# The Efficacy of Group Intervention for AAC Clients who are Developing Early Communication Skills

## L'efficacité de l'intervention en groupe chez les clients d'un service de CS qui sont en train d'acquérir des techniques de communication de base

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## Abstract

In 1990 the Augmentative Communication Service (ACS) at the Hugh MacMillan Rehabilitation Centre (HMRC) in Toronto, Ontario changed their philosophy regarding service delivery. At that time, alternative models of intervention for augmentative and alternative communication (AAC) users were explored. Group intervention focusing on the training and education of a client's facilitators was one of these models. This paper will discuss the efficacy of conducting a group for facilitators who work with individuals who are developing early communication skills. Included in the paper will be a discussion of the format, content and outcome of this type of service delivery. Although feedback from the group members was generally positive, specific issues that will be discussed include the lack of comprehensive teams representing each client at the group sessions and the repeated requests for individual consultation. Thoughts regarding future directions for providing group intervention and questions that require further exploration will be provided.

## Abrégé

*En 1990, le Augmentative Communication Service du Hugh MacMillan Rehabilitation Centre de Toronto a modifié sa théorie au sujet de la prestation des services. De nouveaux modèles d'intervention auprès des utilisateurs de la CS étaient alors à l'étude. Un de ces modèles était l'intervention en groupe axée sur la formation d'une équipe communautaire de soutien à la communication auprès des clients. Cet article portera sur l'efficacité de la direction d'un groupe par des animateurs dont les clients sont en train d'acquérir des techniques de communication de base. L'article comportera une discussion de la forme, du contenu et des résultats de ce type de prestation de services. Bien que la rétroaction des membres du groupe soit généralement positive, on traitera de questions spécifiques, comme l'absence d'équipes complètes pour représenter chaque client aux séances de groupe et les demandes de consultations individuelles à répétition.*

*On fera part de réflexions au sujet des orientations ultérieures en vue d'assurer l'intervention en groupe et des questions qui exigent une étude plus approfondie.*

As part of a client's comprehensive augmentative and alternative communication (AAC) program, facilitator training is an integral part of the assessment, intervention and implementation process. In this paper, a facilitator will be defined as, "all persons who aid, assist, or, in some way free individuals from the severe communicative difficulties related to their physical, linguistic, and/or cognitive disabilities" (Cumley & Beukelman, p. 112, 1992).

There are numerous articles that address training the facilitators of a single client who uses augmentative and alternative communication. For example, in a study completed by McNaughton and Light, the facilitators of an adult with severe cognitive disabilities were taught to support her development of communication skills. The training involved "a general inservice, participation in the assessment and goal setting process, individual instruction in interaction strategies and follow-up instruction to review goals and procedures" (p. 35, 1989). The researchers suggested that the "participation of facilitators as an integral part of the assessment and intervention team appears to provide an optimistic route for meeting the communication needs of individuals with severe cognitive disabilities" (p.40). In addition, they indicated that future research should focus on issues such as, efficacy, generalization, and maintenance of strategies and staff turn-over.

There is limited literature focusing on the training of facilitators for a number of clients with common goals during an extended period, with information presented in distinct units on a monthly basis. The importance of pro-

viding facilitators working with AAC users with organized information has, however, been discussed in a recent article by Cumley and Beukelman. They state that, "most AAC facilitators receive little organized instruction regarding their roles and responsibilities" (p. 117, 1992).

Early communication skills refers to skills such as the express of acceptance/rejection and communication of choices to enable the client to obtain wants and needs. In addition, early communication skills refers to skills such as requesting attention for more and turn taking to enable the client to share information and develop friendships.

## Service Delivery at ACS

Prior to the implementation of group intervention as one type of service delivery model at the Augmentative Communication Service (ACS) at the Hugh MacMillan Rehabilitation Centre (HMRC), clients were seen on a consultative basis by a team composed of an occupational therapist, and either a speech/language pathologist or special educator. A community based model of service delivery was utilized whereby intervention sessions were conducted within the client's home and school environments. The goals and objectives of intervention were established collaboratively with the client's facilitators. It was the aim of ACS to provide the client's facilitators with the skills necessary to enable them to independently address the goals and objectives with their client. Intervention was provided over the course of a calendar year. At the conclusion of the service delivery year in December, the client's facilitators and the ACS team would determine if further assistance from ACS was necessary.

Additional services provided by ACS included facilitator training workshops. These workshops were one day in duration and addressed areas such as developing communication skills, and making and using communication displays. To support the information taught in the workshops, follow-up was provided by the client's ACS team.

## History of Group Intervention at ACS

In January of 1992, a pilot project was begun to examine a different model of service delivery and facilitator training. The first group intervention targeted AAC users who were using objects for communication purposes and were transitioning to the use of picture based communication systems. Group sessions were attended by both the clients and their facilitators. This group was subdivided secondary to differing skills levels and needs of the clients. During the sessions, techniques were modeled and demonstrated to enhance the client's ability to transfer from the use of objects to the use of pictures for communication. At the conclusion

of the service delivery year, in December, the group was reviewed and was felt to be a viable option for delivering service to AAC users and was recommended to continue for the next service delivery year. Concerns were raised, however, regarding what clients (i.e., communicative skills and needs), and facilitators, were best suited for group intervention.

In reviewing the applications submitted for the 1993 service delivery year, it appeared that there was a particular type of client who appeared to request continued service from ACS, when in fact it was felt that they should be able to continue without service from ACS. This group of clients presented with similar characteristics such as, age, level of communication skills, and environmental situations. Group intervention was suggested for these clients. ACS selected seven adolescents and young adults to receive group intervention. Clients were grouped together for the following reasons:

1. For most of these clients issues regarding development and implementation of communication programming were continually encountered. Thus, the facilitators tended to rely on ACS to develop and monitor the programs.

2. If the client was no longer of school age or associated with an educational program, supportive services (i.e., speech/language, occupational and physio therapy) were often limited or non-existent.

3. The facilitators of these clients tended to repeatedly request service from ACS each year thus tending to rely on ACS for the provision of communication programming.

4. Secondary to age and cognitive status, progress with respect to communication goals and objectives was often slow.

5. The issues addressed during consultative sessions with these clients and their facilitators were often similar.

6. The facilitators had expressed the need for assistance in helping them to meet the communication needs of their clients who were developing early communication skills.

## Goals of the Group Intervention

The goals for the group intervention program were developed to address both facilitator, and service delivery issues. The goal for the participants was to empower them to independently determine their client's communicative needs and develop, implement and modify early communication programs for their clients. To achieve this goal, the facilitators were to be provided with:
  • knowledge and skills to assist them in developing, implementing and modifying communication programs;
  • resources to support communication programming;
  • a support network;
  • a forum where they could share information and develop communication programming that could be implemented and adapted to all environments.

Two goals addressing service delivery issues were identified. The first goal was to make an impact on the efficiency of providing services to AAC users by: making the facilitators aware of when to seek ACS service as a resource for the clients; and, maximizing the number of clients who could benefit from ACS services, by minimizing the number of staff involved with clients who share similar goals.

The second goal was to evaluate the efficacy of a group intervention model of service delivery to meet the needs of AAC users by addressing the following issues identified by McNaughton and Light (1989):
- the efficacy of instruction for facilitators as a means to facilitate client communication skills;
- the generalization of strategies by facilitators and maintenance of these strategies over time (e.g., small group, individual instruction)
- the problem of staff turn over inherent in the facilitator model of service delivery and potential solutions to this problem (e.g., documentation, providing instruction for "resource staff")

## The Clients

The seven clients, who ranged in age from 12 to 21 years, were primarily males and presented with physical, cognitive, and visual impairments. They resided with their families or in group home settings. In addition, most of the clients were attending an educational or day treatment program.

As reported by their facilitators, the clients were able to perform the communication acts of protesting, rejecting, requesting attention, making choices and indicating pleasure and displeasure. In addition, the clients reportedly communicated by looking at objects or activities; vocalizing; using facial expressions and/or body language; and touching or reaching for objects. Four of the seven clients were reported to be attempting to say words and be making choices between objects.

At first glance it appeared that these clients had developed many early communication skills. However, in working with the facilitators it became apparent that their interpretations of their client's communicative skills were based on their perceptions, as the clients were not independently and spontaneously performing these skills.

## The Facilitators

Approximately forty facilitators were invited to attend the group sessions. These facilitators included staff members from group homes, day treatment programs, and educational programs (teachers and assistants); family members; speech-language pathologists; and, vision specialists.

At the beginning of the group, the facilitators were questioned about their knowledge and experience with AAC. The majority of the facilitators reported that they possessed limited knowledge and experience in developing, implementing and modifying communication programs for their clients.

## Format of the Group

Eleven group sessions were conducted by two speech-language pathologists. Each session was two hours in duration and was held on a monthly basis at ACS. A different topic was addressed during each session and the topics were developed in collaboration with the group members. The topics included: an overview of communication, an overview of AAC, developing AAC programs, implementation of AAC programs, data collection, communication environments, choice diversity, shaping early communication skills, assessing and modifying AAC programs, and program modification.

A variety of teaching strategies were used to impart the information to the group members. A typical session often included, a formal presentation of information about a topic by the ACS staff, discussions, sharing of experiences, role playing, and observations of videos provided by ACS and the group members. Although it was a relatively large group, the facilitators were encouraged to discuss and share specific concerns about their clients with the other group members. In addition, time was available during most of the session for each client's team of facilitators to meet in a small group to discuss programming for their client.

The material presented on each topic was supplemented by the provision of resources. These resources included articles, handouts, bibliographies, and copies of the overheads used during the presentation. In addition, materials were displayed for the facilitators to view during the session. These included books, resource guides, information on switch technology and intervention materials.

In addition to the monthly sessions, three on site visits were made to the clients and their facilitators. The purpose of these visits were to: address issues discussed during the group session, supplement the topics discussed during the group sessions, clarify questions and concerns, provide new information particularly relevant to their client, and monitor the application of the information provided during the sessions.

## Results

The group intervention model was evaluated by having the facilitators provide written comments at the end of each

group session and complete a questionnaire (Appendix A) at the conclusion of the program. In addition, the ACS staff members conducting the group were requested to share their perspectives. Information obtained from both the facilitators and the ACS staff members regarding the structure and format of the group and the impact of the group intervention model on the facilitators and the clients will now be shared.

## Structure and Format of the Group

The facilitators and ACS staff members were asked to provide feedback regarding the content, teaching strategies and resources provided. Specifically, they were asked to provide information about what they found to be most useful, the relative benefits of each aspect of the group format and suggestion or changes for the future.

With regards to content presented, the facilitators generally felt that all the topics were useful. However, the following list represents the most to least useful topics as rated by the facilitators: developing AAC programs, overview of AAC, implementing communication programs, assessing and modifying AAC programs, choice diversity, shaping early communication skills, choice making, data collection, and creating communication environments.

Suggestions from the facilitators on how to improve and enhance the content of the group sessions included: a) altering the content to incorporate the specific needs of each client; b) providing more resources; c) providing assessment tools that outline the stages of development; d) exposing the participants to a variety of "devices" that could be used with the clients and demonstrations of their actual uses; e) demonstrating computer software that could be used with the clients; f) providing suggestions and content on how to deal with the frustrations related to facilitator turnover and continuity of programming; g) providing suggestions and content for dealing with frustrations related to the medical conditions of the clients; h) providing more "on site" or individual consultative sessions.

In addition to these suggestions, the ACS staff members indicated that the content would be enhanced and improved by placing more emphasis on: assessing and modifying communication programs, i.e., goal setting, task analysis etc. The participants seemed to have some difficult conceptualizing when to transition to a new goal and how to appropriately modify the program to meet that goal. In addition, some facilitators were observed to get "stuck" on one goal such as choice making therefore not moving or exploring other goals that may have expanded the communication opportunities for their clients.

Creating communication opportunities and building

choice diversity into the client's environment. Some facilitators were observed to generalize choice making to a variety of environments, however, within that situation or environment the opportunities for choice making were not fully explored.

Implementing communication programs within naturally occurring situations and using materials associated with that environment.

Developing a task force consisting of ACS staff members and members of the group to assist with the planning for the sessions.

The teaching strategies employed to assist with the presentation of the content was evaluated by the facilitators and the ACS staff members. The facilitators and the ACS staff members indicated the following were the most to least useful teaching techniques: lecture, informal sharing, sharing of experiences, observing ACS staff engaging in role playing activities, informal discussions, observing videos, and role playing with other group members.

Further suggestions that were made included using videotapes of clients who are establishing early communication skills to supplement the information provided during the presentations, providing opportunities for the facilitator to present information about their clients, having facilitators take on leadership roles during discussion of issues related to their specific needs, and encouraging clients to attend and participate in the group sessions.

The following list designates the resources that the facilitators found to be the most to least useful: a) information handouts on topics such as choice making, b) articles, c) summaries of the information presented, d) communication programming forms, e) checklists for data collection, f) copies of overheads used during the presentations, g) bibliographies of books and articles, and h) books.

The facilitators and the ACS staff members indicated that there often was not enough time during group sessions to view and explore the resources. In addition, they felt that having the opportunity to explore the books listed on a bibliography was more helpful than being provided with the bibliography.

Suggestions to improve the resources displayed during the group sessions included: a) providing more resources and allowing the facilitators to review them by loaning the materials from ACS; b) making facilitators aware of facilities or agencies where additional resources may be obtained, i.e., the HMRC library etc.; and c) arranging for guest speakers that could address specific topics or issues.

## Impact on the Facilitators

Feedback from the group participants indicated they felt more confident in addressing their client's communication needs and appreciated the opportunity to receive support and feedback from their peers and colleagues. Many of them indicated that the group was their only opportunity to meet together as a team in the interest of their clients and discuss issues related to their clients.

In general, the facilitators seemed to be more independent in establishing communication programs, more skilful in implementing the programs, and using strategies to ensure continuity of programming for their clients (i.e., making training videos, posting the programs in the classroom). In addition, the group seemed to provide them with a level of awareness that communication is more than a goal, it is a right not a privilege and is essential to the client's quality of life. Without this awareness, the information provided during group sessions would not have been applied in an appropriate manner.

## Impact on the Clients

Limited changes in the clients' communication status were reported over the course of the group intervention. However, changes in the quality and quantity of communication programming that have been developed for them by their facilitators have been observed. Specific trends that were noted about the evolution of communication programs for the clients included: a) clients who previously did not have communication goals or programs had them in place at the conclusion of the group; b) for some clients, the communication goals were refined and modified to more appropriately meet their needs; c) some clients had goals added to their existing programs. For example, a client may have begun group with only a goal for choice making. At the conclusion of the group, the same client was noted to have goals not only for choice making but also for establishing yes/no.

# Discussion

The long term effects of the group intervention model on the facilitators and their clients will be difficult to assess and measure. At the conclusion of this group intervention, there were no formal follow-up plans in place to monitor the client's development and the facilitators ability to implement the knowledge/information obtained. However, it is hoped that the long term effects will be positive as the facilitators begin to embark on implementing goals, objectives and programs that are specific to their client's needs. Hopefully, they will also be more readily able to decide when assistance from a service such as ACS is warranted to address new

goals and objectives for their client.

Throughout the course of the group intervention repeated concerns were expressed by the facilitators. One of these concerns was that the facilitators felt a continual need for more individual consultations. The concern seemed to be consistent with observations made by other professionals who have had experience with the process of attempting to transition clients from an individual intervention model to an alternative method of service delivery, for example, transitioning from individual therapy sessions to intervention conducted within a classroom setting, or from individual therapy sessions to a consultative model.

Facilitators who had experienced a consultative model through previous involvement with ACS, may have had some difficulty with the transition, thus accounting for the request for more individual service. In addition, facilitators who had not received any previous AAC intervention, may have needed individual consultation before being enroled in a group and therefore requested more individual attention from ACS. Additionally, all participants may have had preconceived ideas about how intervention from ACS would proceed, based on their previous experience, knowledge and assumption of ACS as a service provider and therefore were left disappointed with the amount of individual attention that was provided during the group intervention.

Although all the reasons for the request for individual consultation are not known, the following suggestions may, in the future, be useful in helping the facilitators understand the concept of group intervention for facilitators as a viable alternative to individual consultation for their clients.

1. Educate the facilitators regarding the different models of service delivery that are provided to AAC users and how clients are selected to participate in the different models.
2. Educate the facilitators as to the purpose and goals of the group intervention.
3. Solicit the assistance of the facilitators in planning and implementing group sessions.
4. Obtain more information from the facilitators about their reasons for requesting more individual intervention and attempt to incorporate these issues into the content and structure of the group.
5. Investigate the possibility of utilizing an additional staff member to monitor the communication programs within the client's communication environments on a regular basis.
6. Rotate the setting for the group sessions, i.e., hold the sessions in the client's homes.
7. Incorporate the clients into the group sessions through the use of videotapes and case presentations.

Another issue that was evident throughout the course of the group intervention was that attendance was noted to vary

from session to session. Speculated reasons included: a) the facilitators or teams of facilitators were experimenting with the notion of whether the group was an appropriate service delivery option for their client and who should attend; b) due to scheduling issues it was often not possible for the same person to attend the session; c) administrative support for attending group sessions was not obtained; and, d) the time and day of the sessions was not convenient.

Attendance steadily declined from the beginning to the middle of the group intervention program. At the conclusion of the program, a consistent group of seven to eight facilitators were noted to be attending the sessions. These facilitators represented five of the seven clients enroled. Typically each client did not have a representative from each aspect of their daily lives. For example, one client was represented by educational and supportive therapeutic staff while another client was represented solely by staff from their residential setting. Throughout the sessions, the facilitators who did attend were encouraged to share the information provided with team members that were unable to attend the sessions.

Reasons for this lack of holistic teams during the group intervention may have been similar to the reasons for not having diversified client representation (i.e., time of day, lack of administrative support, inappropriate service, scheduling). The following strategies may be helpful in ensuring that the client has representation from team members that represent all aspects of his/her life. These would include: obtaining administrative support so that the facilitators from all aspects of the client's life are able to attend the group sessions; requiring a standard commitment (i.e., a "contract"), from the appropriate facilitators prior to beginning the group sessions; providing education to raise the awareness about the purpose and benefits of a facilitator group intervention model to intervention for AAC users; and considering different settings and times for the sessions.

## Future Directions

At the conclusion of the group and based on the feedback obtained from the questionnaire, some lingering questions and concerns regarding the efficacy of group intervention for clients who are developing early communication skills were left unanswered. These questions and concerns will require further exploration and research. The questions and concerns included the following:

1. During the course of the group intervention, enrolment steadily declined leaving us with a desire to explore what factors contributed to this declining enrolment.

2. Was the approach of addressing client specific needs the optimal way to approach group intervention if our goal was to impart knowledge to the facilitators that could be used with a variety of clients who are developing early communication skills?

3. Would an alternative approach to conducting the group, such as contracting with an organization or agency who serves a number of clients with early communication skills be more effective in achieving the goal of imparting information that could be used with a variety of clients?

4. During the group that was provided from January of 1993 to June of 1994, were the participants who attended the group the individuals who could make the most impact in achieving communication programming and implementation of the programs for the targeted clients? How do you determine who the best individuals are to attend the group sessions?

5. How do you achieve administrative support for staff members attending the group sessions when organizations are themselves facing significant issues like funding cutbacks etc.?

6. Was the content successful in achieving the goal/purpose of the group which was to enable the facilitators of the targeted group of clients to meet their communicative needs without continued support from ACS?

***Please address all correpondence to:*** Elizabeth Walker/Kim Antonius, Augmentative Communication Service, Hugh MacMillan Rehabilitation Centre, 350 Rumsey Road, Toronto, Ontario M4G 1R8.

## References

Cumley, G.D., & Beukelman, D.R. (1992). Roles and responsibilities of facilitators in augmentative and alternative communication. *Seminars in Speech and Language, 13*, 111-18.

McNaughton, D., & Light, J. (1989) Teaching facilitators to support the communication skills of an adult with severe cognitive disabilities: A case study. *Augmentative and Alternative Communication, 5*, 35-41.

## Appendix A: Questionnaire

**Person Completing the Form:** _____

**Title:** _____

**Professional Background:** _____

**Name of Client:** _____

**Age:** _____

**Gender:** _____

**Medical Diagnosis:** _____

**What is your relationship with this Client?** _____

**How long have you known him/her?**_____

**Involvement with ACS (augmentative communication service) prior to January of 1993**

Did your client receive ACS service prior to January of 1993? yes___ no___

Were you involved with the client during this time? yes___ no___

    If **no,** please proceed to the section entitled, "Previous Communication Goals".
    If **yes**, please continue to answer the questions in this section.

During any given service delivery year that your client was involved with ACS, approximately how often did you receive direct consultation (i.e., a person to person meeting) from an ACS consultant?

Please circle to indicate your answer:

1     2     3     4     5     6     7     8     9     10     11     12

**PREVIOUS COMMUNICATION GOALS**

Prior to the beginning of group, did you have augmentative communication goals for your client?

    If **no,** proceed to the section entitled, "Group Intervention".
    If **yes**, please list the goals (be specific), and continue with the questions in this section.

Who was responsible for setting these goals? Please check all that apply.

| |
|---|
| yourself |
| the client's community support team which may include family members; residence home staff; educational staff;   speech/language, occupational and physio therapists etc. |
| the client's community support team in collaboration with ACS |
| ACS |
| other |

How were you judging whether or not these goals were met?

Before the group began, what was the status of these goals?

|  | yes | no |
|---|---|---|
| The goal(s) was *met* as the targeted communicative behaviour(s) was used in *all* situations | | |
| The goal(s) was *met* as the targeted communicative behaviour was used in *specific situations* | | |
| The goal(s) was *met* as the targeted communicative behaviour was used *only when prompting was provided* | | |
| The goal(s) was *met* as the targeted communicative behaviour was used in *specific situations hen prompting was provided* | | |
| The goal(s) *was not* met as the targeted communicative behaviour was *not used at any time or with prompting* | | |
| Other, please explain | | |

Were there communication programs, (i.e., listed strategies or a plan on how to address the goal with the client) written to address the communication goals?

yes _____     no _____

If no, please explain why programs were not in place:

If yes:
were the community support team members, i.e., family, group residence staff, educational staff, day treatment program staff etc.:

|  | yes | no |
|---|---|---|
| aware of the program? | | |
| trained in using the program? | | |
| collecting data? | | |
| using the program with the client on a regular basis? | | |

How were they trained? Check all that apply.
              reading the program___
              watching a video of the program being used with the client___
              hands on practice using the program with the client___

Was the program being monitored? yes _____     no_____

    If yes,    by whom?_____

                 how often?_____

**Appendix A - Continued**

How comfortable did you feel assessing the client's abilities and making appropriate program modifications?

| | yes | no |
|---|---|---|
| Very comfortable, could do independently | | |
| moderately comfortable, could do with some resources, i.e., articles, books etc. | | |
| somewhat comfortable, could do with assistance of an AAC (augmentative and alternative communication) professional | | |
| not comfortable, would not attempt to do alone | | |

**Group Intervention**

When service begin for your client in January of 1993, what were your expectations of ACS?

Did the group intervention fulfil that expectation?

What was your understanding of the purpose of the group sessions?

How many of the 12 group sessions did you attend? Please circle the corresponding number.

0    1    2    3    4    5    6    7    8    9    10    11    12

Please indicate the reason(s) that you did not attend group sessions.

| | yes | no |
|---|---|---|
| Content of sessions was not appropriate | | |
| Travel time | | |
| Length of session | | |
| Time not allocated for attendance | | |
| Time of day/week | | |
| Lack of administrative support | | |
| Did not know about group | | |
| No longer involved with this client | | |
| Group intervention was inappropriate | | |
| Other, please explain: | | |

**A. Topics of Group Sessions**

Describe the topics and content of the sessions that you attended?

List the three most useful things you learned from these sessions:

Why was this information useful?

Rate the usefulness of each of the following topics covered during the group sessions in meeting your client's needs (1 being the least useful and 5 being the most useful):

| | least 1 | 2 | 3 | 4 | most 5 |
|---|---|---|---|---|---|
| Overview of AAC | | | | | |
| Developing Augmentative Communication Programs | | | | | |
| Implementing Augmentative Communication Programs | | | | | |
| Data Collection | | | | | |
| Communication Environments | | | | | |
| Choice-making | | | | | |
| Developing acceptance/rejection | | | | | |
| Choice diversity | | | | | |
| Assessing and modifying augmentative communication programs | | | | | |

What other topics, **not** addressed during the group sessions, would have helped you address your client's communication needs? Please list.

**B. Teaching Strategies**

Please rate the following teaching strategies (1 being the least useful and 5 being the most useful):

| | least 1 | 2 | 3 | 4 | most 5 |
|---|---|---|---|---|---|
| lecture presentation | | | | | |
| informal discussion | | | | | |
| information sharing | | | | | |
| group members sharing their experiences using AAC | | | | | |
| role playing AAC techniques with other group members | | | | | |
| observing ACS consultants role playing | | | | | |
| observing videos and discussing relevant communication techniques | | | | | |

Please suggest other teaching strategies that would have been effective for this group.

**Appendix A - Continued**

**C. Resources**

The following resources were available during group sessions, please rate them according to their usefulness for you. (1 being least useful to 5 begin most useful).

| | least 1 | 2 | 3 | 4 | most 5 |
|---|---|---|---|---|---|
| articles | | | | | |
| checklists for data collection | | | | | |
| bibliographies of books/articles | | | | | |
| samples of books | | | | | |
| summaries of information presented | | | | | |
| copies of overheads | | | | | |
| communication programming forms | | | | | |
| informational handouts on topics such as choice-making | | | | | |

What other resources would have been helpful?

**D. Individual Consultations**

During the course of the group, individual consultations/visits (i.e., person to person meetings) were held with the ACS consultants and members of the client's community support team. The following questions relate to these consultations/visits.

How many individual consultations/visits did you receive during the course of the group intervention?

Where did these consultations take place?

Who was in attendance at these consultations/visits?

Did you find them beneficial and did they meet your needs? yes___ no___

   If yes, why?

   If no, why?

Did the information that was provided/discussed during these consultations/visits supplement the issues presented in group sessions? yes___ no___

Did the visits provide an opportunity to clarify any difficulties you might have had with communication programming and/or implementing the communication programs with your client? yes___ no___

   If no, please explain:

Did the ACS consultant leave you with any new information pertaining to your client's augmentative communication needs? yes___ no___

Did the ACS consultant follow-through with recommendations made during individual consultations/visits? yes_____ no_____

**Current Goals**

The following questions are related to the status of communication goals and programs in place for you clients when the group intervention concluded in June of 1994.

What were the communication goals for your client at the conclusion of the group? Please be specific.

Were these goals the same___ or different___ from the goals you listed in the section entitled "Previous Communication Goals"?

If different, please state why:

What is the current status of these goals?

| Goal | Met | Un-met | Plan |
| --- | --- | --- | --- |
|  |  |  |  |

**Communication Status**

The following are related to the communication status of your client when the group concluded in June of 1994.

Please check all the appropriate items to tell **WHAT** your client communicates

| | Comments |
| --- | --- |
| communicates sadness/happiness | |
| protests/rejects things | |
| requests attention | |
| makes choices when presented | |
| responds yes/no to questions | |
| requests thing/person within room | |
| request thing/person not in the room | |
| requests help | |
| provides information about past and future | |

**Appendix A - Continued**

Additional Comments:

Check the appropriate items to tell *HOW* your client communicates

| | Comments |
|---|---|
| vocalizes/makes sounds | |
| uses facial expressions | |
| looks at objects, activities | |
| touches/reaches for objects | |
| makes choices between objects | |
| uses body language | |
| tries to say words | |
| uses pictures | |
| uses Blissymbols | |
| uses natural gestures | |
| uses written words | |
| uses spelling/finger spelling | |
| uses phrases/sentences | |
| uses formal sign language | |

Additional Comments:

**Summary**

The following questions pertain to your thoughts regarding future involvement/service with ACS for your client.

As a result of your participation in this group, is it your intent to re-apply for 1995 ACS service? yes_____ no_____

If no;
why? _____

Please describe under what circumstances you think your would re-apply in the future for ACS services?

If yes; why?

As part of your professional role, do you intend to use the information obtained in group sessions for reasons other than meeting you client's needs (i.e., inservicing others in the area of AAC, developing programs for other clients, etc.)? Please describe.