Why AAC Camp?

What do we offer?	Why is this important?
We offer an **immersive environment**. Our program focuses on use and modeling of AAC every moment we have – during targeted activities, social exchanges, while playing outside, and more.	Jane Korsten points out that the "average 18 month old child has been exposed to 4,380 hours of oral language at a rate of 8 hours/day from birth. A child who has a communication system and receives speech/language therapy two times per week for 20-30 minutes sessions will reach this same amount of language exposure in 84 years[1]." Our campers are exposed to AAC throughout the day at camp (a total of 80 hours during the 5 weeks of camp – the equivalent of approximately 2 years of 2x30mins/week of speech therapy). Carol Goosens explains that children need to learn symbol use by being immersed in it, just as second language learners need immersion[2].
We offer a **community**. Individuals using AAC spend 5 weeks with others who communicate in similar modes to them.	Oftentimes individuals using AAC are the only individuals using devices in their class, school or even district. This is isolating and does not encourage use of AAC, and may even hinder it. It helps to see others using AAC, whether the same system or one that is similar. If a peer "is actually using the same AAC device, it may assist the AAC user in feeling that the system in question is more natural and less stigmatizing."
We foster **leadership**. Our AAC campers all have strengths. We capitalize on having them use these strengths to model for others and give them their time to truly shine.	We have found being able to place a student in a role of leadership with peers increases their independence and confidence level. Each student has the opportunity to be a leader in the class. Because of the diverse population of campers, our camp curriculum is created in such a way as to promote varied areas of strengths. This allows for truly authentic opportunities in which an individual can excel.
We **empower** others. Our team places heavy emphasis on working with individuals using AAC to initiate communication and advocate for themselves.	Janice Light (1989)[3] defines communication as the ability "to persuade, convince, annoy, amuse, bore, tease, get information" best taught through use in the natural setting. We expect students to take on the ownership of their "talker" (aka. device), beginning with making sure the device is charged, and the device is always present, as well as advocating when there is a problem with their talker.
We prioritize appropriate **support**. We have a low ratio of campers to staff members. This ensures that all campers are well supported with respect to their communication and other needs; however, we work on systematically fading prompting to promote independence.	Staff are provided with hands-on support and training regarding utilizing AAC modeling/aided language stimulation, and prompting of students in their natural setting. Binger and Kent-Walsh[4] documented the benefits of staff trained in aided language stimulation and providing appropriate support to individuals who utilize AAC.
We **model**. Modeling for an individual using AAC how to use their device appropriately in the context of communicative exchanges is essential. All camp communication partners (Paras and clinicians) are trained in aided language stimulation.	AAC modeling/aided language stimulation helps "advance an AAC user's skills by using AAC systems to model targets, as well as offer expansions, recasts, build-ups and break-downs. These approaches capitalize on the critical relationship between a language learner and their more advanced partner that is essential to language development.[5]"

[1] Korsten, J. (2011, April 4). QIAT Listserve. Available from http://www.qiat.org/index.html
[2] Goossens', C., Crain, S., & Elder, P. (1992) Engineering the Preschool environment for interactive, symbolic communication: An emphasis on the developmental period 18 months to five years. Southeast Augmentative Communication Conference, Clinician Series
[3] Light, J. (1989). Augmentative and Alternative Communication. Toward a definition of communicative competence for individuals using augmentative and alternative communication systems.
[4] Binger, C., Kent-Walsh, J., Ewing, C., & Taylor, S. (2010). Teaching Educational Assistants to Facilitate the Multisymbol Message Productions of Young Students Who Require Augmentative and Alternative Communication. *Am J Speech Lang Pathol*, 19(2), 108-120. doi: 10.1044/1058-0360(2009/09-0015).
[5] Hall, N. C. (2013). *An investigation of the efficacy of direct and indirect AAC service provision via telepractice. Doctoral Dissertations Available from Proquest. Paper AAI3589032*. Retrieved from http://scholarworks.umass.edu/dissertations/AAI3589032

We have **expertise**. The camp is run by experts well versed in AAC and AT. A special educator, and two speech pathologists are on staff each day. We also have a team of trained speech pathology graduate student clinicians supporting intervention and implementation goals.	Speech-language pathologists report low levels of AAC expertise[6] and less than adequate educational preparation[7]. Although limited in number, these investigations have significant implications…for the quality of services provided to individuals using AAC. Our lead clinicians have received intensive training in the areas of AAC and AT, and specialize in AAC and evidence-based practice in AAC.
We emphasize **accessible learning**. We provide academic, social and recreational opportunities embedding principals of Universal Design for Learning, ensuring accessibility for all individuals.	Through implementation of T.H.E. P.A.C.T framework all academics are designed with low-tech and high-tech assistive technology tools, and embed a range of accessibility features. All extra-curricular activities are easily accessible including boating, swimming, music therapy and games.
We are **evidence-based**. Our team implements evidence-based intervention approaches and innovative strategies designed to support the independent device use of campers and their communication partner.	Evidence-based practice (EBP) is the preferred mode of service delivery. It takes into consideration stakeholder perspectives for decision-making, has a focus on empirically-supported intervention principles rather than interventions, and recognizes single-case data as viable methods to demonstrate whether an intervention is efficacious[8]. Our clinical team engages in clinical research and careful progress monitoring to ensure the effectiveness of our intervention approaches.
We **train** others. Our camp is a training program for communication partners (and Paras). We provide pull-out trainings opportunities, real-time consultation in the context of working with individuals using AAC, as well as training resources and materials for participants to keep after program completion.	"Despite the fact that [paraprofessionals] may have more direct contact with children who use AAC than anyone else during any given school day may have, [they] may receive the least amount of guidance in working with these children[9]." Our AAC program offers a unique opportunity for intensive training within applicable contexts working with individuals using AAC, while outside of the school-year demands.
We **collaborate**. Our team works with families and resident districts to generalize the skills learned during camp to the participant's everyday environment.	Team members are invited to come observe camp. Each student leaves camp with a binder full of programming cheat sheets, low-tech boards, strategies for communication and assistive technology recommendations. In addition, we offer a complimentary 1-hour phone consultation at the beginning of the school year to support generalization and carry-over of skills learned during our program.
We are a **family**. We are committed to our community of individuals using AAC, their families and team members. We strive to keep connected with all of our camp participants and always welcome further collaboration.	Once a "Communicarian", always a "Communicarian." We are committed to the individuals and families with whom we work, as well as the clinicians and professionals that participate in our programs. We are always available for questions or updates. In addition, we work hard to connect our individuals, their families, and the professionals and build authentic and supportive communities.

[6] Simpson, K., Beukelman, D., & Bird, A. (1998). Survey of school speech and language service provision to students with severe communication impairments in Nebraska. *Augmentative and Alternative Communication Journal, 14*, 212-221.

[7] Marvin, L. A., Montano, J. J., Fusco, L. M., & Gould, E. P. (2003). Speech-language pathologists' perceptions of their training and experience in using alternative and augmentative communication. *Contemporary Issues in Communication Science and Disorders, 30,* 76-83.

[8] Sigafoos J, Schlosser RW, Sutherland D. 2010. Augmentative and Alternative Communication. In: JH Stone, M Blouin, editors. International Encyclopedia of Rehabilitation. Available online: http://cirrie.buffalo.edu/encyclopedia/en/article/50/

[9] Binger, C., Kent-Walsh, J., Ewing, C., & Taylor, S. (2010). Teaching Educational Assistants to Facilitate the Multisymbol Message Productions of Young Students Who Require Augmentative and Alternative Communication. *Am J Speech Lang Pathol*, 19(2), 108-120. doi: 10.1044/1058-0360(2009/09-0015).