



AAC Terminology Policy and Issues Update

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AAC Terminology Policy and Issues Update

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It has been over two years since we published our first statement of terminology policy for *Augmentative and Alternative Communication (AAC)* and proposed other issues needing discussion (Lloyd & Kangas, 1988). The 13 terms in the original policy statement have stood the test of time in that no letters to the editor, forum papers, or other articles have been received which suggest modifications of our published policy. However, during the past two years we have seen both in published literature and in the review of submitted manuscripts and the abstracts for the biennial conference of the International Society for Augmentative and Alternative Communication (ISAAC) the need to add three additional terms to our policy statement. It also seems appropriate to initiate the practice of publishing the journal's terminology policy approximately every two years since some individuals may not have easy access to the earlier publication. Therefore, we are publishing this update of the March 1988 "AAC Terminology Policy and Issues" statement.

As background, it was noted that the first three volumes of AAC include three articles (Lloyd, 1985; Lloyd & Fuller, 1986; Waksvik, 1985) and two letters to the editor (Blau, 1987; Musselwhite, 1987) on terminology and related taxonomic issues. Since our 1988 statement, AAC has published a letter (Johnson, 1989) and a major paper (McNaughton, 1990) which commented on terminology and have a third article in press (Fuller & Stratton). These papers further indicate the need to develop a more consistent terminology within the field of augmentative and alternative communication (AAC). It was of particular interest to see that in the first annual Phonic Ear AAC Distinguished Lecture delivered in November 1989, and subsequently published (McNaughton, 1990) one of the topics was the issue of terminology and its importance to clinicians/educators as well as researchers/academicians in our emerging field.

The importance of terminology relative to our communication with other professions and the general public, as well as the very special needs of international and transdisciplinary communication and development, has become increasingly apparent. In addition to improved consistency in our use of terms, we need to carefully examine what meanings the jargon we develop may have to other individuals who rely primarily on a dictionary and their own common sense. Although many people in the field may know what is meant by a given term, the same meaning may not be shared by others.

Because of the transdisciplinary nature of AAC, we are also experiencing problems of various disciplines using other jargon to describe essentially the same phenomenon,

act, characteristic, etc. Several of the above referenced papers have attempted to address this problem. In future issues we hope to see more papers evaluate the jargon we use and suggest improved terminology. There also is a need to develop a glossary of terms which will assist in comparing the different terms used by various authors and/or disciplines.

These problems reflect the need for an emerging field like AAC to develop an internally consistent and logical terminology which will facilitate the international and transdisciplinary development of the field. In 1985, the International Society for Augmentative and Alternative Communication (ISAAC) established an ad hoc terminology committee to examine the issue. The March 1988 statement suggested that at some future point, the ISAAC terminology committee may be in a position to ask the board of directors to consider the possibility of an official terminology statement for ISAAC. It was also suggested that prior to asking the board of directors to consider a terminology policy, the committee may need to take several steps which may include the following: establish a list of terms to be considered, solicit input from the ISAAC membership, modify the list of terms, develop a draft set of definitions for the glossary, provide the opportunity for input by all ISAAC members, revise the glossary based upon member input and committee consensus, publish the draft glossary in *The ISAAC Bulletin* for membership discussion, and then present such a glossary to the board of directors for discussion at one of its biennial meetings. However, some feel that it may be inappropriate to develop an "official ISAAC terminology policy." It may be more appropriate for ISAAC to provide information, but not attempt to establish terminology policy. Although some ISAAC activities, such as its journal, may require its internally consistent terminology policy, it seems premature to attempt to establish an ISAAC terminology policy. Therefore, the ISAAC committee is currently assuming the informational approach with no immediate plans to develop a proposal for consideration by the board of directors at either the 1992 or 1994 biennial conference. In 1988, the editorial office took several interim steps in order to improve the continuity of style used in AAC and to facilitate the work of the ISAAC terminology committee.

The purpose of this report is to provide information on the steps taken to develop an internally consistent and logical terminology in AAC. The specific steps include (a) the use of key words, (b) the establishment of journal policy for the use of some specific terms, and (c) identifying other terminology issues. In addition, we have taken the initial steps to

develop an extensive glossary of terms either as journal policy or as suggestions for use (Lloyd & Blischak, 1989). The editorial office glossary is being coordinated with the ISAAC Terminology Committee. **The current report provides an update on key words and journal policy with the hope of receiving further input from the field for further revision.**

Key Words

In the March 1987 issue, we initiated a policy of providing key words for all refereed articles published with the exception of letters to the editor. In addition to facilitating terminology development, we hope to use the key words for indexing purposes starting with this volume. The "Information for Authors" asks for five to ten key words to be provided when a manuscript is submitted. Initially, the key words were provided by the authors with few additions or modifications suggested by the editorial office. We are attempting to improve the consistency of the selected key words by using a checklist to assist authors in choosing the appropriate terms. This will greatly facilitate indexing. The list of key words we are currently providing to authors is in Table 1. The original 1988 list was a combination of the terms generated in 1986 to profile areas of expertise of our consulting editors and ad hoc reviewers, and the key words generated by authors of papers published in 1987. We have added several key words and modified a few others. Prospective authors are encouraged to consult this list when selecting their key words, but are not limited to the list provided. These key words are in continual process of development; and we would appreciate input from AAC readers to add terms or to otherwise modify the listing. Individuals who have developed key words or indexing terms for AAC are encouraged to share them with the AAC editorial office and the ISAAC terminology committee.

Terminology Policy

We have found it necessary to establish policy for the use of certain critical terms for the AAC journal. Some consistency of usage is necessary in order to facilitate the transdisciplinary and international communication which has been one of the central goals of AAC since its beginning. Furthermore, as AAC develops a reputation as the primary source of professional literature in our field, it may be expected that professionals who are less involved in the development of the field of AAC will look to the journal for models of appropriate means to discuss issues of interest to AAC. The list below reflects the current status of journal policy related to the

TABLE 1: Key Words: Working Draft for Suggested Key Words*

Abbreviation expansion	salient letter	Presymbolic communication
Acceleration	other, specify _____	Professional preparation
Adolescents	Errorless learning	Progressive neurological disease
Adults	Eye-pointing	Qualitative research
Aided	Facilitators	Questionnaire
approaches	Family	Rate
communication	participation	Reading
symbols	perspective/attitudes	Reduced keyboard size
*American Sign Language (ASL)	support	Scanning
Aphasia	other, specify _____	Semantic elements
Apraxia	Funding	Service delivery
Assessment	Generalization	*Sign languages other than ASL, BSL & SSL specify _____
cognitive	Geriatric adults	Signing key words
interaction	Gestural systems	Sigsymbols
language	Amer-Ind	*Simultaneous communication
physical ability	other, specify _____	Single subject design
other, specify _____	Graphic	Social validation
Assistive devices	complexity	Software
light-tech, e.g., communication boards	representation of manual signs	Specific learning disabilities
high-tech, e.g., computers	symbols	Speech impairment
speech output	Group experimental design	Speech synthesis
text composition	*Handicap	Spelling
other, specify _____	Head injury	Statistics
Attitudes	Hearing impairment	nonparametric
Augmentative and alternative communication (AAC)	Iconicity	parametric
Autism	Illustrative case	Strokes
Blissymbolics/Blissymbols	*Impairment	Survey
Brain injury	Inservice training	*Swedish Sign Language (SSL)
*British Sign Language (BSL)	Instructional design	*Symbol
Case study	Instructional techniques	sets
Cerebral palsy	Intelligibility	systems
Children	Interdisciplinary approach	Tangible symbols
Cognitive processes	Interaction, communicative	Taxonomy
Communication	Intervention	Technology
aid	Language acquisition & development	Terminology
board	Learning theory	Theory
competence	Legal issues	Time delay
device	Letter arrays	*Total communication (TC)
efficacy	Lexicon	Traditional orthography (TO)
partners	Linguistic prediction	Transdisciplinary approach
Complexity	Literacy	Transition
Computer	*Manual signs/signing	Translucency
Concreteness	Manually Coded English (MCE)	Transparency
Consumer	Manually coded spoken languages	Unaided
Counseling	other than English, specify _____	approaches
Database	Manufacturer	communication
Demographic	Match-to-sample	symbols
Design strategy	Mental retardation	User perspective
Developmental delay	Model	Visual impairment
Direct selection	Motor development	Visual perception
*Disability	Multidisciplinary approach	Vocabulary
Disambiguation	Multimodal approach	manipulation
Discourse analysis	Multiple disabilities	selection
Dual sensory impairment	Nonelectronic	Voice output communication aid (VOCA)
Dynamic displays	*Nonverbal communication	Word
Dysarthria	Parents and significant others	frequency
Ecological	Pedagogical sign systems	lists
Efficacy	Perceived complexity	sets
Efficiency	Physical impairment	Writing aid
Encoding	Picsyms	Writing skills
abbreviation and expansion	Pictographs	Other, specify _____
color	Picture Communication Symbols (PCS)	
icons	Policy	
	Pragmatic intervention	
	Prediction	

*AAC has an established policy on the use of the terms marked with an asterisk.

terms listed. In general, we have requested that authors revise their papers to conform to these policies unless they can provide a specific justification for some variation.

- **Alternative Communication:** This is used only in special cases. It may be used to refer to an approach which is clearly a substitute for (or alternative to) natural speech and/or handwriting. See: Augmentative and alternative communication.
- **American Sign Language (ASL):** This should be used only when referring to the natural sign language used by the deaf community in the United States. See: Manual signs; Sign language.
- **Augmentative Communication:** This is used only in special cases. It may be used to refer to an approach which is clearly an addition to natural speech and/or handwriting. It should not be used if there is no natural speech and/or writing involved. See: Augmentative and alternative communication.
- **Augmentative and Alternative Communication:** As a general practice, the term "augmentative and alternative communication" (or "AAC" after it is spelled out the first time) should be used rather than using the more restrictive terms "alternative communication" or "augmentative communication" (which would both be abbreviated "AC"). There may be some cases in which the author is specifically talking about only one aspect of AAC, either alternative communication or augmentative communication. In these instances the more specific term would be appropriate. We have adopted the policy of using "AAC" when one of the other two forms is not justified for several reasons. One of the most obvious is the consistency with the journal's title *Augmentative and Alternative Communication*, and the sponsoring organization, International Society for Augmentative and Alternative Communication. As an international journal, there is another very important reason relative to translation into different languages. Individuals in many non-English speaking countries can translate "alternative communication" relatively easily and have essentially the same meaning as we would have in North America. However, in some of the countries there is a difficulty translating augmentative communication and conveying the same meaning as many people intend when they use it in North America. There is a problem of definition and logic with the translation of augmentative communication.
- **British Sign Language (BSL):** This should be used only when referring to the natural sign language used by the deaf community in the United Kingdom. See: Manual signs, sign language.
- **Disability:** This should be used to refer to the activities which are affected by an impairment. For example, a motor impairment might cause a disability of mo-

bility or a communication disability. See: Handicap; Impairment.

- **Handicap:** This should be used when referring to the role of the individual in society and the impact of a disability or impairment on the individual's roles. Thus an individual with a severe physical impairment might experience a handicap of occupation or of social integration. However, it is important to distinguish impairment from handicap, as a handicap may be the result of an impairment, but it is not an inevitable result. The term "handicap" should be avoided unless the author intends to convey that there is a negative impact on the individual's role in society. See: Disability; Impairment.
- **Impairment:** This should be used to refer to a specific structure or function that is absent or deficient. In most usages, the specific nature of the impairment should be identified. For example, rather than report that an individual is "severely impaired," one should state that the individual "has a severe motor impairment." See: Disability; Handicap.
- **Manual signs:** Manual signs is a general term that may be applied to either a natural sign language (e.g., ASL, BSL, SSL) or to the use of manual signs as a code for a spoken language. This would include the simultaneous use of manual signs and speech, either when each word is signed or when only key words are signed. See: Sign language.
- **Nonverbal:** The use of the words "nonverbal" and "verbal" should be limited in order to avoid ambiguity. For example, a statement such as, "The child was nonverbal," may be interpreted as "The child has no use of any linguistic symbols," or alternatively as "The child has no speech but has some linguistic skills such as comprehension of speech or use of graphic symbols or manual signs." Although the term "nonverbal communication" may be used when referring to non-linguistic communication or communication which does not involve the use of words in either the acoustic or visual form, in most cases "without speech" will be less ambiguous than "nonverbal." See: Verbal.
- **Sign Language:** This should only be used when referring to a natural sign language (e.g., ASL, BSL, SSL) and not when referring to the use of manual signs as a code for a spoken language. Signing Exact English and Signed English are examples of manual signs used to code spoken English. It is not accurate to use the term sign language if one is referring to selecting a vocabulary of manual signs from a sign language, but using the manual signs as a code for a spoken language. See: Manual signs.
- **Simultaneous Communication:** Simultaneous communication is the use of two modes of communication at the same time. For example, the simultaneous use

of speech and manual signing. When simultaneous communication is used, the modes of communication must be specified early in the article.

- **Swedish Sign Language (SSL):** This should be used only when referring to the natural sign language used by the deaf community in Sweden. See: Manual signs, sign language.
- **Symbol:** Symbol refers to a representation of a referent. The type of symbol should always be specified to avoid confusion, for example, spoken symbols, graphic symbols or manual symbols.
- **Total Communication:** This is a term borrowed from the literature related to the education of individuals with hearing impairments. As such, it is a philosophy rather than a method of communication. However, when it is used, it should refer to the use of whatever means of communication are appropriate for the particular individual and may include, but is not limited to speech, written words or other graphic symbols, manual signing, finger-spelling, and/or gestures. It should refer to the use of a combination of symbols. It is similar to multimodal communication. In many ways, total communication is the same as augmentative and alternative communication (AAC). Therefore, AAC is quite frequently an appropriate substitute. Total communication should not be used as a synonym for signing and speaking or for simultaneous communication. See: Simultaneous Communication.
- **Verbal:** the use of the words "verbal" and "nonverbal" should be limited in order to avoid ambiguity. While verbal frequently means speech, it can also refer to a broader meaning of the use of words or other language symbols. For example, it is more clear to say "The test was administered with spoken instruction," rather than to say "The test was administered verbally." In most cases, "spoken" will be less ambiguous than "verbal." See: Nonverbal.

General Considerations

Although AAC is adopting the World Health Organization usage of the terms "disability," "handicap," and "impairment" (see Waksvik, 1985) there is still some variation in the more specific terminology one may use when referring to specific physical and cognitive impairments, and the related disabilities. In keeping with the transdisciplinary role of AAC and ISAAC we will use the terminology advocated by the major professional journals related to the respective disabilities and impairments for guidance. For example, the "information for authors" for the *American Journal on Mental Retardation* or *AJMR* (previously the *American Journal on Mental Deficiency* or *AJMD*) provides a balanced discussion on such usage. Therefore, the *AJMR* terminology statement is quoted to provide interim guidance.

Conventions about terminology for referring to people with mental retardation have changed many times over the years. Authorities now agree that the word *retarded* should not be used as a noun, as in "the mentally retarded." Many authorities believe that *retarded* may be used as an adjective, as in "mentally retarded adults," but others reject this practice in favor of prepositional constructions, such as "people with mental retardation." Both the adjectival and prepositional constructions are acceptable in *AJMR*; however, when the context makes it clear whether one is referring to mentally retarded persons or when it is otherwise unnecessary to refer to intellectual level or diagnostic classification, authors should use the most descriptive generic term, such as "students," "children," or "residents," without either adjectival or prepositional use of *retarded*. Whenever an author needs to describe level of intellectual functioning or diagnostic classification, terms should be drawn from the latest edition of AAMR's *Classification in Mental Retardation*. Because *normal* has multiple meanings and implies abnormal where it is not applied, it should not be used. Instead, use more operationally descriptive terms, such as "intellectually average pupils" or "nonretarded employees."

Terminology Policy under Discussion

There are several concepts for which we do not have adequate terminology and believe there is a need to select appropriate terms and establish a policy relative to their use. **We would especially appreciate reader input about terms for the following concepts, as well as others which may warrant discussion.**

There has been some variability in the way in which we speak about the persons who are of interest to us in the development of AAC (i.e., AAC users and potential AAC users). These individuals have variously been called "AAC users," "augmentative communicators," "augmented communicators," "consumers," "nonspeakers," "nonspeaking individuals," "paravocal communicators," etc. Nonspeaking seems to be becoming a less popular term as there is a growing appreciation of the notion that we are frequently augmenting some degree of speech skills, even for individuals who have very limited use of natural speech. Also, it may seem contradictory to refer to a user of synthetic speech as a nonspeaking. AAC users seems

to be adequate when discussing individuals who already use some AAC approach, but this term becomes awkward when attempting to discuss individuals who may benefit from AAC approaches, but who have not had the opportunity to use them. Many times it is appropriate to use the phrase "individual with little or no functional speech." This phrase is descriptive, but it is long and seems awkward when used frequently in a single manuscript.

We also have difficulty describing the professionals who are engaged in selecting, developing and training AAC techniques. For example, we have attempted to avoid implications that any specific profession is responsible for any particular aspect of AAC, but this sometimes leads to long and awkward phrases such as "AAC interventionists," "clinicians/educators," "facilitators," "trainers," and "specialists in AAC." Likewise, we have seen variable usage of terms such as "communication partners," "natural speakers," and "speaking partners."

There is a need to establish a consistent means of classifying and describing the variety of AAC techniques. When referring to symbols it seems appropriate to use "aided" or "unaided" in referring to the superordinate level of classification. All the responses and comments received to date relative to the Lloyd and Fuller (1986) taxonomy paper have supported this classification over others such as static/dynamic, gestural/symbolic, sign/symbolic, etc. (Blau, 1987; Musselwhite, 1987). It would seem that "aided" and "unaided" would also be appropriate for the superordinate level of a transmission taxonomy. Lloyd, Quist and Windsor (in press) have proposed an AAC model which includes means of representation, selection, and transmission, each of which may be aided or unaided.

Comment

We hope this report on the current status of journal policies regarding terminology will assist the development of our field in several ways: (1) by providing guidance to authors in preparing manuscripts for publication; (2) by facilitating the work of the ISAAC Terminology Committee; and (3) by stimulating the transdisciplinary and international communication which has been one of the most important strengths of ISAAC and of AAC. **To that end, we look forward to reader responses and hope to be able to publish several letters to the editor regarding**

these terminology issues. We welcome responses which will support, expand, or challenge the policies we have presented here.

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The authors would like to thank all the individuals who have commented on terminology since the printing of the 1988 report. We are also grateful to the Associate Editors and ISAAC Executive Committee members who assisted in the preparation of the original report. We would like to thank Ralf Schlosser and Carole Zangari for their helpful comments on this updated report.

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AAC Master's and Doctoral Theses Information

To facilitate international and transdisciplinary research, a resource listing containing abstracts of all master's and doctoral theses which have been completed worldwide in the area of augmentative and alternative communication (AAC) is currently being compiled by the editors of *AAC* and *The ISAAC Bulletin* for publication in one of ISAAC's publications. Anyone having completed a master's or doctoral thesis in this area please send a copy of the thesis to: **Barbara J. Nail, Editor, The ISAAC Bulletin, Special Education, Purdue University, South Campus Courts—Building E, West Lafayette, Indiana 47907, USA.**