# **Resource Reviews**

## Augmentative Communication: Assessment Resource and Intervention Resource

Carol Goossen and Sharon Crain (1986)

Cost: \$37.00 (Each Resource Binder)

#### Published by:

Don Johnston Developmental Equipment Inc.

#### **Reviewer:**

Christine Beliveau Glenrose Rehabilitation Hospital Edmonton, AB

These two companion volumes are a compendium of the resource materials for developmentally delayed and physically handicapped individuals, amassed over a period of years at Sparke Centre for Developmental and Learning Disorders, Alabama. Each binder contains a collection of clinical strategy handouts, instructions for constructing or adapting equipment and materials, and equipment and reference lists. These are clinically oriented "how to" binders filled with creative and practical suggestions that can be used by professionals working with young and developmentally delayed children. The authors state that the volumes are applicable to a range of professionals including speech-language pathologists, special educators, and physical and occupational therapists. They have granted permission for select portions of the resources to be copied for clinical purposes such as inservice education and parent training.

The Assessment Resource binder provides a variety of information-from pre-assessment information gathering through the final device selection process. Three versions of a detailed intake questionnaire are outlined for preschoolers, school age children, and adults. This is followed by a section outlining preliminary assessment considerations including a checklist of early sensorimotor/cognitive skills based on the Uzgiris-Hunt Scale of Infant Psychological Development, procedures to test for the presence/absence of oral reflexes, and two suggestions for simple adaptations of standardized test materials for motorically involved individuals. The authors then describe a method of assessing whether first-letter cuing would be appropriate to supplement the speech intelligibility of dysarthric speakers. Then, introducing aided versus unaided communication techniques, the authors describe ways to evaluate a client's potential for using symbols or signs/gestures, with helpful suggestions on how to motivate and elicit representative responses from clients. This is followed by a section

on assessment of a client's potential to use direct or indirect (switch) access. Information is provided on how to assess direct selection techniques, and to determine the size and location of targets, the range of motion and accuracy in selecting targets of varying sizes, and how to customize communication displays using variable cell sizes. For clients needing switch access, the authors describe ways to assess movement patterns, control sites, and position a switch interface and discuss switch placement and mounting. Rate enhancing techniques are reviewed, and the authors end with a section on matching client needs and abilities with desired device characteristics. Included in this section are suggestions for simulating aspects of communication devices by using low-cost home computers (Commodore 64 and Texas Instrument PC). Resource lists are provided for suppliers of commercially available graphic symbol sets, dictionaries of symbol sets, and sign/gestural languages; commercially available and homemade equipment for accessing tools (mouthsticks, light beams, head pointers) and construction diagrams for an adjustable pegboard easel and play frames.

The focus of the Intervention Resource binder is on early intervention for physically handicapped children and the development of readiness skills for some form of symbolic communication. Handouts are provided on the correlates between early speech behaviours and non-verbal early augmentative communication behaviours. Also included are suggestions for developing early social skills. This is followed by a section helping the client make the transition from working with real objects to graphic representations of objects or gestures and sign language. A list of Signed English and AmerInd signs that can be readily shaped is included. There is a handout developing pretend-symbolic play skills. In the section on switch use, there are handouts on using a tape recorder as a spoken output communication device to develop simple call signals, other early forms of electronic communication, descriptions of early scanning training, and guidelines for computer access. An introduction is provided on the selection of an initial core vocabulary. Handouts are included on interactive eye gaze communication approaches and use of encoding techniques. Construction information is given for homemade keyguards, building simple switches, and adapting battery operated toys.

While the two resource binders are not intended to and do not provide a theoretical framework on decision-making in augmentative communication, the authors meet their objectives of providing functional information that can be readily used in the clinical setting. Their ideas on using low-cost or home-made equipment are excellent. Of particular benefit is the authors' positive focus on facilitating pragmatic communication skills. The handouts are concise, and helpful diagrams are included to illustrate directions. References are provided for those who wish to investigate an area of interest further. The information contained in these volumes would be appropriate for use in parent-training and inservice education and would be helpful for any professional working to develop early communications skills with physically handicapped individuals.

### A Handbook for the Laryngectomee

Third Edition, Robert L. Keith

Cost: \$3.95 (U.S.)

#### Published by:

The Interstate Printers and Publishers Inc.

#### **Reviewer:**

Lynda McPhee Glenrose Rehabilitation Hospital Edmonton, AB

This handbook is designed to provide the laryngectomee patient with helpful advice concerning esophageal voice, voice prosthesis, near-total laryngectomy with a speech shunt, mechanical or electrical artificial larynges, amplifiers, stoma coverings, financial assistance, medical identification, and personal care. It was developed for use in the communication rehabilitation of the post-laryngectomized patient. The handbook also would be of interest to the family and professionals working with the patient, particularly in terms of communication after laryngectomy.

The book begins with a very clear and meaningful explanation of the anatomical differences before and after a laryngectomy. A section on terminology follows this. Although some of the language was felt to be too complex, the placement of this section at the beginning was beneficial in view of the many new terms associated with a laryngectomy and communication after surgery. A question and answer section follows which focuses on reestablishing communication and the many factors affecting the acquisition of alaryngeal speech.

The next section deals with methods for learning esophageal voice. A good introduction begins this chapter with very practical suggestions/information, such as the importance of frequent practice, overarticulation, and relaxation. Although the explanation of the injection method was easy to understand, the language again was complex with too much jargon. A very brief explanation of the inhalation and 3 step method was given, but the average patient would probably need the assistance of a speech-language pathologist to fully understand these methods. The progression of the practice material was much too rapid, leading the patient/family to gain a false sense of the ease and rate of acquiring functional esophageal speech.

Included throughout the book are charts for rating communication proficiency using esophageal voice, voice prosthesis, and mechanical or electrical artificial larynges. These are 7 point scales ranging from no voice/non-functional output to intelligible/functional verbal communication. Unfortunately there is little information explaining how the patient should use this system and few guidelines as to average rates/stages of voice acquisition. It is doubtful that this chart would be very meaningful to the patient and his family in its present form.

The sections on voice prosthesis and near-total laryngectomy with a speech shunt were somewhat confusing and would need the interpretation of a speech-language pathologist. A comprehensive review of the available artificial larynges and amplifiers, including pictures of each, is next. It would have been helpful to have had approximate prices included for each device.

The author concludes the handbook with a rather thorough reference list for stoma coverings, reading and therapy materials/references, places to seek financial help, and medical identification. Information on personal care and artificial respiration is well written and would be of particular interest/use to the patient and family.

This handbook focuses primarily on the communication methods/problems following a laryngectomy. To maximize the benefits of this handbook, a speech-language pathologist should be available to assist in the interpretation of some of the material.