INFORMATION MEMORANDUM
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ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
STATE REHABILITATION COUNCILS
CLIENT ASSISTANCE PROGRAMS
PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS
PROGRAMS
REGIONAL REHABILITATION CONTINUING EDUCATION
PROGRAMS
AMERICAN INDIAN VOCATIONAL REHABILITATION
PROGRAMS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: INFORMATION ON THE PROVISION OF VOCATIONAL
REHABILITATION SERVICES TO INDIVIDUALS WITH
SIGNIFICANT SPEECH AND LANGUAGE IMPAIRMENTS.

CONTENT: This memorandum provides information and guidance to designated State
Vocational Rehabilitation (VR) agencies regarding the need for attention
to the provision of VR services to individuals with Significant Speech and
Language Impairments (SSLI), looking specifically at the role of
augmentative and alternative communication (AAC) systems in the VR
process.

BACKGROUND: The use of AAC systems and technology is a rapidly developing
discipline. In particular, over the past decade significant advances in
assessment and intervention, combined with state-of-the-art technology,
have dramatically improved the potential for positive outcomes for
individuals with severe speech and language impairments. Today, AAC
systems and technology effectively serves both children and adults with a
wide range of physical and cognitive impairments.

However, despite these advances, the number of individuals with SSLI
who attain appropriate, successful employment outcomes remains
relatively small. Moreover, the number of potential AAC system users
who could benefit from VR assistance is steadily increasing. In this
memorandum we will define who these people are, how their needs vary and how eligible individuals with disabilities and VR counselors might work together to achieve successful employment outcomes.

What is AAC and Why is It Important?

In 1992 the National Institute on Disability and Rehabilitation Research (NIDRR) held a Consensus Validation Conference on Augmentative and Alternative Communication Intervention, which described the reasons why the use of AAC systems is important. Four quotations from the abstract of the report on this conference are directly printed here for the purpose of providing well-stated information about AAC systems and their use in the vocational rehabilitation of persons with SSLI. To receive a copy of the full report of this conference, see the “Available Resources” section of this memorandum.

Generally speaking, “AAC refers to all forms of communication that enhance or supplement speech and writing. AAC intervention fosters functional spoken and written communication across all of an individual’s environments and throughout life.” The extensive benefits of AAC use are also stated as follows, “AAC benefits people with significant communication disabilities through improved relationships, improved health and safety, greater self determination and control, participation in education, family life, and the community, increased employment opportunities, and independence. Society benefits when people with significant communication disabilities have access to AAC because they are more likely to be financially independent and community attitudes become more positive.”

How Should AAC Interventions Take Place?

The NIDRR paper also states, “All people needing AAC interventions should receive them as early as possible regardless of severity of the communication disability or sensory, motor, or cognitive levels of functioning. A team approach is considered most effective. Essential components include: comprehensive assessment of individual communication, developmental, and educational needs across all environments; setting intervention priorities; appropriate selection, customization, and integration of AAC systems; instruction for AAC users and communication partners; and ongoing evaluation and follow-up to support functional use.” The “team” would include at least all of the following: the person with SSLI and their family; a VR counselor; and a speech and language pathologist (SLP).

“Collaborative relationships among consumers (and their family members), service providers, community researchers, funding sources, and
manufacturers can ensure a system of universal access to AAC. Educational priorities identified include the need for education of consumers, families, and other communication partners as well as education of professionals and researchers. Public awareness of AAC is a major educational priority.” Such education is still needed to this day, nine years later.

**AAC and Vocational Rehabilitation Services**

According to the American Speech-Language and Hearing Association (ASHA), close to 14 million people experience some kind of speech or language disorder. A 1995 report from the National Institutes on Health, based on information from the most current Health Interview Survey, indicates 2,747,000 non-institutionalized individuals in the U.S. experience severe communication impairment. This is the population most likely to benefit from the use of AAC devices and services, a population extremely diverse in terms of severity, type and range of disability.

For many of the individuals within this population, speech and language impairments are often secondary to other conditions. Cerebral palsy, traumatic brain injury, mental retardation, stroke, autism, muscular dystrophy, multiple sclerosis, Parkinson’s Disease, spinal cord injury, oral or throat cancer, Guillain-Barre Syndrome, and profound deafness (especially early onset) are some examples of conditions which can have a significant impact on speech and language abilities while carrying with them other significant physical and cognitive challenges. The use of AAC systems and technology is an important factor in how well individuals with these disabilities and the community at large will deal with the challenges presented.

There are three basic categories of individuals with SSLI who may seek support from the VR program to achieve positive employment outcomes. These are given on the basis of a communication continuum, as there are graduations of each from most functional to least:

1. An individual who has a communication system and is using that system to achieve his/her optimum communication potential.

2. An individual, such as a new or inexperienced user, who arrives with some elements of an AAC system but is currently unable to use that system to its full potential.

3. An individual who has no communication system and little/no unaided communication capability.
Appropriate delivery of VR services to eligible individuals who can benefit from the use of AAC systems is imperative if we hope to reach satisfactory employment outcomes. Successful employment outcomes often require a variety of services and support. Collaboration of service providers with each other and those who provide support to individuals with SSLI, including the potential AAC users themselves, is essential. In many cases, the VR counselor appears to be the one individual who can best coordinate services and support so that the desired employment outcome may be achieved.

Individuals within the SSLI population and their families, organizations representing the interests of those with SSLI, and related rehabilitation and speech-language professionals have been expressing concern about the ability of some State VR agencies to adequately address or meet the needs of this population. Their concerns are primarily due to the communication barriers that can exist between individuals with SSLI and the VR agency personnel. It has been pointed out that the VR process is often delayed, if not halted completely, because of the lack of communication access within the VR system. Personnel in the VR office, including the VR counselors, sometimes have little or no knowledge of AAC systems and how to use them. It appears that this problem may exist because of limited training and/or experience on the part of VR counselors in AAC applications.

Without appropriate training and ongoing involvement on the part of the VR counselor in the area of SSLI and using AAC systems and technology, significant communication barriers between the VR counselor and the individual with SSLI will exist from the start. Many VR counselors may well come to the conclusion that an individual with SSLI has little chance of securing gainful employment, especially if the counselor and/or the individual seeking services have limited or no exposure to AAC systems. However, if the VR counselor is knowledgeable about AAC options, it is much more likely that appropriate steps would be taken early on towards attaining a suitable employment outcome.

In the VR program, it is those individuals who experience the most significant disabilities that the VR system is charged to serve and those with SSLI are included within this population. In recent years, it has become more and more evident to those involved with AAC systems, that successful employment outcomes can be possible for persons with SSLI. Each time an individual with significant communication impairment attains employment, other such individuals also realize they may have the potential to benefit from appropriate services, including AAC intervention. With the influx of more sophisticated and utilitarian AAC systems, the probability of successful employment outcomes for individuals with SSLI continues to improve.
Then and now

In FY 1998, there were 625 persons served by the State/Federal VR program who had SSLI as their major disability who achieved a successful employment outcome. Another 1,576 such individuals who were identified by State VR agencies as having this disability as a secondary condition also had a successful employment outcome. There were 4,536 total case closures for persons with SSLI as their major or secondary disability in that year and the 2201 with successful employment outcomes nationwide made up 48.5% of these closed VR cases. These successful closures were 1% of all successful employment outcomes for individuals with any disability served by the VR program in FY 1998.

In FY 1990, VR agencies served 817 individuals with SSLI as their major disability who attained a successful employment outcome while 1,637 such persons with SSLI viewed as secondary also had successful employment outcomes, for a total of 2,454. Similar figures to these successful VR case closures in 1990 are given for FY 1989, with about 1.2% of all successful VR case closures consisting of persons with SSLI as the major or secondary disability in both years.

The concerns of advocates for persons with SSLI relative to the provision of VR services appear warranted given the lower number of successful employment outcomes in FY 1998 as compared to FY 89 and 90. This is especially significant in view of the proliferation of AAC technology developed in the past ten years.

Ms. Pat Ourand, MS, CCC-SLP, is a speech and language pathologist in the State of Maryland who has worked close to 20 years with individuals with SSLI and with AAC systems. She also serves as a consultant with the Maryland State VR agency doing evaluations and making recommendations for AAC provisions among other things. She is concerned about the lack of VR counselors with suitable knowledge and skills to serve SSLI individuals. She states, for example, that she is now able to get on the average of 1-2 individuals with Amyotropic Lateral Sclerosis (ALS) per week to use AAC as compared to only 1-2 per year just a few years ago. She also states that many of these individuals are able to maintain their employment through the use of the AAC systems. Ms. Ourand feels the new AAC technology has made the difference in most of these cases.

Unfortunately, there are not enough speech and language pathologist with the skills and knowledge of AAC systems comparable to that of Pat Ourand available to assist the VR programs with this population. The need for training in the area of AAC evaluation, fitting and use is a major challenge facing rehabilitation professionals, AAC users and potential
users. Even though technology will continue to be introduced or developed from the numerous AAC systems manufacturers, keeping abreast of new developments is difficult. Some type of systematic approach is needed to allow for collaboration of VR personnel with speech and language pathologists, manufacturers, distributors and consumers of AAC technology.

Currently, NIDRR funds the Rehabilitation Engineering Research Center (RERC) on Communication Enhancement in the New Millennium, which focuses on AAC. The RERC plays a key role in the development of such a systematic approach through its operation as a “virtual AAC-RERC center” with six universities working together to reach out to other researchers, educators, rehabilitation professionals and consumers and their representatives. The professionals and consumers use this collaboration to keep tabs on what is going on in the AAC field. There is the need to develop new technologies and to find ways to get these technologies quickly, efficiently and effectively into the hands of those who can benefit from them. This is one of the main objectives of this RERC.

It is strongly recommended that VR agency administrators, supervisors and counseling staff involved with the provision of services to persons with SSLI become familiar with the RERC center on AAC. Training and technical assistance related to SSLI and AAC is available from the center. Visit their website, give them a call or send an email and let them know of your interest in providing more and better services to those individuals with significant speech and language impairments.

Available Resources

As mentioned above, NIDRR funds a RERC focused on AAC systems, which is now three years old. This is a “Virtual Center” and can be accessed at the following web-site: http://aac-rerc.com where there are 11 partners involved in doing the work proposed in this grant program, 6 of them being major university programs. Click on the “AAC LINKS” button to get information on each of these 11 partners and what their responsibilities are. Research projects # 5 and 6 are specific to employment issues and provide important contact information under Research Activities. This site will serve as the major resource in the provision of effective services to individuals who can benefit from AAC systems.

As a secondary resource you may contact the RSA Deafness and Communicative Disorders Branch (DCDB) located in the RSA Central Office in Washington, D.C. They serve primarily as a resource referral agent to a wide variety of possible resources around the country. Also, the
full report of the 1992 NIDRR Consensus Validation Conference on AAC Interventions is available from the DCDB. The contact person at the DCDB is: George N. Kosovich, VR Program Specialist, Rehabilitation Services Administration, 202-205-9698 (V), 202-205-8918 (TTY); 202-205-9340 (FAX); George.Kosovich@ed.gov

It is hopeful that increased efforts will be made by rehabilitation agencies around the country to recognize the potential of AAC systems as communication tools for persons with SSLI. As a major resource for opening a new world of employment opportunity for many individuals with speech and language impairments, current and future AAC technology may have no equal.

Joanne M. Wilson
Commissioner