

Barriers for individuals who require AAC

Many individuals with complex needs

- have only minimal movement and cannot reliably control technology
- are not literate and are excluded from the use of many technologies
- are overwhelmed by the substantial learning demands of many AAC technologies and abandon their use
- face significant societal barriers, especially when communication partners are unfamiliar and untrained in AAC



5

communication



Our vision

• Ensure that <u>all</u> individuals, including those with the most

interventions to realize • the basic human need,

complex needs, have access to

effective AAC technologies &

• the basic human right, and

• the basic human power of





RERC on AAC Research and Development Projects

Research Projects

- R1 Video VSD Intervention
- R2 AAC Literacy Decoding Technology
- R3 Motion in AAC User Interface Displays

• Development Projects

- D1 Access Assistant
- D2 Smart Predict
- D3 Partner mTraining









RERC on AAC Training & Dissemination • Training Projects



- T2 Rehab Engineering Student Capstone Projects
- T3 Student Research & Design Competition
- T4 Doctoral Student AAC R&D Think Tank
- T5 AAC Webcasts and Instructional Materials

Dissemination

- Website, webcasts, e-Blasts, presentations, publications, social media, etc.
- AAC Consumer & Technology Forum
- State of the Science conference



9

Development to improve AAC technology solutions
Training to increase the knowledge of consumers, service providers, researchers, technology developers & policy makers
Dissemination to reach all stakeholder groups and bridge the gap between research and practice

To expand "what is possible"
To ensure "what is possible" becomes "what is probable"

• Research to advance knowledge & enhance participation

NIDILRR-funded RERC on AAC

• The RERC on AAC conducts



RERC on AAC



Participation goals

- Employment
- Higher education
- Shopping
- Community transportation
- Participation in community building volunteer activities







RERConAAC



Communication challenges

- Speech will not meet communication needs of • 40% of adults with autism spectrum disorders • 50% of adults with Down syndrome
- Less than 10% of adults with developmental disabilities who **need** communication supports receive communication supports



13



Key Features

- Support independent performance of complex, multi-step skills in community settings
- Easily learned and used by persons with intellectual and developmental delays
- Provide communication assistance as needed
- Make use of highly portable, commonly available technology
- Easily developed for individually selected goals by typical support providers
- family members, group home workers



14



Research to date

- Single-case studies
- Improved outcomes in
- Shopping
- Riding public transportation
- Working in a foodbank
- Working in a library



16

RERC on AAC

Video VSD – 2020-2025

• 3 large scale studies

- 72 participants
- Intervention delivered by RERC on AAC team
 24 adults with IDD (Study 1)
- 24 adults with ASD (Study 2)
- Intervention delivered by family/caregivers, community professionals
- 24 adults with ASD or IDD (Study 3)







• Walk to greenhouse

scoop away

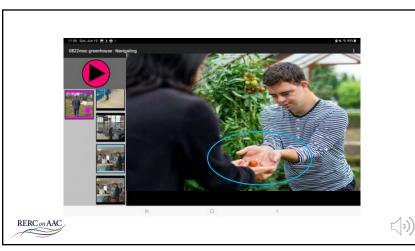
Sweep floor

RERConAAC

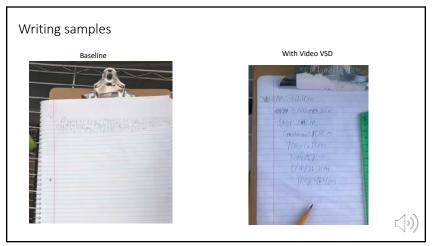
18

• "What should I do now?"

17







Greenhouse (19 steps)

• One spoonful of fish food, spread around the top, watch to see they eat it, put fish food

• Get ruler, pencil and book, sit down by area 1 with tablet

• "I measured the plants and wrote it down"

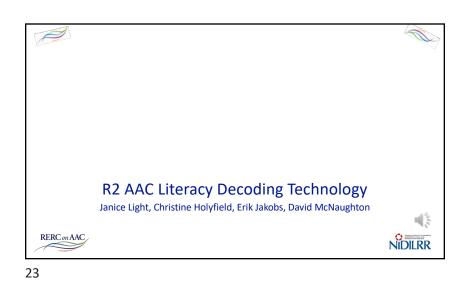
• Plant 1 : write down plant name, measure plant, write down information

• Plant 2: write down plant name, measure plant, write down information

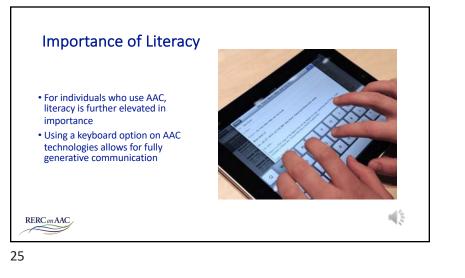
• Plant 3 : write down plant name, measure plant, write down information

	Video VSD
Easily learned and used by persons with intellectual and developmental delays	- 2 instructional trials
Support independent performance of complex, multi-step skills in community settings	- Independent performance of all 19 steps
Provide communication assistance as needed	- Appropriate use of 2 communication opportunities (task completion, next steps)
Make use of highly portable, commonly available technology	- Samsung tablet (and smartphone)
Easily developed and personalized by typical support providers (e.g., family members, group home workers)	- Study 3

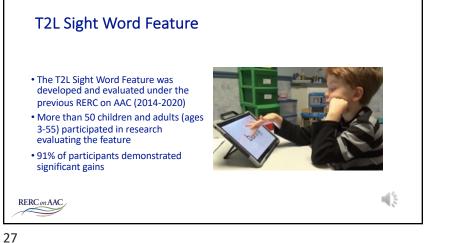




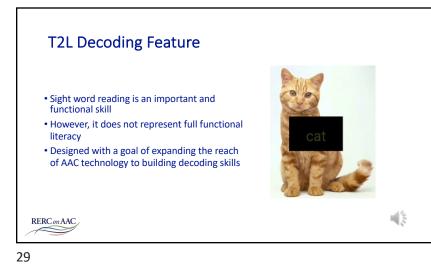




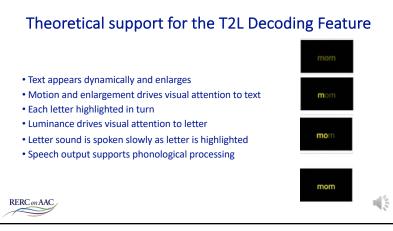




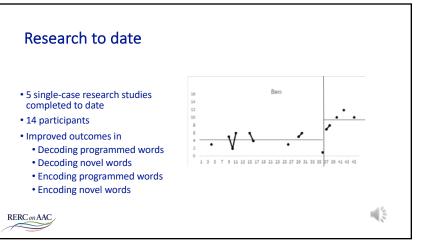




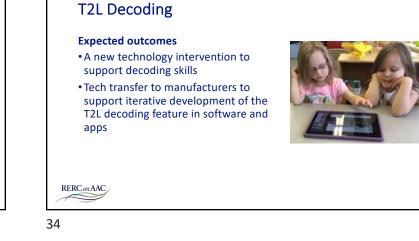


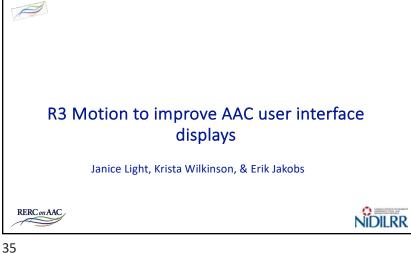












R3: Motion to improve AAC user interface displays

The problem

36

- Most AAC displays are complex
- Impose significant visual, cognitive, & linguistic processing demands
- Many individuals who require AAC experience
- Difficulty attending to key components of AAC displays
- Difficulty learning new AAC symbols
- Difficulty communicating in real world contexts





Proposed solution

- Motion is a powerful attractor of visual attention
- Harness motion to improve AAC user interface displays
- Increase visual attention to key
- components of the displayReduce visual distractions
- Increase learning of target symbols
- Improve communication
- performance



Motion to improve AAC user interface displays

Hypotheses

• When motion is used in AAC displays, individuals with complex

communication needs will

demonstrate

- Increased visual attention to target symbols
- Increased accuracy learning & identifying target symbols

 Increased accuracy using target symbols when communicating compared to static displays (i.e., the current state of practice)



38

37

Motion to improve AAC user interface displays

Research Methods

- 4 studies of effect of motion on visual attention, learning, & use of AAC symbols
 - 2 studies of grid displays with picture symbols
 - 2 studies of grid displays with written text
- Design
 - Within-subjects experimental design with repeated measures
- Participants
 - 60 individuals with developmental disabilities (ASD, IDD)

• Independent variables

- Type of AAC Display (static display vs. targeted motion)
- Session (session 1-5)
- Dependent variables
- Visual attention, symbol identification, communicative use
- 39

Motion to improve AAC user interface displays

Materials

- Prototype displays of 12 new AAC symbols (picture symbols or text)
 - Static display (current state of practice)
 - Display with motion of symbol upon selection

Procedures

- In each condition, place display in front of participant
- Prompt participant to select target symbol
 - In static condition, no change to target symbol
 - In motion condition, smooth animation of target symbol
- Repeat procedures until all target symbols have been selected



Motion to improve AAC user interface displays Measures

- Visual attention
- Measured using eye tracking research technology that rapidly samples position of eye in relation to areas within AAC display
- Latency, duration, and sequence of visual fixations

• Symbol learning

- Probe each target symbol ("Show me _____")
 Collect data on accuracy of identification & rate of
- learning

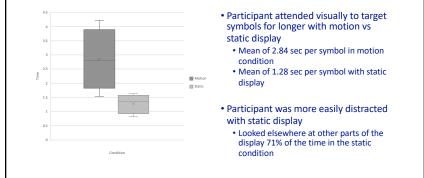
• Pilot study

41

Conducted remotely due to COVID 19







42

Motion to improve AAC user interface displays Percent accuracy identifying text symbols with static & **Expected** outcomes motion displays Scientifically-based design • Participant learned text symbols more quickly with the motion compared to specifications for using motion in AAC displays the static display • Maximize visual attention to key components of display • Participant was more accurate Minimize attention to distractors identifying text symbols with the Maximize learning of new motion than the static display 30 symbols 20 • Picture symbols 10 • These are only preliminary results; Written text Session 1 Session 2 Session 3 Session 4 further investigation is required • Enhance communication Axis Title performance Static Motion 43 44





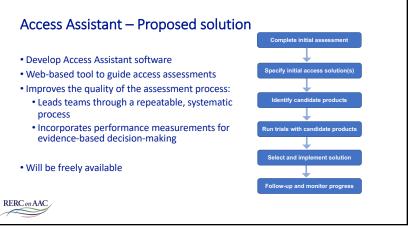
Jim is a farmer in a rural Midwestern state, diagnosed with ALS. Living 400 miles from an AAC assessment center, he relied on his local speech-language pathologist (SLP) to support his needs as his disease progressed. Trying to provide Jim with a sophisticated, high-tech access method, he eventually received an eye-tracking device but struggled to use it successfully. His SLP was frustrated with the lack of support she had to select, implement, and monitor this complicated access method with Jim and often wondered if she had made the right access decision.

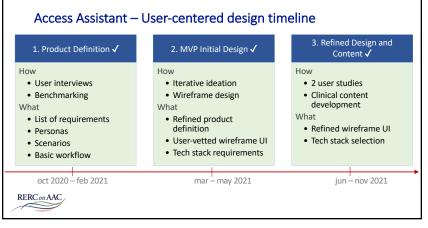
Jim and his SLP needed support to make appropriate access decisions and ensure his full access to communication.

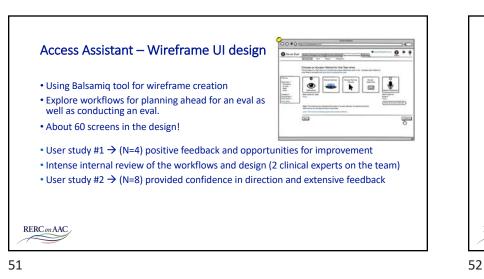


46

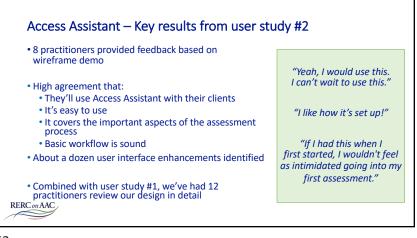


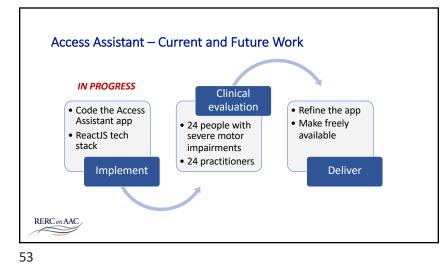


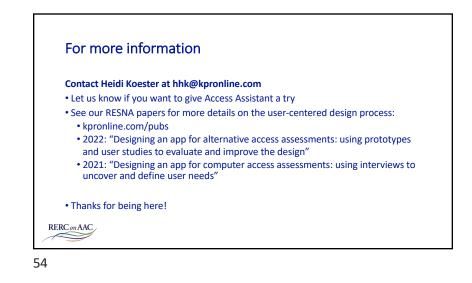


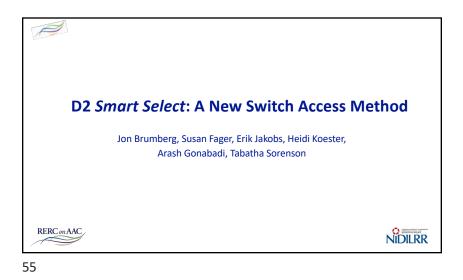










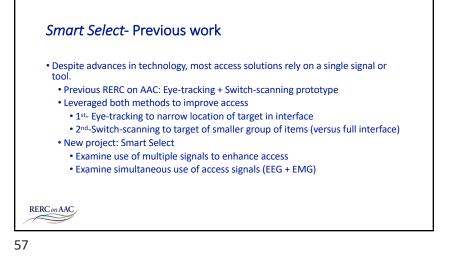


Smart Select- Challenge

- Some individuals with severe motor impairment have no or very limited access to AAC technology impacting their ability to pursue participation in family life, communication, work, and community.
- Access technologies for individuals with severe motor impairment are emerging (e.g., BCI) but thus far have had limited clinical use due to challenges associated with signal capture and acquisition.



RERC on AAC



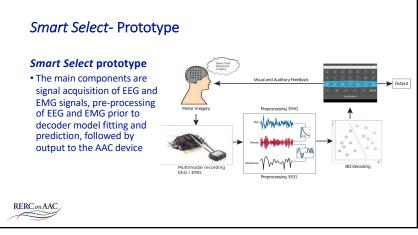
Smart Select- Proposed solution

 This project will address the access needs of people who are unable to effectively use current alternative access methods, by developing and evaluating a new switch access method called *Smart Select* that uses machine learning to simultaneously combine brain EEG and muscle EMG signals.



RERConAAC

58







- Ready wireless prototype for clinical lab setting for testing
- Examine user-interface design to enhance BCI/EMG access learning
- Determine how to weight signals to optimize performance
- Iterative refinement/design phases
 - Participants- individuals with high level (cervical) spinal cord injury, brainstem impairment and amyotrophic lateral sclerosis
- Refine/design process will examine and iteratively implement changes to user interface, calibration procedures, and signal processing

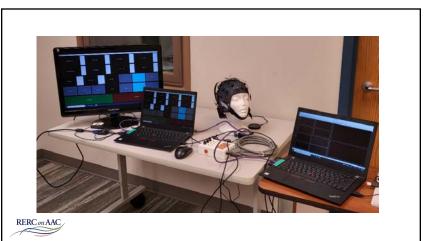
RERConAAC

Smart Select- Current progress

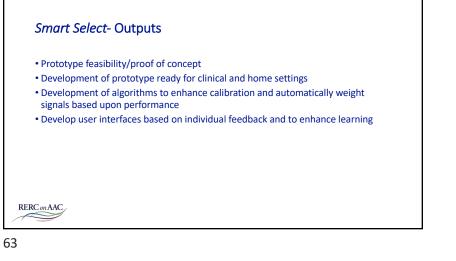
- Development of trigger box to allow for synchronization of visual signal and EEG/EMG signals during calibration
 Calibration routine for EMG and EEG
- Calibration routine for EMG and EEG established and tested on participants without disability
- Confirmation of signal acquisition and ability to evaluate quality of calibration
- Identification of need to provide motivating participant feedback for calibration (ongoing future development)







61





64

Partner mTraining

The Problem

 Individuals who rely on AAC encounter numerous communication partners who lack training in AAC

• These communication partners frequently preempt opportunities for communication

As a result individuals who rely on AAC are unable to communicate and participate successfully
Education/ employment
Healthcare

Community



Partner mTraining - Proposed solution

AAC technology that

- Supports stakeholders in quickly & easily creating mTrainings to teach partners AAC procedures for successful communication
- Empowers individuals who rely on AAC and facilitators to deliver these
- mTrainings "just in time" as required to train communication partners • Pop-up within AAC technologies
- Local computers
- Password protected
- Secure URL
- Pushed to partner's phone



66

65



Partner mTraining - Evaluation

- Evaluation
 - Usability of app to create partner trainings
 - Effectiveness of partner mTrainings

•4 studies

- 2 studies to train healthcare professionals who interact with adults with acquired conditions
- 2 studies to train educational & community personnel who interact with individuals with developmental disabilities



Partner mTraining – Study #1

• Training healthcare professionals in acute care settings to interact with patients with acquired conditions

• Setting up successful patient interactions

 Ready the environment (e.g., turn on lights, turn off TV)

• Ready the patient (e.g., provide hearing aids, glasses)

• Ready the communication supports (e.g., note how the patient communicates)

• Interact using the communication supports (e.g., use short sentences, wait)

69

Partner mTraining – Study #2

• Training education professionals to use aided AAC modeling to support children with developmental disabilities

Aided AAC modeling

- Provide a choice or introduce the activity
- Interact with the student modeling the use of AAC symbols
- Wait and provide the student with time to communicate
- Respond to the student's communication attempts, modeling the use of AAC symbols

70

Partner mTraining – Expected outcomes

- New technology that supports
 Stakeholders in quickly & easily creating mobile trainings for communication partners
 - Individuals who rely on AAC & facilitators in delivering mTrainings to partners just in time as required
 - Resulting in improved communication & increased participation



RERC on AAC - Anticipated Outcomes

- 6 R&D projects to advance knowledge & improve AAC technology solutions
- 13 new research-based AAC technologies and interventions
- \bullet 5 training projects to increase capacity in the AAC field

• Improved physical access to AAC technologies for those with significant motor impairments

- Improved access assessment (D1)
- New multimodal access technique that combines BCI & EMG (D2)



RERConAAC

Anticipated Outcomes

- Reduced learning demands & increased usability of AAC technologies
- Video VSD technology to increase participation in vocational / community activities (R1)
- AAC decoding technology to increase literacy skills & enhance communication (R2)
- Targeted motion to improve AAC user interface displays (R3)
- Increased successful participation in society
 mTrainings in AAC for partners to reduce barriers (D3)
- Increased awareness & competencies in AAC for stakeholders
 Training & dissemination activities



73



Our vision

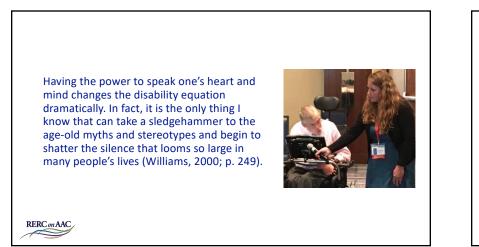
• Ensure that <u>all</u> individuals, including those with the most complex needs, have access to effective AAC technologies & interventions to realize

- the basic human need,
- the basic human right, and
- the basic human power of communication





74

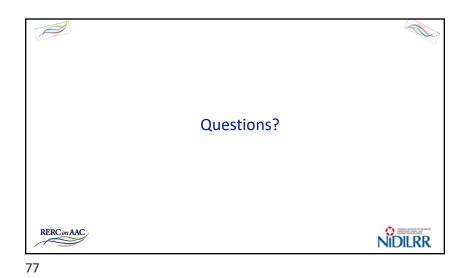


Acknowledgements

- We are grateful to the individuals who rely on AAC and their families who have allowed us to be part of their lives and have inspired our work.
- This research was supported by grant #90REGE0014 to the Rehabilitation Engineering Research Center on Augmentative and Alternative Communication (The RERC on AAC) from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). This research does not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.
- For more information, please visit our website at rerc-aac.psu.edu



76



https://rerc-aac.psu.edu/