



# Ethical Considerations in Augmentative and Alternative Communication:

An Overview Including Self-Advocacy, Sexual  
Health and Robust Vocabulary of Taboo/Swear  
Words

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And

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# Your Presenters:

Megan earned her undergraduate degree in Speech-Language Pathology at The University of Illinois at Urbana-Champaign, and obtained her master's degree and State of Illinois teaching license at Northwestern University. She was very fortunate to gain incredible experience while getting her masters and in her first few years working at a special education day school. Beth was actually her supervisor while she was in her second year of school while at Shriners Children's where she was first introduced to the concept of core vocabulary. In her first 7 years as an SLP she worked in a therapeutic day school and thereafter a life skills setting within a regular education school where she focused on inclusionary practices for children with complex communication needs. Megan's areas of interest are working with children with complex communication needs and rare medical conditions, as she herself has a few rare medical conditions and often this population goes underserved and underrepresented within our society. In addition to working in the area of AAC, she is PROMPT trained and treats Apraxia of speech, and is a credentialed orofacial myologist. In 2016 she officially left the public schools in order to provide more one-on-one support to families, and in her daily private practice she works to provide ongoing training to parents and caregivers in the areas of Apraxia and AAC. Right now, she does a lot of therapy with children with complex needs that spans across AAC, Apraxia, and oromyofunctional disorders and she integrates approaches to provide a comprehensive approach to therapy.

Beth Speaker-Christensen earned both her undergraduate (communicative disorders) and graduate degrees (speech/language pathology) at Northern Illinois University. She has worked in a variety of settings in her 29 years of practice, including skilled nursing facilities, special education cooperatives, Shriners' Children's and non-profit clinics. She now owns her own private practice focused on AAC support and interventions. While working at Shriners Hospital, Beth began to explore her passion for assistive technology and Augmentative/Alternative Communication. Beth completed the Assistive Technology Certificate at the University of Illinois at Chicago and went on to obtain the ATP (Assistive Technology Professional) Certification through RESNA (Rehabilitation Engineering and Assistive Technology Society of North America). Currently, Beth sits on the Professional Standards Board of RESNA. She is a member of ASHA Sig 12, ISHA, a member of RESNA, and a member and Chair of the Membership Committee of USSAAC (United States Society of Augmentative/Alternative Communication- the US chapter of ISAAC- the International Society of Augmentative/Alternative Communication). Beth enjoys presenting at local, state, national and international conferences to help share an overall understanding of AAC and AT. Beth joins Megan in her passion for providing comprehensive services for those needing AAC to improve their communication, relationships, their independence and overall quality of life.

## Disclosures:

Beth and Megan are authors providing educational content to Northern Speech Services and are paid for the content.

Beth is a member of ISHA, ASHA, USSAAC and RESNA

Megan is a member of ASHA and USSAAC and author/creator of the CVES (Core Vocabulary Exchange System)

# Objectives:

1. Participants will identify taboo/swear word vocabulary and how it can be included in AAC systems to benefit a client / student, their parents, educators, and others.
2. Participants will be able to describe Erin's law and how it applies to education of sexual health, to AAC communicators.
3. Participants will explain how personal bias, can negatively impact an AAC communicators access to the communication bill of rights.



# Definitions: Ethics

## ethic

**Noun**- eth·ic 'e-thik

Synonyms of *ethic*

1

**a:** a set of moral principles : a theory or system of moral values

the present-day materialistic *ethic*

an old-fashioned work *ethic*

—often used in plural but singular or plural in construction

an elaborate *ethics*

Christian *ethics*

**b: ethics** 'e-thiks **plural in form but singular or plural in construction** : the principles of conduct governing an individual or a group

professional *ethics*

**c:** a consciousness of moral importance

forge a conservation *ethic*

**d:** a guiding philosophy

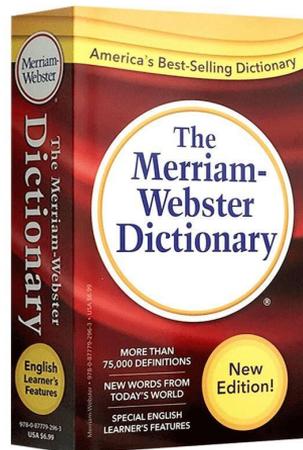
2

**ethics plural** : a set of moral issues or aspects (such as rightness)

debated the *ethics* of human cloning

3

**ethics plural in form but singular or plural in construction** : the discipline dealing with what is good and bad and with moral duty and obligation



# Ethics, continued:

Ethics is a branch of philosophy that deals with moral principles and values. It is concerned with what is right and wrong, good and bad, and what ought to be done in different situations. There are several principles of ethics that are widely recognized, including:

1. **Beneficence:** This principle requires that we act in ways that promote the well-being of others and prevent harm.
2. **Non-maleficence:** This principle requires that we avoid causing harm to others.
3. **Autonomy:** This principle requires that we respect the rights of individuals to make their own decisions and choices.
4. **Justice:** This principle requires that we treat people fairly and equitably.
5. **Fidelity:** This principle requires that we keep our promises and honor our commitments.

[These principles are often used as a framework for ethical decision-making in various fields, including medicine, business, law, and education](#) <sup>123</sup>.

# ASHA Code of Ethics: Preamble



The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is [applicable to the following individuals](#):

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are [subject to the jurisdiction](#) of the ASHA Board of Ethics for ethics complaint adjudication.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for those who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

# ASHA Code of Ethics:

<https://www.asha.org/policy/ET2016-00342/>

ONE	TWO	THREE	FOUR
<p>Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.</p>	<p>Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.</p>	<p>In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.</p>	<p>Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.</p>

Each of these principles contain specific rules describing the actions and expectations of ASHA speech/language pathologists and audiologists. We are not going to read you each and every rule. **We implore you to review these rules and consider each to insure you are aware of your responsibilities.**

# Speech-Language Pathologists vs. AAC Specialists

SLPs shall engage in only those aspects of the profession that are within the scope of their professional practice and competence, considering their level of education, training, and experience. *If an SLP has inadequate experience/training and is unable to assist an AAC user, an SLP refers to or (at minimum) consults with an SLP with experience in AAC.* (ASHA Code of Ethics)

It is important that one person coordinates the collection and organization of all information

# Real life considerations:

Can you think of a situation where someone's ethics were questioned? What would you do?

1. You meet a new client. They are using a device you have never seen or worked with. Do you
  - a. Proceed with your own evaluation because they can start to use a device you know better
  - b. Take on the client because all devices are the same and you will figure it out.
  - c. Explain to the client this is new to you and give them options
2. You have worked at your school for 8 years. You are very organized and are very good at your job, but up until now, you haven't worked in AAC. A 6th grade student moves in with an Accent 1400 with two switch scanning and CoreScanner. Do you
  - a. Talk to your admin to explain you do not feel prepared to work with this student
  - b. Add the student to your caseload and hope for the best
  - c. Look for as much continuing educational content you can find to learn about AAC.

# Speech-Language Pathologists Role in the AAC Process

- Provide training for medical and allied health professionals, educators, family members, and community members about AAC use and the impact of AAC on quality of life.
- Educate other professionals and caregivers on the needs of persons using AAC and the role of SLPs in meeting the needs of individuals who use AAC.
- Serve as a liaison between the family and the SGD provider.
- Screen individuals who may benefit from AAC intervention.
- Conduct a culturally and linguistically relevant, comprehensive assessment of the individual's speech, language, and overall communication abilities.
- Conduct a comprehensive, transdisciplinary, culturally and linguistically relevant AAC assessment.
- Develop and implement culturally and linguistically relevant intervention plans to maximize effective communication between individuals who use AAC and their communication partners across the life span.
- Determine the need for further assessment and/or referral for other services.
- Refer to other professionals (rehabilitation engineer, AT professional, occupational therapist, physical therapist, music therapist, vision specialist, special educator, respite care worker) to facilitate access to comprehensive services, reduce barriers, and maximize opportunities for successful AAC use.

# Speech-Language Pathologists Role in the AAC Process

- Involve individuals and family members in decision making to the greatest extent possible throughout the assessment and intervention process.
- Document progress, determine appropriate AAC modifications, and determine dismissal and follow-up criteria, if indicated.
- Provide programming support, technical support, trialing of additional systems, and AAC/language development strategies, as necessary.
- Generate reports to help with funding and collaborate with funding agencies.
- Counsel persons who use AAC and their families/caregivers regarding communication-related issues and provide education aimed at preventing abandonment and other complications relating to AAC use.
- Serve as an integral member of an interdisciplinary team working with individuals who use AAC and their families/caregivers.
- Remain informed of research in the area of AAC and help advance the knowledge base regarding AAC assessment and intervention.
- Use evidence-based practice to evaluate functional outcomes of AAC intervention.
- Know about funding sources and the requirements for applying for funding from each source.
- Advocate for individuals and their families/caregivers.



# SLP's Role in the AAC Process at School

- Complete the comprehensive speech-language evaluation.
- Consider the student's need for AT, including AAC.
- Request, coordinate, or conduct a transdisciplinary AAC evaluation within the student's natural environment and educational setting that includes both the student and their caregiver(s).
- Provide trial periods with AAC systems and collect data.
- Provide a variety of multimodal supports (no-tech/rapid access, low-tech/light-tech, and high-tech) to allow the student to communicate across various environments in the school setting.



# SLP's Role in the AAC Process at School

- Collaboratively write and implement goals related to speech, language, literacy, participation, and use of AAC as part of the individualized education program (IEP) team.
- Ensure that the student's needs are met by others on the evaluation and treatment team.
- Provide initial and ongoing training to teachers, parents, and support staff about AAC and the needs of students who use AAC.
- Participate in IEP meetings.
- Ensure that AAC goals and AAC use are documented in a student's IEP.
- Provide transition support and documentation if AAC is deemed necessary for the student as they exit the school system.

American Speech-Language Hearing Association

If an SLP has inadequate experience/training and is unable to assist an AAC user, an SLP refers to or (at minimum) consults with an SLP with experience in AAC.

Brazas and Speaker

# Education: Technical Advancements/Changes/Features

- What has changed in the time you have worked with AAC?
  - Do you remember the Macaw, TechTalker, Vantage Plus or Vanguard?
  - How long have iPads been available?
  - How many software updates are you alerted to in a year?
  - Who remembers working with eye gaze in the 1980s? Anyone?
  - When were touch screens readily available to the public? Who used it first?
- It is important to keep up with changes in order to best match the features of a device to the needs of the client. What is the best way to do that?
  - Work with consultants from each manufacturer to know what each device has and what has changed
  - Sign up for email alerts so manufacturers can inform you of product changes or enhancements
  - Attend conferences so you can touch the tech and explore the technology present in the exhibit hall
  - Follow the research from ASHA, Joint Committee, the RERC on AAC, and ISAAC to see what is up and coming.....BCI, AI and much more.

## Clinician Education:

**PRINCIPLE OF ETHICS II** Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

**C.** Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

\*ASHA code of Ethics [www.ASHA.org](http://www.ASHA.org)

# Education Clinician Training:

- Webinars/CEU courses
- Meetings with manufacturers
  - New software
  - New hardware
  - **New features**
  - Changes
- Conferences
- Professional journals
- Working with an AAC mentor/senior clinician



# Clinician Bias:

## bi·as

[ˈbiːəs]

NOUN

1. prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair:

*"there was evidence of bias against foreign applicants" · "the bias toward younger people in recruitment" · "a systematic bias in favor of the powerful"*

SIMILAR: [prejudice](#) [partiality](#) [partisanship](#) [favoritism](#) [unfairness](#)

2. STATISTICS  
a systematic distortion of a statistical result due to a factor not allowed for in its derivation.

3. a direction diagonal to the weave of a fabric:

*"a turquoise silk dress cut on the bias"*

SIMILAR: [diagonal](#) [cross](#) [slant](#) [oblique](#) [angle](#)

# Our Perception and Bias Impacts our Evaluation and Treatment

1. Client
2. Diagnosis or label
3. Functioning
4. AAC System
  - a. Preferred Symbols or System
5. Our qualifications
6. Our experiences
  - a. It always happens
  - b. I've seen that before



Our perceptions of a diagnosis or behavior shapes how we evaluate for and treat using an AAC system and shapes the trajectory of a client's language learning.

**What we know:**

Diagnosis: Autism, Cerebral Palsy, Apraxia, rare syndrome

**What we perceive:** behavior, non compliance, stimming, low functioning, nonverbal, not motivated to communicate, needs fewer pictures on AAC device, lack of progress

Normal to above average IQ

Limited or no opportunities to access grade level curriculum

Limited to no access to literacy opportunities

Demanding performance using academic vocabulary

AAC  
Learner  
Iceberg  
Theory  
Megan Brazas, 2022

Underlying undiagnosed medical conditions

Imbalances in the gut and enteric nervous system

Years of infantilization or learned helplessness

Widespread sensory deficits: imbalance in sympathetic and parasympathetic nervous system

Requirement for perfection and correctness, early in the learning process

Feature matching mismatch in AAC System and User Area Selection

# MISperception and Clinician Bias

- How many cells/icons/boxes should we start with?
- Which pictures should we use?
- Why do I like the programs/technology I like?
- How much does the student/client understand?
- What works best for students/clients with XXX diagnosis?

Do you see any bias in your answers?

# (MIS)perception and Clinician Bias

ABC 123	PEOPLE 	QUESTION ?	ACTIONS 	SOCIAL 	PLACES 	TIME 	GROUPS 	DESCRIBE 	good 
clear	I 	me 	to 	come 	that 	a- 	the 	and 	more 
.	my 	is 	eat 	drink 	finish 	get 	all 	at 	COLORS 
EXTRA <i>with The Words Up</i>	it 	can 	go 	help 	open 	put 	in 	for 	on 
here 	you 	do 	like 	play 	read 	stop 	out 	up 	off 
yes 	your 	no 	want 	take 	tell 	turn 	watch 	down 	with 

clear	QUESTIONS ?	PEOPLE 	TIME 	PLACES 
I 	I want 	ACTIONS 	SOCIAL 	ABC 123
it 	I like 	can 	do 	DESCRIBE 
you 	I need 	EXTRA <i>And It The Words Up</i>	.	GROUPS 

# Clinician Bias can lead to

- Decreased access to robust language
- Feature Mismatching
- Why does this matter?

ABC 123	PEOPLE	QUESTION ?	ACTIONS	SOCIAL	PLACES	TIME	GROUPS	DESCRIBE	good
clear	I	me	to	come	that	a-	the	and	more
.	my	is	eat	drink	finish	get	all	at	COLORS
EXTRA with the WORDS Up	it	can	go	help	open	put	in	for	on
here	you	do	like	play	read	stop	out	up	off
yes	your	no	want	take	tell	turn	watch	down	with

clear	QUESTIONS ?	PEOPLE	TIME	PLACES
I	I want	ACTIONS	SOCIAL	ABC 123
it	I like	can	do	DESCRIBE
you	I need	EXTRA And It The WORDS Up	.	GROUPS

# Perceptions matter.

"They need simple, concrete material."  
"They can only handle a small amount at a time."

"We should start with PECS or choice boards that have real photos."

"Let's try a communication array with few message options."

"See? I told you they weren't capable."

"There's not much of interest to me here."

"Isn't this the same material you gave me last year?"

"What I REALLY want is not on this board."

"Didn't we work on this goal in a previous IEP?"

"What about things you can't take a photo of?"

"I'm trying to make this work, but there's nothing interesting to talk about."

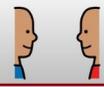
"Why bother?"

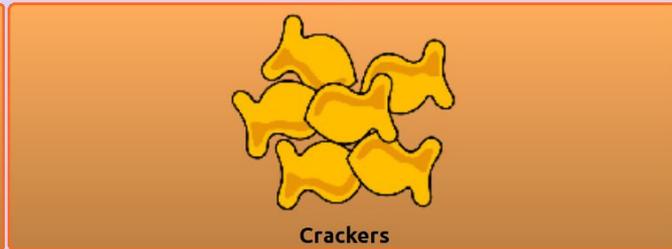
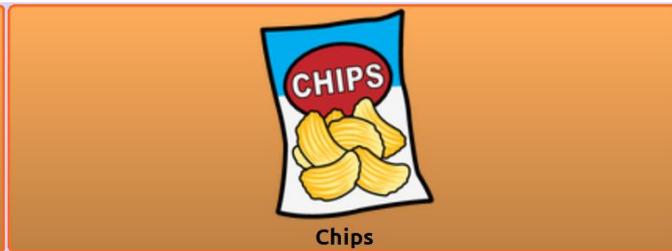
"Would YOU be engaged if this is all you could say?"

"It's not worth the trouble."

"I'll do enough to get rid of you for now so that I can find my own enrichment."



clear	QUESTIONS ?	PEOPLE 	TIME 	PLACES 
I	I want 	ACTIONS 	SOCIAL 	ABC 123
it 	I like 	can	do	DESCRIBE 
you 	I need 	EXTRA And It The WORDS Up	.	GROUPS 



clear	QUESTIONS ?	PEOPLE 	TIME 	PLACES 
I	I want 	ACTIONS 	SOCIAL 	ABC 123
it 	I like 	can	do	DESCRIBE 
you 	I need 	EXTRA And It The WORDS Up	.	GROUPS 

Speak											Clear	Delete	Pause Disabled
QuickFires	I	you	is	want	tell	need	a	to	not	More Things			
Keyboard	we	they	can	like	take	know	the	with	yes	Time			
Word Forms	who	he	do	go	think	come	this	for	no	Places			
Dashboard	what	she	have	stop	see	let	that	of	more	Descriptors			
where	when	it	help	get	give	will	these	from	&	Food & Drink			
why	Questions	People	make	try	feel	Actions	those	about	Connecting Words	Animals			

# Addressing Educational Bias

What is Platform First Approach?

<https://www.talkingwithtech.org/blog/the-specific-language-system-first-approach-to-aac>

- Choosing a robust platform understood and accepted by the team
- Providing low tech and high tech tier one supports to all the kids
- Making decisions regarding the system that best fits the needs of each student and working toward a final system/platform/device

What are some benefits to Platform first approach to AAC in the schools?

# Platform First: How can this be a problem?

- Some teams forget to complete the process
  - ONLY provide the chosen platform
  - Don't know other systems well enough to offer options
  - Reject other systems used by children who move into their program
  - Fail to continue learning additional platforms
- Obstacles
  - Team members who don't have "time" to learn other programs
  - Team members who don't think they should have to learn other programs
  - Does leadership know how to move the team through better feature matching?

# Utilization of a Single Preferred AAC System in US Schools, Senner et al 2025

Investigated the practice of schools or districts adopting a single preferred AAC system (one device, app, or communication system used for many students)

When a single AAC system is adopted district-wide, how often are stakeholders (AAC user, family, other professionals) involved?

Do schools using a single system collect ongoing implementation data?

Do such schools define clear criteria for support levels or device suitability?

# Key Findings: Utilization of a Single Preferred AAC System in US Schools, Senner et al 2025

**Prevalence:** Only 17.2% of the 221 survey respondents reported that their school/district used a single AAC system across all students

Teams using a single system were statistically **less likely** to involve other professionals, families, and especially the AAC users themselves in decision-making

## **Ongoing Data Collection Was Inconsistent:**

- Only **28.9%** reported *always* collecting ongoing usage or outcome data.
- Only **23.7%** had clearly defined success criteria.
- Only **18.4%** had criteria for further evaluation or changes

**Decision-Making Practices:** Qualitative feedback showed that system selection often relied on **trial and error**, **clinical judgment**, or perceived barriers—rather than structured assessment or feature matching

# Why a Single Preferred Method May be Problematic

**Reduces individualized access** and may not match the unique needs or strengths of each AAC user.

May limited individualized AAC Assessment

May reduce participation of families and AAC users in decision making

**Limits autonomy and participation** by excluding user, family, or team input.

**Inhibits data-informed decision making**, leading to fewer informed adjustments over time.

# Best Practices

**Feature matching**, select devices based on the user's profile, access needs, language goals, sensory/motor abilities, and context

**Inclusive decision making**, actively involve the AAC user (when possible), caregivers, SLPs, and interdisciplinary team in trials and implementation.

**Ongoing data collection**, monitor use, outcomes, and satisfaction; set clear success metrics and evaluation timelines. DIFF IT.

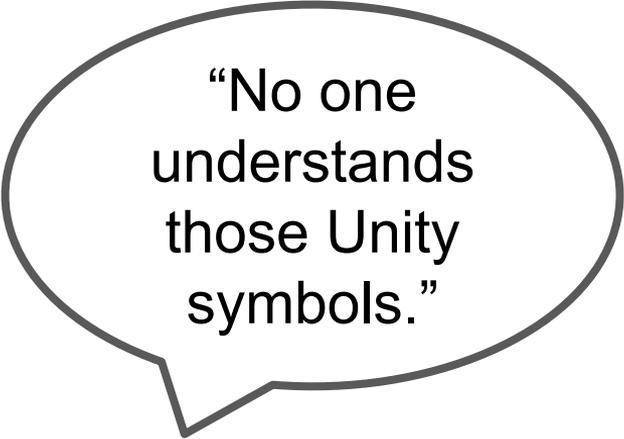
**Avoid rigid one-size-fits-all policies**, flexibility allows users to switch systems if needed and avoids limiting access unnecessarily.

## Clinician Bias:

Clinician Preference of systems, manufacturers or symbol sets



“WP60 is generally more user friendly for larger teams in my experience.”



“No one understands those Unity symbols.”



“I like how that one looks.”

Clinician Bias:

Clinician Preference of systems, manufacturers or symbol sets

Principle of Ethics 1: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

Part B: **Individuals shall use every resource**, including referral and/or interprofessional collaboration when appropriate, **to ensure that quality service is provided.**

# Clinician Bias: Editing Language Representation

- i. Editing language representation system (destroying the efficacy of the program)
- ii. Evidence based linguistics



“My students don’t understand all of those words so I picked these.”

“We have hidden buttons for multiple reasons. One to help with faster access in the school environment, to help with miss hits, and **there are buttons she likes to perseverate on that are not relevant to the school environment.**”

# Ethics of Editing Vocabulary

	mine 	I want to ... 	family 	mom 	dad 	Grandma 	Grandpa 	Nammy 	Bubby 
	people 	Is anyone...? 	Steele 	Cassie 	Uncle Justin 	Aunt Julie 	baby 	and 	LOCK PAGE 
they 	them 	their 	Sam 	Addie 	Josh 	Carter 	big 	sister 	brother 
she 	her 	Can I call 	friend 	Maui 	Lily 	John 	little 	girl 	boy 
he 	him 	his 	Megan 	Megan 	Liam 	Morgan 		children 	child 
we 	us 	our 	My Dog Ma 		SCHOOL PEOPLE 	JOBS 		kid 	

Home icon | family | Stranger icon

people icon | acquaintance icon | baby icon | and icon | LOCK PAGE icon

them icon | their icon

she icon | Teacher icon | friend icon | girl icon | boy icon

he icon | children icon | child icon

SCHOOL PEOPLE icon

# Denying the ability to communicate

Where's mom?

When I go to dad's?

When mom come?

When I go to dad's?

When dad come?

When Grammy come?

Mom, something's wrong.

Help mom.



# Definition of Miss Hit

A miss hit occurs when an AAC User intentionally attempts to select specific icon(s) or message on their communication device, but unintentionally activates a different icon, typically due to motor, visual, or access challenges. This is characterized by observable effort or gaze toward the intended target and a nearby incorrect selection. (Brazas and Speaker, 2025),

# Miss hits: What they are and what they are NOT

When a user intentionally chooses different language than what a clinician is targeting (i.e. refusing to say color words)

When the user's intent is unclear or driven by a different communicative priority (i.e. asserting their autonomy, changing the topic, or declining a task)

Perseveration on an icon repeatedly (i.e. perceived stimming)

When the AAC User selects a message or vocabulary word that differs from what the communication partner was expecting

# Feature Matching:

Originally defined by Shane & Costello (1994), feature matching is a **systematic process in which an AAC user's strengths and needs are matched to available AAC tools and strategies.**

\*Patient, family, medical, motor, cognitive, sensory, linguistic, social, cultural, educational, behavioral, financial



# Feature Matching Versus Mismatching

Ability to facilitate written communication

Range of communicative functions

Environmental needs

type/number of symbols

Type of display and display features

Input (access method)

Output (voice)

Positioning

Portability

Possibility of modifications

AAC users preference/family preference

Motivation

Affordability and maintenance

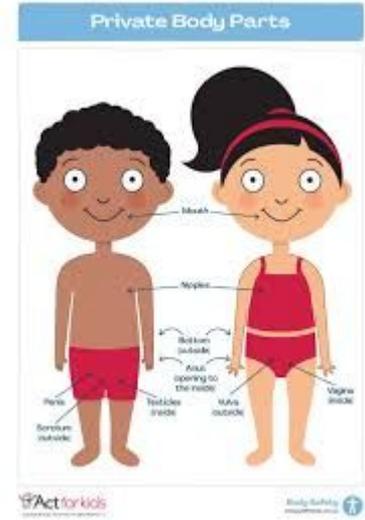
Visual feedback options  
(highlight icons)

# Censorship of Taboo Words:

Erin's Law

Age Appropriate Vocabulary

What do you do when a speaking child/person curses or uses mature vocabulary



# Erin's Law

Every six minutes a child is sexually abused in the U.S. One in every 4 girls and 6 boys will be sexually assaulted before the turn 18 – over 90% by a family member or friend. But only 1 in every 10 sexually abused children ever tell anyone about it.

Mandates that all public schools use age-appropriate curricula to teach students how to tell on anyone who touches or attempts to touch their private parts

In 2013 Governor Quinn signed Erin's Law mandating child sexual abuse education in all Illinois public schools

Goal to pass Erin's Law in 50 US states

**Children must be taught to tell a trusted adult if *anyone* touches their private parts.**

Erin Merryn <https://www.erinslaw.org/>

# Erin's Law

Erin's Law is a law that requires public schools to provide age-appropriate education on child sexual abuse prevention. The law also requires that school personnel and parents receive training and resources to help identify and respond to child sexual abuse.

Here are some requirements of Erin's Law:

## **Curriculum:**

The curriculum must be age-appropriate and evidence-based. It should include topics such as the difference between good and bad secrets, the definition of sexual abuse, and teen dating violence.

## **Training for school personnel**

School personnel must receive training on how to identify warning signs of child sexual abuse, how to respond to disclosures, and how to talk to students and parents.

## **Resources for parents and guardians**

Parents and guardians should receive information on warning signs of child sexual abuse, as well as resources and referrals for children and families who are victims.

## **School policy**

The school's policy should include materials and instruction on prohibited grooming behaviors and boundary violations for school personnel.

## **Active learning**

Programs should involve children as active learners through discussion, modeling, and role playing.

# Erin's Law

- Vermont (Known as Act 1, passed in 2009)
- Illinois
- Missouri
- Indiana
- Maine
- Michigan
- Arkansas
- Mississippi
- Nevada
- New Mexico
- Utah
- Tennessee
- New Hampshire
- Connecticut
- Louisiana
- South Carolina
- Pennsylvania
- Rhode Island
- California
- West Virginia
- Oklahoma
- Colorado
- Oregon
- Alabama
- Alaska
- Maryland
- Delaware
- North Dakota
- Montana
- Minnesota
- Texas
- Wyoming
- Washington
- Virginia
- Georgia
- New Jersey
- New York

# Sexual Health Terminology and AAC

- Requirements for sexual health terminology within AAC systems
- Prevent sexual abuse and assault
- Communicate with caregivers and guardians
- Increase client autonomy and independence
- Communicate regarding personal care needs

**Do your students/clients have the words they need in their current AAC system?**

# Core Words And Phrases for Teaching Prevention

No

Stop

Say no

Touch/Don't Touch/No touch

Mine

Good/Bad

Don't do that

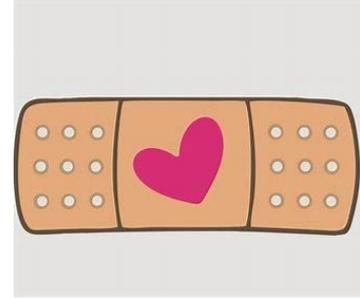
Tell someone

Something hurts, it's my...

Something's wrong.

Something good happened/  
Something bad happened.

I need to tell you something



# Considerations for Using Accurate and Age Appropriate Terms for Anatomy

Age level

Caregiver input and collaborative for under 18 years of age or when caregiver has guardianship

Religious views of the AAC User, Caregiver or Legal Guardian

Cultural considerations

School district

Educational curriculum

[Empowering AAC Users](#)

# Explicit Sexual Health Terms Vs. Slang

Anus

Testicle

Penis

Vagina/Labia

Vulva

Clitoris

Breast

Intercourse/Sex

Private/Privacy

Ass/ Butthole

Balls

Dick/ Boner

Vajayjay/ cooter

Clit

Boobs

The Nasty

Birds and the Bees

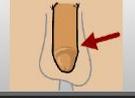
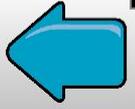
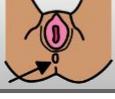
Deflower



Ask the  
AAC  
User

# Sexual Health

	I'm hurting 	?	head 	face 	neck 	hair 	GROUPS 	DESCRIBE 	Rub my 
clear	I	what 	eye 	ear 	hurt 	a	the	and 	from
.	my 	is	nose 	mouth 	lip 	tongue 	throat 	teeth 	tooth 
she 	it 	can	arm 	elbow 	hand 	finger 	thumb 	wrist 	COLORS 
he 	you 	do	leg 	knee 	foot 	toe 	ankle 	shoulder 	body 
yes 	your 	no 	Sexual Health 	back 	stomach 	hip 	chest 	nail 	with

	I'm hurting 	?				hair 	GROUPS 	DESCRIBE 	Rub my 
clear	I 	me			hurt 	a	the	and 	from
.	my 	is	vagina 	breast 					
delete wd 	it 	can	penis 	testicle 					COLORS 
-s	you 	do	pubic hair 						body 
yes 	your 	no 		chest 	stomach 	bottom 	anus 		with

What vocabulary should be added ETHICALLY?

*Access*

and

**Opportunity**

What words are allowed?



bruh.

**F\*\*K**

# Swear Taboo and Slang:

- Many children find taboo or swear words intriguing.
- Some words we consider taboo, might be needed for health and safety (body parts with anatomic correctness- penis vs. dinger)
- Adults use swear words for emphasis or color
- Swearing activates the autonomic nervous system
- We must consider access to this vocabulary for normalcy.
  - Children like to be like their same aged peers.
  - Poop jokes, who farted?
- Adolescents should be able to express themselves with matching vocabulary
  - This sucks, That's bulls\*\*t!!

# Swearing can increase pain tolerance:

Stephens et al. (2009)

## Method:

- Participants submerged their hands in icy cold water (a standard pain tolerance test called the "cold pressor task").
- Each person did this twice: once while repeating a neutral word (e.g., "wood"), and once while repeating a swear word of their choice (e.g., "fuck").

## Key Findings:

- Participants withstood the cold longer when swearing.
- Swearing also led to a decrease in perceived pain.
- Swearing appeared to increase heart rate, suggesting a mild stress response (possibly adrenaline-related), which might dull pain.

## Conclusion:

Swearing can serve an analgesic (pain-reducing) function, particularly in response to acute physical pain. The effect may be tied to emotional arousal and activation of the amygdala and fight-or-flight response.



## Top 10 Taboo Words Used by Children Ages 1–12 (by Age Bracket)

Age 1–2	Freq	Age 3–4	Freq	Age 5–6	Freq	Age 7–8	Freq	Age 9–10	Freq	Age 11–12	Freq
poop(y)	11	jerk	18	stupid	11	stupid	22	(oh my) god	26	fuck	72
stupid	5	stupid	18	cuckoo(head)	9	(oh my) god	20	shit	13	shit	67
butt	4	hate you	14	shit	9	shit	13	crap	9	damn	29
fuck	4	(oh my) god	12	butt	8	suck(s)	10	stupid	8	(oh my) god	38
shit	4	crap	11	luck	7	bitch	8	bitch	7	stupid	18
(oh my) god	2	shut up	10	jerk	7	boob(s)(y)	8	fuck	7	friggin/friggen	14
fart	2	damn	10	suck(s)	7	butt	8	jerk	7	hell	14
bad	1	shit	10	poop(y)	6	shut up	8	gay	6	asshole	11
bitch	1	hell	9	scaredycat	6	luck	6	suck(s)	6	bitch	10
brat	1	poophead	9	(oh my) god	5	hate you	5	retarded	5	suck(s)	9

# Educate Communication Partners:

Provide training that:

- Freedom of speech includes swear words.
- Modeling respect for expressive rights is essential.
- Behavior and language: expressing anger through words can be a healthy option

Best Practice: Normalize conversations about language without judgment.

## Ways to determine which words to include:

**Ask the User (directly if possible):** *"What words do you want available when you're really upset, joking around, or telling a funny story?"*

**Observe Natural Behavior:** If the user gestures, signs, or indicates they want to swear, honor that need.

**Family Interviews:** *"Are there words you use at home that we should include so [user] can express themselves authentically?"*

**Peer Norms:** Include language that is age-appropriate for their peers

**Include a Range of Emotion Words:** Give options beyond clinical terms like "angry" , offer "mad," "pissed," "furious," etc. if that is preferred by the AAC Learner or caregiver

# Swear Word Inventory

## Swear Word Inventory

### Swear Words and Alternatives: A Comprehensive Checklist

#### Important Ethical Context:

At its core, communication is about expressing thoughts, feelings, and identity—including frustration, humor, and personality. Strong language, including swear words and slang, can be an important part of authentic self-expression. Swearing can serve emotional, humorous, or emphatic purposes and withholding it can marginalize AAC Users' expressive range. This checklist is intended to help caregivers and professionals work together to support the AAC user's right to communicate fully and meaningfully.

Please review and select the vocabulary below that you are comfortable adding to your AAC user's system. You are welcome to cross out, modify, or add your own words or phrases as appropriate for your family values and the AAC user's needs and preferences.

#### Mild Swears & Soft Substitutes

Swear Phrase	Alternate / Notes
What the heck?	What the hay? / What the...
Darn it!	Dang it! / Shoot! / Rats!
Crap	Crud / Poop / Poo
Frick / Frig	Fudge / Flip / Floop
Gosh / Golly / Geez	Oh my goodness / Oh man
Heck no!	Nope / No way
Shut up!	Be quiet / Zip it / Hush up
You're a jerk!	Meanie / Rude / Not nice
Butthead	Dork / Goober / Knucklehead
That sucks	That stinks / That's rough / That's lame

# Recommendations for Including Swear and Taboo Words in AAC Systems

1. Respect Freedom of Expression
2. Honor Communication Rights
3. Individualized Vocabulary Development
4. Create a Taboo/Expressive Language Page
5. Include a Range of Emotional Language
6. Family and Cultural Considerations
7. Teaching Responsible Social Use
8. Avoid Unnecessary Gatekeeping
9. Educate Communication Partners

## Why swearing matters:

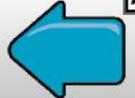
**Swearing is a natural part of communication:** it can build identity, release emotions, and establish social bonds.

**Excluding swear words can infantilize or silence AAC users,** making them seem less human than speaking people.

It supports **linguistic autonomy**, the right to access and use all vocabulary necessary to express one's full identity

**Freedom of speech includes emotional and taboo language... for everyone.**



			again 	please 		POSITION WORDS 	GROUPS 	DESCRIBE 	give 
clear	I 	me 	to		that 	a	the	and 	more 
.	my 	is							COLORS 
delete wd 	it 	can 		Damn It 		Shit! 			
-s	you 	do 			For Fucks Sake 				
yes 	your 	no 							with

# Ethics in Cultural Diversity:

Bilingualism

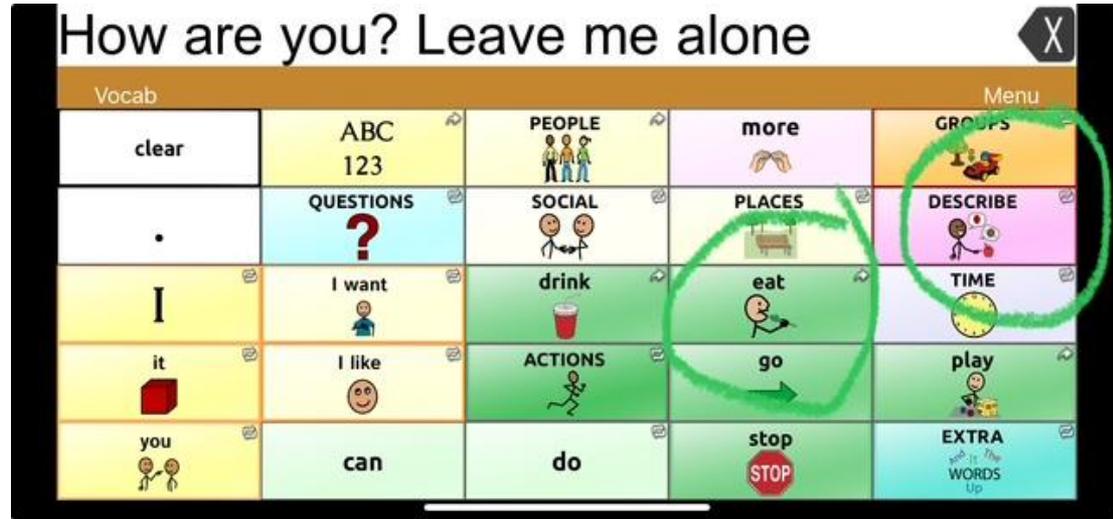
Cultural differences

Skin color

Clothing/modesty

Voice (The VoiceKeeper App)

Bespoke voices/donation



# Responsibility of the SLP to train the team:

We talked about where we can get training, but once trained...who trains

# EVERYONE ELSE?



# Why is any technology abandoned?

Feature Mismatch

Lack of training of communication partners

- Parents

- School team

- Outside therapists

Lack of DIFF (Design, Implement, Follow Through, Follow up)

# Ethics for Device Manufacturers:

Consistent availability of technology

Support of older/aging versions of technology or programs

Providing Cost Effective Options:

- If insurance is not an option, does an iPad suffice? Do we have **access** options for lower cost technology?

Manufacturers must develop cultural awareness through:

Languages, skin tones, vocabulary, images/icons

Obligation to provide support/training after purchase

# Ethical Considerations for Funding Sources:

Medicare, Medicaid (CMS)

BCBS, Aetna, Cigna, UHC

Tricare, Meridian, MCOs

Third Party Evicore, etc. rejections of devices

Who is responsible for obtaining devices? School? Skilled Nursing? Hospital?

# American Speech/Language Hearing Association

Working with legislators to secure funding for

Devices

Therapy to teach and support the family and team

Fair compensation for an hour of therapy for SLPs

Fee schedule per unit of time vs. per session (like PT)

Working to combat exclusionary clauses preventing access to communication tech

Requirement of CCC for Medicaid funding of device

# Linguistic Autonomy

The right to access and use all vocabulary necessary to express one's full identity, including terms relating to sexual anatomy, health, and relationships

- The words, language forms, and symbols a person can access and use
- Includes vocabulary choices, dialect, slang, swearing, code-switching, and multilingual access
- The right to have *any* word available on an AAC system

(Brazas and Speaker-Christensen 2025)

# Communicative Autonomy

The right to express oneself freely, in the way one chooses (modality), and to have that communication respected and responded to

- The right to **initiate**, **refuse**, and discuss topics including boundaries, consent, affection, attraction, and abuse
- Control over *who* to communicate with and *how*
- Ensures the person can advocate for their needs in healthcare, education, and relationships

(Brazas and Speaker-Christensen 2025)

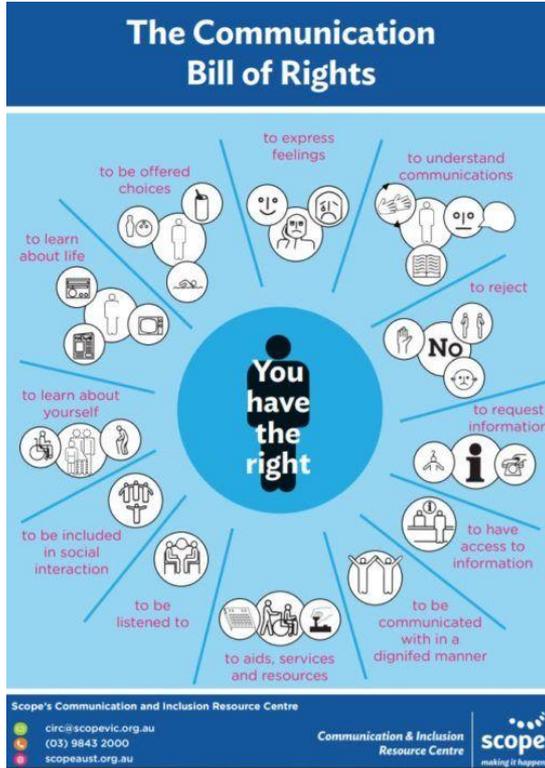
# When Vocabulary Censorship Denies Linguistic and Communicative Autonomy

We should not presume someone with a disability cannot or should not engage in sexual activity, make decisions about their body, or use swear words

Censoring someone's vocabulary equates to treating someone as less than human and denies their full personhood

We cannot make false assumptions that someone is incapable or unworthy of language nor should we limit their linguistic and communicative autonomy

# Communication Bill of Rights:



**n j c** National Joint Committee for the Communication Needs of Persons With Severe Disabilities (NJC)

## COMMUNICATION BILL OF RIGHTS

All people with a disability of any extent or severity have a basic right to affect, through communication, the conditions of their existence. Beyond this general right, a number of specific communication rights should be ensured in all daily interactions and interventions involving persons who have severe disabilities. To participate fully in communication interactions, each person has these fundamental communication rights:

1. The right to interact socially, maintain social closeness, and build relationships
2. The right to request desired objects, actions, events, and people
3. The right to refuse or reject undesired objects, actions, events, or choices
4. The right to express personal preferences and feelings
5. The right to make choices from meaningful alternatives
6. The right to make comments and share opinions
7. The right to ask for and give information, including information about changes in routine and environment
8. The right to be informed about people and events in one's life
9. The right to access interventions and supports that improve communication
10. The right to have communication acts acknowledged and responded to even when the desired outcome cannot be realized
11. The right to have access to functioning AAC (augmentative and alternative communication) and other AT (assistive technology) services and devices at all times
12. The right to access environmental contexts, interactions, and opportunities that promote participation as full communication partners with other people, including peers
13. The right to be treated with dignity and addressed with respect and courtesy
14. The right to be addressed directly and not be spoken for or talked about in the third person while present
15. The right to have clear, meaningful, and culturally and linguistically appropriate communications

For more information, go to the NJC website at: [www.asha.org/njc](http://www.asha.org/njc)

Brady, H. C., Bruce, S., Goldman, A., Erickson, K., Minoo, B., Ogline, B. T., Paul, D., Romski, M., Swick, R., Stager, L., Schoenover, J., Small, M., Sylvester, C., & Wilkinson, K. (2016). Communication services and supports for individuals with severe disabilities: Guidance for assessment and intervention. *American Journal on Intellectual and Developmental Disabilities, 121*(2), 121-138.

## COMMUNICATION BILL OF RIGHTS

I have the right to...

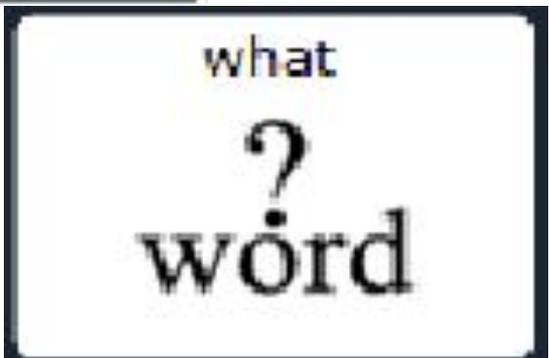
Have communication acts acknowledged and responded to even when the desired outcome cannot be realized	Make choices from meaningful alternatives
Make comments and share opinions	Have clear, meaningful and culturally and linguistically appropriate interactions
Ask for and give information, including information about changes in routine and environment	Express personal preferences and feelings
Request desired objects, actions, events and people	Be addressed directly and not to be spoken for or talked about in third person while present
Have access to functioning AAC (augmentative and alternative communication) and other AT (assistive technology) services and devices at all times	Be informed about people and events in one's life
Refuse or reject undesired objects, actions, events or choices	Interact socially, maintain social closeness and build relationships with others
Be taught how to communicate	Be treated with dignity and addressed with respect and courtesy
Be taught how to read and write and to have access to interventions that support and teach literacy skills	Access interventions and supports that improve communication
Have and use my communication system all the time, and to have a backup available if it isn't working	be heard and responded to, even if the answer is no
Access environmental contexts, interactions, and opportunities that promote participation as full communication partners with other people, including peers	

Summarized from the National Joint Committee (NJC) for the Communicative Needs of Persons with Severe Disabilities put forth in 1992 using LessonPix symbols



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