

AAC Is Not a Last Resort

A robust communication system is a right, not a reward for proving you deserve one — and AAC does not delay speech, it supports it.

Reach for it when a school or clinic says a child needs to develop speech before they can have a communication system.

The Short Version

A communication system is not a reward for proving you deserve one.

AAC does not delay speech. The speech-language profession's own position is that it supports it — and has said so, in writing, for two decades.

"They need to talk first" is a prerequisite. Prerequisites are the error, not the safeguard.

A child who has something to say needs a way to say it today, not after they pass a test.

Everybody communicates. The question is only whether anyone has opened a channel they can actually use.

Why This Sheet Exists

A child has something to say and no way to say it.

Somebody in the room says: *let's see how speech develops first*. It sounds careful. It sounds like not rushing. What it actually does is decide that a child will spend another year — another three years — unable to ask, refuse, object, joke, or say what hurts.

We named this in our own pattern language, among the things that happen when one channel is the only channel that counts. People may

be denied AAC on the grounds that they might have spoken eventually

— Pattern 30 — Communication Bandwidth (<https://stimpunks.org/patterns/library/communication-bandwidth/>), Stimpunks Foundation

— or have behaviour read as defiance when it was the only channel still open, or stop attempting communication at all, which is then recorded as a lack of communicative intent.

And the line under it:

The message existed. The channel was closed, and nobody opened another one.

— Pattern 30 — Communication Bandwidth (<https://stimpunks.org/patterns/library/communication-bandwidth/>)

The Myth, and the Profession That Refutes It

The belief is specific: give a child AAC and they will stop trying to speak.

The American Speech-Language-Hearing Association's National Joint Committee addressed it directly, and the sentence is not hedged:

One common argument against a particular type of communication service for toddlers and preschool-age children is that such children are "too young" to introduce the use of an augmentative/alternative communication (AAC) mode. Specifically, some parents and professionals believe that the introduction of an AAC mode at an early age will preclude the child from ever developing speech as his/her primary mode of communication. In fact, however, numerous studies have demonstrated that the use of AAC does not interfere with speech development (Ronski, Sevcik, & Hyatt, in press) and actually has been shown to support such development.

— National Joint Committee for the Communication Needs of Persons With Severe Disabilities, *Access to Communication Services and Supports: Concerns Regarding the Application of Restrictive "Eligibility" Policies* (<https://www.asha.org/policy/TR2002-00233/>), ASHA

This is not a neurodiversity position that a clinic can wave away. It is the professional body that trains and credentials the speech-language pathologists in the room.

Prerequisites Are the Error, Not the Safeguard

The myth usually arrives dressed as prudence: the child isn't ready, hasn't shown intent, hasn't met the prerequisites, isn't a candidate yet.

That framing has a name in the literature, and the NJC's finding about it is the most useful sentence on this sheet:

Eligibility determinations based on a priori criteria violate recommended practice principles by precluding consideration of individual needs.

— National Joint Committee, *Access to Communication Services and Supports* (<https://www.asha.org/policy/TR2002-00233/>), ASHA

A prerequisite is an a priori criterion. So is a diagnosis, a cognitive score, a discrepancy between one assessment and another, and an age. The report lists those explicitly among the criteria that should not gate access.

Age gets its own sentence, and it closes both doors at once — the child said to be too young, and the teenager said to have missed the window:

Communication is essential across the lifespan, thus it is inappropriate to restrict access to communication services and supports on the basis of chronological age.

— National Joint Committee, *Access to Communication Services and Supports* (<https://www.asha.org/policy/TR2002-00233/>), ASHA

It Is a Right, and It Is Written Down as One

The NJC publishes a Communication Bill of Rights. The current edition is the third, revised in 2024, and one of its twelve rights is this:

The right to individualized, working augmentative and alternative communication (AAC) systems and other assistive technology (AT) at all times.

— Communication Bill of Rights, 3rd Edition (<https://www.asha.org/njc/communication-bill-of-rights/>), National Joint Committee

Read the three qualifiers, because each one answers a way this right gets quietly withdrawn.

Individualized — not whatever the district already owns a licence for. **Working** — not a device with a flat battery in a cupboard, not an app nobody has updated, not a system that was never programmed with the words this child wants. **At all times** — not during speech therapy, not at school only, not once the aide has time.

Our community says the same thing in its own voice:

We also have the right to communicate and tell people about the choices we make. We have the right to communicate in whatever way works best for us.

— Self-Determination (<https://autisticadvocacy.org/self-determination/>), Autistic Self Advocacy Network

Presume Competence — the Least Dangerous Assumption

Withholding AAC until a child demonstrates they can use it assumes they cannot until proven otherwise. That is a choice, and it is the more dangerous of the two available.

Presuming competence is essential to inclusive education. When we presume competence, we assume that everyone can think and learn. This is often called, the "least dangerous assumption" tied to the most basic pillar of medicine to first do no harm. We cannot know what someone can learn until we have taught them with the same commitment we use to teach everyone else.

— AAC and autism resources (<https://thisisnotaboutme.film/resources/>), *This Is Not About Me*, quoted in our Presume Competence (stimpunks.org/philosophy/...) page

The cost of presuming competence wrongly is that you taught a child something they already knew. The cost of presuming incompetence wrongly is a person who spent their childhood with no way to tell anyone what was happening to them.

Never assume that the ability to speak equals intelligence. There are plenty of autistic people who have trouble speaking but who have glorious creative worlds inside them seeking avenues of expression.

— Steve Silberman, A Q&A about autism with Steve Silberman (<https://blog.ed.ted.com/2016/08/17/a-q-a-about-autism-with-steve-silberman-author-of-neurotribes/>), TED-Ed Blog, quoted in our Presume Competence (stimpunks.org/philosophy/...) page

And the distinction that matters when a school says it already presumes competence:

Presuming competence is a philosophical difference. It's a belief in socializing students for *courage* instead of *compliance*.

— Presuming Competence in Practice (<https://speakforyourself.org/presuming-competence-practice/>), *Speak For Yourself*, quoted in our Presume Competence (stimpunks.org/philosophy/...) page

A Device Is Not Enough — Somebody Has to Model It

The most common way AAC fails is not refusal. It is a device handed over with no one using it.

Nobody learns a language they have never seen anyone speak. A child given a talker in a house and a classroom where every adult communicates by mouth is being asked to learn a language in isolation.

The evidence on modelling is unusually clear:

The results of the review indicated that AAC modeling intervention packages led to meaningful linguistic gains across four areas including (a) pragmatics, marked by increases in communication turns; (b) semantics, marked by receptive and expressive vocabulary increases; (c) syntax, marked by multi-symbol turn increases; and (d) morphology, marked by increases in target morphology structures.

— Samuel C. Sennott, Janice C. Light, David McNaughton, AAC Modeling Intervention Research Review (<https://journals.sagepub.com/doi/abs/10.1177/1540796916638822>), *Research and Practice for Persons with Severe Disabilities*, 2016, pp. 1–15

So "we tried AAC and it didn't work" is usually a description of the adults. Ask what modelling happened, by whom, how often, and for how long, before accepting that a system was tried.

Everybody Communicates Already

A child with no speech and no device is not silent. They are communicating in whatever channel is still open, and often being punished for the channel they were left with.

Communication comes in many forms—speech, vocalisations, words, sentences, phrases, AAC devices, body language, facial expressions, pointing, signing, symbols, alphabet charts, pen and paper, communication books, objects, electronic devices, pictures, memes, GIFs, Makaton, BSL, braille, laughing, crying, emojis, email, texting, messaging, voice notes, gestures, stimming, echolalia, music, and more. There are truly countless ways to communicate!

— Autistic communication & interaction styles (<https://www.autisticslt.com/communicationfeatures>), AutisticSLT

AAC does not replace any of these. It adds one more, and the one it adds happens to be the one schools and clinics can hear.

What to Ask For in the Room

- **Ask what the prerequisite is, and where it is written.** If a child must show intent, hit a cognitive score, or reach an age before a system is considered, that is an a priori criterion — the thing the NJC names as violating recommended practice. Ask which published guideline the prerequisite comes from.
- **Ask for a robust system, not a starter one.** A grid of eight symbols is a vocabulary, and a small vocabulary is a ceiling. Ask what the child can say with what is being offered — and whether they can say *no*, *stop*, *I want something else*, and something nobody planned for them to say.

- **Ask who is modelling it, how often, and for how long.** If the answer is nobody, the system has not been tried. Ask for modelling by the adults who are with the child most, not only in a therapy session.
 - **Ask that it go everywhere the child goes** — home, playground, bus, assembly, lunch. "At all times" is the wording of the right, and a device kept in a classroom cupboard is not available.
 - **Ask what happens when it breaks.** Who repairs it, how fast, and what the child uses meanwhile. A broken system is a withdrawn one.
 - **Ask that speech and AAC both be supported, not traded.** The profession's own position is that AAC supports speech development. Nobody has to choose, and a plan that makes the family choose has invented a conflict the evidence does not describe.
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What This Sheet Is Not

- **Not a claim that every child needs the same system.** *Individualized* is in the right for a reason, and picking the system is work for the child, the family, and a speech-language pathologist who presumes competence.
 - **Not an argument against speech therapy.** It is an argument against making a child wait in silence while it happens.
 - **Not a claim that AAC is easy.** It takes modelling, patience, and years. So does speech, and nobody proposes withholding speech until a child proves they will use it.
 - **Not an attack on the professionals in the room.** Most prerequisite policies are inherited, not invented, by the person explaining them — and the body that credentials them has already said the policies are wrong.
 - **Not about contested communication methods.** This sheet argues from the mainstream professional position and the published bill of rights, and does not need anything disputed to make its case.
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The Principle

A child does not earn the right to speak by speaking.

Communication is the thing you provide first, so that everything else — consent, learning, safety, refusal, friendship — becomes possible at all.

Further Reading

- [Alternative and Augmentative Communication \(https://stimpunks.org/glossary/alternative-and-augmentative-communication/\)](https://stimpunks.org/glossary/alternative-and-augmentative-communication/) — our glossary entry, with the fuller source list

- Nonspeaking (<https://stimpunks.org/glossary/nonspeaking/>) · Echolalia (<https://stimpunks.org/glossary/echolalia/>) · Situational Mutism (<https://stimpunks.org/glossary/situational-mutism/>) — our glossary
- Pattern 30 — Communication Bandwidth (<https://stimpunks.org/patterns/library/communication-bandwidth/>) — the pattern this sheet argues from
- Presume competence ([stimpunks.org/philosophy/...](https://stimpunks.org/philosophy/)) — ours
- Access to Communication Services and Supports (<https://www.asha.org/policy/TR2002-00233/>) — the NJC technical report, and the primary source for most of this sheet
- Communication Bill of Rights, 3rd Edition (<https://www.asha.org/njc/communication-bill-of-rights/>) — National Joint Committee, 2024
- Samuel C. Sennott, Janice C. Light & David McNaughton, AAC Modeling Intervention Research Review (<https://journals.sagepub.com/doi/abs/10.1177/1540796916638822>), *Research and Practice for Persons with Severe Disabilities*, 2016 — the systematic review on modelling, read in full
- Self-Determination (<https://autisticadvocacy.org/self-determination/>) — Autistic Self Advocacy Network
- Behaviorism (<https://stimpunks.org/why/behaviorism/>) — why a model that watches only compliance cannot hear a child who has no channel
- Eye Contact (<https://stimpunks.org/why/eye-contact/>) — the same demand to perform a channel that costs more than it carries

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This sheet is also published as a page on stimpunks.org.

There is a one-sheet broadside of this argument — the version you pin up.