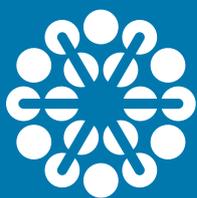


# RESEARCH TO ACTION

>> Bridging the  
gap between  
what we know  
and what we do



Centre for  
Applied Disability  
Research

An Initiative of National Disability Services

**NDS** National  
Disability  
Services

# Communication: First Principles



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**ABOUT THIS GUIDE** This Research to Action Guide: Communication First Principles is a suite of resources produced by CADR on this topic. The suite includes a rapid review of the evidence and practice guides for practitioners, practice leaders, and people with complex communication support needs (available at the CADR Clearing House, <http://www.cadr.org.au/about-cadr/research-to-action-guides>).

Using the existing research evidence, this Guide establishes a set of first principles for interacting with people who have complex communication support needs (CCSN). The Guide explains the rationale behind each principle, and provides a resources for readers wishing to engage with the underlying research and put it into action.

**FEEDBACK** Do you have feedback, or a suggestion for a Research to Action Guide? We welcome your thoughts and ideas. Please contact [info@cadr.org.au](mailto:info@cadr.org.au).



# COMMUNICATION: FIRST PRINCIPLES

## ABOUT THIS GUIDE

Communication is a fundamental human right. Under the United Nations Convention on the Rights of Persons with Disability, all individuals have the right to “seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice” (2007, Article 21). Nonetheless, freedom to express and access information can be compromised for service users with communication disability.

This Research to Action Guide explores the ‘first principles’ when working with people who have **Complex Communication Support Needs (CCSN)**.

Service users with CCSN require additional strategies and/or specialised resources to support their expression or understanding. This applies to:

- People who use formal **Augmentative and Alternative Communication (AAC)** strategies, such as communication books/boards, picture cards, speech generating devices, and Key Word Sign;
- People with **significant receptive or expressive language difficulties** (for instance, as the result of a brain injury, stroke, or developmental disability);
- People with **severe or profound intellectual disability**.

There are currently no clear statistics on the prevalence of CCSN among disability service users in Australia. It is likely to be high. Of the 1.4 million Australians with disability who access formal support services, 44 per cent receive some assistance around communication<sup>7</sup>. In addition, communication is the number one area in which people with disability seek informal (unpaid) assistance<sup>7</sup>. This guide addresses a number of ways for communication partners to enable successful interactions with people who have CCSN through environmental adaptation and the use of specific techniques and resources.

## THE ROLE OF COMMUNICATION PARTNERS

Successful communication is critical to the social, emotional, and physical wellbeing of people with CCSN<sup>9,10</sup>, and communication partners play a major role in achieving these outcomes.

In this guide, we use the term **communication partner** to refer to anyone involved in an interaction with someone who has CCSN. This can include family members, friends, professionals, and even strangers. Based on a rapid review of relevant literature from 2007–2017 (see Appendix A), we have distilled a set of guiding principles that partners can employ across a range of contexts, interactions, and with a variety of clients.

Part 1 of this guide examines broad practices that promote respectful and fulfilling interactions with clients who have CCSN. Part 2 takes a closer look at some specific interaction strategies and tools that can facilitate this process. Nonetheless, these supportive strategies are not always intuitive<sup>11–13</sup>, and many require conscious effort and training for partners to master. As such, formally building staff capacity in this area can be a valuable investment for organisations of all sizes<sup>5, 8</sup>.

Part 3 of this guide addresses ways to develop an enduring communication support framework around a person with CCSN. This includes ways partners can document and share information about a person's communication needs. Finally, in Part 4, we showcase ways that service providers can build communication partner capacity at an organisational level.

Appendix B of this guide links to a range of resources collated by this R2A community which may aid in the implementation of these principles within the disability services sector. Note that not all strategies will be appropriate to use with all people who have CCSN. In all cases, the individual's preferences and identified support needs will be of paramount importance.

## PART 1: PROMOTING RESPECTFUL AND FULFILLING INTERACTIONS

Inclusion and respect share a symbiotic relationship. This section examines the first principles in building respectful and fulfilling interactions with people who have CCSN.

### MAINTAINING HIGH EXPECTATIONS FOR PARTICIPATION

Recognising people with CCSN as unique and capable individuals is crucial for their social inclusion.

Communication partners in Johnson et al.'s study<sup>6</sup> described several catalysts in the development of positive relationships with people who had severe intellectual disability; one being a recognition of that person's unique, quirky or admirable character traits. This recognition of character "came from observing the individual with others, listening to each other's stories, participating in social interaction, and spending time together" (p. 329).

*"Sometimes people ignore me; they are surprised I can speak."* **Person who uses AAC**<sup>1</sup>

*"They see my husband as being my carer and they always talk to him and I get so offended because I'm just like my husband. They think I can't understand, but I can."* **Person with Intellectual Disability**<sup>8</sup>

People with CCSN report that their abilities are frequently misjudged, and this creates major barriers to participation<sup>8,14</sup>. Several authors and participants cautioned partners not to underestimate the abilities of people with CCSN to express themselves or understand<sup>1,2,9</sup>, and to address the person with CCSN directly in interactions. Recognising a person's ability to communicate, even via the most subtle channels, has been shown to increase participation and autonomy<sup>15</sup>. At the same time, it is important to clarify messages and check the extent of a person's comprehension, particularly in high-risk legal, financial, or medical situations<sup>16</sup>. This can be a difficult balance for partners to strike<sup>8</sup>.

People with CCSN report an interest in talking about a wide range of topics<sup>17</sup>, yet in reality, many find their conversations limited to concrete topics such as healthcare or daily needs<sup>4,9,17-19</sup>. Additionally, some topics such as sexuality or employment may be vetoed by partners as uncomfortable or irrelevant<sup>17</sup>.

*"It feels really nice that someone . . . someone that just wants to speak with you! One feels like a human being. It feels 'Wow!'"* **Person with Aphasia**<sup>4</sup>

Providing opportunities to talk about a full and age-appropriate range of subjects is critical, and a person's interests should be respected.

## RECIPROCITY: SHARING THE MOMENT

*“If you relate to him as well and relate sincerely, that builds a relationship and he connects with you.” Support Worker for a client with severe intellectual disability<sup>6</sup>*

Reciprocity is the foundation of most social relationships. Taking the time to share moments of banter, collaborative activities, or emotional expression (e.g. laughter or smiles) can support positive interactions with the most complex of communicators<sup>6</sup>.

Reciprocity also requires participants to share control of an interaction<sup>6,18,20,21</sup>. Close attention to a person's idiosyncratic behaviours (e.g. eye-gaze, facial expressions, body language, sounds, and even breathing patterns) can offer clues about their interests and preferences<sup>2,9,20,22,23</sup>. For example, a person's gaze shifts can indicate their desire to maintain or end a conversation<sup>18,22</sup>.

Observational studies suggest that higher degrees of partner sensitivity and responsiveness to these behaviours correlate with a greater number of initiations from people with profound intellectual disability<sup>15, 24</sup>.

## OPTIMAL COMMUNICATION ENVIRONMENTS

Many environmental factors impact on communication success for people with CCSN and their partners<sup>1,4,25,26</sup>.

Where possible, partners should try to optimise the environment to enable effective communication. This may involve:

- **Prioritising face-to-face communication.** Telephone communication may be difficult or even impossible for some individuals<sup>27</sup>. Other people may prefer email or social media interactions due to the slower pace required<sup>3</sup>;
- **Minimising background noise and unnecessary distractions<sup>4,9</sup>.** These can cause problems for both the speaker and listener;
- **Scheduling important interactions for quieter times in the day<sup>9</sup>;**
- **Addressing physiological factors** such as positioning, fatigue, temperature, pain, illness, medications, or stress<sup>4,18</sup>.

Activities involving group interactions, meeting new people, reading and writing, internet browsing, or using the telephone can be particularly challenging for people with CCSN<sup>4,11,26</sup>. Support from trained individuals has been shown to increase the success and independence of people with CCSN in many of these settings<sup>26</sup>.

## PART 2: SUPPORTIVE STRATEGIES

People with CCSN might use a variety of communication modes, including **unaided communication** (e.g. speech, sign language, gesture, facial expressions, body language) and **aided communication** (e.g. picture cards, boards, books, and technology). It is important for partners to know the full range of communication modes the person typically uses<sup>9,12,18</sup>, and to be capable of supporting these.

This section of the report identifies strategies for supporting successful interactions with people who have CCSN. It is important to note that the following strategies will not be appropriate or helpful for all people with CCSN. Partners should seek guidance from the person and/or their support network in the first instance, and may also find it useful to consult a speech pathologist for advice.

### PATIENCE

People with CCSN have reported that they value patience in their communication partners<sup>1,3,4,14,19,28</sup>.

When partners interrupt, rapidly repeat questions, change topics too quickly, or give up all together, a person with CCSN may be denied a chance to initiate or respond<sup>1,4,19,25</sup>, and may feel their contributions are not valued<sup>4,19</sup>.

“If I am going to say something, everyone is gone, you know. Yes, that’s a problem!”

**Person with Aphasia**<sup>4</sup>

**Pausing for at least 10 seconds** allows people with unclear speech and those who use aided AAC more time to generate their message<sup>9,12</sup>. Note that pausing for more than 2–3 seconds is likely to feel unnatural at first. Training and practice is usually required for partners to feel comfortable and confident with this strategy.

### STRUCTURED INTERACTIONS

Some people with CCSN have difficulty expressing themselves due to language and speech production difficulties or a slower rate of message generation, and may benefit from some structuring of interactions<sup>4,19,29</sup>. For instance, you could use:

- Yes/No questions and closed choices (e.g. “Are you telling me about home or Vera’s?”) can also increase response efficiency<sup>12,19</sup> and alleviate word-finding demands<sup>4,29</sup>.
- Open-ended questions (e.g. “Are you trying to tell me about how you’re feeling?”) may help to establish the context of a message without restricting the content<sup>29</sup>.

While helpful in some instances, **over-use of these strategies can limit the freedom of people with CCSN to direct an interaction**. They should therefore be employed cautiously and with regard to the person’s preferences at the time.

### SIMPLIFYING SPOKEN LANGUAGE

Many (but not all) people with CCSN experience difficulty with language comprehension. This can impact on a person’s ability to follow instructions, understand and learn new information, and

keep up in social conversations.

“With Sandra you always speak a bit slower because there’s no point racing through something. Even if she understands, it takes a little while to process it” **Family Member**<sup>6</sup>

Communication partners should **speak clearly and at a moderate pace**. Speakers who yell or who slow their rate to an exaggerated level can actually be harder to understand<sup>4</sup>.

**Plain language** can also be helpful<sup>16</sup>. This involves using shorter sentences and choosing words that the person is likely to be familiar with. Plain language should still be respectful and does not preclude discussions about age-appropriate topics.

## NON-VERBAL CUES

Research suggests that many partners rely heavily on speech in their interactions with people who have CCSN<sup>18</sup>, yet this strategy will be insufficient for many communicators.

People with profound intellectual disability, for instance, are unlikely to understand words, pictures, or text<sup>20</sup>, relying instead on **non-verbal cues** such as touch and tone of voice to understand what is happening. They are likely to benefit from the use of **real object props, multisensory input** (e.g. familiar smells and sounds) and **communicative touch**, if appropriate<sup>2,18</sup>. This might include a touch on the arm or shoulder to gain the person’s attention, and the provision of hand-over-hand guidance to perform tasks or explore objects in the environment.

## VISUAL AND WRITTEN PROMPTS

Some people with milder language difficulty can benefit from information that is supplemented with pictures, symbols, signs, or text<sup>5,9,11,30</sup>. For instance, you could use:

- **Written choice:** Providing options as written words
- **Visual scenes:** Meaningful photographs or drawings that can be used as a conversation prop
- **Natural gestures** and **Key Word Sign**, where important words in spoken sentences are highlighted using sign language
- **Easy English:** Simple written resources paired with pictures or photos, which can be used to structure complex discussions

Another common strategy is the use of **aided language stimulation**, where partners model AAC usage on the person’s AAC system or an identical device. This strategy can have additional benefits for vocabulary and grammar development in children and adults who are learning aided language<sup>1,31</sup>, but may be inappropriate when talking to established AAC users.

## ACCESS TO AAC RESOURCES

As stated in the introduction, some people with CCSN use aided **augmentative and alternative communication** (AAC) resources such as cards, books, boards and electronic devices<sup>1,4,27</sup>. Well-chosen AAC systems can be instrumental in improving comprehension and expression, supporting independence, and reducing anxiety<sup>3,27,30,32</sup>. An individual’s AAC system(s) must be operational and consistently available across all communication contexts<sup>18,33</sup>. Many adults

with CCSN independently manage their own AAC, but value assistance from a communication partner when needed (for instance to set up or charge a device)<sup>1,3</sup>. Younger individuals or those with intellectual disability can also be supported to manage their own AAC system<sup>25</sup>.

*“Using a communication aid is dependent upon another person offering you the aid and being made aware when you might need it.”* **Person who uses AAC**<sup>3</sup>

People with high support needs are reliant on communication partners for most tasks relating to their AAC system, and it is of little surprise that AAC availability is generally low for this group<sup>25</sup>. Establishing and updating AAC resources can be time intensive<sup>27,32</sup>, and partners’ concerns (e.g. that a system is too complex, stigmatising, or is unnecessary for a specific individual) can also create barriers to their use<sup>4,32</sup>.

In contrast, partners may be more ready to accept AAC that results in tangible benefits such as reduced anxiety or improved co-operation<sup>32</sup>. Uptake of AAC is improved when partners are well-trained in its use<sup>27,32</sup> and have been involved in decision-making from the outset<sup>34</sup>.

## MANAGING COMMUNICATION BREAKDOWN

*“Diane said something that was interpreted as chocolate. She was then shown a choice of objects, the chocolate sauce or the strawberry sauce and she reached out for the strawberry.”* **Support Worker**<sup>6</sup>

People with CCSN report valuing partners who will work to resolve communication breakdowns<sup>3,19</sup>.

When a person’s expressive communication is unclear or ambiguous, it is important that communication partners check their own understanding<sup>9</sup>. It is equally important to check that a person with CCSN has understood what is being communicated to them. In both instances, this may involve repeating the message back, waiting for recognition or confirmation, and seeking clarification if necessary<sup>9,21,35</sup>.

Establishing the preferences or assent of a person with profound disability may require an analysis of the person’s response patterns to objects, activities or sensations across repeated instances<sup>23</sup>. Familiar communication partners can also be consulted to help resolve misunderstandings<sup>6</sup>.

## PART 3: ENABLING AN ENDURING COMMUNICATION SUPPORT FRAMEWORK

Complex communication support needs are often life-long, but are not necessarily stable across a person's lifetime. This section explores principles in maintaining and adapting communication supports for people with CCSN in the face of contextual, personal, and personnel changes.

### SUPPORTING COMMUNICATION DIVERSITY

People with CCSN show the same diversity as the general population. Some factors that can place people with CCSN at additional risk of experiencing communication breakdown include:<sup>2,8,16</sup>

- **Sensory and cognitive impairments**, which are common in people with severe or multiple disability.
- **Physical impairments** – These can limit someone's ability to initiate, join or participate in an interaction.
- **Limited English proficiency and/or limited literacy**. People with CCSN and their families have a right to an interpreter if English is not their first language.
- **Limited health literacy** – This can reduce a person's ability to navigate the health care system and make informed decisions.
- **Additional discrimination** based on a person's cultural, ethnic or religious background, sexual orientation, or gender identity can negatively impact on interactions.
- **Personal attitudes and values about communication**, including grief or embarrassment about a new or worsening communication disability.

### ANTICIPATING AND MANAGING CHANGES

A person's communication support needs may evolve over time<sup>33</sup>, requiring adaptations to resources and strategies as the person's health or circumstances change<sup>11,28,36</sup>.

For example, people who become acutely unwell may require special or supplementary AAC solutions<sup>16</sup>, and complications from intubation, sedation, or medication side-effects must also be considered. For transitions in care (e.g. hospital admissions or respite), clear hand-over instructions concerning the person's communication needs and preferences should be provided<sup>16</sup>. Hospitalisation may also involve the assignment of a support person to act as a communication assistant or intermediary during the stay.

### SHARING AND DOCUMENTING KNOWLEDGE

**“She does talk, she may not verbalise but she definitely talks.” Daphena, support worker for Yvonne (a person with profound ID) for over 20 years.**<sup>2</sup>

People with CCSN and their long-term communication partners are likely to have established many strategies for effective communication. Sharing these patterns and preferences can help new partners to meet the person's needs more effectively<sup>9,11</sup>. Information can be shared informally by word-of-mouth – a method which most support workers interviewed by Johnson

et al<sup>6</sup> expressed a preference for.

Partners can also teach each other by working together and offering incidental assistance, however the practicalities of this can be challenging, particularly for home support staff who often work alone<sup>6</sup>.

One way to formally document a person's needs and preferences is via a **personal communication dictionary (PCD)**. This can help partners to accurately interpret the person's behaviours or expressions<sup>11</sup>.

People with CCSN can also be supported to document or share information about their own communication needs and preferences. For instance, they may work with familiar partners to construct an '**About Me**' book or a **wallet card** that can be used during community interactions<sup>8</sup>.

Developing these resources together can be a positive experience for all involved<sup>28</sup>. For assessment or diagnostic purposes, accurate communication profiling may be facilitated with the use of a formal checklist tool in consultation with a speech pathologist or other specialist<sup>34</sup>.

## PART 4: BUILDING COMMUNICATION PARTNER CAPACITY

In this final section, we address first principles in building the capacity of paid partners (e.g. support workers and other professionals). This section is primarily addressed at employers, managers, and training providers.

### TAILOR TRAINING TO SPECIFIC INDIVIDUALS AND SETTINGS

Training communication partners within naturalistic contexts (e.g. daily routines or everyday interactions) is essential to the uptake and maintenance of new skills<sup>2,11,13,15</sup>. The targeted strategies should be tailored to the needs and preferences of the person with CCSN<sup>19</sup>, and should already be established as effective and appropriate for that individual<sup>37</sup>.

It is also important to recognise communication partners' pre-existing knowledge and values about communication<sup>2,11,32,38</sup>. In many cases, such knowledge can act as a foundation for future practice<sup>11</sup>. Conversely, ineffective strategies and inaccurate knowledge can be a barrier to successful interactions<sup>4,11,32</sup>, but must be confronted with caution and respect.

Finally, communication partners' learning preferences should also be taken into account, as these can vary considerably. For instance, Thiessen & Beukelman<sup>39</sup> found that female communication partners typically preferred to learn new skills in small group contexts, while males typically preferred to study independently. Learners' values around the type of training (e.g. step-by-step practical instruction, remote training, case-based learning, etc.) and their cultural and linguistic backgrounds are also highly variable and are likely to influence their learning<sup>21,39</sup>. These factors must all be considered in the delivery of training.

### INSTITUTIONAL BARRIERS AND FACILITATORS

Successful participation for people with CCSN is in part reliant on the values of the professional institutions that serve them<sup>14,26,33</sup>. Institutional facilitators include the availability of AAC resources, increased time allocations for interactions, consistent pairings of service users

and staff, adequate training of staff as communication partners, and a general commitment to inclusion<sup>9,18,33</sup>.

Institutional policies can also impede communication best practice. For instance, despite the benefits of communicative touch for people with profound intellectual disability<sup>2</sup>, observations of 28 direct support workers showed that this strategy was not commonly used, possibly due to restrictive policies around client contact<sup>22</sup>.

Similarly, emotional engagement with clients may be seen to violate established professional boundaries<sup>2</sup>. Such policies may require revision in light of available evidence.

### INVOLVING PEOPLE WITH CCSN IN PARTNER TRAINING

The involvement of people with CCSN in the training process can be invaluable. People with CCSN have been successfully employed as in-person trainers<sup>5, 40</sup>. Where this is not possible, recorded interactions can also prove useful<sup>41</sup>. **Video feedback** is a specific training method where communication partners re-watch their own interactions with someone who has CCSN, and are supported to generate strategies for future interactions<sup>23</sup>.

### SKILL MAINTENANCE AND GENERALISATION

Several studies have noted a decline in supportive communication partner behaviours on follow-up<sup>42,43</sup>, suggesting that one-off, isolated training approaches may be insufficient to create robust changes.

In Victoria, the Communication Access Network (CAN) has tackled this problem by instituting training and regular audits of participating businesses by paid consultants with CCSN, to ensure that communication access standards are maintained<sup>5</sup>.

*“I look forward to doing the auditing each month because I now have some great friends who work at the leisure centre. The communication boards have made it more accessible for the public who have difficulty with speech.” **Access auditor with CCSN**<sup>5</sup>*

CAN also institutes ‘Communication Champions’ within disability services. Champions receive extensive training and ongoing support around communication accessibility and can support other staff<sup>5</sup>, though to be optimally successful, some level of first-hand training for all staff is likely to be important<sup>38</sup>.

The CAN programs have been reported to be “effective in achieving a positive culture of communication across the services”<sup>5</sup>, highlighting the value of adopting a broad and networked approach to partner capacity building.

## CONCLUSION

People with CCSN report that supportive and knowledgeable partners mitigate substantial misunderstanding and frustration for all parties<sup>4</sup>.

Our findings suggest that true partner capacity extends beyond competence in basic communication strategies. Being a supportive partner means being sensitive to the importance of diverse and meaningful communication, being able to optimise interaction environments and opportunities, and being willing to share knowledge and build the capacity of others.

Nonetheless, research suggests that many of the skills addressed in Parts 1–3 are unlikely to be considered by untrained partners<sup>11,13</sup>. This necessitates targeted education around these skills, and is likely to require an institutional commitment to capacity building and communication access well into the future<sup>31</sup>.

## APPENDIX A – RAPID REVIEW METHOD

This work was guided by a steering committee of people with CCSN and professionals who work in the communication disability field. The review entailed a systematic search for scholarly literature from 2007 to 2017. (See search terms and limits in Table 1, below.) Papers were evaluated against the following inclusion and exclusion criteria (Table 2), resulting in 42 included studies. The complete review process is outlined in Figure 1.

**Table 1: Search terms and limits**

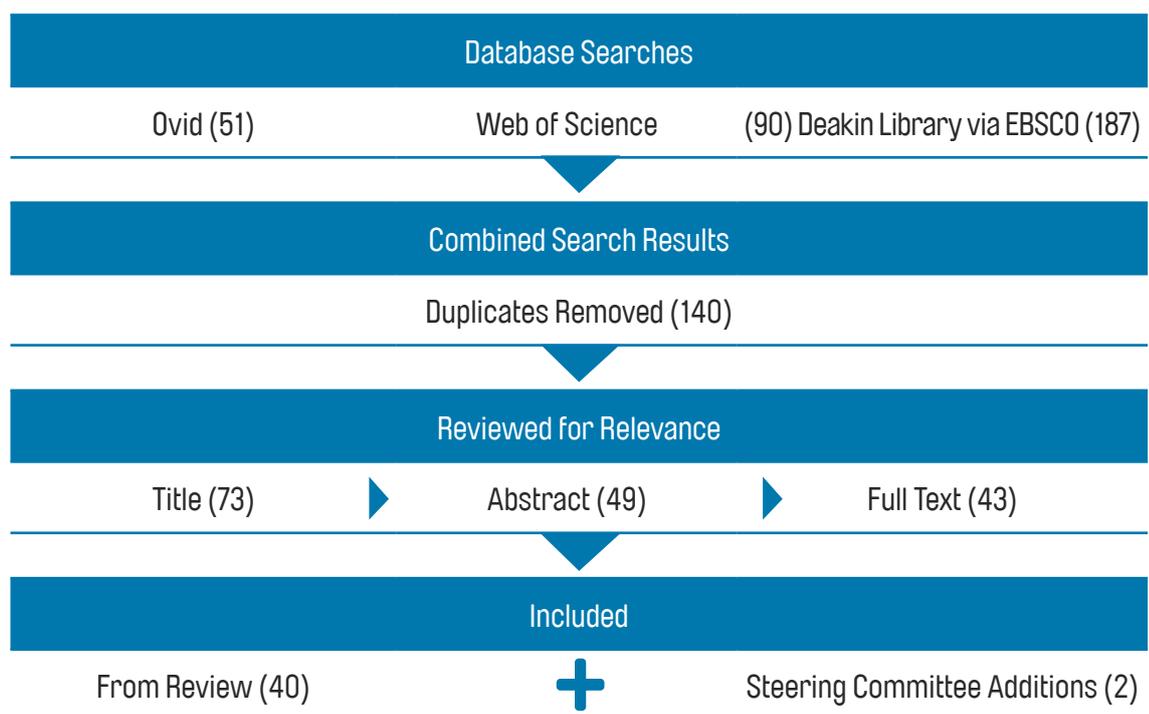
Search Limits	Databases
English language	Ovid
Full text available	Web of Science
Publication date 2006–2017 (10 years)	Deakin University Library Collection (via EBSCO)

**Final Search String:** (“complex communication needs” OR “severe communication impair\*” OR “augmentative and alternative communication” OR “AAC” OR “severe and multiple disabilit\*” OR “profound intellectual” OR “communication support needs” OR “communication disability”) AND (“communication partner\*” OR “interaction partner\*”)

**Table 2: Inclusion and exclusion criteria**

Category	Inclusion	Exclusion
<b>Focus</b>	Strategies targeted at or primarily used by the communication partner in naturalistic interactions.	Strategies primarily used by the person with CCSN. Specific technologies or commercial resources for communication.
<b>Population</b>	Chronic acquired, developmental, or neurodegenerative communication disability.	Acute CCSN (e.g. resulting from acute aphasia or intensive care procedures). Deaf people or those with sensory impairments (unless participants had additional CCSN such as intellectual disability or aphasia).
<b>Age</b>	Adults/children >5 years	Infants and pre-schoolers
<b>Format</b>	Original scholarly articles and reports including case-reports and literature syntheses	Book/article reviews, editorials, letters or commentary pieces, conference abstracts < 1000 words
<b>Context</b>		Not relevant to Australia (e.g. communication partner training in low-resourced nations)

**Figure 1: Literature review stages**



The final sources included 35 empirical research studies and seven additional resources (see Table 3). Of the 42 studies, the majority (29) focused on adults. Nine studies addressed children’s communication, three addressed both ages, and one did not specify ages. A wide range of communication disabilities were also represented across this literature (see Table 4).

**Table 3: Publication types among included studies**

<b>Publication Type</b>	<b># of publications</b>
<b>Reviews</b>	<b>8</b>
Meta-analysis	...1
Systematic Review	...4
Non-systematic Review	...3
<b>Experimental and Quasi-experimental Research</b>	<b>6</b>
<b>Qualitative Research</b>	<b>22</b>
Interview Studies	...9
Survey Studies	...2
Observational Study	...9
Mixed Qualitative	...2
<b>Mixed Methods (qualitative + quantitative)</b>	<b>2</b>
<b>Non-empirical</b>	<b>4</b>
Case report	...2
Practice Guidelines	...2

**Table 4: Focus populations of included studies**

<b>Focus Population</b>	<b># of publications</b>
<b>CCSN – Unspecified or Mixed</b>	<b>8</b>
<b>People who use AAC</b>	<b>12</b>
Severe-Profound Intellectual/Multiple Disabilities	...12
Rett Syndrome	...1
Autism Spectrum Disorder	...1
<b>People with an Acquired Communication Disability</b>	<b>8</b>
Aphasia	...4
Amyotrophic Lateral Sclerosis	...2
Traumatic Brain Injury	...1
Unspecified	...1

## APPENDIX B: USEFUL RESOURCES

Resource	Description	Links to Further Information
<b>Communication Aids and Techniques</b>		
<b>Key Word Sign</b>	Key Word Sign is the use of manual signs and natural gestures to support communication. It is used to encourage and support language development in children and adults with communication difficulties. It is not the same as Sign Language.	For more information about Key Word Sign, including current training dates and locations, visit the Key Word Sign Australia website: <a href="http://www.scopeaust.org.au/key-word-sign-australia/">http://www.scopeaust.org.au/key-word-sign-australia/</a>
<b>Visual Resources and Non-electronic Communication Aids</b>	Visual resources for communication may include books, boards, picture cards, eye-gaze charts, and comprehension supports such as picture timetables.	To see a range of different communication aids with explanations, visit the NECAS website (Non-Electronic Communication Aids Service): <a href="http://www.scopeaust.org.au/communication-aids/">http://www.scopeaust.org.au/communication-aids/</a>
<b>Easy English</b>	Easy English is a way of designing written information to make sense to people who have difficulty reading and/or understanding written English.	Examples of Easy English can be found on the Scope Victoria and the Access Easy English websites: <a href="http://www.scopeaust.org.au/service/accessible-information/">http://www.scopeaust.org.au/service/accessible-information/</a> <a href="http://dev.accesseasyenglish.com.au/access-easy-english-examples/">http://dev.accesseasyenglish.com.au/access-easy-english-examples/</a>
<b>Talking Mats</b>	Talking Mats is a tool to help people with communication difficulties express opinions, choices, and preferences.	For more information about Talking Mats and how they can be used, see: <a href="http://www.talkingmats.com/about-talking-mats/#howitworks">http://www.talkingmats.com/about-talking-mats/#howitworks</a> <a href="http://www.zytec.com.au/products/talking-mats">http://www.zytec.com.au/products/talking-mats</a>
<b>Supported Decision Making</b>	These resources contain information about providing decision-making support to people with mild and moderate cognitive disability.  Print and film resources have been developed for three groups: Service providers, families and carers, and legal professionals.	Access a range of free downloads from: <a href="http://www.scopeaust.org.au/research-project/decision-making-support-building-capacity-within-victoria/">http://www.scopeaust.org.au/research-project/decision-making-support-building-capacity-within-victoria/</a>

## Documenting Communication Needs and Preferences\*

<b>Communication Checklists</b>	Communication checklists can help to reliably track and document a person’s communication preferences and support needs. Communication checklists can also help in understanding challenging behaviour and diverse communication methods.	<p>Triple C Checklist: <a href="http://www.scopeaust.org.au/shop/triple-c-checklists-pack/">http://www.scopeaust.org.au/shop/triple-c-checklists-pack/</a></p> <p>Checklists for behaviours of concern: <a href="http://www.scopeaust.org.au/wp-content/uploads/2015/05/Communication-Assessments-for-People-with-Behaviours-of-Concern-Lit.-review.pdf">http://www.scopeaust.org.au/wp-content/uploads/2015/05/Communication-Assessments-for-People-with-Behaviours-of-Concern-Lit.-review.pdf</a></p> <p>Communication Assessment Profile for people with learning Disabilities (CASP): <a href="http://www.scopeaust.org.au/wp-content/uploads/2015/05/11.CASP_.pdf">http://www.scopeaust.org.au/wp-content/uploads/2015/05/11.CASP_.pdf</a></p> <p>Social Networks Inventory: <a href="http://www.scopeaust.org.au/wp-content/uploads/2015/05/15.SNI_.pdf">http://www.scopeaust.org.au/wp-content/uploads/2015/05/15.SNI_.pdf</a></p> <p>Communication Matrix (free online tool): <a href="https://www.communicationmatrix.org/">https://www.communicationmatrix.org/</a></p>
<b>Communication Passports and Communication Dictionaries</b>	Communication passports, communication dictionaries, and About Me books are all ways of documenting a person’s communication needs and other important information about them.	For detailed instructions on creating a communication passport, see: <a href="http://www.communicationpassports.org.uk/Home/">http://www.communicationpassports.org.uk/Home/</a>
<b>Multimedia Profiling</b>	A person with disability works with supporters to develop a multimedia profile about themselves using video, audio, and pictures. There are several MMP apps for mobile devices.	For a blog post on MMP, see: <a href="https://www.communicationaccessnetwork.com/uncategorized/multi-media-profiling-getting-to-know-me/">https://www.communicationaccessnetwork.com/uncategorized/multi-media-profiling-getting-to-know-me/</a>
<b>Training Resources</b>		
<b>Patient-Provider Communication Hub</b>	An online information hub about complex patient-provider communication. Website features case studies, training materials, and free resources for use in healthcare contexts.	<a href="https://www.patientprovidercommunication.org">https://www.patientprovidercommunication.org</a>

<b>InterAAction manual and DVD</b>	A set of resources, checklists, and training materials to get you started in communicating with those who have CCSN.	Purchase a copy of InterAAction here: <a href="http://www.scopeaust.org.au/shop/interaaction-manual-dvd-pack/">http://www.scopeaust.org.au/shop/interaaction-manual-dvd-pack/</a>  This Youtube video explains more about this set of resources: <a href="https://www.youtube.com/watch?v=MQQG6zPiNFA">https://www.youtube.com/watch?v=MQQG6zPiNFA</a>
<b>Listening to those rarely heard</b>	An approach to supported decision-making for people who do not communicate formally. This resource suite provides tested materials that can be used to facilitate best practice in supported decision-making.	Watch a section of the training video here: <a href="https://vimeo.com/21176882">https://vimeo.com/21176882</a>  Purchase a copy of the resources here: <a href="http://www.scopeaust.org.au/shop/listening-rarely-heard-guide-supporters/">http://www.scopeaust.org.au/shop/listening-rarely-heard-guide-supporters/</a>
<b>Good Things</b>	This video demonstrates how good communication contributes to full, rich and meaningful lives for adults with intellectual disability living in a group home. This video was made by the Inner South Communication Service, Victoria.	<a href="https://www.youtube.com/watch?v=PljrI54od6A">https://www.youtube.com/watch?v=PljrI54od6A</a>

\*All communication checklists should be completed by one or more supporters who know the person well. It is helpful to involve a speech pathologist to interpret what the results mean.

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