# I can't speak,... but I do want to communicate! Evidence based choice of AAC aids

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To enhance the (functional) communicative skills of children/adolescents with severe communicative problems with the use of specialized AAC aids in order to optimize their participation at home, in school and other social contexts.

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Other condition
Study type	Interventional

# Summary

### ID

NL-OMON37596

**Source** ToetsingOnline

**Brief title** Evidence based choice of AAC aids

### Condition

• Other condition

# **Synonym** severe deficits in communicative skills, Severe language impairment

#### **Health condition**

ernstige communicatieve beperkingen al dan niet gepaard gaande met een meervoudige beperking

#### **Research involving**

Human

### **Sponsors and support**

Primary sponsor: Fontys Paramedische Hogeschool Source(s) of monetary or material Support: Stichting Innovatie Alliantie RAAK-PRO

### Intervention

**Keyword:** (Multiple) disabilities, Augmentative and Alternative Communication, Language impairment, Literacy

#### **Outcome measures**

#### **Primary outcome**

The primary study parameters are the by Schalock (2000) defined dimensions and

indicators for the measurement of quality of life: (1) emotional well-being,

(2) interpersonal relationships, (3) material well-being, (4) personal

development, (5) physical well-being, (6) self determination, (7) social

inclusion, (8) rights, with additional criteria focusing on (a) functional

communication skills, and (b) (emergent) literacy.

#### Secondary outcome

- Evaluation of the use of the AAC device
- Applicability of AAC devices in educational settings
- Requirements of the AAC device related to professionals/parents

# **Study description**

#### **Background summary**

The clinical practice (speech therapists, educational scientists, teachers) are increasingly confronted with individuals who have to depend on a wide array of Alternative and Augmentative Communication (AAC) devices, but who do not have access to such devices. In clinical practice these AAC devices are only provided minimally and for those individuals with such a device, the use of it is often not prosperous. Involved organizations, professionals and potential users often don't have the insight in the wide array of devices available and the possibilities of such devices. In the case an AAC device is offered, this is often not prosperous because the device is not adequately adjusted to the expectations of the user and his surroundings.

#### **Study objective**

To enhance the (functional) communicative skills of children/adolescents with severe communicative problems with the use of specialized AAC aids in order to optimize their participation at home, in school and other social contexts.

### Study design

Four cohorts with each 60 participants (experimental group: N = 30; control group: N = 30) will be followed in their development for 2.5 years. During these 2.5 years there will be six assessments.

### Intervention

The children/adolescents in the intervention group will be presented with a 'best user fit' AAC-device during a two-year intervention. Based on assessments and evaluations this device will continually be fitted to the (newly acquired) communicative, intellectual and physical possibilities of the child/adolescent. Subsequently the child/adolescent and his/her (professional) environment will be trained in the use of the AAC-device. The intervention group will be compared on several study parameters to a control group of children/adolescents already possessing an AAC-device, but who do/did not receive any adequate training.

### Study burden and risks

The researchers are not aware of burdens or risks mentioned in literature or in practice arising from extending an AAC-device. Participants will acquire mere benefits from participation in the present research, namely:

- Feedback on the use of the AAC device by the participant and his environment.
- Adjustment of the AAC device by changing desires
- Stimulation of development and adaptable to mental age

Group relatedness is not an issue in this study. Researchers will not benefit from a participants participation besides gaining research data.

# Contacts

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# **Trial sites**

### **Listed location countries**

Netherlands

# **Eligibility criteria**

#### Age

Adolescents (12-15 years) Adolescents (16-17 years) Children (2-11 years)

### **Inclusion criteria**

Children/adolescents with severe communicative problems; Children/adolescents with an age of 3, 5, 12 and 14 years; Children/adolescents with and without AAC aid

### **Exclusion criteria**

Deafblindness IQ < 25

# Study design

## Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Diagnostic

### Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-01-2012
Enrollment:	240
Туре:	Actual

# **Ethics review**

1.14/140

Approved WMO	
Date:	09-07-2012
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

## Register

ССМО

ID NL38926.091.12