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• Data are outdated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
• 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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