

## Summer 2010

*In this edition of the Augmentative Communication World Network (ACWN) newsletter, we can blow our vavuzelas (so prevalent at the 2010 World Cup matches) for the advancement of AAC in Africa. A big 'Thank You' to Kirsty Nourse, Joanne Fry and Juan Bornman for their very interesting articles. Cate Crowley has also sent news of her recent journey to Bolivia. The ISAAC conference in Barcelona will soon offer many opportunities for us to meet face-to-face and to hear presentation(s) from many emerging AAC nations. Some titles are listed in the newsletter. And, as always, Harvey has added AAC information by referencing excellent websites. Enjoy reading.*

### **News from South Africa**

*In 2008 Kirsty Nourse received the Bridge School Teacher-in-Residence Award. Following her school year in Hillsborough, California, Kirsty returned home to Durban. To complete the Award's commitment to Kirsty, Vicki Casella, Director of the Bridge School and her team presented AAC workshops in Kirsty's region in March 2010. The following articles offer no doubt as to the exciting growth of AAC for Kirsty's Center – Pathways-Kolff and other Centers in South Africa.*

### **Halala South Africa and The Bridge School Teacher-in-Residence Program:**

#### **Some Reflections**

by Kirsty Nourse

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With the overwhelming joy of the world cup all around me, writing of my time at the Bridge School and the road since beginning the teacher-in-residence program seems quite fitting – not least due to the fun that the children at Pathways had implementing many AAC strategies while learning about the world cup.

Landing in San Francisco in July of 2008 (after a good 26 hours on aeroplanes), I was whisked off to meet staff at the Bridge school and to begin my year surrounded by their knowledge and enthusiasm. Three days later, still dazed and confused, I zipped into Montreal for the ISAAC conference. It was a sign of my year.

The teacher-in-residence program run by The Bridge School in conjunction with ISAAC has certainly been a blessing and a challenge. As a speech therapist who works in a centre for children with severe disabilities in South Africa, I had heard of and

even attempted some no tech AAC, but with limited access to AAC in South Africa, my concept of what was possible was underdeveloped.

In my time at the Bridge School, I was given a sound foundation in AAC through the guidance of the staff members, who provided me with the literature base which supported the work which they do on a daily basis. I was given opportunities to observe and ask questions of every aspect of functioning of the Bridge School as well, as to see how the systems being developed for children grew as the needs of the children changed.

But my time at the Bridge School was not limited to learning in their environment, I was given opportunities to study (at San Francisco State University) and take courses in AAC, community health participation and autism. Such learning allowed me to grow my knowledge of both health and disabilities, giving me a clearer foundation to work within back home. Thank you to the lecturers who allowed me to audit their courses. Finally I attended a number of conferences and visited many other Centres, where I was allowed to see AAC working in different environments.

A busy year for sure, but more important for me was the guidance I received from all sources in my year at the Bridge School. The experience allowed me to formulate ideas for implementing AAC away from the day-to-day rush of being at home. I returned to South Africa with a sound foundation and many good ideas that I could begin to put into practice at Pathways.

So what has happened since?

We are looking at AAC in South Africa from a South African perspective, having learned from the experience of others. Pathways-Kloof has seen a number of changes since my return. We have changed how we look at AAC and are implementing communication in most areas of our classrooms on a daily basis. We begin our AAC focus using no tech solutions, such as South African Sign Language, and add low tech solutions, such as paper boards, as we have gone along. Based on each child's individual progress, AAC systems are developed and the possibility of high tech devices considered.

Also, since my return from the Bridge School we have been able to provide training in AAC. The Pathways staff conducts regular training sessions and considers various aspects of AAC and communication development. We have also been able to support the staff at Ethembeni School, which hosted a Bridge School workshop during their

follow up visit in March 2010. I am also involved in training presented by *Interface*, an organisation for people with little or no functional speech.

The follow up visit by the Bridge School team was a huge success, with schools sending full staff contingents, including teachers, therapists and paraprofessionals and a number of parents. The workshops were hosted in Durban and Johannesburg. The full team worked with our children at Pathways-Kloof for two days, which added an outside perspective. They also gave lectures.

My 2009 Bridge School experience provided me with an opportunity to experience AAC in action in a number of different settings. I also developed a sound understanding of the theories which underlie best clinical and educational practices. I have been able to consider AAC from a South African perspective, taking our challenges into account while basing our practices on solid theory. The results help us provide AAC interventions that can work in South Africa.

What works in a developing country? Definitely staff training, definitely providing support and definitely providing examples of how AAC can work in that environment. Through my experience and the generosity of many donors in the USA, Pathways has grown our use of AAC such that we are able to provide a centre in which other South Africans can see AAC working. The use of videos showing South African children using AAC was definitely a strength of the Bridge School workshops, as was their tailoring all input to fit our situation. Thank you!

What more can I say about a year of learning and experiencing that has turned my way of working upside down? I am continuing to visit the other (7) Pathways Centres in South Africa and hope to continue to support and grow AAC in South Africa. One of the therapists from Ethembeni has recently presented at a conference on Cerebral Palsy in Durban on AAC. AAC in South Africa is growing, one person at a time.

Thank you to all who touched me and who now touch Pathways.

## **AAC in South Africa, Where are we in 2010?**

by Kirsty Nourse

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No mention of South Africa and 2010 can be made without a mention of the Soccer World Cup. As this goes to print we are well on our way to having hosted an amazing African tournament. Ayoba and Halala South Africa as we move into a new era! All who are involved with education and AAC will no doubt share many stories of children excited beyond imagination as they have learnt about the world through soccer during this time.

The world cup has brought South Africans together in a way we never imagined, so, in order to provide an idea of how AAC is developing and progressing in South Africa, I have received input from all corners of the country. Thanks to the therapists and teachers who are working on the ground to provide our children with access to communication, learning, and most of all community and friendship for their contributions.

South Africa remains a landscape of exceptional diversity. Our homes and schools are as diverse as the people who live in them and, yes, we really do have 11 official languages – 12 including South African Sign Language! Developing AAC that works within this environment is challenging, but is being tackled on a daily basis.

Where to begin? We have a fantastic Centre for AAC (CAAC) based at Pretoria University, which runs honours, masters and doctoral level programs on AAC and is responsible for guiding and producing the majority of the research on AAC conducted in South Africa. Their programs have been running for 20 years, and many people in South Africa have “heard the word” about AAC and are able to envision it in their environments.

Beyond university level training, much of the AAC currently being implemented appears to occur in special needs schools in the Pretoria and Kwazulu-Natal regions of the country. However, signs are evident that other areas, such as Port Elizabeth, are also beginning to use AAC. Within these areas the most frequently used symbol system is PCS, which is used in combination of *Boardmaker* to produce “no tech AAC” for use in classroom settings. Most respondents indicated that they make use of more generalised communication boards by groups of students (rather than individually designed boards) due to the number of children that they work with on a daily basis. Many Centres also make use of South African Sign Language. Most of our

Centres have access to computers, but this is not guaranteed and computers are often used as a teaching aid rather than as an option for communication. The number of high technology devices in use is extremely low due primarily to difficulty with funding.

*Interface South Africa* is our national organisation for people with little or no functional speech. *Interface* has branches in Johannesburg, Kwazulu-Natal and the Western Cape. Through *Interface*, families are united and can get support and training. *Interface* regularly holds workshops and trainings in their provinces. *Interface Kwazulu Natal* has also been involved in producing resources in Zulu which are accessible online. Having multiple national languages is a huge challenge for AAC therapists, but they are definitely not sitting back. AAC professionals are taking on the challenge.

A very exciting step forward over the past years has been the Education Department's acknowledgement of the importance of AAC in education. The department has begun to supply AAC resources, access tools, equipment and training to teachers in their schools. Although this is just a beginning, the concept of inclusive education, which is the vision of our education department, helps expose our teachers and provides powerful resources.

Unfortunately support and opportunities for adults and young adults with AAC needs are fewer in South Africa. Projects such as FOFA (at the CAAC) – in which 10 young adults are given empowerment, independence and employment training each year. We hope for more awareness to develop and for many more projects to support our adults within their families and communities.

A common South African concept is that of "Ubuntu", Archbishop Desmond Tutu explained this as: *"the essence of being human. Ubuntu speaks particularly about the fact that you can't exist as a human being in isolation. It speaks about our interconnectedness. You can't be human all by yourself, and when you have this quality - Ubuntu - you are known for your generosity."*

Every family, teacher and therapist in South Africa demonstrates their Ubuntu, as they provide support, training and a sense of community to our AAC users. We still face many challenges; many of our service providers are working in isolation, far from supports and knowledge. They provide both the intervention and the structures for AAC to grow. This can be overwhelming. We hope that a stronger network of support

will develop over time and allow for a greater depth of knowledge, sharing of resources and the growth and development of AAC in Africa.

A final mention must go to the many people and groups from the international AAC community who have been instrumental in their support of the development of AAC in South Africa. Thank you!

### ***News from Tanzania and Nairobi***

*Joanne Fry is a Speech Language Pathologist (SLP) with the Cuyahoga County Board of Developmental Disabilities in Cleveland, Ohio. The Augmentative Communication World Network was able to introduce Joanne to an associate in Nairobi. Through a series of emails, Joanne contacted two programs in Tanzania and was invited to spend a week with each. Joanne's interest and determination identify how each person – one by one – can impact the development of AAC in emerging countries. Congratulations Joanne.*

### **An AAC visit to Tanzania and Nairobi**

by Joanne Fry

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My two weeks in Tanzania were very different from each other. I spent 3 days at Naurei School in Arusha, in Northern Tanzania. Naurei is one of the few government schools to offer special education classes. There still remains a great deal of stigma attached to disabilities in Tanzania. There are many children who are hidden away, and many who are never sent to school. Parents may assume they have no capacity for learning. Attendance is sometimes sporadic for a variety of reasons – distances are great, medical attention is often not affordable, and heavy rains in the spring sometimes wash out paths and foot bridges.

While most elementary school classes have anywhere from 70-125 students, the two main classes in the Naurei special education wing have no more than 8 to 10. These numbers vary throughout the year, because students are integrated into regular classes as soon as teachers think they are capable. (One former student, in fact, went on to score 4th in the region in the National exams.) The teaching emphasis is on practical information and skills children will need. In addition to the two main classes, there is separate class for the school's two deaf students. Another teacher works with one or two students with autism. There is also a vocational training class for students 16 and over. Each class has a wide range of ages and cognitive and

language abilities. As with most Tanzanian schools, they have very little in the way of teaching materials. Most of what they have was donated.

The teacher I worked with repeatedly asked for teaching suggestions and followed through on those language enrichment ideas. We communicated using a combination of gesturing, drawing, pantomime, and very basic Swahili and English. Over chai and lunch, I was asked to describe my own agency's program and methods. Teachers with a somewhat stronger grasp of English translated for the others. They were surprised to hear about the scope of government support for special education across the US. They were fascinated by the concept of language-rich environments, and had a hard time imagining that classrooms could have such a wealth of materials, books and services.

Voice output devices are not a viable alternative in a country like Tanzania, with an unreliable power grid and pervasive poverty. I created a visual support system for Vanessa, a vivacious and very popular 7-year-old, and left some albums, extra pictures, Velcro and contact paper for use with the two non-verbal students who were absent that week. On my last day, Vanessa grabbed the soccer ball symbol off her picture strip, and held it out to the teacher to protest and "demand" that the ball be returned. The teacher had allowed that soccer ball to be taken from our room..

The following week I worked with CCBRT (Comprehensive Community Based Rehabilitation in Tanzania) outside of Moshi, at the foot of Mount Kilimanjaro. CCBRT's main campus is in Dar es Salaam, about 8 hours away. The program receives funding from a number of national and international groups. Both sites rely heavily on outreach workers based in outlying areas.

The programs are very professionally run and offer, among other things, physical and occupational therapy services, deaf education, Montessori education and medical interventions for people with all sorts of disabilities, wheelchairs, *etc.* The program in Dar has a maternity hospital as well. CCBRT also occasionally provides practicum and internships for college and graduate students from the US and Canada in OT and PT. They promote their services in the local media, trying hard to erase the stigma associated with disabilities.

I was fortunate to be there during a Week of Intensive Therapy. Twenty families - mostly moms and their kids, but a couple of dads - stay in cottages within the CCBRT compound. Children receive treatment and their parents receive training from the OT, PT and therapy assistants. Some participate with the Montessori teacher as well.

The heaviest of the non-ambulatory children are fitted for wheelchairs during the week so they will no longer need to be carried everywhere on their mothers' backs.

I worked primarily with the Montessori teacher. Although she knew some basic English, it was still difficult to explain and demonstrate ideas that many of us take for granted in our own settings - providing multiple communication opportunities and partners throughout the day, using a hierarchy of prompting, and giving children sufficient time to respond. We worked with half of the children; the rest were either too young, too physically involved, or were there only to get wheelchairs. Nearly all were non-verbal. We used a few single and dual message voice output devices to model the power of communication. The kids and parents loved the devices, and several adjusted quickly when pictures were substituted for voice output.

With translators assisting, I presented basic information to parents - and later to outreach workers - on learning language, different modes of communication, providing opportunities for communication, and so on. Those files were transferred to a CCBRT computer for translation to Swahili at a later time. One of their secretaries learned how to create visuals from internet images. We also sent home communication cards in albums or on card strips for kids whose families expressed an interest in using pictures at home.

I was able to leave quite a bit with CCBRT – lots of pictures and mounting materials I had brought, as well as an assortment of simple voice output devices, talking picture albums, communication folders, and books on AAC, courtesy of Attainment Company, Ablenet, and Anne, Harvey and Sarah. Thank you all! I definitely want to go back for a longer visit next year, to work more closely with the outreach workers in the field. If available at that time, I'm hoping to adapt and use some of the training materials developed by Juan Borman for healthcare workers in South Africa.

In Nairobi, I had several delightful visits with Nduta Makanga, an Internet friend of Anne, Harvey and Sarah with an impeccable command of English. She retired recently and is determined to spend more time working with her adult son Chu-Chu, who has Down's Syndrome. She has done a great job at identifying the functional skills Chu-Chu needs in order to be more independent – putting on his seat belt, opening a bottle of water, *etc.* - and calmly but firmly waits for him to complete each task, resisting the natural urge to help.

Chu-Chu has been very fortunate. His parents were able to send him to a very progressive private school for children with cognitive disabilities. Occupational



therapy students come in to do sensory activities, they have a swimming program at the YMCA, and attend a weekly therapeutic riding program. It's an English medium school, and the kids are pushed to achieve their fullest potential.

Nduta is very excited about the possibilities of AAC, and wishes more information had been available to her while Chu-Chu was growing up. She recently established "Bridging the Gap," for the purpose of disseminating information about AAC. She hopes it will evolve into an information clearinghouse and lending library for low-tech voice output and visual supports in Nairobi.

I left some books, single message Attainment devices and two Talking Photo Albums with her for other individuals and programmed a GoTalk 9+ for Chu-Chu. We spent one morning with a friend who had had serious complications following a stroke, looking at some other possibilities for communication, making an alphabet board and sharing general guidelines for communicating with adults who are newly non-verbal.

### ***News about an AAC kit for Beginning Communicators***

*Juan Bornman is the Acting Director of the Centre for Augmentative and Alternative Communication (CAAC) at the University of Pretoria, South Africa. She is also a member of the ISAAC BUILD Committee. With colleagues, Juan has designed a Beginning Communication Package (BCP) which she describes in the following article.*

#### **Enhancing Beginning Communication Skills in Developing Country Contexts.**

by Juan Bornman

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See end of this issue for a list of References

#### ***Introduction:***

***“What challenges us is to ensure that none should enjoy lesser rights; and none tormented because they are born different...”*** Nelson Mandela

Within the severe disability field, beginning communicators are particularly vulnerable. Their skill and constraint profiles vary, as does their age (ranging from children to adults), depending on a blend of their biological status, the environment in which they operate and their experiences. They do not demonstrate communicative intentionality yet, and rely primarily on pre-linguistic means of communication, such as gestures, vocalisations, eye-gaze and body language or are only starting to use aided or unaided symbols to represent basic messages for

communicative functions, such as requesting, rejecting, sharing information and engaging in conversations. Furthermore, they communicate and participate by only using communication boards, switches or electronic devices with limited message abilities.

Beginning communicators are an important target population for intervention. Timely intervention should be ensured, with a general approach of *“try and see”* rather than *“wait and see,”* because the earlier intervention starts, the better. Due to the significant impact of a communication disorder, persons who were regarded as *“mild to moderately disabled”* at a young age are often regarded as *“moderate to severely disabled”* when older, because of lack of access to appropriate intervention. The need for communication intervention that moves beyond focusing only on speech, such as augmentative and alternative communication (AAC), therefore becomes apparent, in order to facilitate maximum communicative competence leading to optimal independence.

Communication skills are learned within social contexts and are dependent upon both access to communication through the use of AAC strategies and the opportunity to communicate. This highlights the importance of having a positive attitude towards beginning communicators, allowing them opportunities to participate. Unless they are encouraged to participate in different situations and activities, they will not develop interaction and communication skills. Sadly, it is very difficult to involve beginning communicators in interaction if they are unable to express themselves verbally. This means that often very little is expected of these persons, and hence communication partners provide limited interaction opportunities. Concerted efforts therefore need to be made towards training partners in the use of AAC strategies in order to provide these individuals with the skills to facilitate interaction.

In order to address this, the BCP (Beginning Communication Package) was developed. It is a culturally sensitive tool aimed at equipping communication partners (trained and untrained) with knowledge and skills to provide stimulation and instruction to beginning communicators. The BCP should never be viewed as an alternative to therapeutic intervention or as a comprehensive language stimulation package.

### **The Beginning Communication Package consists of:**

- An easy to follow manual (for trained and untrained staff)
- Worksheets and checklists to assist when interviewing parents/caregivers of persons with little or no functional speech
- A DVD that further explains the manual by showing visual examples
- Different communication aids including communication boards (photograph boards and PCS boards) as well as two digital speakers (GoTalk 4+ and the GoTalk 9+)
- Manual signs (from South African Sign Language)
- Toys

The BCP incorporates four general intervention principles, which are not sequential, but are equally relevant during all communication interactions. These are explained in greater detail in the manual.

#### **Principle 1: Use of a milieu teaching approach**

A milieu teaching approach means teaching in natural contexts. Communication partners can take advantage of cues and consequences that are natural parts of the setting, thereby providing more opportunities and leading to more favourable outcomes. The beginning communicator's interest is followed and expanded. To teach simple communication skills, adults deliberately provide opportunities for interaction during activities of daily living, such as dressing and undressing, mealtimes and washing activities. These activities occur times each day and occur naturally. The person is prompted by providing them with the aided or unaided communication means to meet their needs.

#### **Principle 2: Based on activities of daily living (ADL)**

People with disabilities spend significantly more time in daily care routines such as eating, dressing and washing than their typically developing peers, and these activities can take a long time to complete. In fact, there are days when individuals with disabilities spend most of their time in fixed routines. These routines include activities of daily living (ADLs), book reading and play and provide opportunities for interaction training. For example, if a person requests "more bread" during mealtime, they are given more bread. Familiar communication partners are often willing to include AAC as a part of familiar routine tasks and do not see this as a threat or "*extra work*".

#### **Principle 3: Communication includes both functions and modalities**

The **Beginning Communication Package** focuses on ideas about teaching main communication functions and teaches some specific strategies to increase communication opportunities and use of these functions. For example, to teach "*requesting help*", a desired item is placed out of reach. Other ideas focus on how to increase initiation, as well as how to facilitate, regulate and terminate interactions appropriately.

The BCP provides photographs and PCS symbols that are displayed on a communication board or on a GoTalk 4+ or Go Talk 9+ digital speech generating device. It also includes information about unaided communication systems (manual signs from South African Sign Language).

**Principle 4: Provision of deliberate communication opportunities is essential**

People with severe disabilities communicate less often than other people. This may be because they have fewer opportunities or reasons to communicate and/or because their communication partners place fewer demands on them to communicate. These factors may result in individuals who have little motivation to develop more effective communication skills. The BCP teaches communication partners how to provide communication opportunities within naturally occurring settings throughout the day in ways that both enhance and extend their use of a variety of communication functions and modalities. It also teaches partners how to be sensitive towards the attempts people with communication disabilities make in an effort to communicate.

**What did we learn from using the BCP?**

We have conducted two large research studies with the BCP. First, nurses in primary health care settings were trained to use the BCP to help parents in remote rural areas to facilitate interaction with their children who had little or no functional speech. The second project focused on teaching untrained teaching assistants who had the main teaching responsibility to use the BCP in their classrooms.

These studies showed that finding ways to use AAC resources in poor rural settings so they have a long-term impact on the lives of children with communication challenges is very difficult and complex. While much has been written about community-based intervention and building community support to sustain intervention efforts the merits of this approach are largely self-evident, “making it happen” imposes challenges both on the interventionists and on the community whose members are often tired and poorly resourced.

Interventionists working in developing countries need to assist communication partners (parents, teachers, nurses, *etc*) in small steps. This helps to build confidence and expertise and allows interventionists to identify indigenous ways of supporting beginning communicators in their homes, schools and communities, in accordance with Irvin Yalom’s adage “*small is beautiful!*” Immediate gratification has to be found in the “small changes”. Community members and funders need to become aware that dealing with the complexity of communication for individuals with severe disabilities and their supports is a life-long enterprise for all involved.

Introducing the BCP started a meaningful, ongoing process. Further encounters within similar contexts in other developing countries will certainly provide further guidelines for the way forward.

### **News from Bolivia**

*You may remember Cate Crowley, director of Columbia University's bilingual bicultural graduate training program for speech therapists (in New York City) from her April February article describing her January 2010 annual "field trip" with her students to Ghana. In June, Cate and some more of her students set off on Columbia's annual trip to Bolivia, to spread the word about speech therapy and to learn from their real-life experiences in the field. Upon her departure, Cate had no intention of mounting a day-long AAC conference in Bolivia. Spurred on, however, by the arrival on her doorstep of an extensive package of (mostly) Spanish-language AAC materials from the Central Coast Children's Foundation (CCCF) and knowing an opportunity when she sees it, Cate made an on-the-spot decision to put together and deliver an "instant" day-long AAC conference. CCCF staff sprung to action and began to collect and email to her a flurry of additional resources: model PowerPoint presentations in Spanish, Spanish-language communication boards, parent guides to assistive technology and so on. Cate then put her remarkable organizational and intellectual skills to work, got her graduate students quickly up to speed, and pulled off the "instant AAC conference" described below, without a hitch.*

### **An AAC Conference: An emerging programme in Bolivia**

With Cate Crowley

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The conference went better than we had dreamed. The PowerPoint I used was an amalgam of the two I received from *Elizabeth Castenegra and Deanne Wagner*, with some changes by me. It focused exactly on what was needed. There were about 60 people attending the conference, including solo teachers from other schools for kids with disabilities, who came to gather our information and then share it with their schools. About 20 people asked to copy our PowerPoint presentations, which we gave them gladly.

Our students did an amazing job. The conference was very interactive, which allowed the teachers and parents to see what could be done with AAC. Participants felt like they had been given a gift of information on how to help their students – a gift that they had never had before. Their questions were honest and searching for answers.

There was a lot of problem solving using the AAC tools and approaches we had brought to present and give away.

As part of the presentation, two students from the Center for Physical Rehabilitation and Special Education (CEREFÉ) showed how they were learning to use AAC. One boy with severe autism was able to use an alphabet and number board to spell his name, address, age, and answer questions about his life. A girl with intellectual disabilities was able to point from an AAC strip with two drawn pictures to choose what she wanted to do. She used several strips during an art activity. During her demonstration the teachers were really quiet. Without AAC, they had not known she could make choices and had so much to say. It was so powerful!!!!

At the end we distributed the 30 parents books (there were about 20 parents there and they asked for copies for their friends who were not there). We also gave away about 10 different AAC boards that were covered in plastic so they could be used again and again. We also had all the teachers at CEREFÉ make name tags for their students, which we laminated with clear packing tape. Each name tag had a symbol for the student. Virtually none of the students were able to identify their own names because name tags with symbols were not being used in the school. We also created schedules for home and school and gave them away as prizes. Without the AAC materials we got from the CCCF we would have been able to do what we did. It was one of those extraordinary days when everything that could go right did go right. My students blew me away. There was an exchange between the teachers, parents and our team that was of such a high quality that I was deeply moved.

***News about CCCF Travel Fellowship Award:  
Belinda Bukari recipient***

*In support of the development of AAC in Ghana, the Central Coast Children's Foundation (CCCF) is providing a travel award to Belinda Bukari. Belinda's Award will cover all her expenses when she joins international participants at the ISAAC Conference in Barcelona. Congratulations Belinda. See you in Spain. The following is a brief description of Belinda's qualifications.*

Belinda Bukari is the head teacher of one of the 24 unit schools in Ghana for children with special needs. She is held in great respect within the Ministry of Education and the University of Education at Winneba. To begin her school five years ago, Belinda had to go to the villages and visit families many times before they were willing to send their children with disabilities to school. Belinda persevered and continues to persevere, with the support of her own family. She has demonstrated extraordinary

commitment to developing a curriculum and communication systems that students in her unit school can use. She knows how important AAC is to the educational process and has the dedication and skills to carry AAC knowledge throughout Ghana. She is poised to change the way Ghana approaches students with complex communication needs. Belinda has big dreams, enormous energy, and a passion and commitment to providing quality education to students with disabilities. She has dedicated her life to working with children that others in her community continue to shun.

### ***News about Conferences***

#### **Conference on Disabilities in Columbia, July 2010.**

The 5th International Conference on Disabilities (Congreso Internacional de Discapacidad) will be held in Medellin, Colombia, July 21, 22, 23, 2010.

Lynnette Norris (Canada) will be presenting the Keynote Address and a 'commissioned' session. The Keynote topic is '*Why does the ability to communicate contribute to human performance?*' In the 'commissioned' session Lynette will present an '*Overview of Assessment, Tools and Strategies for Augmentative and Alternative Communication (AAC).*' Both sessions are for 1 1/2 hours.

#### **ISAAC Conference 2010 Presentations:**

*Thank you to the following ISAAC conference Barcelona presenters for sending information about their sessions. Note: Some of these presentations were noted in the April issue. Listed alphabetically by first author.*

*SMART Inclusion: Strategies and Tools to Support AAC Users in 21<sup>st</sup> Century Classroom* *Practice*

Susie Blackstein-Adler. (Canada)

*The AAC-RERC Writers Brigade*

Sarah Blackstone, David McNaughton, Pamela Kennedy, Johanna Schwartz (USA)

*Introduction to Social Networks: Supporting Interventions that lead to meaningful outcomes in AAC*

Sarah Blackstone, Mary Hunt Berg (USA)

*Development of Emotional Competencies in AAC: An Area that Deserves Our Attention*

Sarah Blackstone ( USA)

*Two decades of AAC service delivery in South Africa: measuring the Impact.*

Juan Bornman ( South Africa)

*Communication Access: Legislation to Action*

Barbara Collier ( Canada)

*Reducing the risk of being a victim of crime in South Africa: Tell and be heard*

Diane Bryen; Juan Bornman ; G Ledwaba; P Kershaw & K Tonsing. (South Africa/US)

*Creating Opportunities for Social Interaction and Play Using Low to High Tech Devices with Infants and Toddlers in the Home*

Loris Fischer, Cheryl Maruyama ( USA)

*Partners in AAC - A Family Based Approach to Intervention. Little stories about our families and the aids we use.*

Sudha Kaul, Tessa Hamlin. ( India)

*AAC Across the Nile.*

Yvette Malek, Egypt

*Communication Circles: With a Little Help from My Friends.*

Caroline

Musselwhite.

( USA)

*Interactive Phonemic Awareness: Research to Practice for Individuals with Complex Communication Needs.*

Caroline Musselwhite. ( USA)

*International clinicians spotlight AAC techniques and strategies for individuals with complex communication needs*

Patricia Ourand, John Costello, Melaine Fried-Oken, Bronwyn Hemsley, Yvette Malek ( USA, Australia, Egypt)

*AAC in Emerging Areas: What kinds of help make a difference?*

Harvey Pressman, Gabriela Berlanga (USA/Mexico)



*Overcoming Patient-Provider Communication Breakdowns in Healthcare Settings*  
Harvey Pressman, Sarah Blackstone ( USA)

*Romania: Implementing AAC in Special Education through international partnerships, modern technology, national traditions.* Alina Stephania Tutu, Romeo Adian Cozma, Mariana Meran, Dorothy Fraser.

### **Harvey's Place.**

**Tots-N-Tech** <http://tnt.asu.edu/home> began as a research institute to carry out various studies to identify the prevalence and use of Assistive Technology (AT) with infants and toddlers. Over a 5 year period, T-N-T conducted numerous national studies with states, providers, and families to identify the how AT was used, the types of devices used, and the timing of use. T-N-T also studied successful states to identify what characteristics supported families and providers in their use of AT with infants and toddlers and developed a self-assessment instrument for states, programs, and agencies to use to identify areas in which to place resources or activities in order to optimize AT use with infants and toddlers.

If you would like to subscribe to the newsletters please send an e-mail to [Jill.McLeod@jefferson.edu](mailto:Jill.McLeod@jefferson.edu) with the message subject: "subscribe tnt" and in the body of the message include the e-mail address to which you would like the newsletter sent.

- [June 2010: Using assistive technology to support socialization](#)
- [March 2010: Using arms and hands in activities and routines](#)
- [May 2009: Positioning and Mobility: The Basics](#)
- [March 2009: Augmentative and Alternative Communication: The Basics](#)
- [January 2009: Switches: The Basics](#)
- [September 2008: Ideas to Share Contest](#)
- [July 2008: Resources about using Adaptations and AT with Babies](#)

*From the site:* "Ideas to Share have been contributed by people working with young children in early intervention programs across the country. If you have an Idea to Share, please [tell us about it](#), and include a description of your idea. Pictures are always helpful. We will then work with you so that we can add your idea to this growing resource."

**Access to Libraries** for people with disabilities living in the United Kingdom can be found at [www.sconul.ac.uk/publications/pubs/access\\_disabilities.pdf](http://www.sconul.ac.uk/publications/pubs/access_disabilities.pdf)

Finally, as you can tell from the first page, we have transitioned to a quarterly format, and henceforth this newsletter will appear once each season. Also, I do hope we can all meet at the ISAAC conference on Thursday July 29<sup>th</sup> 2010 (Room 120, Session # 0324) at 14:50 p.m. when Harvey Pressman and Gaby Berlanga will be presenting 'AAC in Emerging Areas: What kinds of help make a difference.' What a great opportunity for us all to meet each other and share ideas on this topic. See you there.

Anne ([awarrick@rogers.com](mailto:awarrick@rogers.com))

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