

Together it's possible!

Assessment and implementation of AAC using Collaborative Problem Solving (CPS) models and Goal Attainment Scaling (GAS)

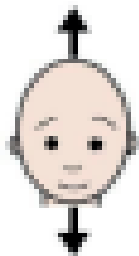
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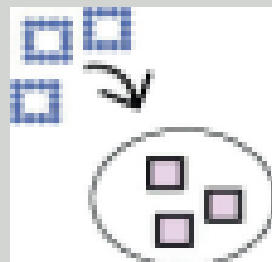
Associate professor and lecturer,
University of Gothenburg, Sweden



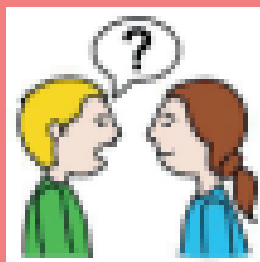
yes



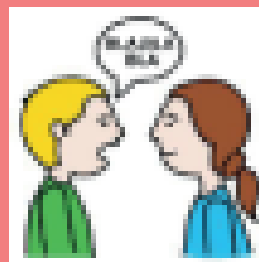
more



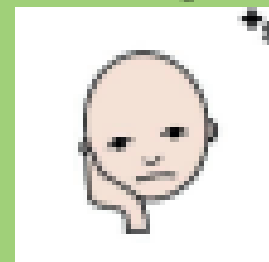
ask



tel



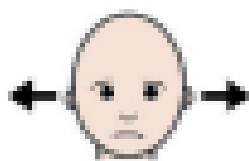
boring



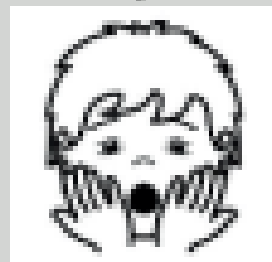
fun



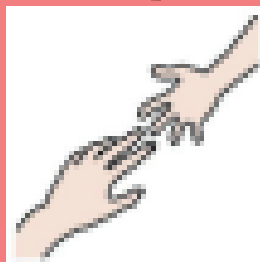
no



ops



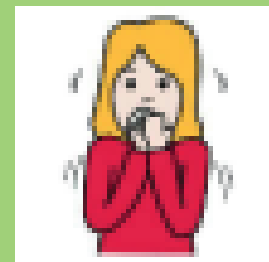
help



can



afraid



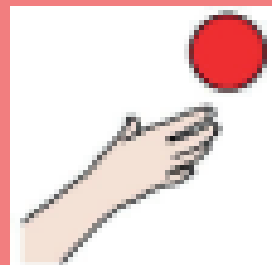
well done



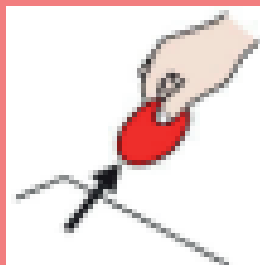
not / wrong



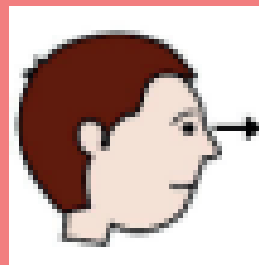
want



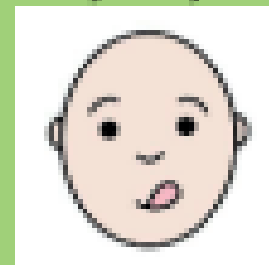
take



look



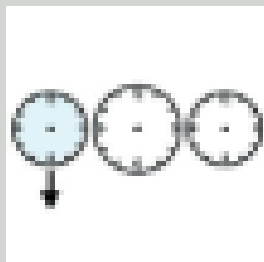
yummy



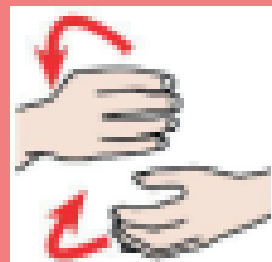
difficult



later



do



stop / wait



listen



good



beautiful



Dart – specialist unit communicative support and digital participation – 3 essential parts:

Intervention

Education

Research&Development



<https://www.vgregion.se/ov/dart/>

Material to download: pictorial support health care, violence, talking mats

Free symbol resource www.bildstod.se

Started out during the 80's Comprehensive assessment tool

- Language, speech, communication
- Motor functions
- Vision, hearing
-"you name it".....
- Matching profiles

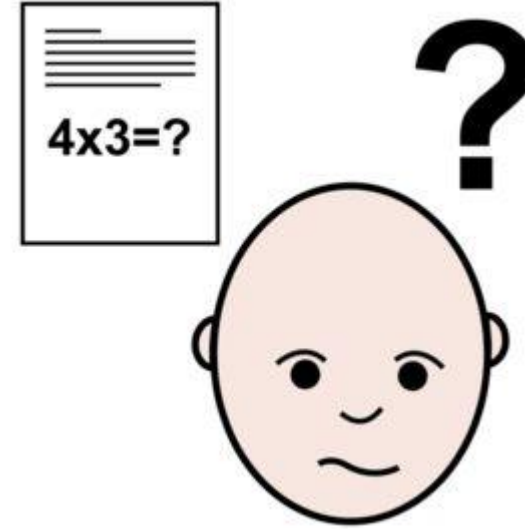


Result

- Lot of time spent on filling out forms and doing tests.....
- Not really related to problem...
- Resulting AAC tended too often "warm shelves"



- Project funding developing a new model with expert consultants: Mats Granlund, Eva Björck Åkesson, professors



Two basic routes for different problems evolved

Mainly AAC

with/without challenging behavior

- Network meeting using Collaborative problem solving
 - Observation/s on site/video-recordings
- and/or
- Assessment/s at Dart
 - Accustomization of system – training at Dart
 - Net work meetings: Goal attainment Scaling 1-2 periods
 - Follow-up and finalizing case

Mainly AT – often eye-gaze systems

- Network meeting according to collaborative problem solving
- More straight discussing technologies
- Assessment at Dart – two preplanned assessments
- Evaluation, involving patient applying Talking Mats
- Accustomization of system –training at Dart – sometimes GAS
- Follow-up and finalizing case

Collaborative problem solving + goal attainment scaling

- ICF - focus on participation, activity and environmental factors – NOT on function and structure
- Focus on problems in daily life situations
- Self determination theory
- Person-centered/family centered care.
Patients/families –experts on their own problems –
we are experts on solutions
- Network based working model – everyone important



Network – important persons invited representing different environments

- Parents/family given strong influence in who to invite
- Remind about key persons, often managers who need to be onboard for successful implementation.
- Two in charge from Dart, different professions: one chair, one noting
- Inform about procedure and structure
- Shared notes using board/screen – create a shared description/picture – clear structure shared afterwards



Structure collaborative problem solving

Resources	Problems	Explanations	Goals	Methods
In person - Abilities - Interests - Experience Environment - Family - Staff - Experts - Services	Persons perspective: Daily life environments and activities - Family - School/Work/ - activity - Sparetime	Person Com partners Activities Environments Authorities	Relating to problems in daily life address diff for person Avoid method goals	Relating to/adressing explanations - Many explanations provide many options of intervention environmental expl easier implement

Case Leo 16

- Autism, Intellectual disability
- No oral language
- Bilingual, spanish mother tongue
- Has been using manual signing, does no longer
- Self-injurious behavior, tear clothes, throw things
- Mother alone, three younger siblings, exhausted
- Leo now placed at residential home at privat service 60 min from home-own apartment/door-new coordinators
- Refuses to go to new school

Resources – often so many- important!

Resources				
In person - Understands swedish and spanish - Had a large manual sign vocabulary - Understands visual schedules - Interested in cooking, baking, construction work, youtube Family –visits every fortnight Staff – coordinator in place talks spanish..... 2026-05-04				

Problems

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Explanations

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Goals

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Methods

Resources	Problems	Explanations	Goals	Methods
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Goal attainment scaling –implement

AAE in

+2	L watches videos from school and comments using manual signing and/or app or board	Staff express and talk about feelings and L also tries to say something	As below+ L also express a need and want intentionally
+1	L watches school videos, staff comment using board and signing	Staff expresss and talk about feelings and L test t activate buttons	As below – L chooses an attaches a schedule card
0	L showS interest in school video activities and to staff's signing	Staff expresss and talk about feelings and L show interest	As below+ L show interest and takes some initiative
-1	Staff play video from shool (baking activity) and point talks to communication board and use the signs he/she knows	Staff express and talk about his/her feelings min 2/day using app	Min ones a day staff presentdifferent activiities to attach to schedule and point talks to board+signs
-2	L does not know annything abut school	L expresses frustration tearing clothed- no socially acceptable means	L tear down visual schedule and have no means to sharewants and needs

Goal Attainment scaling – WHY?

- Encourages small realistic goals
- Forces us to be specific
- Facilitates implementation- has to use imagination and be "almost there"
- A good scale may often be applicable during a year
- But sometimes "overkill" i.e. AT, other less complex patients

