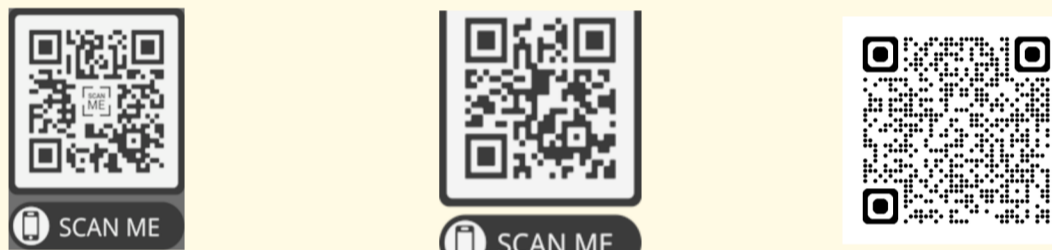


At OOK-OC!, we are engaged in pioneering research projects aimed at **making communication accessible for all**. The projects focus on the central role of **AAC in enhancing participation and inclusion**, promoting **cultural sensitivity** in care, supporting AAC-mediated **(dynamic) assessment**, and **integrating treatment, rehabilitation, and education**. Ultimately, our projects aim to **improve the quality of life for and with individuals with Communication Support Needs (CSN)**.

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## AFFILIATIONS:



# The role of AAC in enhancing communication, participation and quality of life for persons with Communication Support Needs (CSN)

## INTRODUCTION

At OOK-OC!, a center of expertise in AAC Research & Innovation in the Netherlands, we are engaged in a wide range of research projects aimed at advancing AAC-usage for individuals with Communication Support Needs (CSN). This poster presents key projects, exploring different aspects of AAC-implementation in treatment, education, and daily life for individuals with CSN.

We employ a multi-method approach, combining both quantitative and qualitative methods to gain a comprehensive understanding of AAC's impact. In this presentation, we highlight the aims, methods, and (preliminary) findings of these projects. The projects are grouped into three areas: A. Quality of Care & Quality of Life, B. Integrated Care (CSC), C. (Dynamic) Assessment

## PROJECTS

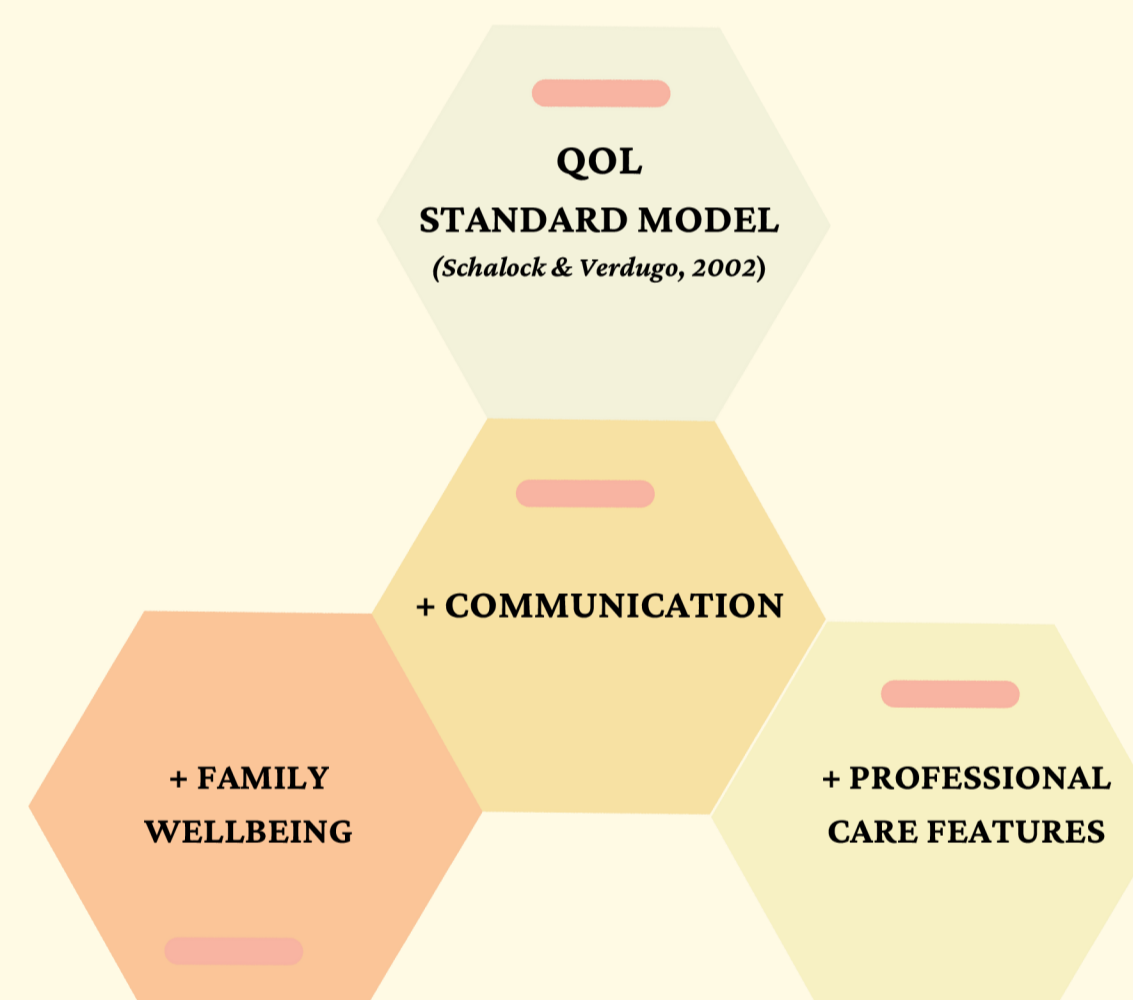
### A. IMPROVING QUALITY OF CARE (QOC) & QUALITY OF LIFE (QOL)

#### 1. MY HAPPYNES IN PICTURES

**Aim:** To develop a product for care, enabling persons with CSN, their parents and siblings, and professionals to visualize and maintain the quality of life for their child or client.

**Methods:** Scoping review, photo-shoot - 'what makes me happy', interviews with professionals, parents and siblings, workshops.

**Results:** In addition to the standard eight components of QoL (Schallock & Verdugo, 2002) we discovered three new aspects of Quality of Lyfe, specific for the individuals with CSN and their families namely, Communication, Family wellbeing and Professional care features.



#### 2. WORKING COMPONENTS

**Aim:** To enhance the quality of both formal and informal care by sharing the key components of effective interventions with professionals and families.

**Methods:** Scoping review and focus groups with professionals and parents.

#### Products

- **Information cards:** Designed for families of individuals with CSN, addressing key areas such as AAC customization, collaboration with professionals, and the person-centered approach.
- **Webpage:** A resource for professionals providing information on similar themes, offering guidance on best practices in care.



### 3. SUPPORTING DECISION MAKING IN COMMUNICATION WITH PERSONS WITH RETT SYNDROM

**Aim:** To develop a practical, user-friendly approach, including AAC tools, to help young people with Rett syndrome express their needs and desires more effectively to their communication partners.

**Methods:** Qualitative analysis of observations and interviews with individuals with Rett syndrome and their (in)formal caregivers.

**Results:** The pilot interview provided valuable insights on how to formulate, present, record, and interpret qualitative data. We recommend the use of TalkingMats, YES/NO cards, and a speech-generating device in this type of interview.

### B. INTEGRATING CARE

#### 1. THE ADDED VALUE OF WHALES

**Aims:** Enhancing the use of AAC at school and integrating treatment, rehabilitation and education, in an experimental classroom ('The Whales') in special education.

**Methods:** Qualitative evaluation of the added value of implementing AAC at school in an integrated care model including treatment, education, revalidation & home.

**Results:** Preliminary results show that directly involved professionals recognize and appreciate the integrated approach to care. In their experience, introducing the KLIN© communicative programme into classroom, alongside supporting teachers and parents in using AAC as much as possible, provides visible improvements in communicative competences and perceptible reduction in problem behavior.

#### ADDED VALUE

- **Interprofessional collaboration**
  - "One child - one plan"
  - Easier coordination
  - Complementing each other's expertise
- **Benefits child**
  - School progress
  - Fewer behavioral problems
- **Improvement suggestions**
  - More support for AAC-implementation at school and home
  - Extend integration to early detection
  - Integration across organizational boundaries



### C. DYNAMIC ASSESSMENT

**Aim:** To design and evaluate Dynamic Assessment training for professionals, improving their understanding and use of AAC-mediated assessment techniques.

**Methods:** A mixed-methods approach, including:

- Questionnaires: Pre- and post-training surveys to assess participants' attitudes, sense of competence, and the social validity of the program.
- Focus groups: Discussions with professionals to gather qualitative insights on the facilitators and barriers to implementing the training.
- Evaluation of the training components: Participant feedback to refine the content and instructional methods across various components of the training.

**Recommendation:** We advocate for dynamic assessment, which focuses on understanding what a child or adult needs to support their development, rather than just measuring static abilities.

<https://www.asha.org/practice/multicultural/dynamic-assessment/>  
<https://www.isaac-nf.nl/maartje-radstaake/>



*"The silence of speechlessness is never golden. We all need to communicate and connect with each other – not just in one way, but in as many ways as possible. It is a basic human need, a basic human right. And more than this, it is a basic human power..."*  
(Williams, 2000, p. 248, in Light & McNaughton, 2014).