

Augmentative Communication Consultation Service (ACCS)

The attached handout was created as a resource for service providers. The terminology and language level are aimed at professionals; however, the content is important information for families to be made aware of during the referral process. You can use this handout as a guide to ensure you have covered the most pertinent information during your discussions with a family and/or add additional notes in the margins. The ACCS clinician(s) will review this information again with families when clients are picked up for service and as the child/youth moves through the various stages of consultation.

What is ACCS?

The CTN Augmentative Communication Consultation Service (ACCS) is a specialized service for children and youth with complex communication needs. The ACCS team includes Speech-Language Pathologists, Occupational Therapists, and Communicative Disorders Assistants. The goal of augmentative and alternative communication is to achieve the most effective communication possible for an individual in order to maximize his/her potential and lead the highest quality of life possible.

ACCS works with each child/youth's family, and other professionals and clinicians, including school staff, school board consultants, and preschool staff to find ways for the child/youth to communicate. ACCS team members can consult with Child & Family team professionals to discuss issues and develop strategies and approaches that will help them move forward with communication goals even before a formal referral has been made. Local team professionals and families can also attend workshops offered by the ACCS team and access additional resources posted on SharePoint.

Who Can Refer? / Referral Process

- A Speech-Language Pathologist can complete the current ACCS referral package (located on the ACCS page of the CTN Website under the "Programs & Services" tab). If there is no SLP involved with the client, please contact CTN Access to discuss AAC needs. A physician referral is not required.
- CTN ACCS Intake will contact the family, discuss the child and family's needs, open a shared client record, and obtain consent for team members to share information. CTN ACCS Intake will also work with the family to determine if in addition to AAC services the child and family have any other concerns that require attention, and, with the family's consent, will also facilitate access to those services. CTN ACCS Intake will finish processing the ACCS referral.
- An ACCS SLP will contact the family to initiate service delivery when the child is ready to be seen.

What is the ACCS Referral Criteria?

Referral to ACCS is appropriate if all of the following criteria are met:

- the child/youth is younger than 19 years of age
- the child/youth is a direct accessor (is able to point directly to items)
- the child/youth is an intentional communicator with picture discrimination (combination of core and fringe vocabulary)
- the child/youth has more than one communication function beyond requesting
- the child/youth's receptive language (understanding) is significantly better than expressive language abilities
- the child/youth's communication system is used and supported at home (in addition to daycare, school, or other environments)

If a child has complex physical needs which make it difficult for him/her to point to books or displays directly with his/her finger, then the child may need "alternate access". Children requiring alternate access should be referred directly to Holland Bloorview's Communication and Writing Aids Service.

What to Expect from ACCS?

The ACCS clinician(s) will work with the child/youth and Local Child and Family Team through the following stages of consultation:

Assessment/Trials

The ACCS clinician(s) will complete an assessment and trials of potential communication systems. A recommendation will be made at the end of the assessment stage as to the appropriate communication system for the client and next steps. This stage will occur over a maximum of 3 months (typically achieved within 4-6 visits).

Waiting for Dispense

The ACCS clinician(s) will create /procure the agreed upon communication system.

Service Delivery

The ACCS clinician(s) will provide consultation to support the implementation of the recommended communication system. The length of consultation will vary depending on the type of communication system as follows:

- **Low-Tech/No ADP Prescription** (e.g., flip n talk, communication book, GoTalk, etc.)
- One visit to introduce system. Up to 3 months for capacity building (typically achieved within 3 visits), e.g., modeling use of the tool, coaching communication partners to support implementation of the communication strategies/tools. Following this stage, clients will be transferred back to their local team*. Families and teams will be able to access the ACCS clinic days for general questions.
- **ADP Prescribed System** (e.g., communication app, Accent, NovaChat, etc.) - A maximum of nine months of service post dispense with transfer back to local team* (typically achieved within 4-12 visits). Families and teams will be able to access the ACCS clinic days for general questions.

The primary focus for ACCS consultation is to the client and home environment. There must be a need for the communication device/system in the home environment. The clinical assessment may include different settings that the child/youth participates in (preschool, school, community, etc.). The service model is a hybrid model that will include some virtual and some in-person visits based on the goals, needs, and stage in service delivery. **The child/youth and family must actively participate in all aspects of the service, provide accurate information, and inform ACCS clinician(s) if they are unable to keep appointments. Failure to do any of these may result in termination of ACCS consultation and transfer back to local team.**

*Local Team refers to the full team supporting the client and family and includes the family and other professionals. These could include the classroom teacher, resource teacher, educational assistant, childcare provider, other rehabilitation professionals, etc.