaboration and partnership around various AAC related topics.

During this presentation overall suggestions for consideration when implementing coordinated collaborative service delivery between AAC Clinics and community partners will be addressed. Specifically these will include suggestions for simulation-based learning, ongoing information sharing, and regular collaboration between the Speech & Language Department of the School Board and the AAC Clinic.

## References:

- Beukelman, D.R. & Mirenda, P. (2005). *Augmentative and alternative communication: supporting children and adults with complex communication needs* (3<sup>rd</sup> ed.). Baltimore (MA): Paul H. Brookes Publishing Co.
- Downer, A., & Swindells, S. *Developing Clinical Case Studies: A Guide for Teaching*. AIDS Education & Training Centers National Resource Center; 2003. Available at <http://www.aidsetc.org/aidsetc?page=et-cases-toc>. Accessed October 11, 2013.
- Hadley, P., Simmerman, A, Long, M, & Luna, M. (2000). *Facilitating language development for inner-city children: Experimental evaluation of a collaborative, classroom-based intervention*. *Language, Speech, and Hearing Services in Schools*, 31(3), 280-295.

*Pershey, M.G., & Rapking, C.I. (2003). A Survey of Collaborative Speech-Language Service Delivery Under Large Caseload Conditions in an Urban School District in the United States. Journal of Speech-Language Pathology and Audiology, 27(4), 211-220.*

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