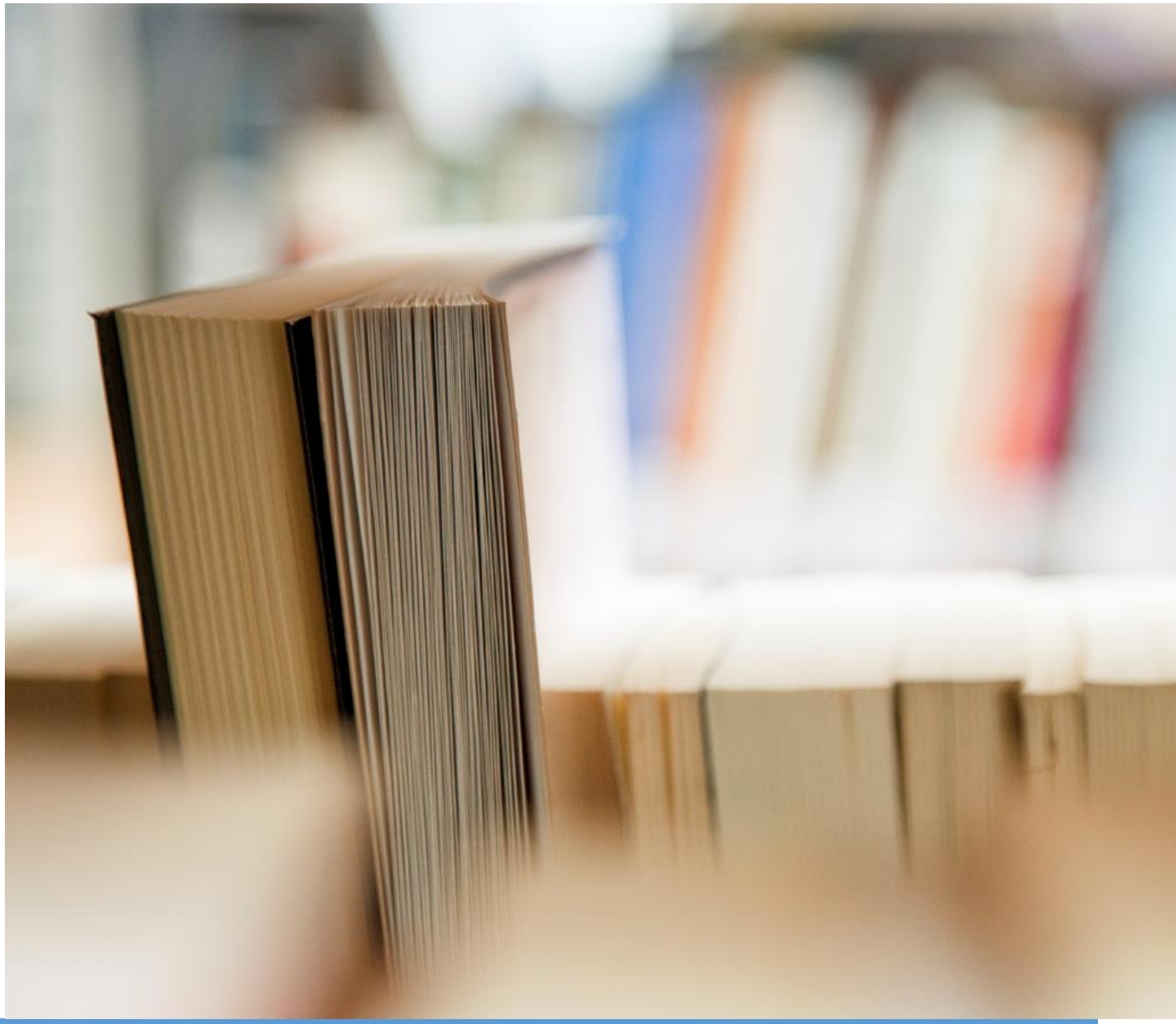

Why AAC Specialty Certification? Practice at the top of your License

American Board for AAC Specialty Certification (AB-AAC)

WHY AAC SPECIALTY CERTIFICATION*

Practice at the top of your License

Demonstrating and articulating our own unique knowledge and skills (value) and how we can contribute to teams. (McNeilly, 2018)

The American Speech Language Hearing Association (ASHA) recognizes the Certificate of Clinical Competence as entry level into the professions of audiology and speech language pathology. Clinical Specialty Certification enables an audiologist or a speech-language pathologist (SLP) with advanced knowledge, skills, and experience beyond the Certificate of Clinical Competence (CCC) to be formally identified as a Board Certified Specialist (BCS) in a specific area of clinical practice (ASHA, 2020). Several areas of clinical practice provide specialty certification including Intraoperative Monitoring, Child Language and Language Disorders, Fluency and Fluency Disorders and Swallowing and Swallowing Disorders. Augmentative and alternative communication (AAC) has been recognized as a clinical practice area long overdue to be recognized for specialty certification.

ASHA speech language pathology members providing AAC services want to be able to be recognized as practicing at the top of their license. They are aware of various issues that specialty certification will address in terms of knowledge and skill expectations and ethical practice. Although specialty certification is not expected to improve billing and reimbursement issues unique to AAC funding and services, SLPs holding specialty certification will be able to raise the bar in terms of the quality of clinical services.

In a concise report that was distributed to Congress, the National Academy of Science, Engineering and Medicine (2017) found that access to SLPs with relevant knowledge, skills and experience is necessary and currently limited. In a study on the impact of experience on AAC clinical decision making, it was found that AAC clinical specialists used a more holistic and multi-step approach with clients which differed from general practice of SLPs (Dietz, et al., 2012). AAC specialists reported that they spent most of their careers focusing on AAC, which required intensive training after entry level in the profession. Binger et al. (2012) identified personnel roles that should be considered in the AAC assessment process. The AAC clinical specialist was identified as essential at several stages in the process with the primary roles of conducting the AAC evaluation, AAC device/strategy selection, completing the funding reports, AAC technical support, AAC clinical implementation, and AAC troubleshooting. Additional support in the literature as examples of practices that represent the need for specialty certification have been shared and recognized as common practice for years.

- Undertrained SLPs may not identify a client as a candidate for AAC strategies or technology (Creer et al, 2016).
- Undertrained SLPs may delay the recommendation for AAC services and prolong the delivery of traditional speech therapy perpetuating the myth that use of an AAC system with impede development of natural speech (Romski and Sevcik, 2005; Romski et al., 2015).

- SLPs with minimal training may rely too heavily on an AAC manufacturer's representative (sales person) in the assessment process to select an AAC system.
- Undertrained SLPs may depend only on one AAC manufacturer to demonstrate and trial an AAC product line to select a speech generating device (SGD) for funding. The Centers for Medicare and Medicaid Services (CMS) expects a minimum of three (3) products to represent a fair range of SGD options.
- Undertrained SLPs may depend on an AAC manufacturer's representative to assist in writing the SGD Funding Request to submit for insurance coverage.
- Undertrained SLPs may modify the assessment and trial process to exclude viable SGDs that might provide the most effective communication due to beneficiary coverage policies, because recommending an SGD with a higher likelihood of denial would require time for the appeal process that is not billable.

Specialty Certification benefits our clients and families

Clients and families with complex communication needs frequently request services from specialists as do many of us seeking quality health care services. Specialty certification provides the following:

- Allows for complex patients to quickly and easily find providers who are highly skilled in AAC assessment and treatment.
- Saves precious time for clients and families who go through a trial-and error process to identify AAC intervention, but still have not been fully informed of all their options.
- Saves money for clients and families who may have selected an AAC intervention and then abandoned treatment, because the AAC intervention failed to meet expectations.
- Increases client and family confidence and satisfaction in their AAC services knowing that they are working with a specialist who is aware of best practices in their clinical services and can fully inform them of all their options.

ASHA Documents Pointing the Way to AAC Specialty Certification

The American Speech-Language Hearing Association (2002a) made an official statement regarding the knowledge and skills necessary for SLPs to deliver AAC services. According to the ASHA Scope of Practice for Speech-Language Pathologists (SLPs), which defines universally applicable characteristics of practice, speech-language pathologists are responsible for "establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices" (ASHA Scope of Practice for Speech-Language Pathologists, 2001).

Special Interest Division 12, Augmentative and Alternative Communication of ASHA continues that: "The knowledge and skills described within the current document build on the information from the ASHA Scope of Practice and fulfill the need for more specific procedures and protocols for serving individuals for whom speech and/or writing is precluded as a primary means of communication." SLPs who practice in this area are required to hold the Certificate of Clinical Competence in Speech-Language Pathology and to abide by the ASHA Code of Ethics. This includes Principle of Ethics II Rule B that states: "individuals shall engage in only those aspects of the profession that are within their competence, considering their level of education, training, and experience" (ASHA, 1999). Therefore, SLPs will need ongoing education and

training as the field of AAC continues to move forward with rapid developments and updates.

The International Society for Augmentative and Alternative Communication (ISAAC) and the United States Society for Augmentative and Alternative Communication (USSAAC) state that "For individuals who use AAC on an extended basis, a team of professionals – including an AAC Specialist, who may be speech language pathologist (SLP) **with additional training in AAC** – work together in the process of designing, selecting, customizing, training and supporting AAC systems over time". People who are new to the field of AAC may make the mistake of looking for one system – perhaps a 'high tech' speech-generating device – to be the 'perfect solution'. This is rarely sufficient. There is more to the process than first meets the eye. Features and access strategies must be carefully matched to the individual's requirements. Systems require training for the user, and often for communication partners who will be interacting with and supporting the user. Backup systems and creating an aided language learning environment for the user may also be critical. Repair and ongoing tech support for high tech devices will also be needed. Selecting a pre-designed, carefully thought out language system, and then customizing vocabulary and messages, is an on- going process that should be periodically revisited as an individual's needs or situation changes. This process is updated as new technologies are invented, and/or a person's needs or environment changes. For many individuals, this will continue to be important throughout their lifetime."

ASHA specifies the roles, knowledge base, and skills deemed necessary for SLPs to provide a continuum of services to individuals with limited natural speech and/or writing (ASHA, 2002a). These skills are within the scope of practice of all SLPs, overlapping with AAC Specialty. However, clinicians desiring to obtain AAC Specialty Certification will need more in-depth training and experience to be considered a Specialist in the area of AAC for the roles, knowledge base, and skills highlighted in bold. The AAC Specialty Area will require advanced knowledge, skills, and experience beyond the Certificate of Clinical Competence (CCC) level.

Mechanisms for acquisition and evaluation of AAC experience & competency skills will ensure that AAC Specialty Certification applicants have:

- Developed competence with evidence-based skills and assessment tools designed to evaluate areas of needs and guide AAC decision-making
- Shown evidence of robust funding reports, AAC assessments, intervention plans, and communication partner training
- Collaborated with a network of interdisciplinary professionals dedicated to providing outstanding AAC services
- Had opportunities for hands on experience with the complete spectrum of AAC devices and modalities
- Demonstrated success in helping nonverbal individuals find their own authentic voice

Summary

This is an exciting time for the growth of specialty certification for ASHA members! ASHA members have participated in various surveys showing that SLPs who provide AAC clinical services strongly support specialty certification. The AB-AAC's peer review survey was sent to nearly 18,000 ASHA certified members who were affiliated with SIG 12 or self-identified as having expertise in the area of AAC and concluded on October 30, 2018. Results concluded that an **overwhelming 82.9%** of respondents agreed that there should be clinical specialty certification in AAC.

*****Content of this documents was taken from the Stage II application submitted by the original petitioning group members and approved by CFCC on June 28, 2018.

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