



***Augmentative Communication World Network Newsletter***

**Issue # 2 - 2013**

**Editor: Dorothy Fraser**

Associates: Sarah Blackstone & Harvey Pressman

[www.centralcoastchildrensfoundation.org](http://www.centralcoastchildrensfoundation.org)

*Welcome to the final edition of our 2013 Augmentative Communication World Network newsletter.*

*We hope you enjoy this global experience - sharing news, updates and articles contributed by people from many countries around the world.*

## Table of Contents

<b>Planning AAC Trainings for Low-Resource Developing Countries .....</b>	<b>Page 4</b>
Nimisha Muttiah, Sri Lanka	
<b>Lead-Ability: A Unique Leadership Programme From The Indian Institute Of Cerebral Palsy.....</b>	<b>Page 8</b>
Ankur'Self Advocacy Group, Author Jeeja Ghosh, India	
<b>Simple School "Technologies" For Children With Special Needs In Low Resource Countries.....</b>	<b>Page 13</b>
Harvey Pressman, USA	
<b>Pretoria to Rabat: A Tale of Two Cities.....</b>	<b>Page 19</b>
Juan Bornman, South Africa	
<b>5th East African Conference on Communication Disability .....</b>	<b>Page 21</b>
<b>Reflections about the Mombasa, Kenya Conference .....</b>	<b>Page 22</b>
Juan Bornman, South Africa	
<b>New Project in Malawi Thrives on Energy of Young Leader.....</b>	<b>Page 24</b>
Morgan Tucker, USA	
<b>Using AAC to Support Active Church Involvement .....</b>	<b>Page 27</b>
Agnieszka Pilch, Poland	
<b>Fonemofonia Music and AAC: A Story. How People Who are Unable.....</b>	<b>Page 29</b>
<b>to Speak Can Do so in Front of the Audience</b>	
Marta Sielimowicz, Poland	
<b>A Report From Romania: Quality Education for Students with Special Needs: Augmentative and Alternative Communication Training and its Results .....</b>	<b>Page 32</b>
Mariana Meran, Romania	
<b>Regional Experience: Teaching AAC in Special Education System in Belarus.....</b>	<b>Page 34</b>
Tatiana Gorudko and Tatiana Pivovarchik. Belarus	
<b>The Use of the Bliss-system with a Child with Leigh's Disease .....</b>	<b>Page 37</b>
N. Bal, Y. Kustinskaya, and E. Soroko	
<b>Resources and Conferences,,,,,,,,,.....</b>	<b>Page 39</b>
<b>Farewell .....</b>	<b>Page 43</b>

# BREAKING NEWS

**It NOW the law:** People with disabilities in Mexico able to vote.



Jose and his family, with support from staff at the Centro de Apoyo Tecnológico para la Comunicación y el Aprendizaje, S.C. (CATIC) in Mexico City have won a decisive victory for the rights of people with disabilities to vote in national elections.

Go to <https://readymag.com/animalpolitico/17193/> (It's in Spanish).

Directors of the CATIC, Gabriela Berlanga and Marcela Manzur are frequent contributors to ACWN Newsletter.

For more information, send email to [gabriela@caticmexico.org](mailto:gabriela@caticmexico.org).

**CONGRATULATIONS MEXICO!**

**HATS OFF to Jose and to CATIC for removing barriers to full participation in Society**

## Planning AAC Trainings for Low-Resource Developing Countries

Nimisha Muttiah  
Pennsylvania State University  
State College, PA, USA



*I* have experienced the challenge of implementing AAC in a low-resource developing country. I am from Sri Lanka and very familiar with the issues. Often, in these countries, there are a significant number of individuals with severe communication needs that have no access to AAC and few trained personnel. There is also limited research on how to train individuals who provide AAC services in low-resource developing countries. These challenges were the driving force behind a study we recently completed.

We decided to get the experts talking and formed an online focus group of experts who had experience conducting training in AAC and/or Community Based Rehabilitation in low-resource developing countries. Each had published in peer-reviewed journals or presented on these topics within the past 15 years. Eight experts, who had between 22 to 58 years of experience working in the field of disability, participated. They were from all over the world and had trained personnel from a variety of low-resource developing countries: Zimbabwe, India, Israel, Bangladesh, Vietnam, Botswana and Mexico, to name a few. During the course of the discussion, these experts were asked what key factors needed to be considered when conducting an AAC training in a low-resource developing country.

They shared with us the following:

1. Learner characteristics: A thorough understanding of the needs and perspectives of your trainees is essential to a successful training experience. Sarah Blackstone remarked: *"I completely agree with Sudha. All good teaching requires not only knowing the subject, but the students and their perspectives, needs, current knowledge, barriers, etc. that define their context."*

2. Instructional content: Training must focus on immediately practical information that the trainees can use with the individuals with whom they work. Juan Bornman reported: *"Our training covered a range of beginning communication functions, namely choice-making, turn-taking, labelling, initiating, requesting, rejecting, commenting and greeting."*
3. Instructional Activities: Training should include a mix of theory and practical information (e.g., demonstrations of AAC tools, case-based discussions preferably using examples from the children/adults they see). Also, training should showcase evidence of successful use of AAC, which means incorporating AAC users in the training. Sudha Kaul told us: *"The main trainers on all our courses are now Persons using AAC. Therefore the first-hand exposure to them makes a very strong impact on the learners/participants."*
4. Impacts of instructional activities: Training should result in benefits that are easy to observe. Trainees need to see the practical impact of AAC. Anne Warrick commented: *"I agree very much with the point about environmental changes. The child who becomes capable of going to the market, who can identify what he/she wants to buy, how many, the cost, etc. makes a huge environmental impact. It's about public awareness, attitude changes, etc. ... just invaluable. There is little point in developing AAC skills if there's no opportunity to impact society regarding the capabilities of people who are unable to speak clearly."*

We used the information shared by the experts to design a pilot AAC training for 8-10 special education teachers at a special school in Sri Lanka. We incorporated key aspects discussed by experts, such as (1) becoming familiar with the trainees' context, (2) obtaining videos of teachers interacting with their children, (3) showing these videos during the training and discussing AAC tools/strategies appropriate for the children, and (4) using a participatory approach to training and (5) following up 1:1 to facilitate implementing AAC with the students in their classrooms.

We observed positive changes following the training. Teachers were observed to provide children who had complex communication needs more opportunities to communicate, and the children took more communication turns in their interactions with the teachers.

### Photos of Training in Sri Lanka





It is critical that the AAC community addresses the needs of individuals who require AAC and live in low-resource developing countries. We can begin to do this by supporting and providing training to their communication partners. We must be mindful, however, of doing this in ways that take into consideration their unique needs, perspectives and contexts, in order to enable sustainable change. Our focus group of experts provided insights into some key aspects to consider when working with low-resource developing countries. Hopefully we can continue this conversation and journey as a field.



Nimisha at ASHA Conference, November 2013.  
Poster Session.

*{This study was completed in collaboration with Dr. David McNaughton and Dr. Kathryn Drager. The results of this study were presented at the 2013 American Speech and Hearing Convention in Chicago, IL. If you would like more information about this study please visit: <http://aac.psu.edu/?p=1756> or contact Nimisha Muttiah ([nam242@psu.edu](mailto:nam242@psu.edu)). See also <http://specialeducationinsrilanka.blogspot.com/>.}*



## **Lead-ability: A unique leadership programme from the Indian Institute of Cerebral Palsy**

Ankur' Self Advocacy Group  
Jeeja Ghosh (author)  
Calcutta, India

*T*he past ten years have witnessed a change in the way disability is understood, and in the way societies approach disability. Advocacy and lobbying by people with disabilities has become an essential engine in the ongoing effort to change ideas, perceptions and attitudes towards disability and people with disabilities.

The United Nations Conventions on Rights of Persons with Disabilities (UNCRPD) also marks a distinct shift from the conventional medical and rehabilitation model to a social and rights- based approach. According to the UNCRPD, a person with disability is NOT a mere medical entity and passive recipient of charity, but rather a person with equal rights, capable of shouldering responsibilities.

India is a signatory to the UNCRPD<sup>1</sup>, has ratified it, and is thus both morally and legally obliged to adhere to the spirit of the Convention. The UNCRPD contributes a whole new dimension to the understanding of disability, helping to lead to the development of self-confidence in a person with disability.

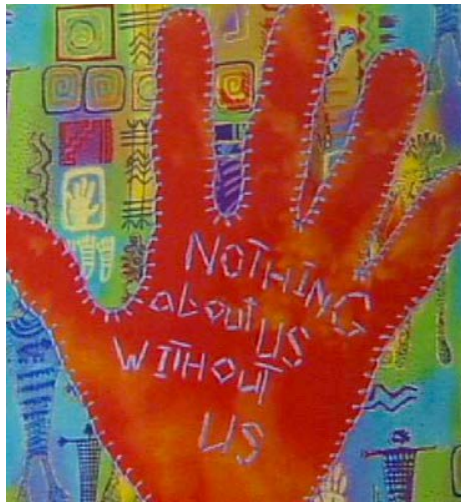
The slogan “nothing about us without us” is the motto of disability rights activism. It makes clear that people with disabilities are equal stakeholders in all decisions regarding their lives and have the right to equal participation on an equal basis with the rest of society. One needs, however, to remember that this is a two way process. Conferring rights on any citizen

---

<sup>1</sup> Go to <http://www.un.org/disabilities/> for list of countries that have ratified (138) and are a signatory (158) of the Convention



without the commitment to shoulder responsibility is meaningless. People with disabilities are no exception to this rule.



Disability advocacy is thus a mechanism for validating the rights and entitlements of people with disabilities and also a pledge to undertake responsibilities and carry them out as trustworthy and dependable human beings. Advocacy also entails taking on leadership roles. In its turn, leadership demands the demonstration of certain attributes, like a positive self-image and self-esteem.

Leadership also requires the ability to develop a wider perspective, and the vision to look beyond impairment or physical and cognitive limitations. Hence leaders or advocates of disability rights need to display certain qualities to emerge as leaders. Critical characteristics of such leaders include:

- Accepting one's disability
- Finding solutions to the constraints caused by disability
- Accepting criticism
- Exhibiting an attitude of acceptance
- Building relationships

The *Lead-ability* training programme at the Indian Institute of Cerebral Palsy was devised to encourage and nurture these characteristics. The overall aim of this training programme is to enable people with disabilities, especially those with cerebral palsy, mobility impairment and complex communication needs, to emerge as potential leaders and to advocate for their rights.

The vision of the *Lead-ability* training is to develop the leadership qualities in all participants. Trainers learn to look beyond their obvious physical, sensory or cognitive limitations and develop a balanced understanding of their capabilities. The training also addresses the need to develop positive attitudes towards life and to take on challenges and nurture relationships based on understanding, trust and mutual respect for significant others in their lives.

The training also aims to demonstrate that people with complex communication difficulties can communicate and participate effectively with the help of communication support systems (assistive technology) in all aspects of life. As well, it demonstrates that people with complex communication difficulties can be effective trainers using appropriate communication supports. Finally, the training directly takes on the myths and misconceptions that are commonly associated with people with disabilities, especially those with limited speech.

**Purpose:** To enable people with disabilities to emerge as potential leaders and advocate for their rights.

Four leadership concepts are explored using short pictorial stories adapted from the personal experiences of people associated with the Indian Institute of Cerebral Palsy, Kolkata, India.

- Accepting one's own disability
- Accepting Criticism
- Finding Solutions
- Building Relationships.



[Download](#)

[Lead-Ability Flipchart EN](#)

[Lead-Ability Manual EN](#)

**Lead-Ability Leadership Tools for Differently-abled**

*(Partner: Indian Institute of Cerebral Palsy, 2013)*

If you download these materials (highly recommended!) you see the primary training aid is a flip chart with four illustrated stories. The stories were developed by the trainers themselves. Each is a depiction of an actual life experience and challenge. Thus there is a sense

of pride and ownership on the part of the trainers. The flip chart with illustrations also engages the attention of the participants and makes the training interesting.

The response from the training is encouraging, as illustrated below by Feedback from mainstream schools teachers:

- They understood and appreciated the role of communication technology in interacting and communicating with students with communication difficulties.
- The teachers were impressed by how the trainers used their AAC devices to respond to questions.
- The experience of hands-on practice on AAC devices was both interesting and motivating.
- The teachers found it inspiring to see the trainers and their communication interpreters work together. They appreciated the role of communication interpreters.

### **Feedback from trainers:**

**Madhuri Kapur:** *I am computer trainer and I love to teach my students who are studying in Class VII or Class X standard and have computer as a subject. I also take classes on Introduction to AAC and facilitator strategies for our B.ED students and for other professional courses run by Indian Institute of Cerebral Palsy.*

*Lead-ability training is very different from those training programmes. I tell the story of a girl with disabilities who overcame her own challenges and encourages a younger girl to open up and be positive about life; about taking the initiative in being included. In short, I tell my own story. As the story unfolds, the trainees see me using a head pointer to use my laptop with a trackball mouse to run a power point presentation, or to instruct my interpreters by using a simple indigenous entry-point voice output device called Kathamala, they can relate to the fact that I am in control of the training session. This gives me a feeling of quiet confidence.*

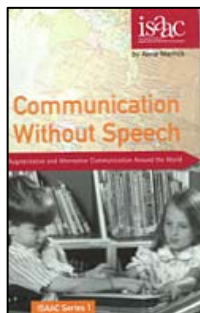
**Dipak Ghosh:** *This is the first time I have trained anyone. I felt a bit nervous on the first day, as the trainees were mostly older than me, and moreover they were all teachers or parents! But I loved it as soon as I started off with my tablet (which has TTS software) and when I started demonstrating technology to them I felt very much at ease. To begin with, they did not make eye contact with me, they would look at my interpreter when they wanted to ask a question. But I told them point blank that they needed to look at me and talk to me if they had any comments*

*or queries. We instruct the interpreters about what is to be done, and make sure that they ask my permission before speaking. Actually they assist me just by translating my words and executing what I ask them to do. I think that makes it evident to all that we are the trainers. I love it when I help the trainees develop scripts for role play session. But I enjoy it most when they all come to me and ask innumerable questions about the AAC devices and I can't resist showing off a little!*

**Shraddha Khator:** *I love the training because it is fun! I use a tablet PC with recorded messaging for quick conversation. At the beginning, when the trainees feel a bit awkward, we start off with a quiz session to break the ice. We use stories as content and I feel stories are the most powerful medium that can be used for teaching. We have written these stories from our own experiences and each of them shows how to take initiative and become a leader. But I think the main point about training is holding the attention of the trainees and making them participate. My method is to make jokes and witty comments whenever I feel they are losing interest. Especially, during the interactive sessions I try to make conversation as enjoyable as possible. When I see them responding to my comments with a laugh, I become elated. That is why I just love Lead-ability training!*

The Institute's vision is to reach out to a host of different audiences through the Lead-ability program. They have already successfully conducted training for the community partners of Indian Institute of Cerebral Palsy. They also want to make effective use of the training in reaching out to different target audiences, such as regular schools, corporate houses, as well as people from different walks of life, to sensitize them about disability issues. The training is an enriching and fulfilling experience for the trainers. In the words of Ralph Waldo Emerson: "What lies before us and what lies after us are tiny matters compared to what lies within us"

### Editor's Notes:



Anne Warrick's *Communication Without Speech*, the first volume in the ISAAC publication series, features many individuals from India. It has been translated into Spanish, French, Chinese and several other languages. Still available from ISAAC at: <https://www.isaac-online.org/english/online-store/books/communication-without-speech/>.

For a recent report on an Institute conference, go to: [http://www.dnis.org/print\\_features.php?features\\_id=104](http://www.dnis.org/print_features.php?features_id=104)

## **SIMPLE SCHOOL “TECHNOLOGIES” FOR CHILDREN WITH SPECIAL NEEDS IN LOW RESOURCE COUNTRIES**

Harvey Pressman  
Central Coast Children’s Foundation

A great deal of writing about technology in poor and low-resource countries focuses on the adaptations that need to be made using local materials, low-cost or no-cost solutions and cultural adaptations. That is no surprise, because we have far too often witnessed expensive failures of technology exports plunked down into environments that for various reasons simply cannot accommodate them.

Over the past several decades, economically *developed* nations have made substantial progress with assistive technology (AT) for people with disabilities. They have even met with some limited success in adapting certain kinds of AT in poor countries. Sadly, however, little or no useful information is available about effective adaptations of *low-cost, low-tech or no tech* adaptations of AT in special needs classrooms in low-resource or very poor countries. Concrete examples of this kind of appropriate AT in schools for children with special needs in such countries are still exceedingly difficult to find.

We can find lots of examples in *developed* countries of ways in which various kinds of AT have helped special needs children improve their literacy skills, communicate more effectively in their classes and build other basic academic skills, but children with special needs in schools in *developing* nations have so far benefited hardly at all from any of these new ideas or approaches.

For the past several years the Central Coast Children’s Foundation (CCCF) has been trying to make a small dent in this idea vacuum, by working with teachers of children with special needs in a number of poor countries in Africa, around issues of classroom communication, development of early literacy skills, and cognitive development.

All of these efforts have had to operate under severe constraints with respect to the existing barriers caused by underfinancing (Ghana’s special educators get \$4.00 per child per year for classroom supplies and equipment), technology complexity, limitations in the prior preparation of local special education classroom teachers, lack of communication avenues we

take for granted in developed nations (*e.g.*, accessing e-mail at a costly cybercafé that periodically loses electric power), *etc.*. We have benefitted greatly from a cooperative arrangement with Teachers College at Columbia University, whose speech therapy graduate students make an annual work and study trip to Ghana.<sup>2</sup>

By trying to respond directly to the specific, expressed needs of a small but increasing number of local teachers and principals in a slowly expanding number of poor countries, the CCCF has begun to accumulate a growing collection of ideas that teachers say work. They work in ways that help children with special needs in their classrooms to achieve greater success in developing communicative competence, mastering basic literacy skills, behaving more appropriately in the classroom, and developing basic academic skills.

We have even begun to facilitate the exchange of effective ideas between teachers of children with special needs in one country (*e.g.*, Ghana) and teachers of kids with disabilities in other another (*e.g.*, Malawi). Examples of these ideas are already available in our [newsletters](#) and through [videos](#) produced by our Ghana partners at Teachers College, Columbia University.

Most of the ideas that work are relatively simple to learn about and implement, and are VERY low-tech. Here are some examples:

**“Word Walls”** that help teachers develop sight vocabulary in their students. Some of the best “how-to” descriptions on word walls can be found at:

<http://www.pedagogyideas.com/wp-content/uploads/2013/01/word-wall-unit.pdf> and  
[http://www.readingrockets.org/strategies/word\\_walls/](http://www.readingrockets.org/strategies/word_walls/)

**“Narrative Stories”** based on the idea of Social Stories, originally developed by Carol Gray for children with autism, helpful ideas about implementing social stories are available at:

- [http://www.youtube.com/watch?v=WgGie\\_s1W40&list=PL2toYybtLe6\\_Bbly\\_9Dx11gC9cxc6GJJY&index=5](http://www.youtube.com/watch?v=WgGie_s1W40&list=PL2toYybtLe6_Bbly_9Dx11gC9cxc6GJJY&index=5)
- [http://www.oneplaceforspecialneeds.com/main/library\\_social\\_stories.html](http://www.oneplaceforspecialneeds.com/main/library_social_stories.html) ,

---

<sup>2</sup> For more information about the Teachers College project in Ghana, go to: <http://www.tc.edu/academic/BBS/speechlanguage/detail.asp?Id=Ghana+Program&Info=Ghana+2012>



- <http://www.autism.org.uk/living-with-autism/strategies-and-approaches/social-stories-and-comic-strip-conversations/how-to-write-a-social-story.aspx>

**Market Cards** that enable children with communication difficulties to play traditional roles by purchasing items for their families in the marketplace.

- To view a video showing the use of Market Cards in Effudasi, Ghana, go to:  
[http://www.youtube.com/watch?v=uJG2K0fBoQ&list=PL2toYybtLe6\\_Bbly\\_9Dx11gC9cxx6GJJY&index=3](http://www.youtube.com/watch?v=uJG2K0fBoQ&list=PL2toYybtLe6_Bbly_9Dx11gC9cxx6GJJY&index=3).
- PowerPoint presentation on market cards (presented by Ghana unit school head Belinda Bukari at the East African Conference on Communication Disability in Mombasa, Kenya). *Using Practical Tools to Support Communication and Inclusion*. Copy on request from presstoe@aol.com)



**Talking Mats**, which use specially designed picture communication symbols and mats. For descriptions and examples, go to

- <https://www.youtube.com/watch?v=T-fFcTQ5sBA>,
- <http://www.talkingmats.com/research-consultancy/free-stuff-communication-disability/>
- <http://www.talkingmats.com/about-talking-mats/>  
<http://www.spectronicsinoz.com/blog/tools-and-resources/everybodys-talking-about-talking-mats/>
- for a talking mat template: <http://www.spectronicsinoz.com/activities/talking-mats>

- **PowerPoint presentation** by Clement Ntim, Principal at the Unit School for Special Needs Children, Nkawkaw, Ghana, *Equipping students with Communication Deficits to use Talking Mats*. Presented at the East African Conference on Communication Disability in Mombasa, Kenya. (Copy on request from [presstoe@aol.com](mailto:presstoe@aol.com))



### **Communication books**

- How-to book available for purchase from <http://acecentre.org.uk/developing-and-using-a-communication-book>
- Description available at <http://praacticalaac.org/strategy/the-praactical-power-of-communication-books/>
- Possible formats at <http://praacticalaac.org/strategy/communication-books-making-decisions-about-format/>

### **Visual Classroom Timetables**

- <http://www.symbolsinclusionproject.org/resources/classroom/timetables/using.htm>

**Communication Passports**. Can enable children with communication disabilities to carry around vital communication information about themselves. 2

- Excellent description at <http://www.communicationpassports.org.uk/About/>

- Freely downloadable example at:  
[http://www.widgit.com/resources/health/a\\_and\\_e/2013/A-](http://www.widgit.com/resources/health/a_and_e/2013/A-)
- Templates and Guide to creating communication passports -  
<http://www.scope.org.uk/help-and-information/publications/communication-passports>
- Personal Communication Passports: Guidelines for Good Practice, by Sally Millar, with Stuart Aitken.

We use these books a lot in Eastern Europe. More information at:

[\[http://www.callscotland.org.uk/Shop/Assets/Images/book3.jpg\]](http://www.callscotland.org.uk/Shop/Assets/Images/book3.jpg)

We have already been able to find other free instructional and tutorial resources on line that provide simply described, useful how-to information about similar kinds of ideas and techniques, useful templates and examples, helpful hints, *etc.* Examples include:

**Community Request Cards.** Could be a follow up to market cards or communication passports for people who want to request items and services in the community. For more information, go to: <http://www.spectronicsinoz.com/downloads/thirdparty/crcscope/inter-a-m-sample-handout.pdf>

**Chat Books:** They are small books (often a photo album) that may contain photos, pictures, symbols, words and messages about a person. Used effectively by people who understand objects, photos or pictures. Designed so people who find it hard to express themselves can relate information about activities and events they have experienced, including topics of conversation, information about the activity or event, and some interactive statements to engage other people in these conversations. (also referred to as remnant/memento or conversation books). (<http://www.youtube.com/user/scopevictoria#p/u/21/JnlnKG2VRqQ>).

See also: <http://www.novita.org.au/LongDesc.aspx?f=1715>, and

<http://www.novita.org.au/LongDesc.aspx?f=1717>

**Flipbooks.** Go to <http://bridgeschool.org/transition/multimodal/flipbooks.php>

Also check out a long list of and information about various communication aids available at:

<http://www.scopevic.org.au/index.php/site/resources/communicationaids>, and a video with

general introduction about a variety of teaching techniques for special needs children at:

<http://www.youtube.com/watch?v=ocJMBbD6r0g>

We hope we can find more ways to make these ideas available to teachers of special needs children in other poor countries and seek to expand our network of collaboration with other groups who are working to adapt useful classroom ideas to special needs classrooms in poor countries. We are also looking for examples of effective approaches from teachers to add to the collective knowledge. We would welcome any suggestions from our readers.

For further information about ongoing work in introducing assistive technology and augmentative communication in poor countries, see the newsletters we have been publishing on line since 2009 at: <http://www.centralcoastchildrensfoundation.org/home/augmentative-communication-world-network/acwn-newsletters/>

\*\*\*\*\*

## Pretoria to Rabat: A Tale of Two Cities

Juan Bornman  
Pretoria, South Africa



Charles Dickens begins *A Tale of Two Cities* with, “It was the best of times...,” and so it was, as Juan Bornman, Kitty Uys and Robyn White boarded the Air France A380 flight from Johannesburg to Morocco – via Paris!? Having to fly from the southern part of Africa to the northern part of Africa via Europe. . . imagine that.

Rabat, Morocco’s capital, was hosting the 11<sup>th</sup> International Conference of the Society of Neuroscientists of Africa (SONA). Along with Mary Ann Ronski and Rose Sevcik from Georgia State University, we presented our work on *Speech and Language Delays in Children with Neuro-developmental Disorders in South Africa: Successfully translating standardized tests*. Approximately 300 scientists and post-graduate students from all over Africa, as well as researchers who have an interest in Africa attended the conference.

The conference provided a wonderful opportunity to collaborate with researchers who are doing ground-breaking work in multiple sclerosis, Parkinson’s disease, epilepsy and Alzheimer’s disease. We were amazed to learn more about the plasticity of the brain and the capacity humans have for learning... we humans were truly created wonderfully. We were also excited to hear that South Africa, Durban, won the bid for the next International SONA Conference in 2015.

When we learned that we would visit Rabat, we consulted the ISAAC Membership Directory and, in doing so, met Jamaldin Slimani. We expressed our desire to visit a Centre for Children with Disabilities in Rabat and do some training. He contacted Lamia Mouhssine at the Amal Educational and Rehabilitation Centre and turned our dream for collaboration into a

reality. (He was also kind enough to volunteer to translate from English into Moroccan Arabic and French.)

When we visited the facility, we first saw a young group of five-year olds who were playing with Lego and completing form boards. Then, we met older children colouring, cutting, and doing beadwork, and finally observed a group who were following an adapted school curriculum and learning to read. The Centre has a computer room where children were copying a printed text poem to the computer. The older group of children was being taught social skills as well as vocational skills, *e.g.*, in a simulated kitchen, the focus was on cooking, safety and hygiene.

Our training focused on Visual Aid Strategies for the Classroom Context and generated good discussion on the importance of creating a context for communication to take place. One of the teachers put forward an intriguing idea. He had wrapped a bandage around the head of a teddy bear and left it in a prominent place in the classroom. Then, he observed how the children noticed this “out of the ordinary event” and started discussing what could possibly have happened to the poor teddy bear.

The importance of multi-modal communication and using more static and visual forms of communication, such as pictures and symbols, sparked much positive discussion. These tools help communication from just “disappearing” like spoken words. For this reason, the staff received ideas about visual recipes and shopping lists with Velcro strips with enthusiasm, as well as song boards and rhyme boards. The South Africans shared “Incy Wincy Spider,” while the Moroccans had a similar story about Ants and Cicadas.



Morocco is an exotic destination, a place filled with centuries of history and magic, where the old Medina lives peacefully alongside modern trams. The birthplace of the tagine, home of couscous. and the best freshly squashed orange juice in the world.... It smells of exotic spices – cumin, turmeric and cinnamon.... These experiences will stay with us.

We look forward to the possibility of continued collaboration and support. Perhaps we will give a joint presentation at the 2014 ISAAC conference in Lisbon. As far as AAC in Africa goes, the tale of two cities has just begun.



## **5th East African Conference on Communication Disability**

Reef Hotel in Mombasa, Kenya  
September 2-5 2013

The Association of Speech and Language Therapists (ASLTK) and the Association of Speech and Language Therapists in East Africa (ASaLTEA) hosted The 5th East African Conference on Communication Disability at the Reef Hotel in Mombasa. At this time, most people with communication or swallowing difficulties in East Africa have limited, or no, access to speech and language therapy (SLT) services.

The conference goals was to raise awareness about communication and swallowing disabilities amongst teachers, health workers and community-based rehabilitation officers from across East Africa, arming them with basic skills in the identification and treatment of communication and swallowing difficulties.

The conference was attended by 130 SLTs and related professionals from 17 countries across the globe to discuss new advances in SLT research and its application in an African context to ensure that those working with communication / swallowing in the region are highly skilled and trained in the most contemporary advancements in treatment.



Hon. Tendai Mtana, Mombasa County Secretary for Education, giving the opening address to delegates of the conference

## Reflections about the Mombasa, Kenya Conference

Juan Bornman

### Hakuna Matata

**K**aribu! Jambo! The friendly welcoming greeting in Kenya reflects how visitors are treated.

Attending this conference signifies how important the Centre for AAC at the University of Pretoria takes its strategic initiative of internationalization, but with a focus on Africa. This conference started in 2005 with only six participants and has grown to a vibrant international conference with 120 delegates with representatives from all five countries of the East African Community (Kenya, Uganda, Tanzania, Rwanda and Burundi), as well as from other African countries (Malawi, Ghana and Nigeria), Europe, the United States, the United Kingdom, Israel, Australia, Germany, the Netherlands and New Zealand.

During the conference we made a lot of new friends and started forming stronger networks, *e.g.*, with Belinda Bukari from the Unit School for Special Needs in Effiduasi, Ghana and Clement Ntim from the Akuamoia Acheampong Unit School for Special Needs Children in Nkwawaw, Ghana, as well as with Victor Kasembe from Tanzania.

We also met with Martin Kavaua from the Kenya Institute of Special Education (KISE) who graciously volunteered to translate the *“Yes You Can Tell and Be Heard”* communication boards that are used to disclose abuse into Kiswahili. **Kiswahili** is the national or official language of Tanzania, Kenya, Uganda, and the Democratic Republic of the Congo. It is also one of the official languages of the African Union. Even though only five million people speak Kiswahili as their mother tongue, it is used as a lingua franca in most of East and Central Africa. Arabic is the most common spoken language in Africa; Swahili is the second commonly spoken language (more than 140 million people speak Swahili- Wikipedia, Retrieved September 2013).

The theme of the conference was Unity is Strength: Speech language therapy for African Contexts (Umoja ni Nguvu). This conference truly provided a forum for delegates to unite and to expand and share knowledge with the latest techniques, research discoveries and contributions to evidence-based practice. It also provided a platform to develop professional

and social relationships, thus promoting collaboration in the field of Speech Language Therapy across Africa and at an international level.

We congratulated the conference committee for hosting a most successful and enjoyable conference and are looking forward to the next East African Conference on Communication Disability in Arusha, Tanzania in 2015.



Some photos from the East African Conference in Mombasa, Kenya

.....

### **Prestigious Award in South Africa**

The Centre for AAC recently received a 2013 Hamlet Foundation Award. Pictured are Professor Juan Bornman and Dr. Alecia Samuels from the University of Pretoria with Dr. Aaron Motsoaledi, the National Minister for Health and guest speaker at the gala event.

The Center for AAC is based in the University of Pretoria  
Faculty of Humanities.

Go to

<http://web.up.ac.za/default.asp?ipkCategoryID=9742>



**Congratulations to our colleagues  
and friends at the University of Pretoria**

## **New Project in Malawi Thrives on Energy of Young Leader**

Morgan Tucker  
Central Coast Children's Foundation, Inc.

*I*n many of the world's poorest countries, children with disabilities have only recently begun to have access to clinical and educational opportunities of any kind. Even with advancements, children with disabilities still confront huge obstacles in getting access to the kinds of services that families with special needs children in first world countries have grown to expect. The pioneers who are trying to introduce even the most basic clinical and educational services in these countries face huge barriers and need to demonstrate imaginative skills to get around them.

Victor Musowa is one of these pioneers. Over the past year, Musowa has almost single-handedly resurrected an educational and rehabilitative center for young children with special needs in his home country of Malawi. The center is the only school for children with disabilities, and the only center with therapy services and trainings for these children and their families, in the area. What Mr. Musowa has been able to accomplish in one of the ten poorest countries in the world in such a short amount of time is close to a minor miracle.

Musowa is a rehabilitation technician who saw a desperate need for speech and hearing therapy among children with disabilities in Malawi. He decided to pursue studies in a Communicative Disorders Assistant program at Georgian College in Ontario, Canada, to better prepare him to deliver treatment and therapy to these children. After Musowa's return to Malawi in 2007, he worked tirelessly to provide these services to children with speech and hearing impairments in a well-known international orphanage. Over the years his employer's support for Musowa's booming programs declined. When this non-governmental organization began charging fees that the poor orphans could not afford, Musowa decided to try to start a new center in Blantyre.

In April 2013, Musowa launched the Blantyre Rehabilitation Clinic and Children's Education Centre. Currently, 37 children attend the school full-time. The center has been so successful that there are already 42 children on the waiting list.

Especially impressive is that Musowa took this initiative with few apparent resources. He has managed to secure many donations and other contributions for his start-up from local and Canadian supporters. Some of the contributions include classroom instructional materials, materials for locally-made custom classroom furniture and equipment, an adaptive playground slide, and legal services.

The clinic staff includes two full-time rehabilitation therapy staff (Mr. Musowa works double duty delivering speech and language therapy as well), one part-time specialist teacher, five therapy and classroom assistants, a cook, a cleaner, and a security officer. Students from a local high school drop by during lunches to volunteer with feeding and personal hygiene. Even with many people pitching in there is still a need for funding for one more full-time specialist and more custom equipment for the classroom. These necessary equipment includes chairs for children with cerebral palsy so they can have stable positioning, standing frames, walking frames, ankle foot orthotics and knee ankle foot orthotics, boots, and hand splints. The center also provides parent and professional trainings on various issues including recognizing child abuse.

Malnutrition is still a significant problem in Malawi. Malnutrition prevents many children in Musowa's area from attending and participating fully in class. To address this problem, Musowa created a lunch program that feeds all 37 children at his center nutritional lunches at a cost of only \$100 per child per year. The meals include seasonal fruit, juice or milk that provide nutrients the children might otherwise not get. In October of 2013, the Central Coast Children's Foundation awarded a 1:1 matching grant to support the lunch program for one year. The grant was quickly matched by donors from Canada and the U.S. followed by two significant church donations from St. Andrew's Presbyterian Church in Orillia, Canada and St. Timothy's Anglican Church in Toronto, Canada.

Because these churches brought the required funds for the lunch program over the top, some of the matching funds have also been used to support a snack program that provides two snacks a day. More funds are still needed to support unmet needs, *e.g.*, breakfast, more custom classroom furniture and equipment, and more adaptive playground equipment.



In the near future, Musowa hopes to admit ten additional children, hiring one full-time teacher and launching a sign language program in January 2014. He also reports:, “One of the caregivers, Silvia, has started a weekend training for sign language which will go till January 2014, so we can meet the challenges of communication for kids with profound hearing loss, and also help to prepare these kids for interviews at the only school for the deaf for the southern part of our country.”

He has arranged a Christmas Party for the children and invited children on the waiting list and other children from the community. There will be a jumping castle and gifts. For many of these children. this will be their first real Christmas party.

Musowa writes, “In my native language I say Zikomo Kwambiri which means thank you very much. Thanks to all for being a friend of kids with special abilities. Together we can create a place where these kids will be accepted and loved.” (See a thank-you from the children @: [https://www.dropbox.com/s/0rojquc5rsn5xfy/MVI\\_4020%5B1%5D.AVI](https://www.dropbox.com/s/0rojquc5rsn5xfy/MVI_4020%5B1%5D.AVI)]

There are few places in the world where a small donation can make a bigger difference. If you (or any churches in your area) are interested in supporting the Blantyre Rehab Clinic and Children’s Education Centre in any way, Victor Musowa can be reached at [abigvic@yahoo.com](mailto:abigvic@yahoo.com).

\*\*\*\*\*



## Using AAC to Support Active Church Involvement

Agnieszka Pilch  
Poland

*I*n the school I work at, the Nonpublic Special School *Step by Step* in Zamość, Poland, children learn to communicate using AAC from as early as kindergarten. Symbol supports and gestures are also a part of religion lessons.

We put much effort in preparing the Holy Masses for the beginning and the ending of the school year, and the nonverbal students take part in them as much as the other children. They read out the prayers using communicators; they sing using sign language; they carry gifts. They confess using a confession theme board. All the songs and Bible passages are shown on a big screen using symbols to make them more understandable.



Young man reading Bible out loud using a speech output device

AAC strategies employed during kindergarten and school education are all successfully used to teach religion. With their help we can present passages from the Bible, songs, prayers, *etc.*, making them easier to receive and memorize. Activities, homework and even tests could make it easier to remember symbols connected to religion. Some of the students can use Makaton, a communication method that contains gestures connected with religion: *The Lord, Jesus, Mother Mary, church, to pray, priest, nun, the Pope, etc.*

For several years our older students have also been taking part in Bible marathons during which, together with their parents and school employees, they read Bible out loud. The AAC users have the passages prerecorded on their communicators.

Youth group:  
Participating in the life  
of the church



All of our work leads to raising awareness of the environment we live in, including our religious community, so that people with serious communication problems might lead a life similar to the life of anyone of us. So it makes sense to use AAC to include its users in the active life of our Church.

Thanks to careful preparation of support in religion teaching with AAC symbols, it is possible for our so-called 'nonverbal' students to participate fully in the life of the Church. AAC helps people with serious communication problems to attain the quality of life that would be available to them if they did not have communication limitations. Thanks to AAC, they can live the same life as each of us. <http://aac.unl.edu/yaack>

**Fonemofonia Music and AAC: A Story.**  
**How people who are unable to speak can do so in front of the audience**

Marta Sielimowicz  
Poznan, Poland  
photos: Grażyna Kosmatka  
translation: Izabela Szymańska  
editorship: Wojciech Lekan

When I asked a composer Mr Piotr Orliński to participate in the performance of Żurawina Djembe Group for students of High School no. 12 in Poznań, I could not imagine that this would mean the beginning of musical cooperation or influence so many people.

I am a therapist in Day Therapeutic Center “Żurawinka”, which was founded by Association for Children and Youth with Cerebral Palsy in Poznań. I helped establish the Żurawina Djembe Group in 2009. At the beginning, the activity of the Group mainly concentrated on spontaneous and ordinary musical activities involving patients and therapists. The Group members were (1) adults with speech impairments due to cerebral palsy, (2) a therapist and (3) two physiotherapists. We used simple musical instruments: rattles, a guitar, singing, and *djembe drum* basics.

Over time, the initiative gained more support from parents and volunteers. New ethnic and self-created musical instruments were added. For example, the *goblet drum*, *rain stick*, *shaker* and other rattles. We adjusted these instruments to accommodate individual physical abilities of the Group. They were made of aluminum foil, bottles, barrels of oil, metal sheet (“gongotron”), mattress pump (“makaj”), or metal pieces from a chair (“przeszkadzajki”).

Friends of Group were not surprised to see performers use their feet or elbow and be assisted by an aide.

We often got new invitations to perform, which we did in High School no. 12 in Poznań. As a result, the composer, Mr. Piotr Orliński became interested in creating an unprecedented instrumental based on sounds, words and letters. For this project he invited not only the Group, but also flautist Wojciech Okurowski, bassist Szymon Guzowski. 24 members of Private University of Humanities and Journalism (Wyższa Szkoła Nauk Humanistycznych i Dziennikarstwa). and Friends from Private University of Social Psychology (Szkoła Wyższa

Psychologii Społecznej) conducted by Radosław Jastak. After extensive preparations and long-hour rehearsals, the “Fonemofonia” (“Fonemophony”) was ready for the public!



The pre-premiere took place 4 September, 2013 in the Private University of Humanities and Journalism in Poznań (WSNHiD) as part of a celebration of the Children Cerebral Palsy Day. During this event members of the Group thanked their relatives and friends and the support they received from Kasia Łuszczak, Harpo Company Poznan, who helped them to use symbols to create their dedications. Dedications were given using numerous alternative methods such as Swedish pictograms, Widgit and Bliss symbols and alternative and augmentative communication (AAC) devices thanks to kindness of volunteers. The audience was surprised that one person who was unable to speak had prepared a presentation on an AAC device.



The whole Group dedicated “Fonemophony” to all people suffering from child cerebral palsy “to make them dream and fulfill their dreams”. After the announcement and short individual performances, the moment of the finale arrived. Everyone was excited to hear the professionals playing together with modest amateurs.

What will be the outcome of the combination of the exceptional performance, meticulously prepared choir part with the unpredictable dynamics of Žurawina Djembe Group? Will the composition show the cooperation of the team with the conductor? What will be the reaction of the Group members when their own parts will be heard? Will they be happy to hear their “Adygi” (expression of joy), energetic exclamations “Oje, bomba, ach, cogom, uhuhu” ? What will Natalia feel listening to her own part sung and played by all the musicians? Finally, how would the musicians react to the unfettered improvisation and spontaneity of the Group? In the end, what will be the reception of the audience of 300 people viewing this unusual event?

**And the answer was...a standing ovation!**

\*\*\*\*\*

## A REPORT FROM ROMANIA

### **Quality education for students with Special Needs: Training. CPD (Continued Professional Development): Augmentative and alternative communication and its results**

By Mariana Meran, School Principal,  
Special School 6, "St Nicholas",  
Bucharest (translated by Dot Fraser)

**PROJECT BENEFICIARY:** Special school no 6 "St. Nicholas ", Bucharest

**PROJECT PARTNERS**

- The Association "Speaking Without Words ", Poland
- University of Bucharest, Faculty of Psychology and Educational Sciences



Mariana Meran, Project Manager

### **About the project**

The project "Quality Education for Students with Special Needs: Augmentative and Alternative Communication",<sup>3</sup> is aimed at both professional development of special education teachers and improving social inclusion for people with disabilities. It also promotes quality in education and is an opportunity to improve educational services and training in special education.

Augmentative and alternative communication means a set of strategies and tools that facilitate learning, education, autonomy / personal independence, influencing the labour market inclusion, interaction and thus social inclusion of people with disabilities. It represents a vast field of research, clinical and educational, with applicability to all categories of persons with disabilities that affect language / communication (children and adults).

Project Goal: To improve the skills of special education teachers to ensure quality education services for pupils with special educational needs (with a wide variety of disabilities, including nonverbal).

---

<sup>3</sup> ID: 14980, co-financed from the European Social Fund through the Sectoral Operational Programme Human Resources Development 2007-2013



Objectives:

- to develop an accredited training program for teachers in augmentative and alternative communication for pupils with special educational needs
- to form a dynamic network of specialists that provides support and information to implement specific work methods and techniques for AAC .

Activities:

- study visits to 3 cities in Poland; Cracow, Warsaw and Zamosc for two Romanian teams of trainers and administrators from Special School # 6 and the university department.
- creating an AAC training course (theory and practice) for Romanian teachers, including the use of Widgit symbol software translated into Romanian, tested over several years, with approval as didactic material from the Ministry of Education.
- Romanian trainers providing course for 140 teachers from Bucharest and Ilfov (Special education teachers & peripatetic teachers from mainstream schools).
- creating a network of AAC specialists in Bucharest.
- creating a Romanian AAC web-site with a Forum for discussions and connection between specialists, teachers, parents and people who use AAC.

[www.comunicare-augmentativa.ro](http://www.comunicare-augmentativa.ro)

After many months of intensive work, the climax and celebration of the project was an International Symposium on 9th November, **Augmentative and Alternative Communication – Way to Humanity** held at the University of Bucharest, Faculty of Psychology and Educational Sciences. This Symposium was an opportunity to share educational and therapeutic experiences whose successes are based on AAC.



Alina Smyczek, project partner and trainer from Cracow, Poland

Romanian specialists from the university and school opened the meeting by presenting the results of the project with plenary presentations by the project's Polish partners and guest specialists from the United Kingdom, Poland, the Netherlands and Belgium. The second part of the day was dedicated to presentations by course participants. They used PowerPoint, posters and displays to demonstrate their own training results, showing creative, dynamic, practical examples of how they applied knowledge from the project to their own work in education and therapy.

## Regional Experience: Teaching AAC in Special Education System in Belarus

**Tatiana Gorudko**

*Belarusian State Pedagogical University named after Maxim Tank*

**Tatiana Pivovarchik**

*Center of the Correctional and Developmental Teaching and rehabilitation  
Minsk, Belarus*



In 1999, Belarus opened Centres of Correctional and Developmental Education and Rehabilitation to serve the needs of children with multiple disabilities. These Centres are located in big cities, as well as small regional and provincial localities. They are meant to carry out diagnostic, methodological, correctional and developmental work; social rehabilitation; and informational, analytical, educational and advisory activities. One of the main directives is to assist children with multiple disabilities.

The current system for training professional in Belarus focused only on the oral speech of children. As a result, few understood or knew how to support children who need (and can use) other ways to communicate. That is the reason we decided to adopt ideas and practices available through the field of augmentative and alternative communication (AAC) and use them in our educational practice at a Centre in Minsk

Currently, there are three classes: (1) 10 children, ages 7 to 18 years), (2) a group for five preschool children, and (3) three children who are at home. These children vary in their diagnoses and developmental levels. They include children with cognitive, motor and sensory disorders, and some with autism. Most (12) have severe limitations in their use of oral speech. In developing a program in AAC, we took the following steps.

**Stage I.** From 2007-2008, specialists from the Centre participated in the Belarusian and German educational project *Education and training of the children with multiple disabilities: Methodological aspects*. We worked hard to raise awareness and create more favorable conditions for learners, their families, and personnel at the Centre to participate in an AAC

program. We used video and multimedia materials with information about AAC resources and how AAC can improve the quality of life for people who have difficulty speaking so others can understand them. We also conducted an evaluation of our activities to determine the degree to which attitudes had changed and whether AAC approaches were used in the family and educational establishments. One sample activity was a “role playing game”-- *Conducting and supporting conversation for someone who is unable to speak*. Both parents and personnel from the Centre participated. Results showed that participants had a better understanding of problems facing persons with limited speech and they also learned how to be better “speaking partners”. Other activities used during the initial stage helped determine the readiness of parents and teachers to use the AAC. In addition, we studied both national and foreign practices related to AAC, identified potential AAC users, and developed guidelines for implementation. Finally, a team of participants was approved along with a schedule for coordinated meetings.

**Stage II.** From 2008-2009, our team participated in an international educational project. This project included universities from Sweden, Russia and Belarus. We worked to develop *Improvement of the system of work of AAC education as base of the vital activity of the multiply disabled learners*, in cooperation with the faculty in special education.

In the beginning of 2009, we finalized the organizational and structural elements of the program, and determined the methodological conditions for the project. The next step was to identify the algorithm we would use to analyze the communication needs of learners, so we could set goals and determine the educational and AAC plan for each child. Following that, we conducted developed ways to implement and evaluate the program. Procedures included (1) examination of the child (6-18 years of age), (2) parent and teacher interviews; (3) observation of the child’s behaviour. We also tracked use of verbal and gestural instruction; different methods of incentives to execute tasks; and types of assistance/prompts provided.

Individual short-term plans were discussed during weekly meetings. Special attention was paid to determining the optimal approach to meet the needs of each child using AAC. Questions regarding AAC education methodology were also addressed. Systems included tactile

and pictographic symbols, as well as with electronic means. Education materials and practices were organized to support specific methods and techniques of education.

The project showed that personnel and parents of children who now used AAC had developed competencies. Studies of AAC education were captured on video, which were used to inform the current studies, and help staff develop different methods and techniques of teaching. We also developed additional resources to share (communication boards/selection boards, visual schedules) at the Centre in classrooms, sports and musical hall, sensory room, doctor's consulting room and other premises.

**Stage III.** In late 2009- 2010, we initiated the third state of project activities *Formation of communicative skills of multiply disabled children by AAC*. Our activities included building on our studies of AAC and expanding to address the educational framework in subject fields. For example, we analysed and developed materials to support daily routines, such as “taking bath/shower”, “making sandwich”, “cleaning teeth”, “making tea”, “washing clothes”) in the subject *Rudiments of vital activities and Household and domestic work*. In addition, we helped develop communication materials, such as “My book of gestures”, “Book of my preferences”, “My diary”, “Album of greeting” and other types of communication books and charts with instructions on how to use them.

### **What's next?**

Future directions at the Centre are to (1) create a catalogue of information about the program and helpful AAC methodologies, as well as to collect videos and a library of AAC materials; (2) publish information about AAC education; (3) create a regional data bank with information about the AAC users; (4) inform families of potential users of AAC and help specialists learn more about the capabilities of AAC; (5) develop ways to monitor the efficiency of work now underway.

## **The use of the Bliss-system with a child with Leigh's Disease**

N. Bal, Y. Kustinskaya, and E. Soroko

Belarusian State Pedagogical University named after Maxim Tank (Minsk, Belarus)









The Republic of Belarus has been actively discussing the concept of Augmentative and Alternative Communication (AAC). Our teachers have begun to use AAC with children who have significant impairment of their verbal communication. Here is an example of a 5-year-old girl, Tanya, who has a diagnosis of Leigh's disease, a inherited neurometabolic disorder that affects the central nervous system. Symptoms often progress rapidly and can result in degeneration of psychomotor development, seizures, dystonia, ataxia, optic atrophy, ophthalmoplegia, tremor, pyramidal symptoms and respiratory disorders. A description of her speech and language development follows

Tanya remains curious about her surroundings and shows an interest in strangers. She can track with her eyes, but rarely establishes or maintains eye contact with a speaker. She expresses joy, surprise and sadness using facial expressions and uses individual sounds and syllables to communicate: [a], [o], [ta], [tya], [ma], [pa]. Her speech is understandable only to a narrow circle of parents and professionals who constantly interact with her. Tanya understands the names of people, familiar objects and events. Her mother reports that she does not always understand her response to «yes» or «no» questions. Tanya is unable to move independently, but can raise her hand to select a pictures, albeit slowly and with great difficulty.

After an initial assessment, the team decided to introduce Blissymbols to Tanya as a means to further her communication. Initially, 29 Blissymbols were introduced. They included

nouns (girl, mom, dad, teacher, hand, head, foot, eye, ear, nose, toy, toilet, bed, street, house, TV, happiness, pain, sadness) and verbs (want to eat, drink, sleep, feel, wear, listen to, read, help, give).

Gradually, the team introduced additional Blissymbols, increasing the number to 41 symbols. During this period, some symbols were adapted in ways that helped her understand their meaning. For example, we replaced the ideographic Blissymbol «I» with a pictographic Blissymbol «girl».

The card with blissymbol	The card with the image of a real object	The card on which are marked similarities of blissymbols and real objects
<p>girl</p> 	<p>girl</p> 	<p>girl</p> 
<p>ear</p> 	<p>ear</p> 	<p>ear</p> 

We prepared three sets of cards (13 x 13 cm) for the classroom and wrote the word-symbols on top of each card. The first set of cards had Blissymbols belonging to different lexical subjects (people, body parts, actions, feelings, objects, places). The second set had color pictures, denoting real objects and corresponding Blissymbols. The third set contained cards



with color pictures, corresponding to real objects and features marked with a black marker that we hoped would facilitate understanding of the corresponding Blissymbol.

Using this approach, Tanya was able to quickly memorize the Blissymbols and match them with the objects they represented. Also, she began to show greater interest in the initial set with just Blissymbols. Another interesting outcome was that Tanya began to give more verbal answers, using the cards only when her answers were not clear. In short, we found that Blissymbols facilitated the communication process for Tanya and her communication partners.

---

## RESOURCES and CONFERENCES

*Involve Me* is a unique and practical guide about how to involve people with profound and multiple learning disabilities (PMLD) in decision-making and consultation. *Involve Me* aims to:

- increase the involvement of people with PMLD in decision-making and consultation
- keep a very practical focus
- support long-term change for people with PMLD and the way services are designed, planned and delivered.

[http://www.mencap.org.uk/sites/default/files/documents/Involve%20Me%20practical%20guide\\_full%20version.pdf](http://www.mencap.org.uk/sites/default/files/documents/Involve%20Me%20practical%20guide_full%20version.pdf)



\*\*\*\*\*

[www.AACknowledge.org.uk](http://www.AACknowledge.org.uk) brings together information and research evidence about AAC in one place. In order to meet the needs of a wide audience it provides different ways of finding out more about AAC. The website features:

- A bibliography of published research into AAC
- Plain English summaries of research articles
- Case stories
- Factsheets
- Frequently asked questions
- Glossary
- Links to many other sources of information

\*\*\*\*\*

**Communication Disabilities Access Canada (CDAC)** created the Communication Access to Justice web site for people with communication disabilities. The Communication Intermediaries section describes what a communication intermediary is and describes and connects you to communication intermediary services, training and CDAC programs across Canada. This is an important website for all advocacy efforts.

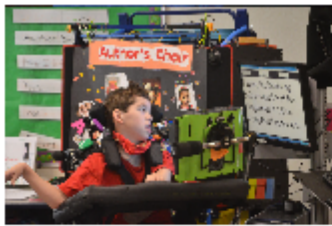
<http://www.access-to-justice.org/p/intermediaries>

\*\*\*\*\*

## CONFERENCES

**The Bridge School** in California is partnering with CISCO Industries to host the 2014 AAC By The Bay Conference. Flyer is below.

What is special about this conference is that it's available LIVE to any group in the world that wants to participate. Have a careful look at the program and go to <http://bridgeschool.org/aacbythebay> for more information.



**Announcing  
The Bridge School's  
AAC By the Bay 2014 Conference  
February 27, 28 & March 1, 2014  
Cisco Executive Conference Center  
San Jose, CA**

**Conference focus:** issues and strategies related to education and communication of users of augmentative and alternative communication



- language, literacy & learning
- movement & mobility
- advocacy
- social justice
- cortical visual impairment & its impact on learning
- effective patient/provider communication

**Nationally and internationally known speakers:** Aileen Arai, Sarah Blackstone, Barbara Collier, John Costello, Caitlin Daly, Lateef McLeod, Janelle Moynihan, Nicki Nelson, Holly Peartree, Christine Roman-Lantzy, Martine Smith, Christine Wright-Ott

**Participation options:**

- Attend the conference in San Jose
- Host and/or participate in the conference through a live web cast
- Host and/or participate in a live virtual conference via Cisco Telepresence technology

**Conference details:** on our web site at:

<http://www.bridgeschool.org/aacbythebay>

**Off-site hosting/participation details:**

<http://www.bridgeschool.org/outreach/webcast.php>



**LEARN MORE ABOUT THE BRIDGE SCHOOL AT:  
[WWW.BRIDGESCHOOL.ORG](http://WWW.BRIDGESCHOOL.ORG)**



***The ISAAC Biennial Conference 2014  
Lisbon, Portugal  
Main Conference Dates  
July 21-24***

This is a great opportunity to meet old friends and establish new connections and friendships. This prestigious conference brings together international AAC expertise.

For more information, go to  
[www.isaac-online.org](http://www.isaac-online.org)

\*\*\*\*\*

## **Farewell note**

We send a sincere Thank You to all of the authors for generously contributing to this newsletter.

As we bid farewell to 2013 and look to the future I would like to share with you this joyful music video from Zamosc, Poland, part of their activities for International AAC Awareness Month.

<http://www.youtube.com/watch?v=-SCQDvbY3wU>

Very best wishes for 2014

*Dot*

[dotfraser2@gmail.com](mailto:dotfraser2@gmail.com)  
[www.centralcoastchildrensfoundation.org](http://www.centralcoastchildrensfoundation.org)