

The Participation Model (Buekelman and Mirenda, 2005) provides an organised, consistent and systematic way to undertake assessments related to Augmentative and Alternative Communication (AAC). The model looks at the things that typically developing peers of the same age as the person with Complex Communication Needs (CCN) need to be able to do to join in the various communication situations they are likely to be involved in. This information is then used to determine what communicative interaction the person with CCN could or may need to engage in, as well as how interactions could be made more effective. The model takes account of the following four areas:

- **Existence of communication participation patterns**
For example, when school first starts, do children spend time chatting, or does everyone go straight into class? What communication opportunities exist for these situations? Is there an opportunity to use a quick greeting, and then to share some news, or ask a question about what a friend did the night before?
- **Barriers to participation in communication situations**
For example, a child with Complex Communication Needs (CCN) may not have learned to use a wave or a smile to people when they first arrive at school, or they may not have their Speech Generating Device put on to their chair until lessons start, so may not be able to share news about what they did the night before.
- **The effectiveness of previous strategies to enhance participation**
For example, it may be obvious that although the child with CCN has tried to use a smile and a wave, other children at school don't understand that this is a greeting, and don't respond. It may be necessary to train their peers to recognise and respond to the communication signals that their classmate is using.
- **New potential strategies to enhance participation**
For example, the child with CCN may need to be encouraged to use a smile or to wave, and/or use a voice output device programmed with "Hi, how are you?"

CHARACTERISTICS OF AAC USERS THAT SUGGEST THE USE OF THE MODEL

- *The need for extended intervention strategies* – related to the fact that the communication barriers faced by people who need AAC are usually long term, and
 - The changing nature of communication needs and capabilities – related to changes of communication needs, opportunities and barriers as a person develops and their environment and communication partners change and expand.
- Assessment phases

ASSESSMENT PHASES

AAC assessment and intervention is a dynamic process, usually consisting of three general phases:

- *Initial assessment for today* – looking at current communication needs and required abilities;
- *Detailed assessment for tomorrow* – identification of communication systems that will support the user in new communication environments into the future;
- *Follow up assessment* - to maintain a comprehensive system to meet the changing capabilities and lifestyle of the individual.

ASSESSMENT STEPS

1. Identification of communication participation patterns

Clinicians often use *activity inventories* to identify communication situations important to the individual and the level of communicative ability required. This involves going through a list of the different types of communication used and the different various situations in which they may occur to establish priorities.

2. Identification of peer communication interactions

Benchmarking is used to identify the types of communication opportunities used by peers, and therefore required, for the person with complex communication needs.

3. Evaluation of communication effectiveness for the child with CCN

Communication participation for the child with CCN is compared to other children in the same situation and differences are identified. For example, a peer may be able to clearly communicate that they have completed a task and need more work, where a child with communication impairment may find it difficult to gain the attention of their teacher and therefore be unable to do this, having to rely on someone to come and see that they are finished, or ask them a question..

4. Identification of participation barriers

Barriers may include:

- *Opportunity barriers* - barriers imposed by others that cannot be eliminated simply by providing an AAC system or intervention, or
- *Access barriers* - barriers related to the capabilities, attitudes, and limitations of potential AAC users themselves.

5. Development of intervention strategies

Intervention may be generated in the following areas;

- *Opportunity* – for example, making sure that the time needed for a child with CCN needs to communicate is provided;
- *Natural ability* - for example, improving the clarity of a child's wave to make it clearer and more distinct;
- *Environmental adaptations* - for example, making sure that they are able to access their device before class starts rather than waiting until their first lesson, or
- *AAC system/device* - for example, providing a simple single message device on the child's wheelchair tray so that he/she can quickly and easily give some 'news' about what they got up to the night before.

Interventions may be targeted at making change in the natural context and may include specific skill development or partner and facilitator training.

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