ISAAC CONFERENCE 2014

PRE-CONFERENCE WORKSHOP OUTLINES

<u>July 19, 2014 — FULL DAY (09:00 to 16:00)</u>
Communication Vulnerability and AAC in the ICU
and Acute Care: Enhancing Quality of Care
(Costello, John and Santiago, Rachel)

Communication Vulnerability and AAC in the ICU and Acute Care: Enhancing Quality of Care

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Augmentative Communication Program

COURSE Summary Abstract (50 words):

This course will explore considerations for AAC in the hospital setting, the patient's profile of communication vulnerability and AAC need, developmental stage and an overview of the clinical feature matching process.   Clinical case video will highlight AAC considerations and potential tools and strategies.

Full abstract

The inability to communicate in a hospital setting can be terrifying for the patient but may also negatively impact patient care, recovery and satisfaction.   With an increased focus internationally on addressing the needs of the patient who is 'Communication Vulnerable', the AAC specialist, in addition to all bedside providers, has a unique and pivotal role in the assessment and implementation of AAC strategies to meet patient needs.

In the United States, The Joint Commission (TJC) has approved new and revised requirements to improve patient–provider communication applicable to their hospital accreditation program.   These standards as well as the increased international focus on these standards will be detailed.

At Boston Children's Hospital, a dedicated Augmentative Communication service has been provided at bedside in the ICU and Acute Care since the early 90's. Over nearly 25 years of bedside service delivery trends in patient needs and appropriate tools and services have become evident across the continuum of hospital care.   Three distinct phases of AAC assessment and intervention, which highlight a patient's status as often dynamic, resulting in both forward and backward movement through the phases, will be reviewed.   Phases of patient needs include:

Phase 1: *Emerging from sedation*.   The patient needs to gain the attention of bedside providers and family members through either nurse call access or use of simple voice output communication aids.   In addition, a means to respond to yes/no queries related to health, comfort and personal needs is required.

Phase 2: *Increased wakefulness*.   The patient is now able to use symbols or text to communicate basic information with staff and family.   Alternative access strategies may

be useful as well as simple environmental control.   Communication topics typically focus on reporting on or asking questions about medical status, personal needs, comfort, psychosocial and spiritual messages.   Further, messages that are reflections of the patient's personality including humor and non-hospital related messages might be important. Patients with literacy skills may also begin to spell or provide alphabet cues to communicate intent.

Phase 3: *Need for broad and diverse communication access*. The patient requires broad and diverse communication access to support meaningful exchanges related to the hospital environment and beyond. Both pre-stored and novel messages are needed to engage in one's own care plan, participate in team discussions and participate in social conversations. Additionally, the patient may desire broad access to Internet, email, and other social media.

In addition to these three phases, a clear need for pre-operative/pre-admission AAC intervention will be detailed along with the use of social stories that outline upcoming procedures and expectations during the hospital stay may also be created to support comprehension and participation.

Who is an appropriate candidate for Augmentative Communication Services?

Four distinct profiles of candidacy for hospital based AAC services have emerged from our clinical practice.   Each profile requires the Speech-Language Pathologist to address specific assessment and intervention considerations.   Actual interventions vary depending on variables including age, medical, motor, cognitive and sensory status.

1. Communication Vulnerable at Baseline: This patient is a candidate for augmentative communication at baseline due to a variety of factors including speech, language and/or communication deficits related to either a congenital disability such as a genetic condition or brain injury or an acquired non-speaking condition such as tracheostomy with no air-leak, stroke or oncology related intervention such as difficulty related to laryngeal or oral-facial tumor resection, neurosurgery, etc. Additional vulnerabilities include a language difference impacting the ability to communicate with medical providers or a motor impairment that precludes access to a standard nurse call button.

2. Acute onset of Communication Vulnerability: Many patients who are independent communicators at baseline arrive to the hospital either emergently or for a scheduled admission and subsequently experience an acute non-speaking condition. This may be secondary to severe or potentially life threatening pulmonary or airway disease, life threatening or unstable cardiovascular conditions, neurological conditions or traumas such as head trauma, spinal injury or seizure, hematology/oncology disease including tumors or masses, endocrine/metabolic disease or a combination of other variables (Pediatrics, 1999).   The acute nonspeaking condition may also be related to medical intervention or procedures required to treat the underlying condition such as tracheostomy, intubation, rigid fixation of the jaw/mouth, vocal fold paralysis,

immobility related to surgical incision site, immobility or reduced motor skill related to traction or insertion point of tubes or needles, etc.

3. At risk for communication Vulnerability: Many patients admitted to the hospital have planned medical procedures that may have associated communication vulnerability. Examples of such procedures include surgery with an anticipated post-operative intubation or need for some form of mechanical ventilation, a tracheostomy, resection of a tumor or growth of the oral cavity or airway or craniofacial surgery/reconstruction.

4. Palliative Care and end of life AAC support: Hospitalization may focus on symptom and/or pain management for individuals living with life threatening illness and approaching end of life. Communication vulnerability may be a changing condition based upon variables including alertness, medications, memory, poor breath support and motor control for speech, word-finding difficulties, disease progression, fatigue, swelling, or sores of the mouth or airway.

This course will explore the considerations for AAC as it relates to candidacy for AAC in the hospital setting, special considerations when working with children at bedside, patient profiles of communication vulnerability, three specific phases of AAC consideration, developmental stage and an overview of the clinical feature matching process. Clinical case video will be used to highlight AAC considerations and potential tools and strategies.

LEARNER OBJECTIVE

The attendee will:

-Understand patient-provider communication and communication vulnerability as outlined in the new joint commission standards.

-Describe the role of augmentative communication/speech language pathology in the bedside assessment and intervention of patients who are communication vulnerable in the icu/acute care setting.

-Identify the three phases of AAC need in the ICU/Acute Care setting s well as intervention considerations at each phase.

General outline:

1.15 hours a.m. Communication Vulnerability: What it is, why we should pay attention and Barriers to communication success in hospital setting

 Break

2 hours   Candidates for AAC in the ICU and Acute Care Setting

- Guidelines for admission to an ICU and what this means for AAC candidacy
- Developmental considerations when addressing communication vulnerability
- The 'cycle of stress' and communication vulnerability
- The five Profiles of AAC Candidacy in the ICU/Acute Care Setting

lunch

2 hours.   Phases and Advanced Planning for temporary and long-term loss of speech

- Three Phases of AAC Intervention in ICU/Acute Care
- I don't work in a hospital. What can I do to prepare my student for use of AAC in hospital?
- Boston Children's Hospital Model of Preoperative AAC Intervention
- Message Banking and Vocabulary Selection for short term and long term AAC need.

Break

90 minutes   Domains of Assessment and Feature Matching for Bedside Assessment/Intervention

- Detail domain of assessment and intervention considerations
- Case Study review

July 19, 2014 — HALF DAY (09:00 to 12:00)
Speaking APPropriately: AAC and
Apps
(Farrall, Jane)

Speaking APPropriately: AAC and apps

Jane Farrall

Short Abstract

Mobile apps and technologies have had a huge impact on the field of AAC, causing changes around the way in many perceive AAC. This iPad-focused presentation will discuss the range of AAC apps available, along with alternative access options and some of the tools for rating and comparing apps.

Long Abstract

Over the last 3 years, mobile applications (apps) and mobile technologies have had a huge impact on the field of Augmentative and Alternative Communication (AAC). Touchscreen tablet computers and the apps that run on them have increased the AAC options available for people with complex communication needs. They have changed the way in which many specialists working in the area of AAC approach evaluations and intervention. Those of us who work as clinicians in this area have experienced major social change around the way in which individuals, families, and other services perceive AAC. For the first time, we have interested individuals regularly coming to us seeking AAC options for individuals with complex communication needs. Alternatively, we have clients coming to see us who already have an "AAC system" which consists of an app and a tablet computer and are seeking our assistance in implementing the system for the best outcomes.

McNaughton and Light (2013) list a range of potential benefits of mobile technologies on the field of AAC. These include "increased awareness and social acceptance of AAC in the Mainstream", "Greater Consumer Empowerment in Accessing AAC Solutions," and "Greater Functionality and Interconnectivity" (McNaughton & Light, 2013, p. 109). Each of these benefits is already at work in the field of AAC and they are forcing us to change the way in which we work. Many AAC specialists are faced daily with new technology options and decisions that need to be incorporated into their practice. We also are faced with a much more consumer- driven focus for AAC assessment where we need to be more collaborative and flexible and work with people with complex communication needs and their team in a different way. In addition, we are faced with a rapidly expanding range of AAC options – with around 300 AAC apps available at this time for iPad alone. Some of our traditional assessment mechanisms cannot keep up with the new demand and many speech-language pathologists and special educators who previously had minimal involvement in AAC selection and implementation are being required by the consumers they work with to become more aware of AAC options.

This presentation will focus on discussing the range of AAC apps currently available for iPad/iPhone. Specific apps will be demonstrated to show the scope of features available across AAC apps. These features will include language organization systems, indirect and direct access options, symbol sets, voice options, text-to-speech, rate enhancement, and keystroke reduction features. Indirect access options will include the switch access built into iOS7 and the switch access built into several AAC apps.

In addition, the workshop will demonstrate and discuss some of the tools available to help people to select the best AAC app for an individual's needs. These will include Gosnell's (2011) feature-matching chart for comparing AAC apps; Zangari's (2012) Rubric for Evaluating the Language of Apps for AAC (RELAAC) that focuses on the communication and language features of an app; and Sampson's (2012) flow chart designed to be used as part of the app selection process focusing on the communication goals and/or challenges involved before focusing on AAC app or apps might best meet the user's needs.

Attendees will have the opportunity to complete Gosnell's feature matching task on an AAC app and to use RELAAC to discuss the communication and language features of the app. In addition, two case studies will be used to demonstrate the use of Sampson's flow chart for choosing apps for communication.

References

Gosnell, J. (2011). Feature Matching Communication Applications. Retrieved from http://childrenshospital.org/clinicalservices/Site2016/Documents/PDFofFeatureChart.pdf

McNaughton, D. & Light, J. (2013). The iPad and mobile technology revolution: Benefits and challenges for individuals who require Augmentative and Alternative Communication. *Augmentative and Alternative Communication, 29*, 107–116

Sampson, J. (2012, September 12). *Choosing apps for communication.* Retrieved from http://www.twowaystreet.net.au/wp-content/uploads/2012/12/CHOOSING-APPS-diagram-Final.pdf

Zangari, C. (2012, June 15). *Introducing RELAAACs: Rubric for Evaluating the Language of Apps for AAC*. Retrieved from http://praacticalaac.org/praactical/introducing-relaaacs-rubric-for-evaluating-the-language-of-apps-for-aac/

Learning Goals

Participants will be able to:

- Describe the range of AAC Apps available for iPad/iPhone.
- Discuss some of the strengths and weaknesses of using mainstream technology for AAC
- Describe access options for mainstream technologies
- Discuss options for selecting and using AAC apps

Activities

Participants will work in pairs to:
- Complete a feature-matching chart on one AAC app.
- Complete a rubric for evaluating the language of apps for AAC on one AAC app.

Learning Outcomes

Participants will have increased understanding of:

- The range and types of AAC Apps available for iPad/iPhone.
- The strengths and weaknesses of using mainstream technology for AAC
- The range of access options for mainstream technologies
- A number of tools for selecting and categorizing AAC apps

July 19, 2014 — HALF DAY (13:00 to 16:00)
AAC and Progressive Disease:
Assessment and Intervention
(Fried-Oken, Melanie)

AAC for Progressive Disease: Assessment and Intervention

Presenter: Melanie Fried-Oken
Oregon Health & Science University
Portland, Oregon USA

50-word summary abstract

This workshop addresses AAC clinical pathways for adults with progressive neurological diseases that affect cognition (fronto-temporal dementia and Alzheimer's disease); language (primary progressive aphasia) and motor speech production (ALS and Parkinson's disease). We will examine current research, and integrate principles and techniques into AAC evaluation and intervention staging.

1000-word long abstract

There is a growing research base that strongly confirms that adults with progressive neurological disease can benefit from augmentative and alternative communication (AAC) strategies and equipment as they lose their abilities to communicate. We will examine assessment and intervention principles for individuals whose communication is affected by gradual loss of cognition, language, and motor speech skills. Each population presents with unique clinical needs and possible solutions. First, we will examine symptom complexes together and understand the progression of each disease condition. Then, we will conduct evaluations together, using a participation (ICF) approach to communication. Finally, using a staging intervention model for each condition, we will examine strategies, low-tech and high-tech solutions. While we integrate the medical model of disease with a functional model of participation, we will examine intervention for community-dwelling adults. This workshop will not address hospital based care or ICU, acute care, or inpatient AAC practice.

Cognition. Adults with progressive cognitive impairment present with dementia. During this workshop, we will examine AAC for individuals with Alzheimer's disease and frontotemporal dementia, two syndromes within the dementia complex. Using AAC as external memory aids has been found to significantly improve language production and word recall during conversations, and reduces negative behaviors. Intervention staging is crucial since we expect these individuals to learn to use new modalities for communication when new learning is impaired.

Language. Adults with progressive language impairment present with a relatively new syndrome called primary progressive aphasia (PPA). During the workshop, we will examine AAC for individuals with two variants of PPA- agrammatic and semantic. Current research demonstrates that AAC is an effective means for individuals with PPA to share new information. With a goal to maintain rather than improve language skills for this clinical population, electronic devices and personalized communication boards will be presented that address language loss and retention.

Motor speech. We will examine two conditions where motor speech skills are affected: ALS and Parkinson's disease (and the Parkinson's plus diseases). Individuals with amyotrophic lateral sclerosis (ALS) or motor neuron disease (MND) have received considerable attention from the AAC community and benefit from clinical pathways that have been developed for

research-based practice. Strategies such as message banking and low technology options will be presented. AAC manufacturers will be present to demonstrate alternative access methods, language representation options, mobile technology apps and speech generating devices for people who are losing their motor speech and upper/lower extremity muscle control.

This workshop relies on a number of teaching techniques: lectures, video presentations, review of clinical strategies with role playing scenarios, equipment demonstrations, and completion of inventories for messaging and social interaction.

Highlight a maximum of 4 learning goals

1. Participants can identify symptoms of progressive diseases that can be addressed by AAC strategies and equipment.
2. Participants can utilize message banking, vocabulary and social networking inventories for AAC intervention with patients who have progressive disease.
3. Participants can critically select alternative access methods and language representation systems within mobile and SGD technologies for patients with progressive diseases.
4. Participants know the clinical pathways for progressive diseases from cognitive, language and motor speech impairments.

Highlight an outline of activities

A. Lecture, videos, and review handouts of clinical strategies
    1. General principles of knowledge translation from research to practice
    2. Clinical considerations for adults who require AAC
        a. Moving from competent communicators who have known successful interactions
        b. Often enter the AAC relationship as technology experts
        c. Often willing to be early adopters of new technologies that will address their clinical challenges
        d. Have new roles to accept
            1.) Changing attitudes of partners toward what is acceptable communication
            2.) Changing roles as communicator within their established social networks
            3.) Changing roles of productivity (from employment or retirement)
            4.) Changing roles within the family unit
            5.) Changing means of message generation
        e. Diagnostic treatment over time
        f. Staging of intervention
        g. Responsibilities of clinical team and patient/family
    3. AAC and progressive cognitive impairments
        a. Clinical description of dementia complex
            1.) Alzheimer's disease
            2.) Frontotemporal dementia
            3.) Other dementia syndromes
        b. External memory aids
    4. AAC and progressive language impairments
        a. Clinical description of primary progressive aphasia
            1.) Agrammatic variant
            2.) Semantic variant
         b. Evaluation and timing of intervention

       c. Customized low-tech solutions

       d. Mobile and SGD technology

4. AAC and progressive motor impairments

       a. Clinical description of conditions

           1.) ALS

           2.) Parkinson's disease

       b. Evaluation and timing of intervention

       c. Customized low-tech solutions

       d. Mobile and SGD technology

B. Participant activities

   1. Complete clinical pathway for 3 populations

   2. Complete social networks inventory

   3. Complete mental dictionary inventory

   4. Complete inventory for message banking

C. Manufacturer participation

   1. Demonstrate alternative access options

   2. Demonstrate language representation options

   3. Demonstrate new mobile and SGD technologies

Highlight a maximum of 4 outcomes

1. Participants will describe clinical symptoms of progressive diseases that can be addressed by AAC strategies and equipment.
2. Participants will have completed inventories for vocabulary selection, message banking and social networks.
3. Participants will have lists of alternative access and language representation systems within mobile and SGD technologies for patients with progressive diseases.
4. Participants will leave with clinical pathways for progressive diseases from cognitive, language and motor speech impairments.

July 20, 2014 — FULL DAY (09:00 to 16:00)
"There is no can't": AAC, Literacy
and Meeting Complex Needs
(Farrall, Jane and Clendon, Sally)

"There Is No Can't" – AAC, Literacy, and Meeting Complex Needs

Jane Farrall & Sally Clendon

Short Abstract

This workshop will cover the rationale and principles underlying a balanced approach to literacy instruction for all students. A range of skills will be targeted that are critical for children who use AAC to develop conventional reading and writing skills. Specific strategies, adaptations, and technologies will be outlined.

Long Abstract

This workshop will cover the rationale and principles underlying a balanced approach to literacy instruction for all students. This approach ensures that students are provided with daily opportunities to engage in key areas of literacy learning including activities that develop vocabulary and language comprehension skills as well as alphabet knowledge, phonological awareness, phonics, and sight word skills. These skills are developed and applied through authentic literacy experiences that include opportunities for shared, guided, and independent reading, word study, and independent and group writing.

Building Blocks and *Four Blocks* are both balanced approaches to literacy instruction designed to meet the needs of all learners. Both approaches have a strong history of implementation with students who use AAC. These approaches will be discussed and demonstrated throughout this workshop. Building Blocks focuses on the needs of emergent literacy learners, who are still developing understandings of their concepts around print, how it works and how we use it. Four Blocks focuses on the needs of conventional literacy learners.

Within Building Blocks, shared reading is an important component of emergent literacy development that has a strong emphasis on vocabulary and language development through shared reading of texts with others. Shared reading is an extremely valuable activity for students with complex communication needs, offering multiple communication turns within a motivating structure. It is also ideal for aided language stimulation focusing on the wide range of communicative functions suitable within this framework. Other reading activities also need to be included and focus on each learner's interests and developing knowledge of their favourite types of texts by providing experiences with a wide variety of reading materials.

Individual and group writing activities are also used with emergent students to help develop their understandings of text and how we use it. Group writing activities focus on language selection and are also an extremely valuable activity for students who use AAC. Individual writing activities with emergent learners focus on personal experience writing and enable the user to develop skills in the areas of alphabet selection and provide multiple opportunities for those working with the students to

incidentally teach the forms and conventions of writing while focusing on the function of the print.

Alphabet and phonological awareness activities also form a crucial component of emergent literacy instruction. Children with complex communication needs are at risk for experiencing difficulty with the development of these skills and need explicit and systematic instruction that focuses on helping them to apply their knowledge in meaningful literacy tasks.

For conventional students, guided reading, self-selected reading, writing and working with words all play an important part. Guided reading helps to build text comprehension by helping students to gain information from different text structures. Repeated guided reading also assists by building students' confidence and by teaching them the range of information that can be gained from each text. Working with words develops phonics and word study skills, helping students to develop text encoding and decoding strategies, which in turn improves their automatic word reading. Writing enables students to publish and provides them with strong opportunities for using their developing skills for real reasons. Self-selected reading provides regular opportunities to implement the skills they have developed in guided reading and working with words so that students learn to read silently with comprehension.

Overall, balanced literacy instruction develops each student's understanding of both the function and form of literacy, and includes numerous opportunities to read for enjoyment and knowledge. All of these are critical for children who use AAC to develop conventional reading and writing skills. Specific strategies, adaptations, and technologies will be outlined. Multi-level activities, which can be implemented with all students will be highlighted, as will ideas for older students who are beginning readers. The authors will discuss their recent experiences with school-wide model literacy programs. All students, regardless of their abilities, have the right to an opportunity to learn to read and write. This presentation will demonstrate how you can make that happen.

Learning Goals

Participants will be able to:

- Discuss the key components of a balanced approach to literacy instruction for students who use AAC.
- Provide a rationale for working simultaneously on communication and literacy skills in students who use AAC.
- Discuss appropriate adaptations and technologies that can be used to support literacy learning in students who use AAC.
- Understanding the importance of assuming competence and empowering those who work closely with students who use AAC.

Activities

Participants will work in pairs to:

- Practice shared reading with aided language displays.
- Generate appropriate purposes for reading to support language comprehension.

Learning Outcomes

Participants will have increased understanding of:

- The key components of a balanced approach to literacy instruction for students who use AAC.
- The rationale for working simultaneously on communication and literacy skills in students who use AAC.
- Appropriate adaptations and technologies that can be used to support literacy learning in students who use AAC.
- The importance of assuming competence and empowering those who work closely with students who use AAC.

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July 20, 2014 — HALF DAY (09:00 to 12:00)
Autism and AAC
(Mirenda, Pat)

Title: The ABCs of AAC for Individuals with ASD

Short abstract: The proportion of children with autism spectrum disorder who remain functionally nonverbal upon school entry has decreased dramatically over the past few decades. At the same time, the evidence based for AAC interventions has expanded dramatically. This session will examine what we know about these children and the implications for AAC practice and services.

Long abstract: Over the past two decades, intensive early intervention has become increasingly available and, as a result, the proportion of children with autism spectrum disorder (ASD) who remain functionally nonverbal upon school entry has decreased substantially. In the past, it was estimated that approximately 50% of children with ASD over the age of 6 were unable to speak (Lord & Rutter, 1994) – that is, they produced few or no words and did not use speech as their primary method of communication. However, several recent studies have provided data suggesting that lower proportions of children with autism now remain unable to speak upon school entry (i.e., around age 6) (Anderson et al., 2007; Lord, Risi, & Pickles, 2004; Mirenda et al., 2013; Wodka, Mathy, & Kalb, 2013). The results of these studies will be reviewed and compared, along with a description of what we know about the children with ASD who continue to struggle with verbal communication.

The remainder of the session will focus on recent research on a number of AAC-related issues that pertain to students with ASD. These include systematic reviews or meta-analyses that examined the efficacy/effectiveness of, for example, visual activity schedules and other augmented input supports; aided AAC techniques; speech-generating devices; the Picture Exchange Communication System (PECS); functional communication training aimed at teaching communication alternatives to problem behavior; and iPad apps for communication. The goal of this portion of the session will be to familiarize participants with the current evidence base for the use of AAC with individuals with ASD, and to suggest directions for future research that is needed to improve practice.

Learning Goals
    The goals of this workshop are to:

1. Provide an overview of the new DSM-5 diagnostic criteria for autism spectrum disorder, with implications for AAC practitioners
2. Review the research on evidence-based practice in AAC for individuals with ASD
3. Increase participants' awareness about unanswered questions related to AAC/AAD, and the need for additional research

Outline of Activities: This workshop will be primarily lecture-based, with numerous opportunities for participants to engage in dialogue and reflect on their own experiences with regard to evidence-based practice and future directions.

Four Outcomes

Participants will be able to:

1. Describe recent research on children with ASD who remain nonverbal upon school entry
2. Describe the extent to which a number of commonly-used AAC interventions for individuals with ASD are evidence-based
3. Describe gaps in the research base on AAC and ASD, and provide suggestions for future research
4. Make recommendations for future research in AAC for individuals with ASD

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July 20, 2014 — HALF DAY (13:00 to 16:00)
AAC and Intimacy
(Lehmann, Lisa)

Pre-conference workshop 'AAC & Intimacy'

Presenter: Lisa Lehmann – AAC user (PWUAAC)

Summary for: Invitation to present a half-day pre-conference workshop

Summary abstract
Following interest on the subject covered in ISAAC 2012 outstanding consumer lecture; this will explore intimacy and AAC. The workshop will provide definitions of intimacy, and a deeper look at age appropriate choices around intimacy. The presenter will touch on physical and non-physical forms of intimacy, and benefits of both.

Long abstract
Intimacy comes in many forms, whether it be sharing ones deepest secrets and/or our personal desires with friends and loved ones. It is well documented and research supports the lack of intimacy, including sexual activity in the lives of people with disability, particularly where the disability is considered severe (McCabe & Taleporos 2003) This also leads to negative outcomes such as depression, poor self image, and little self awareness; which ultimately limits opportunity for the person.

 The workshop will begin with an ice-breaker session yet to be determined/devised to suit the subject matters to be covered. We will then move onto defining different types of intimacy, and look at how these can be best applied in individual circumstances. The style of the presentation will be informal, with a relaxed atmosphere and driven as much by participants desire for certain knowledge, and the presenters outlined topic points. Depending on the number of registrants some kind of audio will be required, as well a projector for PowerPoint will be required regardless of the size of group.

Drawing on personal experience, and those of people (both known to, and prominent figures researched by the presenter) in differing circumstances, the purpose of the workshop will be to engage participants in practical ways of achieving intimate relationships that are age appropriate to a range of people.

Intimacy is not necessarily associated with sex, sexuality, gender identity, this will be explored further in the context of the presenters role as a parent, and the intimacy shared based on attachment theory(Bowlby 2005). With this in mind the workshop will also explore development of healthy levels of intimacy throughout ones lifetime.

From the cradle, it has been proven positive intimate relationships advance throughout childhood, to adolescence and ultimately into adulthood. For adult physical intimacy, we will touch on the importance of openness to exploring erogenous zones, and the bodies unique ability to develop different points of physical stimulation (Pan 2013). As well as exploring intimacy in a non-sexual

sense to gain a deeper understanding of the self, and their needs, wants and desires.

With small and large group activities, the workshop will also cover techniques of self confidence, self awareness, and guided discussions on how these could be applied to real life situations. By delivering a range of tools to build self confidence and self awareness it is expected participants will be able to share knowledge for people who use AAC to interact more comfortably with new and old friends, and family. From this platform, we will also explore through various activities on conveying messages of needs, wants, and desires using low tech and no tech communication methods.

learning goals
Learning goals for this workshop will be
(1)identifying forms of intimacy, and how these apply to all people.
(2) The role of communication, and its impact on intimacy for people who use no-tech, low-tech and hi-tech forms of AAC.
(3) How individuals and significant others in people who use AAC can ensure safety, and avoid exploitation whilst allowing lived experiences and learning from good, bad, and wonderful encounters of an intimate nature.

An outline of activities
 Activities in the workshop will include –
1. Small and large group activities (yet to be fully determined)
2. Guided discussions on all of the material covered, with space to address additional participant requests for information
3. Using no/low tech techniques of communicating will allow participants to explore their options in intimate situations

Expected outcomes

1. A broader understanding of intimacy generally;
2. Clear guidelines of age appropriate levels of intimacy, based on age, and intellectual capacity to understand;
3. techniques to share on how intimacy can be achieved with little to no verbal communication in a range of situations
4. personal safety awareness, and avoiding exploitation

References
Bowlby, J. 2005 *A Secure Base: Clinincal Applications of Attachment Theory.* Vol. 393. Taylor & Francis US.
McCabe, M., Taleporos, G. 2003 *Sexual Esteem, Sexual Satisfaction, and Sexual Behavior Among People With Physical Disability.* Vol 32, No3, pp 359-369 Archives of Sexual Behavior
Various articles and information gathered from the following website resource: <<http://www.bodyandsoul.com.au/health/health+advice/find+your+erogenous+zones,16297>> last viewed: 14th October, 2013