

Demographics of Preschoolers who use AAC & SLP Training Needs: A Survey

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Early Intervention Demographic Information

- Used to secure funding for
 - Early intervention services
 - Early intervention research into AAC issues
 - AAC technologies for young children
 - Training service providers
 - Increasing the number/decreasing caseload size of service providers

Past Research

- Only a few demographic studies have examined preschoolers who require AAC
 - E.g., Matas et al., 1985
 - **3-6% of special education population** (preschool and school-aged) had severe communication disorders
- Data are outdated
 - Evidence that AAC population has risen in past 20 years (ASHA, 1981; ASHA, 1991)

Purpose of Current Survey

- Determine the size and characteristics of preschoolers aged 3;0-5;11 who require AAC in Pennsylvania
- Determine current level of AAC expertise of the SLPs who work with these children (self-reported)
- Determine the training needs of these SLPs

Method

- Surveyed early intervention SLPs in 11 special education agencies in PA (out of 35 total agencies)
- Developed survey
 - Developed initial draft, reviewed by expert panel, revised, completed pilot study, revised again
 - Final survey
 - 9 demographic questions
 - 6 training needs questions
- Took a modified stratified sample
 - Rural, suburban, and urban areas of PA
- Completed between Jan-June 2003

Results

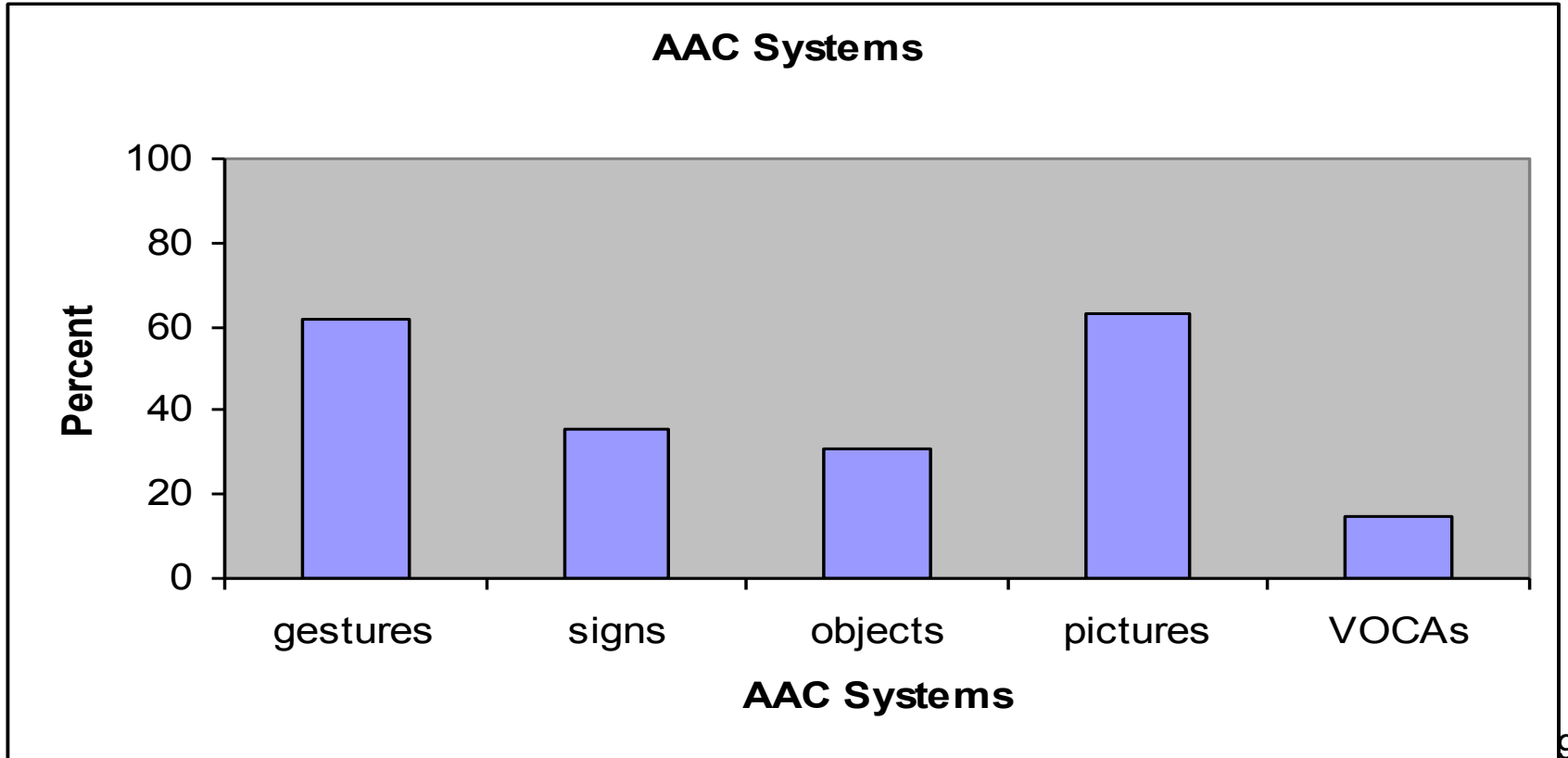
- Return Rate: 68%
 - 144 surveys returned
 - 1009 children aged 3-5 required AAC
- Prevalence
 - **Over 11%** of children enrolled in special education required AAC
 - (compare to 3-6% in Matas et al., 1985)
 - **Mean of 24.1%** of children on SLPs' caseloads required AAC

- Gender
 - 72% male
 - 28% female
- Ethnicity
 - American Indian / Alaska = <1%
 - Asian / Pacific = 2%
 - Black/ African American = 22%
 - Hispanic / Latino = 10%
 - White = 66%

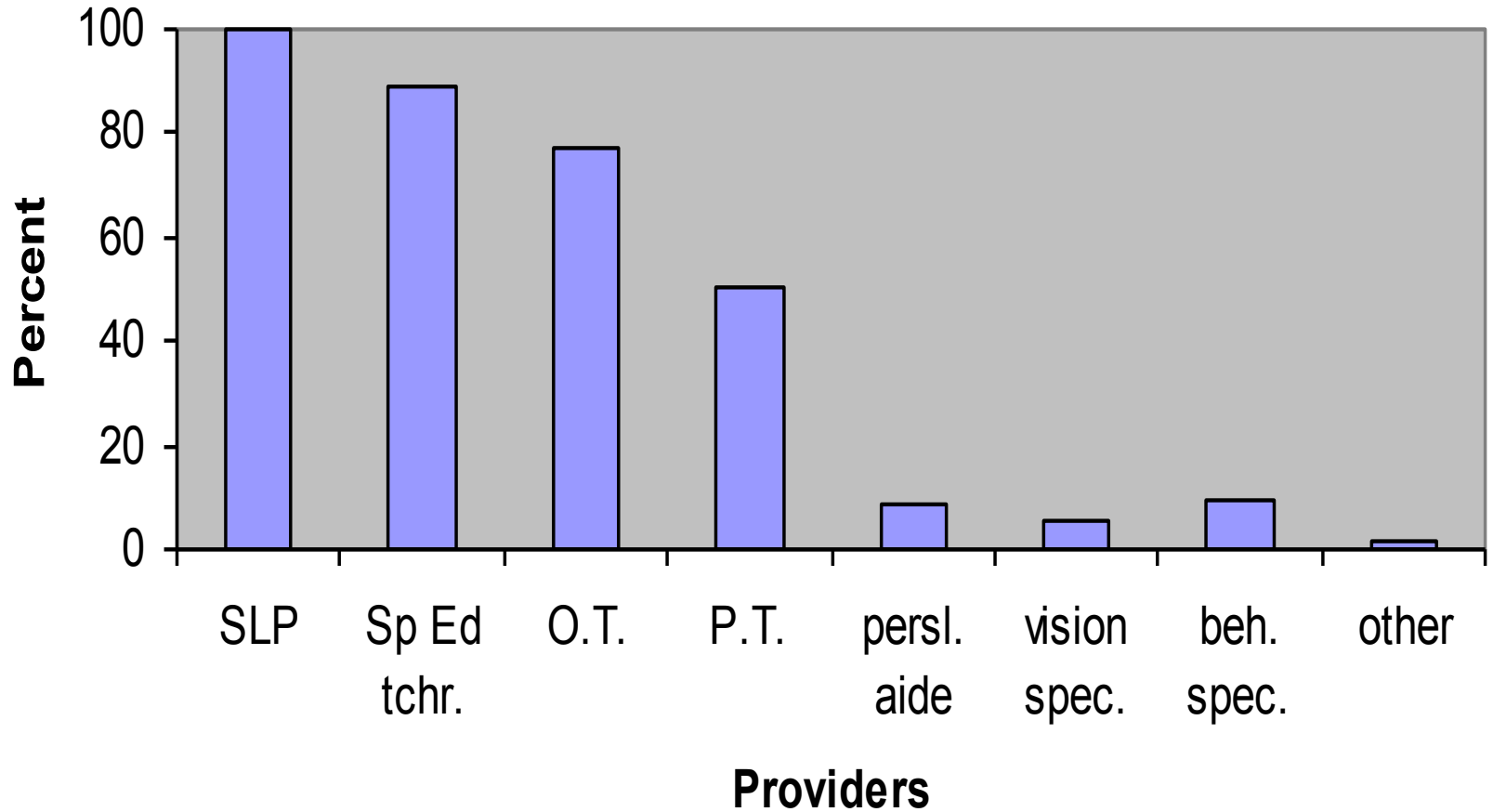
- **Primary Disability**

| | |
|--------------------------|-------|
| – Developmental Delay/MR | 38.0% |
| – Autism/PDD | 32.5% |
| – Speech/Language | 16.6% |
| – Multiple Disabilities | 10.4% |
| – Deaf-blind | 0.6% |
| – TBI | 0.6% |
| – Other | 1.3% |

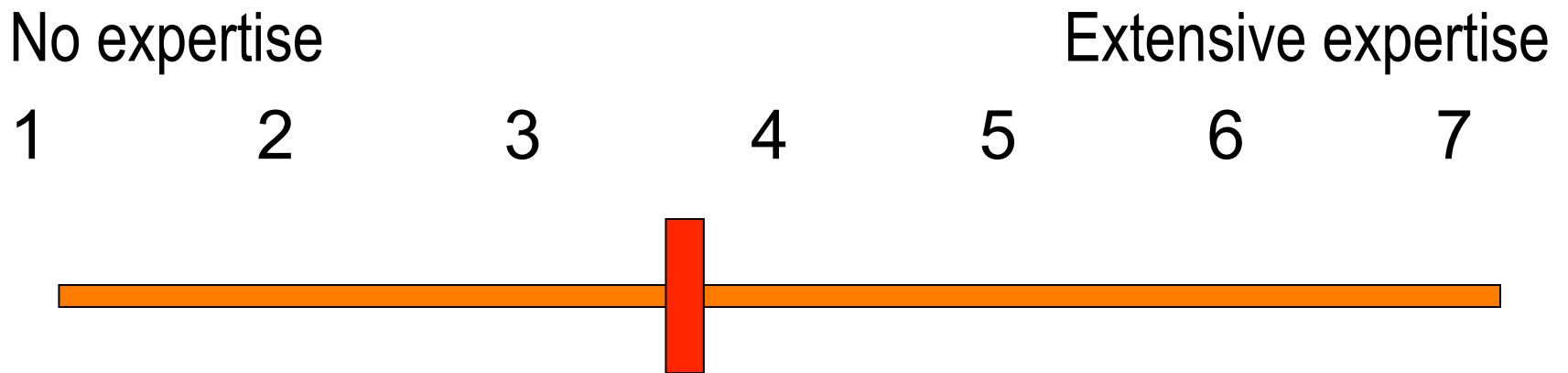
- AAC Systems used
 - could indicate multiple systems/child



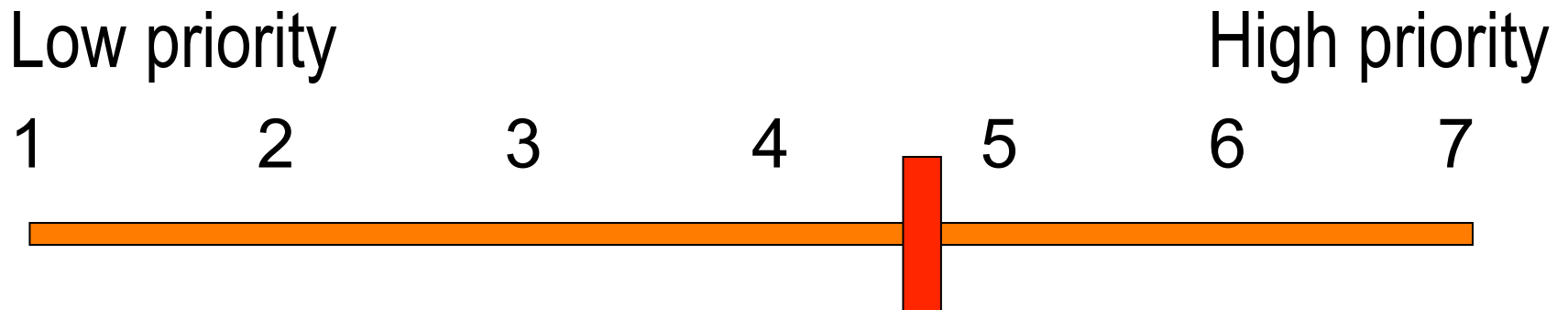
Special Education Service Providers



- Level of AAC Expertise
 - Mean = 3.75 (SD = 1.8)



- Priority of learning more about AAC
 - Mean = 4.8 (SD = 1.6)



- **Types of Training Needed**

- Over 50% indicated a need for training in the following areas

- AAC Intervention (64%)
 - AAC system development (62%)
 - AAC language development (60%)
 - AAC integration into the classroom (58%)
 - Family training and education (53%)
 - AAC assessment (52%)

- **Preferred Training Formats**
 - Selected top three choices (12 categories listed)
 - Top two choices by far
 - 73% School in-service trainings
 - 65% State/Regional/National conference workshops
 - Others = 34% or lower

- Barriers to providing effective AAC services
- Top 4
 - Lack of time to coordinate services with service providers (63%)
 - Lack of time to coordinate services with families (47%)
 - Caseloads too high (46%)
 - Lack of AAC training among providers (46%)
- “Other” category (write-in answers)
 - Lack of family acceptance of AAC frequently mentioned
 - AAC systems intimidating to families
 - Time to program systems / develop materials

Limitations

- Special education prevalence is likely an underestimate
- In several cases, surveys not collected during meeting times
 - certain SLPs may have been more likely to return surveys
- Don't know what surveys that weren't returned would say
 - Those with higher AAC caseloads may have been more apt to return surveys
 - Those actively interested in AAC may affect training needs outcomes – more competent than is typically the case; report different priorities
- Wide range of return rates across special ed agencies

Conclusions

- Prevalence has risen
 - May be due to variety of factors, e.g.,
 - Increased awareness of need for AAC services for various populations
 - Increase in diagnoses of autism
- Early intervention SLPs must be prepared to work with kids who use AAC!!!
 - Focus efforts on tools clinicians need (time, reasonable caseloads) so effective services can be provided
 - Further training needed for SLPs

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