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***Augmentative Communication World Network Newsletter***  
**December 2014**

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

This issue of the Augmentative Communication World Network newsletter is the biggest, the most comprehensive, and perhaps the best issue we have ever published. It has stories from Latin America, Europe, Africa, Russia, the Middle East and Far East. Even more to the point, each article has something of practical value to those of us who are interested in augmentative communication and assistive technology in areas of the world where these fields are still emerging, and only recently begun to be recognized for their importance to people with disabilities.

You will find within these pages new ideas easily adaptable across settings. How has a team of indigenous clinicians in Mexico City adapted ideas about cortical visual impairment to better serve their clients and students? How did a speech therapist in Russia use the idea of a “silent tea party” to benefit both students who cannot use natural speech and students who can? How has a unique program that serves children with disabilities from a very early age in Malawi (one of the ten poorest countries in the world) managed to thrive and prosper against all odds? You’ll also read stories about promoting patient provider communication in Poland, full inclusion in a school for a young AAC user in Italy, a preschool program in a village in Uganda, an AAC project in Namibia, and curriculum adaptation in schools for special needs students in Ghana.

Therapist training programs in Vietnam and Egypt? Learn about them here. Adaptive seating for children at school and at home on a severely tight budget? Keep reading. Free resources and freely downloadable learning videos? They are here too.

All these examples represent just the tip of an iceberg of the information collected in these pages. We hope that you will find ideas and strategies that you can put to good use in your own setting, and that, if you do, you will let us know how they work out. We live in an age where useful information can circle the globe in a matter of minutes. Let’s take advantage of it.

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## ARTICLES

### Anne Warrick: She Did It Her Way



Anne Warrick died on November 17, 2014, at the age of 81. She led a full life, filled with quiet accomplishments in augmentative communication circles around the world.

Anne was a pioneer in the AAC field, a catalyst for the development of AAC in Poland and India, an ISAAC Fellow, the author of the first book in ISAAC's series on AAC (*Communication Without Speech, 1995*), an early adapter of Bliss Symbols for children with cerebral palsy, a valued member of the Board of Directors of the Central Coast Children's Foundation, and the founder and first editor of this newsletter. And she was much more: a steadfast friend, a willing volunteer, an amazing colleague, and an all-around wonderful lady. Anne's ISAAC Series book has been translated into other languages including Spanish and Chinese and is still available at: <https://www.isaac-online.org/english/publications/>.

Anne's proper English upbringing and consistent ladylike behavior provided cover for a quick and sometimes mischievous wit and an adventurous streak that took her around the world in support of children and adults with communication impairments. She was also a great wife to Ed, an always supportive mother to Scott, Bill and Deborah, and a valued and valuable grandmother to Dylan, Emily and Vanessa.

Anne's long career included stints as a speech-language pathologist at Ottawa Children's Treatment Centre, Ottawa, ON and Ontario Children's Treatment Centre, Toronto, ON (now Bloorview Kids Rehabilitation Centre) in Canada. She served as an international AAC consultant for ISAAC (the International Society for Augmentative and Alternative Communication). Anne was known as "Anne Auntie" to the children at the Indian Institute for Cerebral Palsy in Kolkata, India and as a mentor to emerging augmentative communication programs all over the world.

Anne left this world she served so well in the same way she lived in it--peacefully and on her own terms. Her wish for us, in the words of a favorite poem, was that we "smile, open our eyes, love and go on."

## Mexico Center Uses Hope, Visual Tools, and International Experts to Teach Children to Read

*By Anna Santos, Children's Coast Children's Foundation*

*"If you can read you can make your way around the world, and learn about anything you wish. For me that's very important. Reading."* Gabriela Pérez Suárez - Mother of Guillermo, age 6.

Seeing is believing at the CATIC Augmentative and Alternative Communication (AAC) therapy and learning center in Mexico City. CATIC is teaching children with disabilities to read and learn at rates that were previously thought impossible. Through an initiative called the International Expert Program (IEP), CATIC has diagnosed 70% of its students with a visual condition called Cortical Visual Impairment (CVI), and then incorporated the diagnosis into innovative and holistic ways of teaching. More importantly, this initiative brings hope to families who are inspired by the success stories and the dedication that founders and directors, Gabriela Berlanga and Marcela Manzur and their team have brought to the community.



*CATIC therapists accommodate children with CVI by using black backgrounds when teaching.*

CVI affects many children with complex disabilities and is widely misdiagnosed around the world, even by professionals in the field. Children that suffer from CVI have functioning eyes; however the visual message often gets lost on its way to the brain and cannot be interpreted.

There are some very simple environmental changes that can be made to help children with this impairment see and to change how they learn.

Christine Roman-Lantzy, a leading expert in CVI, came to CATIC as part of the international expert program. She not only diagnosed the children that suffered from this impairment, but also educated the staff and parents on simple solutions that have revolutionized the learning outcomes for these children.



*CATIC therapists use black backgrounds when teaching, to accommodate for children with CVI.*

"Three of our children were going to school but not learning to read. Not even a visual specialist could explain why. After diagnosing them with CVI, and after only two months of changing strategies and material, those three children are now reading," said Gaby Berlanga.

Guillermo is 6-years-old, and was diagnosed with Chromosome 19 deletion syndrome at an early age. Before the family connected with CATIC, previous therapists had told his parents he had visual problems and would never learn to talk, read, or learn. After learning about CVI

through the international expert program, Gaby was able to apply that knowledge to Guillermo's therapy. She said, "We were able to diagnose Guillermo with CVI, and teach him not only to see, but also to read. His Mom was surprised when we told her the news, because all his life, doctors told her it would be impossible. Now Guillermo is beginning to read."

Guillermo's mother, Gabriela Pérez Suárez, recalls watching a video that one of his therapists sent to her, of her son reading the word 'table' in Spanish for the first time. "When I was looking at it [video] I couldn't believe it, I was very excited. I sent it to the family. First he said the letters, then the syllables, then the whole word, then Mariana asked him, "Where is the table?" and he pointed to where he was sitting and said, "Right here." I sent [the video] to the family and a lot of tears were shed. I cried a lot. Everyone did."

Gaby Berlanga, co-founder of CATIC, and Sarah Blackstone, President of Augmentative Communication, Inc. established the international expert program in 2011. The program uses video technology and virtual exchange to connect areas of the world, where AAC is still at an emerging stage, with international experts in the field. The goal is to provide world-class AAC services directly to those who need it via a sophisticated face-to-face virtual connection.



CATIC is now widely recognized as a state-of-the-art center for treating CVI. The center has reconfigured its classrooms to make it easy for a child with CVI to see and learn. All classrooms now have black blinds to reduce distracting light, and all teachers are equipped with flashlights. The school has also acquired "light boxes" from Dr. Roman, and there are areas with dark colored walls where teachers can place learning materials. Seventy percent of CATIC's students have a diagnosis of CVI, however, other students also benefit from these accommodations because it makes it easier for them to focus.

*CATIC has adapted their own versions of expensive light boxes, out of affordable dentist x-ray boxes. Light boxes give children with CVI better viewing contrast.*

Success is contagious. When parents begin to hope and are told success stories about children similar to their own, they become motivated.

"Our parents live in a country where they are not used to seeing examples of children with disabilities succeeding. Also, when they talk to people like Sarah or Christine, they hear success stories and begin to believe their children can do many things if they work to make it happen. For example, children who were not coming to therapy, now come every day, and their parents consistently follow up on our suggestions."

CATIC not only helps their own students, but it also spreads its knowledge and inspiration to other centers throughout Mexico. CATIC has invited assistive technology expert Deanna Wagner to lead a workshop this November on assistive technology for children with severe disabilities. "We still hear about children with severe disabilities that are not offered the right tools in other centers so we decided to invite Diana so she can explain the different options," said Gabriela Berlanga.

*“I’m very thankful to Gaby and CATIC. I would advise parents to always consider the visual part. For us it has made a big difference to understand [Guillermo], and to be aware of what he can and cannot do, and to present things that are easier for him to grasp.*

*We would like this to be something that gives hope to other parents. You really can do things. It’s not that they are not able to [read], but that we have not been able to teach them. He has to read, and I have to find a way to make him read.” - Gabriela Pérez Suárez.*

## **Expanding AAC Awareness in Poland**

*By Dot Fraser,*

*Senior Representative to Eastern and Central Europe, Central Coast Children’s Foundation Inc.*



*Conference in Warsaw celebrating the 15<sup>th</sup> Anniversary of “Speaking Without Words”, Polish National AAC Association*

Every year, I travel to several European countries for collaborative projects on AAC. Since I live in Scotland and am a member of Communication Matters (ISAAC UK), I am frequently asked to share information regarding the UK and Scottish governments’ policies and examples of practical strategies used to implement the United Nations Convention on the Rights of Persons with Disabilities.

I recently participated in a conference in Warsaw, Poland, celebrating the 15<sup>th</sup> anniversary of “Speaking Without Words.” It was a wonderful day, attended by people from all over Poland. The conference included sessions on professionals working with AAC and on adults and families who use AAC. An open discussion led by adults who use AAC made a big impression, especially on people from public authorities who were not previously familiar with AAC.



One week after the conference in Warsaw, Agnieszka Pilch (President of the “Speaking Without Words” Association and deputy head teacher of “Step by Step” schools in Zamosc) and I had an informal meeting in Białobrzegi with adults who use AAC.



We looked at the model from Scotland and discussed strategies they could apply and materials they could make to support their local campaign to overcome barriers and improve AAC awareness in society.

More opportunities to share information and expand awareness and use of AAC presented themselves during my October, 2014, visit. I travelled with Aldona Adamczyk, Chair-elect of the ISAAC Council, to Torun and Bydgoszcz to give presentations and meet senior representatives from public authorities and learn from them about regional organizations. They were interested

to hear about UK projects. We also discussed possibilities of collaborating and developing international projects in the future. Many thanks to Maciej Pasternak in Torun for inviting me.

At the request of Dr. Krzysztof Mataczyński, Head of the Rehabilitation Ward at the John Paul II Hospital in Zamosc, we started a new collaborative project focusing on patient provider communication *via* connections with local hospitals.



Also, through Agnieszka’s connections with the nearby city of Lublin, I was invited by Grzegorz Wiącek, from the Department of Psychology and Rehabilitation at Catholic University in Lublin, to give a presentation. We also had an informal meeting in Lublin with parents, families and AAC professionals.

I had the pleasure of attending several events and activities during AAC Awareness month in Poland, including the 8<sup>th</sup> annual AAC concert in Zamosc and the first AAC concert in Lublin. Both were amazing productions, with many wonderful performances and also time for social interactions.







*Introducing the star of the Zamosc Step By Step Association video to the organizer of the Lublin AAC concert. You can see the video at <https://www.youtube.com/watch?v=33LyY9BU8UI>*

Congratulations to everyone involved and thank you for inviting me.

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### **Special Education in Ghana: Practical Classroom Resources**

*By Katie Lampe, Central Coast Children's Foundation*

For the past four years, we have chronicled the exciting work of Master's students at Teacher's College at Columbia University with Ghanaian teachers who work with students with disabilities. Under the direction of Dr. Catherine Crowley, these graduate students in Speech-Language Pathology have led workshops, trained teachers, helped foster vocational skills (<https://www.youtube.com/watch?v=cEA8dVXAT1g>) and developed innovative ways for Ghanaian students to communicate and participate in community life.

Most recently, The Columbia team created a very useful pamphlet of low-tech augmentative and alternative communication and assistive technology techniques. Here are some of the highlights. (To access a pamphlet the Columbia team used at a weekend teacher retreat, click here <http://leadersproject.org/sites/default/files/AAC%20Pamphlet%20Ghana.pdf>)

**1. AAC Market Cards:** Each homemade card has a picture of a food item and an amount of money on it to denote the quantity of the food item wanted. Children who cannot speak can use



Page one of an emergency and accident communication passport. Find it [here](#).

the cards to buy items for their families at the local market, a common task for kids in Ghana. The cards are “laminated” using clear packing tape to make them durable and reusable. Check out [this video from Ghana](#) to learn more and see the cards put to use by Ghanaian students with communication difficulties (the video is also available in [Swahili](#) and [Gikomba](#)).

**2. Communication Passports:** These small booklets provide basic and essential information that people who cannot communicate verbally can share with others. They include information such as where they live, how best to communicate with them, their likes and dislikes and significant medical needs. To learn more, check out these resources:

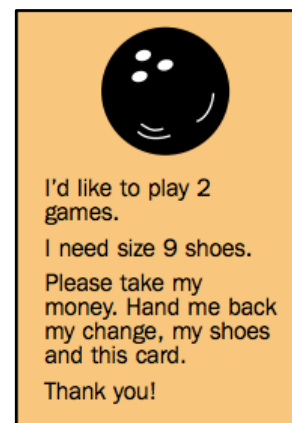
Click [here](#) to learn more about the passports and to access templates to create them.

Click [here](#) to learn about In Case of Emergency cards. They have vital health and safety information on them that can be utilized should a person with communication difficulties encounter an emergency situation.

Click [here](#) for a template of an emergency and accident communication passport that a person with a communication difficulty can present to medical staff so they know how to best care for the person.

**3. Community Request Cards:** These cards allow people who cannot communicate verbally to conduct simple tasks in their community such as taking public transit, going to the market, getting help crossing the street or participating in a leisure activity. The cards contain simple instructions or requests the person can show to an employee or community member to request help.

This [website](#) explains how and why community request cards are used and how to make one yourself.



Access from [this link](#)

**4. Talking Mats:** This resource allows people to communicate by arranging cards with pictures and symbols on a mat or a digital device. As is explained on the Talking Mat [website](#), “Talking Mats is an interactive resource that uses three sets of picture communication symbols – topics, options and a visual scale – and a space on which to display them. This can either be a physical, textured mat, or a digital space, for example a tablet, smart board or computer screen for which we have created one of the best apps for communication disability.”

It is a clever tool to help people who cannot speak express their thoughts in a sequential and organized way. Pictures or symbols can be grouped together to tell thoughts and stories. For example, pictures representing general topics (such as, “Things I want to do today” and “Things I don’t want to do today”) are placed at the top of the board, and the person using the talking mat then places pictures or images under the appropriate category.

Talking Mats (both the original version and the digital versions) can be purchased on the TalkingMats [website](#). There are also reports and resources available on the site about the efficacy of Talking Mats and other communication tools.

**5. Narrative Social Stories:** These small booklets were created to explain to people with low interpersonal skills (often individuals on the autism spectrum) how to behave in a certain situation or how and why to change a particular behavior that is undesirable. The stories can set the stage for how a person should respond when faced with an unfamiliar or stressful situation. An example of a social story might provide step-by-step actions that explain how a child should interact with other students during recess.

Check out [this video](#) to learn more. This [website from the Watson Institute](#) also has examples of narrative social stories that can be adapted for individual use.

**6. Five Finger Story Retell:** This tool is used to serve as a reminder for students to guide story telling. A hand is created out of paper or cardboard, with each finger representing a question that should be answered in the story. Examples of questions that may be included on the fingers include: Who was the story about? Where did the story take place? What happened at the beginning of the story? What happened in the middle of the story? What happened at the end of the story?

This [website](#) from the University of Pittsburgh has more information about five finger story retells. This [website](#) from Reading Mentors is another great resource.

**7. Joint Action (or Activity) Routine:** This process encourages children with language difficulties to communicate in the context of a known routine. The [TEACCH Autism Program website](#) defines joint activity routines as a “routine in which the child and the adult engage in a meaningful activity together and communicative behaviors are taught within the routine of the activity.”

An example (also from the TEACCH Autism Program website) of a joint action routine for making juice may be implemented as follows:

*“This routine is built on a meaningful and motivating activity--snack! Practice steps daily over several days, using the same materials and sequence and allowing/guiding the child to actively participate.*

*Visual supports include the needed materials (juice mix, pitcher, spoon, etc.) and a picture array on a display board for 1 or more of the same objects/actions of the routine. If the child can only do 1 step of the activity, then only 1 picture would be displayed.*

*The adult uses simple language for each step, paired with the objects and pictures. When the routine is well established, disrupt it by leaving out a needed material or pausing and waiting for the child to act (verbally, with the pictures, or with the objects). This format is useful for multiple step routines.”*

Joint action routines encourage communication, social skills, and cooperation between a child with a communication difficulty and his or her parent, teacher or caregiver.

**8. Name Tags:** Name tags can be helpful tools for people with communication difficulties to use to help spur conversation. Pictures and symbols can be added to the name tag to show what the person wearing it likes and dislikes. These pictures can serve as conversation starters to help people communicate with someone who cannot use their natural speech.

Similar to name tags, color communication badges worn on a shirt can also be used by people with communication difficulties to show if they are interested in communicating. A green badge signifies that they are looking for a communication partner, a yellow badge signifies that they only want to communicate with someone they know, and a red badge shows that they are not interested in communicating at the moment. More information about this resource can be found on this [website](#).

*To see more in-depth descriptions of each of these techniques, check out this pamphlet <http://leadersproject.org/sites/default/files/AAC%20Pamphlet%20Ghana.pdf>*

## Supporting Inclusion in Schools in Italy

*By Dot Fraser*

### Background Information

Cristina Cerantola and I met at the 2012 ISAAC Biennial Conference in Pittsburgh during the Patient Provider Communication preconference session. Cristina is currently president of ISAAC Italy and is keen on networking.

In May 2014, ISAAC Italy organized a study day in Verona and invited me to present on “*AAC and Assistive Technology: Enroute to an Inclusive Society.*” Deborah, Cristina’s sister, also attended the study day. Deborah is vice president of the Italian National Parents Association for Cerebral Palsy and has a son, Leonardo, whose story was highlighted in the June 2014 issue of ACWN entitled, “[A Story from Italy](#)” by Deborah Cerantola.



After the study day, Deborah arranged a meeting with the principal of the mainstream schools in Fonte, her hometown, so that Cristina and I could explain the role of AAC and inclusive

education. This was important because Leonardo, Deborah's son and Cristina's nephew, was transitioning from primary to secondary school for the 2014-2015 school year. His family had decided he would go to their local mainstream secondary school because: (1) some of his friends from primary school were going; (2) he would meet new classmates from another school; and (3) he could continue to have the same personal assistant he had in primary school.

Of course, any new experience presents new challenges. Everyone agreed that it was a good idea to do some preplanning. Also, the secondary school staff in Leonardo's new school had no previous experience or involvement with a pupil who uses AAC.

During the meeting with the principal of the school, we developed a plan to implement a project that focused on supporting the use of AAC in Fonte schools during 2014- 2015. The plan was presented to the school team and accepted enthusiastically. All agreed that a local AAC expert should be involved. Luciana Di Natale, a speech and language therapist from nearby Treviso, who is an AAC expert with more than 20 year's experience, was invited to join the project and share her knowledge.



Photos of the secondary school in Fonte, Italy

## Description of the Project

An initial goal of the project was to provide an *Introduction to AAC in the Schools* and to discuss *Inclusion in Mainstream Education*. We did a presentation to staff of the kindergartens, the primary school and the secondary school. Staff asked many questions, showing an eagerness to learn how to implement AAC, not only for Leonardo, who has cerebral palsy, but also for other children, including children from immigrant families who are not native Italian speakers.

We also shared a booklet, *This School Talks with AAC*, from a recent Italian project in Trieste that focuses on the inclusion of children in kindergarten and involves therapists, teachers, parents, families and children. Some teachers at the meeting were very interested in the booklet and found useful ideas to apply in their own school.



To continue supporting the process of Leonardo's inclusion in the secondary school, Cristina and I went back to the school a week later. During that visit, we met with a smaller group that included Deborah (Leonardo's mother), teachers and support staff. We worked together to plan, prepare curricular materials and suggest strategies that focused on social interactions and ways to establish ongoing communication between the school and family, as shown in the collage below.



*Collage of discussion with teachers*

### **Outcomes to Date:**

Already, we can report several positive outcomes of the project. For example, although Luciana is employed by another local social health district in the province of Treviso, she has kindly offered to provide ongoing support as a consultant to the schools in Fonte. With her many years of experience in AAC and education, Luciana is very aware that, although the project is only at a starting point, the November meetings are already helping to develop AAC and inclusion in mainstream education schools.



*Discussions with Cristina and Luciana*

One of our goals is to create a bridge between the two inclusive school projects ---Trieste and Fonte. Both have expressed an interest. A next step will be to put the school staff of Trieste and Fonte in contact with each other. During my next visit to Italy, the school staff has asked us to provide more specific training related to individual students.

As ISAAC members, Cristina, Luciana, Deborah and I are well aware of the importance of creating AAC awareness. However, Luciana said that when she has to talk about AAC to a new group she is always worried about whether the group will realize the essential value of AAC. This time, however, she noted that the teachers were enthusiastic learners. Many teachers

commented on how powerful AAC can be. All involved observed that Leonardo's teachers are really focused on a *person-centered approach* and have readily embraced the efficacy of AAC.

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[www.widgit.com](http://www.widgit.com)

## 12 Chairs Project, Malawi

*By Katie Lampe, Central Coast Children's Foundation*

Until recently, students with disabilities at the Blantyre School and Clinic, who benefit from adaptive seating at school, were not able to see the world from an upright vantage point once they left school and returned home. Many of the children come from impoverished families who cannot afford the therapy equipment that the children need. As a result, children often spend their time at home lying on the floor, disconnected from family life. But, thanks to recent funding from an American foundation, this is all about to change.

In our December 2013 newsletter, we wrote about Victor Musowa, a rehabilitation technician in Malawi who started the Blantyre School and Clinic for children with disabilities. The school recently received funding to send 12 therapy chairs to the homes of children who require adaptive seating support at school. The chairs, constructed from local materials by a local carpenter, allow children to sit upright, making it easier for them to swallow when eating, and making it possible for them to share in family life.

Twelve children, ten of whom are preschoolers, were selected to receive the chairs. The children will now be able to sit up and more readily interact with family members. Victor's school and its adaptive chairs were recently featured on a local television station, and since then the demand both for a place in his school and for therapy chairs has skyrocketed.

Victor recounted a story about a mother who hiked for five hours to bring her daughter to the Blantyre clinic. The girl was very upset when she arrived at the school, and Victor asked if the girl had had anything to eat that morning. The mother became very frustrated and replied that the girl has a hard time swallowing food and often choked when being fed. Victor put the girl in a therapy chair with a harness and she was immediately able to eat without choking. Victor gave the mother the chair to take home. Thanks to the new funding, more children will be able to benefit from these therapy chairs in their homes as well as at school.

## Malawi Update: Victor Musowa Makes Progress in a Number of Exciting Directions

by Katie Lampe, Central Coast Children's Foundation

The Blantyre School and Clinic is the only one of its kind in the region. The school offers services to students such as physiotherapy, speech therapy and occupational therapy. Breakfast, lunch and a snack are provided to all students, thanks to a grant that funded a school feeding program (read about the benefits of school feeding programs [here](#)).

Recent funding has also allowed them to buy wheelchairs for some of the older children and special chairs for others (as noted in the previous article). Victor has also been able to purchase therapy equipment like splints and walking frames.

There was lots of good news from Victor over the past year. One exciting development is that the school recently enrolled its 50<sup>th</sup> student. Especially impressive is the fact that the three latest additions were babies--one with Down syndrome and two with cerebral palsy. It is extremely uncommon for children this young to go to school in Malawi, even if they don't have disabling conditions. Beginning therapy at such a young age should have profoundly positive affects for these children.

Victor has also decided to open the school on the weekends for the growing number of children who are on the waiting list. He has hired another rehabilitation technician to coordinate the weekend activities.

Because of space limitations, the school cannot currently accept the more than 60 children on their waiting list. However, Victor recently talked to the Blantyre City Council, whose members expressed an interest in helping to build a new, bigger school that could serve the needs of the many children with disabilities in the area who currently spend their days on the streets, begging for money.

Another piece of good news is that Victor's school has received a grant from the American Embassy. The grant funded the construction of a playground at the school by [Sakaramenta](#), a Malawian social enterprise that makes bikes, bicycle ambulances, and playground, school and hospital equipment. You can see the students enjoying their new playground in [this video](#). Victor is currently working on adding an adaptive swing to the playground.

Victor's school also has had lots of visitors in the past few months. The NGO Mary's Meals came to learn about their feeding program. Mary's Meals hopes to use a similar model in other feeding programs in Malawi. Also, students and audiologists from Arizona State University ran a two-day clinic at the school and gave hearing aids to 67 people.



*Special, locally made therapy equipment helps the children stand up and stretch their muscles*





*Students enjoy lunch at school, thanks to the feeding program. Some sit in special chairs that help them sit up better.*

In other news, Victor was recently elected to Malawi's Parliament. He is excited to be able to use his influence to advocate for children with special needs in Malawi, while also continuing to play an integral part in running the school. Victor would like to pass along his sincere thanks to everyone who has donated to help make his program a success:

*"Special thanks to those who are giving for the first time, thanks so much, it is because of you and all friends we are able to provide decent meals to kids with special needs who come to the school."*

*- Victor Musowa*

## **Pioneering Preschool Education in Uganda**

*By Katie Lampe, Central Coast Children's Foundation*

In the summer of 2014, I spent three weeks volunteering with the NGO African Community Support Teams (ACTS), in Mbale, Uganda. I found out about the organization through the website [Workaway](#), an online platform that connects volunteers and travelers to volunteer opportunities around the world. My friend and I arrived in Uganda with only a vague idea of what we would be doing, but immediately upon meeting Nathan and Freddie, who run the organization, we were blown away by the work they are undertaking.



*Bulumera Community Nursery School, Uganda*

ACTS was started in 2009 to help the communities surrounding Mbale. Under the leadership of Dr. Nathan Muwereza (who grew up in a rural area outside of Mbale and recently moved back to the area after completing his Ph.D. in Germany) and Freddie, a DJ at Mbale's local radio station and somewhat of a celebrity in the area, the organization is thriving.

ACTS is currently working on several projects around Mbale. One of their main efforts focuses on providing preschool education to poor children in the area. As in many places around the world, the Ugandan government does not fund preschool education, so it is up to communities to build these programs. There are still very few in poor countries in sub-Saharan Africa.



*Preschool school in Busajjabwankuba, Uganda*

While at university in Germany, Nathan secured a grant from Go Ahead to start an innovative program in the village where he grew up. He hired local community members who have some secondary education, but no formal teacher training, to serve as the preschool teachers. They teach classes in the morning (preschool in Uganda usually ends around noon) and then, thanks to the grant, attend teacher-training classes in the evenings. The preschool is currently housed in a local church building (see photo), though construction is under way for a new,

larger, preschool for the children. A preschool has also been started in the town where Nathan now lives, just outside of Mbale.

ACTS also has a program to support community members who are living with HIV/AIDS, who often have been abandoned by their families because of their disease. Volunteers visit the patients once a week and bring them fresh fruit, soap, lively conversation and encouragement to take their medication. Many of the patients have shown marked improvement as a result of this program, and some have even returned to work.

ACTS also supports local community organizations such as Doko Family Care Preschool and Primary School and Mugiti Community Farm.

For more information about ACTS and the amazing work they are going, visit their [website](#). For specific questions or to support the organization, you can contact Nathan directly at [afriteams@yahoo.co.uk](mailto:afriteams@yahoo.co.uk).

## AAC In Namibia: A Mom Advocates For Her Son

*By Petra Dillman*



My son – Michael - is 25 now, ¼ of a century ‘old’. He was diagnosed with an Autism Spectrum Disorder (ASD) when he was 2 ½. It was very lucky that he was diagnosed, as South Africa is generally very far behind in ASD knowledge and services.

For quite some time now, I have been dabbling with AAC to enable Michael to have a functional communication system. We have symbols and signs, we understand him, he can point, he can show, and he has some idiosyncratic vocabulary. However, I’ve found that it’s difficult to implement something when one does not have professional back up and know-how on site, and when teachers and the community think that a communication system is a fine idea but not for them to follow or develop, because “their” children are all ‘verbal’.

Let me start at the beginning: Our first encounter with AAC happened through [Unica School](#) for ASD children in Pretoria, South Africa, where we met a wonderful Speech Language Pathologist, Ilze Pansegrouw, and where we received instructions and pages of symbols to cut out and to cover with sticky plastic (no laminators in those days). At that time we were at Unica as outpatients (as we were living in Harrismith, 300 kilometers away), visiting every three months for follow-ups.



*Our first symbols – covered with sticky plastic and Velcro stapled on*



*Play choices*

In 1994 we moved back to Namibia and luckily had the opportunity to attend a feeding and symbol workshop organized by [CLaSH](#) (Children with Language, Speech and Hearing Impairments), which concentrates on children with hearing issues. We met Juan Bornman from [CAAC](#) (Centre for Augmentative and Alternative Communication) at the University of Pretoria, South Africa, who was the presenter, and we were introduced to communication boards. Immediately thereafter I ordered the Boardmaker program and two books on Communication Displays for School and Community Environments.



*Working with Boardmaker*

We continued to make boards and communication books for Michael. We tried to implement the system for other children in his special school, but it never went beyond his class. The other teachers just thought this was only for the ASD class, and not relevant for their learners. It also seemed like too much effort to implement for their wheelchair learners with cerebral palsy, who they presumed also had a mental disability, despite the fact that these children had bright, interested and open faces, eyes and expressions.



*Setting the table for breakfast*



*Dressing routine*

I attended the SAALED conference ([The Southern African Association for Learning and Educational Differences](#)), which included presentations by Vicky Casella from the [Bridge School](#), and Gail van Tatenhove and Stephanie Taymuree from the USA, among others. I also met Celeste of [Inclusive Solutions South Africa](#).

Afterward, I was able to order some talker resources for the local school. Unfortunately, not everyone was as excited as I was, and the materials sat and gathered dust. Every time we had a German volunteer or intern interested in AAC they were taken out and used, only to be put back in the safe when they left because of fear of breakage or theft. Communication folders made for three of the children were also kept in the school, even after the children had left, to be used as demonstration material, but were never shown or used or duplicated.



*About Me*



*Things I like*

We continued to use boards with symbols for various situations to communicate with Michael. A Picture Exchange Communication Specialist (PECS) trained Speech Language Pathologist volunteer worked through the stages with him. I was glad to see that without the formal PECS approach Michael was able to finish the ‘course’ within two weeks instead of the envisaged four weeks. This made me realize that it is okay to go at your own pace in your own time, and that one does not have to spend a large amount of money for expensive, trademarked training.

Continuing with our ‘AAC for Namibia’ mission, we held several workshops (ranging from one day to three days) in Windhoek and Swakopmund, with a volunteer SLP from the UK, and with SLPs from Unica School in Pretoria. We built communication books and communication boards for various children, but, without the parents’ commitment, it was difficult to form a relationship or to continue to build on the communication boards. Lack of funds for making materials were also a major problem.

Another issue was language. English is not the native language of most children in Namibia, or even their second language. Educating parents about the importance of AAC often means educating them about the importance of education, the right to have a voice, and the assumption of competence with respect to their child.

Over the years we have had TEACCH workshops, Autism Spectrum workshops, Makaton workshops, seminars and workshops on behavior, and communication and other issues regarding child development and parenting. We have also organized class assistant training, parent training, professional information sessions, inclusive education workshops, differentiating instruction workshops and more, always feeling that we were just scraping the tip of the iceberg.



*Interactive reading materials*

**Fast-forward several years:** Buying an iPad for our son and seeing his progress started to really get me going. The German Facebook page '[unterstützte kommunikation](#),' which I joined in 2012, had further fired me up in what is possible regarding AAC and resources, symbols and devices (paper and other). Finally, in 2014, it appears that after a lot of hard work, awareness raising, persistence, AAC Facebook communication pages and excitement over what can be done with AAC, we are finally making headway.

Between February and June we received a number of donations earmarked for training and resources. I ordered more books on AAC – mainly practical books, with lots of visuals so that teachers and others can see what is explained. Examples of book topics included AAC in schools, *Speaking Out* book by CAYA, achieving communication competence, assistive technology in public schools, and more.

In June I had the opportunity to attend a one-day Visual Scene Display workshop by Kathy Drager of Penn State University, at the Center for Augmentative and Alternative Communication (CAAC) in Pretoria. Being in the fortunate position to be able to afford a certain amount of travel out of my own pocket (no organization funds have ever been used to fund conference or training trips), I was also able to attend the Lisbon ISAAC conference in July.

What an experience: a week of AAC, and the opportunity to attend a one-day workshop with Jane Farrall. The conference program was very full, sometimes with eleven streams to choose from. I enjoyed each and every presentation and learned a lot. The conference was aptly named “Discovering Communication”. As a first-time ISAAC delegate, I was literally discovering communication. As a parent of a non-verbal adult with Autism who has dabbled with AAC in the form of photos, symbols, *etc.*, I thought I knew quite a lot. I was so pleased to discover that there was so much more to AAC than I thought.

Meeting professionals that I had so far only read about, getting new ideas on how to adapt materials and how to teach language and how to think out of the box was a fantastic experience. Hearing and seeing AAC users in action had me in tears, wishing that our teachers or officials from the various Ministries of Education, Social Services and Health could have been there too, to see what is possible.

Another highlight for me was the attendance of the ISAAC BUILD committee meeting, where we met other delegates from emerging AAC countries. Again, it was amazing to see how willing people are to share their knowledge and resources. I managed to get a DVD – a gift from Denmark – with a number of moving stories and information on ALS (very pertinent at the time because the ice bucket challenge was raising so much awareness). We also received a copy of the DVD of the CAAC (Pretoria University) resource book, which contained so much valuable information. Printed out, it is a very fat folder which provides background info on AAC, information on various types and methods of AAC to determine suitability of which resource for which user, resources to print out, ideas to make your own resources, ideas on how to adapt materials for individuals and much, much more.

Speaking of free resources: At the ISAAC BUILD meeting, everyone received an information page from Dorothy (Dot) Fraser, explaining that there is a 30 page document, prepared by

Harvey Pressman, Central Coast Children's Foundation, with up to date links and resources from all the past issues of ACWN newsletters. These resources and newsletters give a good overview and are a great source of information. They are all available and free to download [here](#).

I committed to take charge and build up the [ISAAC Build Facebook page](#). I depend on everyone's input, questions and ideas to make this work. This means 'liking', 'following' and 'sharing'.

In October we received an amazing gift – a number of *Step by Steps, Go Talk Nows*, switches and books about how to use them, all at a value of \$1800. All this was thanks to having met Katrin Salziger and Martina Schaefer of Prentke Romich Germany (PRG) at the ISAAC conference in Lisbon. Additional thanks are due to Katrin, who organized the donation and the free transport to Namibia.

By attending free PRG online webinars I am learning a lot about AAC and talkers, and how to adapt materials or books for interactive work or for individualizing for each user.

This year, the Namibian Inclusive Education Policy was finally launched, and the Ministry of Education is implementing, or piloting, programs in various regions. Many obstacles and issues need to be addressed and overcome or adapted. The policy aims to meet the needs of the individual. For example, inclusion does not only mean “mainstream,” but looks at educating in the least restrictive environment. It aims to educate according to interest and ability from a young age, with the vision that learners will become as independent as possible in an accepting and informed society.

Slowly, *very* slowly we are building our bridges between user, parent, teacher, society and the real and virtual world of AAC. On my to-do list is reading the previous newsletters of ACWN, especially the 'market books' from Ghana - an excellent idea which could be adapted for Namibia or South Africa. Armed with all the resources and knowledge as described above, we are on a road to discovery and success regarding AAC in Namibia.

Nevertheless, we can only do this with help from the international community. Our current wish list includes a crimping and plastic spiral binding machine and spirals for making communication materials, and funding for paper, ink, copier, laminator and more. We also need funding to employ professionals to teach teachers and parents and funding to be able to have Internet access so that we can spread training via webinars.

We are always in search of partnerships with International Round Table, Rotary or the Lions (to team up with our local clubs). It is difficult to become sustainable in a society where 40% are unemployed, another 40% are youth with no chance for a career or a realistic independent future and the country's 650 NGO's and DPO's depend on donations from the commercial sector, comprising only 20% of the population.

Petra Dillmann – email: [autnam@iway.na](mailto:autnam@iway.na)

## Silent Tea Parties in Russia

By Irina Tekotkaya



I am a speech therapist from Russia. Three years ago, I came to understand that AAC could provide many opportunities to my learners. This made me a happy person, and provided a foundation for my career.

I am constantly searching for ways to communicate with my learners. I try to use all opportunities to create equal conditions for learning. I work with children who can't go to "regular" school. Some of them didn't study before using AAC, while others began studying at "correctional" schools.

I liked the idea of "silent morning tea." The idea is that communities come together to communicate in ways other than speech, in order to raise awareness about different communication methods.



I planned a silent morning tea for some specialists, teachers and children. I translated materials and found games that would be interesting for children. I recruited 25 students from the "regular" school. They already knew about AAC and about children who can't use their voice, but they had never met a child who communicated in this way.

The children initially felt frustrated by the silence and incomprehension. But, they also felt joy when their friend understood them.

I wasn't silent. I talked about children who use AAC and I showed a video with stories about children using letters, boards, phones, and tablets for games and questions. At the end, children could talk about their feelings and thoughts. Children talked about their desire to communicate.

Later we went to a cafe. Four girls participated in this activity. Our goal was to communicate with the waiters using alternative communication. It was very positive and joyful.



Silent morning tea helps every child communicate. Children who use AAC can be independent and be noticed.

I shared this text with teachers I know. I wrote about silent morning tea and about how they could do it at other schools too. I know that some teachers hosted a silent morning tea themselves. The children all reacted very differently, but all teachers said that they had good results and that everyone was happy to participate. All the teachers said that the children were active and that they participated in the discussion after silent morning tea. They watched the video, tried to use communication boards, and tried to use other ways to communication during the games.

I was afraid that the children would not interact. I was very glad to be wrong. I think we made great first steps and showed that interaction between children is important for every child.

## **International Collaboration**

*By Nadia Browning*



International collaboration develops in many different ways. Usually it starts with connecting at a professional and personal level to realize that both parties share similar ideologies. My connection with a Russian colleague was not any different.

International collaboration is an adventurous journey along which we learn and enjoy establishing and maintaining relationships. We met at a conference in Poland, and as we talked, walked and ate, we realized that we would like to work together. Months later, my Russian colleague suggested my name to the organizer of a conference in Moscow. I created a video that they presented at the conference.

Months after that, the Caritas organization invited and funded me to present at a conference in Moscow. In 2012, they asked me again to participate in a conference, and to present a two-day workshop in St. Petersburg.

During my three trips to Russia, I visited an internat (a place where many of the children with special needs live and study) and consulted with the educational team from the internat. I also visited “special schools” for children with multiple disabilities. This experience brought me closer to their reality, values, challenges, strengths, vision and barriers. Together with the organizers, we discussed the messages and direction that could help them in their path to a more inclusive society.

Throughout the conferences and workshops, we all connected with participants and fellow clinicians who emailed and/or Skyped in search of information on their child and/or support for their projects. Maintaining these connections is a valuable additional aspect of “international collaboration”.

This most recent time was no different. I met competent and motivated clinicians. Equally important as providing the information they requested and supporting them to write about their work was sending information that would connect them with others in the world of AAC. This included exploring funding assistance to participate at ISAAC conferences and forwarding information that supported their participation in the many projects offered by the [Bridge School](#). [See *AAC BY THE BAY 2014: A TRULY INTERNATIONAL EVENT*, pages 4-9, in our June 2014 newsletter: <http://www.centralcoastchildrensfoundation.org/wp-content/uploads/2012/03/ACWN-June-2014.pdf>]

When I think about international collaboration, I tend to think of it as a consultation where I need to grasp a good understanding of needs and wants, and an environment’s barriers and strengths. This way, I can evaluate my assumptions so that when they come up, I can step back and ask the “what do you mean?” question. It also involves using multi-modal approaches to learning and teaching to facilitate understanding and keeping in mind that the goal is for them to learn to do things independently: “to fish”.\* With that in mind, I aim for a combination of giving “the fish” and lots of resources that make sense to them, learning about “their water”, their tools, their resources, their environment, and enjoying the process. (\* *Give me a fish and I eat for a day; Teach me to fish and I eat for a lifetime.*)

#### **Some of the current references that I find helpful:**

- Participation Model  
The Participation Model (Beukelman and Miranda, 1998) provides a systematic procedure for assessment and intervention based on active participation of a child who uses AAC. More info at: <http://monicabraat.wix.com/smartinclusion#!participation-model>.
- Assessments forms and protocol
  - [Assessing Students' Needs for Assistive Technology](http://www.wati.org/content/supports/free/pdf/ASNAT5thEditionJun09.pdf)  
<http://www.wati.org/content/supports/free/pdf/ASNAT5thEditionJun09.pdf>
  - [http://www.atstar.org/docspdfs/gpat/AAC\\_Evaluation\\_Protocol.pdf](http://www.atstar.org/docspdfs/gpat/AAC_Evaluation_Protocol.pdf)
  - <http://sccatn.wikispaces.com/AT+Best+Practice>
  - <http://practicalaac.org/practical/5-aac-and-related-assessment-forms/>
- Assistive Technology Trainer's Handbook (P. Reed, M. Kaplan, G. Bowser)  
This manual is designed for all AT service providers who train others. It contains research-based information about planning, providing and evaluating training.  
<http://www.natenetwork.org/manuals-forms/at-trainers-handbook>

Thank you for reading! I welcome your questions and/or comments at [nadiabrowning@gmail.com](mailto:nadiabrowning@gmail.com).

## St. Petersburg Conference

By Victoria Ryskina



Many important new ideas filled the air at the second *International Scientific Practical Conference on Alternative and Augmentative Communication as a Basis for Development, Rehabilitation and Education of People with Developmental Disabilities*, held at Herzen State Pedagogical University in St. Petersburg, Russia on September 18-20, 2014. Dedicated to the subject of helping people with severe communication disabilities, it was the second international conference organized by Caritas Educational Center for Social Service, together with the Correctional Pedagogy Department of Herzen State Pedagogical University.

St. Petersburg specialists, along with their colleagues from many cities and regions of Russia, took part in the conference. Foreign conference participants arrived from Norway, Sweden, Poland, Germany, the USA, Finland and Kazakhstan. Among the more than 250 specialists were teachers, psychologists, parents, speech language pathologists, and practical instructors who use alternative communication methods to support non-speaking children and adults. Representatives of schools and social security institutions (including those working with children with multiple disabilities in children's homes and psycho-neurological establishments) also participated.



The conference was organized into four sections:

- Application of AAC Methods in Work with Children with Developmental Disorders, Russian and Foreign AAC Methods
- Theoretic Psycholinguistic Approaches to Communication Development in Children with Developmental Disorders

- Communication Possibilities for People at Early (Pre-Symbolic), Pre-intentional Stages of Communication Development
- Round tables in Educational Programs and AAC, Professional Training for Specialists in a Supportive Communication Sphere, and Assistance to People with Communication Disorders in Russia and Abroad

We also scheduled discussion groups, poster presentations and a small exhibition of the technical means of communication available in Russia. Russian and foreign specialists presented sixteen different workshops, providing detailed accounts of methods and practices of working with people with severe communication disabilities.

Discussions within the sections covered issues of communication availability, public acceptance of alternative means of communication at shops and establishments, legalization of the alternative means of communication usage at schools and the problem of assessment for children using those alternative means.

Speakers noted that AAC complies with the International Classification of Functioning, Disability and Health, which clearly states that communication limitations caused by functional disorders of different natures may be overcome not only by the means of speech correction and stimulation, but also with the help of augmentative means (gestures, pictures, electronic means, *etc.*) that allow a person to improve their quality of life, enjoy more activities and socialize.

Another discussion focused on the question of whether a contradiction exists between verbal speech development and the parallel use of alternative communication. Among the specialists concerned with the matter were speech language pathologists who have always tried to stimulate speech and who only turn to alternatives when generating speech has proved impossible. Speech therapist O.B. Sizova spoke about that topic in particular in her report “Alternative Communication or Speech: Choice Justification.”

Several speakers at the conference (S. von Tetzchner, S.N. Ceytlin, V.L. Ryskina, I.V. Koroleva and others) reported on qualitative and quantitative research that confirms the important fact that use of additional communication signs actually *contributes* to development of speech in some cases and does not prevent or impede speech development. This research is important in answering parents’ questions and in addressing their expectations and is important to speech therapists’ professional training.

[Editor’s Note: The growing literature that demonstrates the fallacy of the belief that the use of AAC may slow down or prevent the development of speech has not yet reached many areas of the world. See MaryAnn Romski and Rose A. Sevcik, *Augmentative Communication and Early Intervention: Myths and Realities, Infants & Young Children*, Vol. 18, No. 3, pp. 174–185]

Worth mentioning is that within Herzen University the Chair of Surdopedagogy strongly supports alternative communication (especially so by Prof. I.V. Koroleva and Prof. G.N. Penin). This fact is essential for the Russian special needs education community. Those reluctant to use gestures and visual images in communicating with children capable of producing sounds and isolated words usually refer to a 1970-90’s experience when Surdopedagogy teachers were very persistent in avoiding gestures with hard of hearing children, in order not to interfere with their

verbal speech development. That significant issue doubtlessly requires further scrutiny, research and observation.

Fifty-six conference participants attended the *Makaton in Russia* workshop. Makaton, a system of communicating using symbols, signs and speech, is attracting specialists' attention, and the advancement of that language program in our country seems quite realistic.

Participants at the section “Communication Possibilities for People at Early (Pre-Symbolic), Pre-intentional Stages of Communication Development,” noted that this area is understudied, with extremely limited access to information. This includes a lack of Russian research, no recognized terminology and an absence of elaborated methods in working with children at early (pre-symbolic) stages of communication development.

Most of the sections included discussions of issues relating to professional training for staff working with non-speaking people, the difficulties in organizing their teamwork, and the reluctance of society to accept alternative means of communication.

Most reporters, speakers and workshop moderators pointed out that communication of all sorts is not only the means, but also the purpose in itself, because emotional contact serves as an important basis for forming a relationship. Specialists elaborated on approaches and showed examples of specific lesson arrangements, including rhythm, game, visual support, emotional intensity, signs' abundance and diversity. The most active participants took advantage of the opportunity to role-play teachers and children.

Many participants noted that the community of specialists using AAC (alternative means of communication) has grown in recent years. It might be beneficial for Russian specialists to join the ISAAC international association, not just as single members, but instead as a Russian AAC community.

The publication and presentation of the first study-book on AAC was a significant contribution towards AAC development in Russia. *Introduction to Alternative and Augmentative Communication* by Stephen von Tetzchner and Harald Martinsen was published in 2014 by Terevinf publishers.

The charitable foundation Orange Penguin (USA), which has initiated activities designed to support specialists and parents with technology for alternative communication, also gave a presentation of its work.

The following problems of major importance were identified as needing urgent solutions in Russia:

- Unfortunately, non-speaking peoples' right for special help and equipment that would allow them to express themselves, to better understand and be understood, is not always respected.
- Areas of responsibility of specialists working with such people have not included so far the provision of alternative means of communication. If specialists do so, they do it on their own initiative.

- Specialists, speech therapists in particular, who have not succeeded in “teaching how to speak” while working with people with multiple disabilities but have taught them how to use means of alternative communication, may be not considered as successful.
- Alternative means of communication (gestures, cards, tablet communication devices) even if used by a person, do not find active support in the community, such as in families, kindergartens, schools, rehabilitation centers and hospitals.

The conference participants passed a resolution about the promotion of AAC use in all sectors of Russian society for people with disabilities. The resolution also focused on the rights of people with disabilities.

### **Applying AAC Techniques in Cairo**

*By Yvette Abdel Malek*



I conducted a two-year program where I applied AAC techniques in two centers in Cairo. The program included 30 students with complex communication needs and 15 teachers.

I divided it into two parts: theoretical and practical. The theoretical part was about AAC as a means of communication. We used tangible items--- pictures, pictograms, and sign. Then we provided practical advice about the characteristics of each of the communication means, and how to use them.

I ran workshops about how to use AAC material, conducting a half-day lecture once a month. I divided the practical part into several steps:

**Step 1:** Observe the child while the staff is working on a cognitive session; watch how the child behaves and communicates his needs

**Step 2:** Assess the child

**Step 3:** Design a program for each child, and teach the staff how to implement it

**Step 4:** Make the AAC materials, such as communication boards for needs and schedules, with tangible items and pictures

**Step 5:** Watch the staff implement the program and do the follow up. If the child progresses, move on to the next objective in the student’s program

After that, we covered communication in the kitchen, with photos of the child preparing tea or juice, using a sequence of 6 photos. We went out shopping in a small market and made videos, with permission from the shop owner.



*Examples of Communication Board and a Photo taken in the Kitchen*

The children made great progress. Some talked, others used AAC with words, and others used only AAC. At the end, we had an exhibition of the AAC material participants made on their own in the two centers.



We had pictures all over the Centre with pictures on the door of each activity, speech therapy, physiotherapy, cognitive skills, with a photo of the teacher herself.

In the beginning of the project, not all staff were receptive and some were not convinced. At the end, everyone supported the use of AAC.

After one year of the project I was asked to lecture about AAC for teachers in the governmental schools, where children with disabilities are often not integrated. It was a great first step that the teachers asked for the training. It would be a dream come true if the AAC techniques could be implemented in all our schools.

### **AAC Beginnings in AL AIN, United Arab Emirates**

*By Ensa Johnson, Centre for AAC, University of Pretoria, South Africa*



Mrs. Juanita Scheepers, a final year student in BA Hons (AAC) at the Centre for AAC (University of Pretoria, South Africa) was recently appointed as a special education teacher at the Amana Healthcare Rehabilitation Center in Al Ain, United Arab Emirates (UAE).

Juanita, who specializes in AAC, is now part of a multidisciplinary team at the hospital that includes physiotherapists, occupational therapists, medical doctors, dieticians and nurses. A speech-language pathologist will be appointed soon.

The program in which Juanita is involved is the first of its kind in the UAE. It is currently running with four patients in pediatrics, aged between two-and-a-half and twelve years, and two adults who are “cognitively intact.” Juanita provides these patients, who have severe disabilities and complex communication needs, with literacy enrichment programs, using AAC strategies. Because the patients are so diverse in their needs and abilities, as well as in their ages, Juanita works on a one-on-one basis with them. Some children receive formal schooling, while others only receive support in communication skills.



The patients are introduced to aided and unaided strategies depending on their needs. One of the children, for example, uses the Tobii Eye Gaze device to communicate and to control her environment. She has only recently been introduced to this device, and her progress in the use of the device has been tremendous.

Another child uses an adapted iPad with scanning and switch Apps to communicate. This bright little girl was desperately in need of a communication device, and is already very excited to be using the iPad.

The Centre for AAC is proud of its students who are making a difference in the lives of people with disabilities – not only in South Africa, but also in other parts of the world.



## **ADDITIONAL INFORMATION**

### **Simple AT Techniques in a Vietnamese Orphanage**

*By Anna Santos*

A recent traveler to Vietnam discovered how simple Assistive Technology (AT) tools could help promote self-reliance and free up staff time at an orphanage.

Sheri Newton visited Vietnam in the summer of 2014. With the support of The Utah Assistive Technology Program (UATP), Sheri provided a local orphanage with simple tools such as adaptive spoons and writing aids. These AT tools made it possible for the children to feed and express themselves.

The tiny orphanage houses 14 children with disabilities, ranging from ages 3 to 23. The small staff barely has time to keep the children clean and fed, and the children have to spend a lot of time in rows of cots and adaptive chairs.

Sheri was happy to provide some simple ideas in order to both help the children and relieve some of the pressure on the staff. [Read her story here.](#)

### **PACER's TIKES Project Helps Parents, Educators Maximize the Use of Assistive Technology**

*By Anna Santos*

The PACER's TIKES (Technology to Improve Kids Educational Success) project's mission is to educate both parents and schools on the assistive technology (AT) tools available to children with disabilities, ages five and under. The impact of assistive technology is potentially huge and currently mostly underutilized for early learners with disabilities. The TIKES project has a vast set of resources, some as simple as pencil grips or curved eating utensils, and some as complex as eye gaze communications devices or VGo robots. The project trains parents and schools on how best to fit these technologies into an Individualized Education Program (IEP) for each child. The immediate benefits of the program are clear to the parents of children whose lives have been positively impacted by the program. The TIKES Project has been running since January 2013 throughout three school districts in Minnesota. To find out more, [click here.](#)

### **Occupational Therapy in Madagascar**

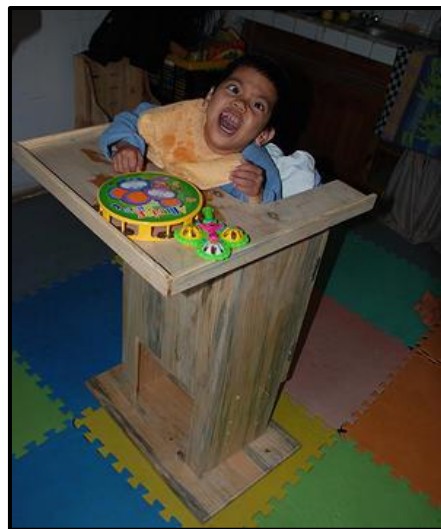
*By Nenneya Shields*

In Madagascar, Anri-Louise Oosthuizen is undertaking a unique initiative to provide disadvantaged and disabled young people with low-cost assistive devices. Such devices include quadropod walkers, prone and supine positioning devices, and standing frames. The prototypes

were manufactured in local shops starting in 2011. By 2013, dozens of devices have been provided to those in need. This year, Madagascar Occupational Therapy has begun a partnership with ANANI center in Antananarivo and Timion in South Africa to further develop the prototypes.

Madagascar Occupational Therapy provides therapeutic services and educates local occupational therapists on the most effective practices and interventions, as well as how to use the low-cost devices. They focus on Community-Based Rehabilitation where occupational therapy is established as an evidence-based science. The vision is to make the devices available across Madagascar with an easy manufacturing process and simple design. Below are some pictures of the development process and the devices in use.

(<http://www.growingthenationstherapyprogrammes.com/#!therapy-services/c8de>)



## **The Trinh Foundation**

*By Nenneya Shields*

The Trinh Foundation is an Australian organization doing wonderful and impactful work in the area of speech therapy in Vietnam. This foundation has provided access to a professional speech therapy training program in the city of Ho Chi Minh. Before 2010, no such training existed in Vietnam. Thanks to Trinh Foundation, the Pham Ngoc Thach University of Medicine celebrated its second group of graduates from the program. The Trinh foundation continues to expand its work in the country. The goals of the foundation are described as follows: "to improve the quality of life of the many Vietnamese children and adults who suffer from communication and swallowing disorders, and to address this problem by continuing to raise the awareness in Vietnam of Speech-language Therapy as a profession."

You can find more specific information at their [website](#) and read about their recent work in their [October Newsletter](#).

## **VIDEOS**

### **Inclusive Education In Uganda**

“Shake, shake the mango tree. One for you and one for me.” At the Uganda Society for Disabled Children supported primary school in Uganda, children with disabilities join in the class songs right next to their classmates without disabilities. And it’s not just singing. Throughout the whole day, the school promotes inclusion among all the students. In a country where people with disabilities are so often excluded from mainstream society, the school actively works with the local community to identify children with disabilities and enroll them in school. “We want our school to be a model school,” says one teacher. Another teacher adds that the inclusiveness of the school promotes a positive learning environment for *all* the students. He explains that students without disabilities are encouraged by the successes of the students with special challenges. “If Malcom [who has a disability] can learn... let me also put in much effort to learn so much.”

You can check out this inspirational video about the school [here](#), and also learn more about the organization AbleChildAfrica, which works with disabled children and young people in Africa, [here](#).

### **Speech Language Therapy in Uganda**

Speech and Language Therapy is a new profession in Uganda. The first degree course began in 2008 at Makerere University. With the availability of more skilled professionals, more people in need have access to speech therapy and more lives are being enriched in Uganda. Click on [this link](#) to watch a clip about the participants’ transformative journeys. To find out more about this organization and how they are changing lives, please visit [this link](#).

### **Yellow House in Western Kenya**

Yellow House provides speech and language therapy services to children with disabilities in Western Kenya, in collaboration with locally registered community based organizations. Yellow House defines some of its key goals as: (1) to offer free and affordable rehabilitation and educational support services, (2) to help make speech-language and other rehabilitation services an integral part of education in Kenya, (3) to provide books and locally produced education materials to individuals, teachers and parents of children with disabilities and (4) to foster better understanding and treatment of children with disabilities through training opportunities for health care workers, parents, teachers, *etc.*

Yellow House focuses on creating a better present and future for the children and helping to provide a culture and community that allows these children to excel. Recent newsletters and event details can be found on their website at [this link](#), and a short informative video about Yellow House and the work they provide can be [viewed here](#).

## **Insights from a Special Education Teacher**

Emily Luedtke is a special education teacher in the United States, tasked with starting a school community-based program for students with significant physical and/or cognitive disabilities. [This video](#), about a day in her life, will help the viewer learn about some of the challenges she faces trying to help students learn skills in reading, writing and math, while also gaining competencies that will allow them to function in their community and in their future workplace. Emily provides insights about how to effectively engage para-professionals and other school staff members, how to address behavioral needs of students and the importance of setting high expectations for all students.

## **Low-tech Materials for Speech Language Pathologists (from**

What do Velcro, duct tape and colored markers have in common? They all help Gail Van Tatenhove, a speech language pathologist who lives in Florida, do her job. Check out [this video](#) to learn about some other low-tech materials that Gail uses that may be available in developing countries.

## **RESOURCES**

### **Inclusive Education Where There Are Few Resources**

An estimated 72 million children around the world are excluded from their rights to education. Many of these children live in impoverished conditions, have disabilities or are from minority groups. Susan Stubbs writes this highly informative article, “Inclusive Education - Where There are Few Resources” on the state and context of inclusive education today, particularly in ‘southern countries’ and the developing world. Stubbs proposes in-depth techniques, offers various case studies, and analyzes common challenges to providing education for all. Read more [here](#).

### **Ian Bean’s Free Newsletter**

Parents and Educators: Take advantage of the free technology resources and teaching tools offered in the Special Educational Needs Information and Communication Technology (SENICT) newsletter. The October issue highlighted Eye-Gaze technology in the classroom, new AAC resources, and special Halloween switch activities for children. Ian Bean, a highly respected assistive technology consultant, compiles this monthly newspaper to connect educators of children with complex needs to innovations and tools in the field. [Click here](#) to access the newsletter.

### **iPad Apps**

A new visual ‘wheel’ tool categorizes the most useful and effective iPad apps for augmentative and alternative communication. The tool organizes apps as either full ‘expressive’

communication systems, or as simple communication aids. The full systems have many features, with capacities such as text to speech, pre-stored vocabulary sets, and message bars. The simpler communication apps focus on expressing more basic and specific needs, such as recording new stories, or building language skills.

CALL Scotland developed this easy-to-read wheel to connect people needing communication support with the top apps for their specific needs. For more information, [click here](#).

### **KiRA International**

KiRA International is an organization based in Germany that focuses on children's rights on the African continent. It is involved with many projects and programs in numerous countries in West and Central Africa that work to implement basic rights for children. KiRA has worked with, and for, children with disabilities in countries such as Ivory Coast, Togo and Guinea. To learn more about this organization, visit [this website](#).

*\*Vous trouverez plus d'informations sur des projets, comme celui en Côte d'Ivoire, [ici](#).*

### **Teaching Learners with Multiple Special Needs**

[Click here](#) to find out more information about teaching children who have multiple special needs and who need tailored and specific instruction or assistive technology. You will find examples of effective techniques, as well as how to construct low-cost, low-tech or no-tech devices such as communication boards. Scroll down to the blog archive at the bottom right to find posts about specific topics.

### **Guide to Picture and Symbol Sets for Communication**

The use of pictures and symbols to help teach children with communication challenges is very effective, but it is important to know how to use them and which kind of images are ideal. The following guide ranks certain pictures and symbols by preference and gives direction and comments about where to find them and how to present them to your learner. Find out more [here](#).

### **Center on Technology and Disability (CTD) Institute Launch**

The Center on Technology and Disability recently launched a new [website](#). It features “fact sheets, videos, training materials, research reports, and other relevant and current information on assistive and instructional technologies,” as well as webinars, e-learning courses and a cyber “café” that includes discussions by experts. You can sign up for CTD updates [here](#).

## **AAC Resources on the Internet**

For a very comprehensive list of AAC resources that can be found on the internet, please access the following guide. Resources are listed alphabetically with their URL, a description of the resource itself and also key information about the kind of information or downloadable content you will find at the listed URL. For more information, [click here](#).

### **ONE FINAL THOUGHT**

At any time in life, we may meet somebody who has difficulties with speech and language and who may need support with their communication. **CALL Scotland** was commissioned by NHS Education for Scotland, through the [A Right to Speak initiative](#), to develop materials to help raise awareness of AAC and ways of providing communication support, aimed primarily at people who have little or no previous experience of communication disability.

As 2014 ends and we look to the future, check out this creative [video](#) about using AAC to overcome communication barriers. You may well find it useful in your own work -

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