

Critical Review: What are the barriers to augmentative and alternative communication (AAC) use in developing countries around the world?

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practices; and practices in the selection and use of AAC symbols and devices. Both open and closed questions were included. Results were extensive but included that the major challenges to AAC implication are funding (86%), availability of AAC devices (80%), time constraints (77%), staying up-to-date with AAC developments (66%), low expectations for the individual who uses AAC (64%), and slow progress (62%). Results of the open-ended questions indicated a lack of current evidence based training; lack of support from the AAC users team (i.e. family, teacher, therapists, AAC professionals); lack of adaptation of the school curriculum to accommodate AAC user; difficulty creating useful low-tech AAC options; limited familiarity and availability of AAC systems/devices in other languages; and lack of trial equipment as challenges to implementation. Further results indicated that speech language therapists in South Africa use a limited variety of assessment and intervention approaches for AAC, current best practices are informed by previous experience, and primary caseloads do not appear to inform specific approaches to assessment and AAC implementation.

The selection criteria implemented in this study was well defined, but the recruitment strategies had limitations. The online recruitment approach made it difficult to determine a true response rate. Surveys were sent out via email distribution lists and social media platforms to increase sample size; this made it difficult to track recipients. The authors estimated there were 3111 initial recruits; if true, this indicates a low response rate and a small sample size (i.e. 77). In addition, the criteria called for SLTs to have a minimum of one-year experience providing AAC services but there is no way to verify this experience in South Africa. The majority of participants worked in higher resource provinces of South Africa, which limits the transferability of the findings. This may have been a result of the use of an online delivery method which could have posed a barrier to access for practitioners working in more rural areas of a developing country such as South Africa. Participants did, however, come from a wide range of work settings (public hospitals, private practices, universities, public schools, etc.), had varied amounts of experience working in AAC, and worked with adults, children, or both. This is a strength of the study.

The methods and procedures of this study were clearly described. The survey was developed based on credible pre-existing surveys and customized for the South African context. The survey was piloted on a group of experienced AAC SLT's in South Africa and, based on their feedback, it was changed to improve clarity, fix inconsistent terminology, refine definitions,

and restructure the survey in a more logical way. This strengthens the dependability of the study. A weakness of the study, however, is the number of eligible SLT's who started the survey but didn't finish it (i.e. 44). The authors attribute this to survey fatigue. Only completed surveys were included in the study but the results should be interpreted with caution.

Appropriate analyses were conducted. Descriptive methods of data analysis were used to analyze close ended questions (i.e. frequency tables). Chi-square analysis, with Cramer's phi used as a post test, was used to determine associations between SLTs' native language and the language of service delivery. A one-way ANOVA was used to determine if ratings between SLT groups differed depending on different primary caseloads. Inductive content analyses were conducted for open ended question responses. Data was organized and coded for common themes using Braun and Clarke's method. The first and second author independent identifies themes and subthemes until data saturation was reached. The third author then checked the other two authors codes and cycle of consensus coding between all three authors. This analyses approach strengthens the dependability and credibility of the of the study.

This study provided a moderate level of trustworthiness resulting from a moderate evidence of credibility, moderate evidence of transferability, good evidence of dependability and moderate evidence of confirmability.

Single Case Series

A single case series is a study design where data is collected on a series of participants with common characteristics, before and after an intervention, sendsuharsnd

