AAC MYTHS REVEALED

MYTH:

An individual who can express his or her basic needs does not need AAC*.

TRUE OR FALSE:

False

Definition of Basic Needs

If you were introduced to psychology at any time in your life, you may have heard of Maslow's Hierarchy of Needs introduced in 1943. According to Maslow (1943), our basic needs can be broken down into five areas:

- Physiological or biological needs
- Safety
- Love, affection and belongingness
- Esteem
- Self-actualization

Does this represent all our needs?

In the field of AAC, the physiological/biological and safety needs portion of Maslow's Hierarchy are those that come to mind when we broach the subject of basic needs. Therefore, we will define basic needs as those things/actions necessary for survival (physical well-being). Some of which are represented on the communication board above.

Functions of Human Communication

Meeting our basic needs is, by definition, vital to our ongoing physical well-being whether they are met independently (e.g., fixing yourself a sandwich, going to the bathroom) or by communicating the need for others to meet (e.g., asking for a snack, asking for assistance to use the restroom). When basic needs go unmet, the results may include illness, injury, pain, abuse, neglect, medical intervention, hospitalization and possibly death. In no way do we wish to diminish the importance of ensuring that individuals are able to meet these needs on their own or by expressing them to others.

Expression of basic needs, however, is not the only reason humans communicate. We can look at Maslow's Hierarchy of Needs above to see other functions of communication. In addition, Light (1996) proposes four purposes of human communication:

- Wants and needs—Includes basic needs as we have defined them above as well as individual wants (e.g., television, music, hug, more of an activity, break)
- Information transfer—Sharing information (e.g., how to change a tire, directions to one's home, answering questions in school, directions to a co-worker or caregiver)
- Social etiquette—Socially accepted greetings, closings and polite words and phrases (e.g., thank you, please, you're welcome)
- Social closeness—Messages that facilitate initiation, maintenance and deepening of social relationships (e.g., stories, asking questions, compliments, feedback)

Think for a moment about your own days. Consider the purpose behind much of your communication. If you are a parent, student, co-worker or employer, you may say that "information transfer" makes up much of your communication—directing others or sharing information. Communication with family members and friends is often for the purpose of social closeness—deepening our relationships. When we are in a public place, social etiquette plays a major role in our interactions. Expressing wants and needs is certainly a part of what we share with each other but it is not ALL that we communicate nor is it all that those with complex communication needs desire to communicate.

***Definition:** Augmentative and alternative communication (AAC) refers to communication tools and techniques used individually or in combination to supplement communication for people who have difficulty communicating through speech or writing. AAC includes unaided communication techniques (e.g., pointing, gestures), low technology aids (e.g., communication books and boards) and high technology communication devices (e.g., devices and computers that have voice output also known as speech generating devices or SGDs).

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Why might we believe this myth?

If we know that spoken communication is more than just expressing basic needs, why would we believe that AAC should be any different? Why would we withhold AAC from someone who might be able to communicate basic needs but cannot express other communicative functions?

- We may think that AAC is only for those with physical disabilities who may have difficulty meeting their basic needs.
- We may be under the impression that communication of basic needs alone will assure adequate medical status and help avoid medical complications. Therefore, basic needs would be the only relevant justification for AAC to funding sources.

Neither of these statements is true.

Some individuals with physical disabilities such as cerebral palsy or ALS may be unable to independently meet their own basic needs (those which sustain physical well-being). This places them at medical risk. It is important that their AAC systems provide a means of communicating basic needs. However, the ability to express basic needs alone will not ensure physical well-being or avert medical issues. Unmet relational/social needs identified by Light and Maslow can also affect one's health.

Blackstone et al. (2007) indicates that augmented communicators have "fewer communication partners overall" and that they are made up largely of "family members and paid workers, rather than friends or acquaintances." Cooper et. al. (2009) points us toward a portion of the large body of research indicating that loneliness is a major contributor to physical and mental health issues and is a result of the lack of meaningful relationships and social isolation.

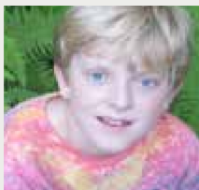
> *Communication is important for maintaining relationships and helps to decrease feelings of loneliness (McWhirther, 1990). Oswald and Clark (2003) identified communication, including electronic communication, as a significant factor in the maintenance of "best friendships" for 249 students in their first year of college. However, people who use augmentative and alternative communication (AAC) often experience problems with communicative interactions (Higginbotham & Wilkins, 1999), which can make it difficult to form and maintain friendships and other relationships. They may, therefore, be at a heightened risk of experiencing loneliness and difficulties with forging friendships.*

Individuals who are unable to communicate to initiate and develop relationships are likely, therefore, to be at greater risk for physical and mental issues potentially resulting in the need for medical care. This is of importance as we make decisions about the provision of AAC as well as justifying it to funding sources.

This issue is not specific to those with physical disabilities but to anyone with a communication impairment that interferes with the ability to communicate regarding, as Light defined, social closeness and information transfer or, as Maslow identified, love, affection and belongingness, esteem and self-actualization.

Let me introduce you to two individuals who would fit into the later description without the benefit of AAC.

Tania is a woman with aphasia, a language disorder resulting from a neurological event. She is able to make herself coffee, get food, use the restroom and get a blanket if she is cold. She is able to dress herself and take care of her daily needs as well as those of her family. Due to her aphasia, she has difficulty telling people what she wants, expressing her feelings, sharing stories about her life, asking questions, indicating her opinion and participating in typical adult activities (e.g., banking, ordering at a restaurant, shopping).



Evan is a boy with autism. He uses his limited speech, some gestures and pointing to make his basic needs known. When these methods are not successful, he will grab someone's arm and take them to what he wants. Currently, he has difficulty expressing what he wants with his speech. He has difficulty in social interactions being unable to share funny stories or information about himself. He is able to answer yes/no questions but has difficulty if asked a choice or wh– question. As he gets older, we expect that he will become more independent in taking care of his basic needs but we do not know when or if his speech, gesture and pointing will meet his social needs.

They both struggle to express communicative functions that would allow them to communicate beyond basic needs such as sharing stories, offering opinions or interacting socially with peers.

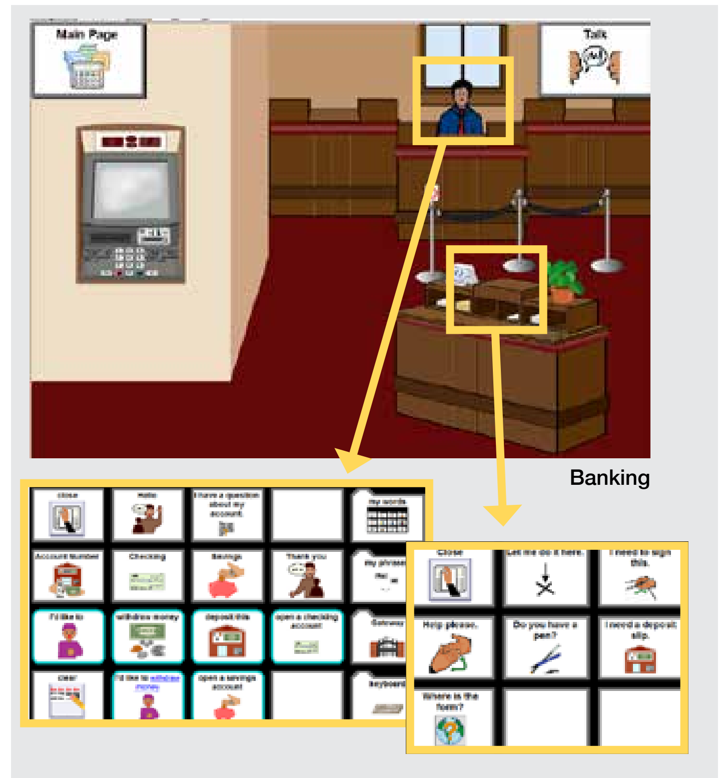
How can AAC help move beyond basic needs?

You may be more familiar with communication books, boards or devices that address basic needs (such as the communication board on page 1). Let's talk about how AAC, especially high tech AAC, may help in expressing the more socially-oriented functions. Let me share just a few examples from two DynaVox communication devices.

Many of us want to tell stories about ourselves and others. Photographs with comments and questions can be provided to not only tell the story but encourage interaction.

Stories

Often, augmented communicators want and need to participate in activities in the community. This is where they interact with friends and neighbors as well as establish or re-establish social roles. Below are examples of common messages for two daily activities outside the home—walking in the park and banking.



Banking

Park

An individual who wants to share during conversation with friends by asking questions and commenting might be provided with messages appropriate for “small talk.” These messages do not express basic needs. Rather, they allow an individual to quickly answer and ask questions, draw attention to self or other things, comment, express opinions and more.

Using small talk during conversation is not just a good idea; it is actually based in research. King et al. (1995) reported that “expert adult AAC users” report “the importance of small talk in successful interactions” for social closeness. Building social closeness, or belonging, is one of Maslow’s basic needs and Light’s purposes of communication about which we talked earlier.

At DynaVox, it is our goal to provide augmented communicators with tools to support the variety of reasons to communicate including, but not limited to as we have shown in the previous examples, basic needs. By using these tools, individuals with complex communication needs can experience a higher quality of life.

Quality of Life

What influences quality of life? You may have your own answer but let’s see what research tells us.

Ditto et al. (1996) explored what health impairments both college students and elderly adults would rate as a “fate worse than death.” These groups specifically ranked being unable to communicate as a “fate worse than death” following only coma and “inability to reason and remember” for elderly adults and coma and chronic pain for college students. The students and elderly adults also rated the extent to which being unable to communicate would interfere with the activities they valued most in life. Both groups rated “interacting with family and friends” as the most valued activity influencing quality of life by a landslide.

Hamm & Mirenda (2006) found that a positive correlation exists between “quality of life and quality of communication scores.”

Fried-Oken & Bardach (2005) discuss end of life issues for those who use AAC. Communication of needs and preferences related to care were rated as beneficial. But both AAC users and caregivers indicated that sharing emotions and thoughts to facilitate social closeness was of the utmost benefit.

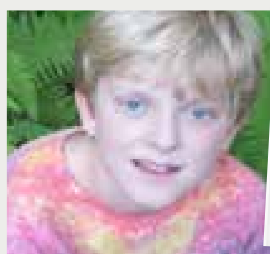
This research reinforces the vital importance of communication for the purpose of social closeness in all of our lives. Such communication is completed without thought by those of us without communication impairments. We experience the benefit of well-being (emotional and physical) because of our connection to others. Belief in the myth we have been discussing has robbed those with complex communication needs of these experiences and opportunities to their emotional and physical detriment.

Summary: Truth or Myth

The research we have explored tells us that AAC as a tool for basic needs only is a myth. Specifically, it tells us that AAC is not only for those with physical disabilities who may have difficulty meeting their basic needs but for anyone whose communication methods do not accommodate expression of all communication functions. Gloria, a participant in a recent study (Cooper, 2009) stated, “AAC has really advanced my relationships with family and friends. Without AAC I would not be able to talk to people independently.”

This is also true of Evan and Tania.

Tania has a DynaVox V that she uses to participate in activities she loves—interacting with friends and family, shopping, attending parties. Tania uses her device in conjunction with her speech and gestures to share stories about her life and upcoming news. She enjoys a satisfying life filled with meaningful relationships.



Evan has a DynaVox Maestro. He uses the device to interact with his friends in the lunchroom, participate in classroom activities with his peers, gain attention in a socially appropriate way from those around him, ask for things he wants and provide his opinion. Evan is developing relationships with his peers who indicate that they have a greater sense of who he is and what matters to him.

Let us hope that we hear such reports more frequently!

Other Myths Affecting Provision of AAC

In addition to this myth about expressing basic needs, there may be other reasons individuals do not readily receive AAC when they need it. The following myths are also addressed in DynaVox's Implementation Toolkit:

"AAC Myths Revealed—AAC will Keep Someone from Talking"

"AAC Myths Revealed—Some Speech Means AAC is not Needed"

"AAC Myths Revealed—A Child Can Be Too Young for AAC"

"AAC Myths Revealed—Too Soon After Neurological Event"

Search for "Myth" on the Implementation Toolkit to find these resources!

References

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Maslov, A. (1943). A Theory of Human Motivation. *Psychological Review*, 50, 370-396.

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