

MULTILINGUALISM AND AAC

A study of Finnish SLPs' opinions and practices of multilingual AAC

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Master's thesis in Speech and Language Pathology

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Abstract for Master's thesis

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Title of the work: MULTILINGUALISM AND AAC - A study of Finnish SLPs' opinions and practices of multilingual AAC	
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<p>Multilingualism is an international phenomenon and the amount of people who consider themselves multilingual is on the increase. Alternative and Augmentative Communication (AAC) are ways we communicate without using spoken language or ways we complement spoken language. Since the number of multilingual people are increasing, the need of multilingual AAC is too. However, there are not yet many studies in this field.</p> <p>The aim of this study was to explore Finnish Speech and Language Pathologists' (SLPs) views, opinions, and practices regarding multilingual AAC usage. Possible factors which could influence this were also explored.</p> <p>The results from this study suggest that the views, opinions, and practices differ regarding multilingual AAC usage and intervention, and that the praxis also in some cases contradict with the literature and recommendations. Most of the participants felt comfortable working with AAC and multilingualism, however, the majority did not feel that their education had prepared them well for working with AAC, multilingual people or multilingual AAC.</p> <p>No factor which affects the SLPs' beliefs regarding multilingual AAC could be determined. The most common ways to support multilingual AAC usage were by encouraging the clients' relatives to use the home language simultaneously as the AAC aid is used and by collaborating with an interpreter when giving instructions about AAC to the client's relatives. The more comfortable the participants were using AAC, the more likely they were to collaborate with interpreters during assessment. Most of the participants did not do the following to support AAC usage: designed the AAC aid in two languages, gave several AAC aids designed in different languages or culturally fitted the AAC aid to suit the client's home culture.</p> <p>It was most common to start an AAC intervention with a multilingual child in both languages simultaneously, however, one third of the participants would choose to start the intervention only in the school language. The participants were also asked which factors they believe to hinder multilingual AAC usage. The majority answered that they believed cultural differences in how much communication and AAC are prioritised in different cultures to be a hinder. Around half of the participants also thought that the SLPs' inadequate knowledge about the client's culture and how multilingual AAC can be used could be an obstacle for multilingual AAC usage.</p> <p>The results suggest that the views, opinions and practices regarding multilingual AAC differ, and that the practices also in some cases contradict with the literature and recommendations. However, there is little research about the topic and therefore, more research is needed to ensure good and equal (re)habilitation. The university programme for SLPs could also in the future include more courses about AAC, multilingualism and multilingual AAC. Cultural awareness could also be more included in the educations overall.</p>	
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<p>Flerspråkighet är ett internationellt fenomen, och antalet personer som räknar sig till flerspråkiga ökar hela tiden. Alternativ och kompletterande kommunikation (AKK) är de sätt vi kommunicerar utan att använda talat språk eller sätt att komplettera talat språk. Eftersom antalet flerspråkiga personer ökar, så ökar också behovet av flerspråkig AKK. Dock finns det inte ännu många studier inom detta område.</p> <p>Syftet med den här studien var att undersöka finländska talterapeuters syn, åsikter och praxis gällande flerspråkig AKK-användning. Även möjliga faktorer som kan påverka detta undersöktes.</p> <p>Resultaten från denna studie visar att åsikterna och praxisen gällande flerspråkig AKK-användning och -intervention varierar, och att praxisen i vissa fall strider mot litteratur och rekommendationer. Majoriteten av deltagarna var bekväma med att arbeta med AKK och flerspråkighet, men majoriteten upplevde att deras utbildning inte hade förberett dem väl för att arbeta med AKK, flerspråkiga personer eller flerspråkig AKK.</p> <p>Inga faktorer som påverkar talterapeuternas åsikter och tankar gällande flerspråkig AKK kunde hittas. De vanligaste sätten att stöda flerspråkig AKK-användning var genom att uppmuntra klienternas närstående att använda hemspråket samtidigt som AKK-hjälpmedlet användes och genom att samarbeta med tolk när man förklarade AKK för klientens närstående. Ju mer bekväm man var med att använda AKK, desto större sannolikhet var det att man samarbetade med en tolk vid interventionen. Majoriteten av deltagarna gjorde inte följande för att stöda AKK-användning: designade AKK-hjälpmedlet med två språk, gav olika AKK-hjälpmedel med olika språk eller anpassade hjälpmedlet till klientens hemkultur.</p> <p>Det var vanligast att talterapeuterna startade AKK-intervention med ett flerspråkigt barn på båda språken samtidigt, men en tredjedel av deltagarna valde att inleda intervention på enbart skolspråket. Även vilka faktorer som deltagarna ansåg som hinder för flerspråkig AKK-användning undersöktes. Majoriteten trodde att kulturella skillnader i hur mycket kommunikation och AKK prioriteras kunde vara ett hinder. Ungefär hälften av deltagarna trodde också att talterapeuters okunskap om klientens kultur och hur flerspråkig AKK kunde användas hindrade flerspråkig AKK-användning.</p> <p>Resultaten från studien visar på att tankar, åsikter och praxis gällande flerspråkig AKK skiljer sig åt, och att praxisen även i vissa fall strider mot litteratur och rekommendationer. Det finns få studier i ämnet och för att säkerställa bra och likvärdig (re)habilitering skulle mer forskning behövas. Universitetsutbildningarna för talterapeuter kunde också i framtiden erbjuda fler kurser om AKK, flerspråkighet och flerspråkig AKK. Kulturell medvetenhet kunde också inkluderas mer i utbildningen överlag.</p>	
Nyckelord: AKK, flerspråkig AKK, flerspråkighet, talterapeut	
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Introduction

Salameh (2008) defines that a child is multilingual if it is regularly exposed to more than one language and lives in an environment that is not monolingual. Multilingualism is an international phenomenon and approximately two thirds of the world's population are estimated to understand or talk two or more languages (Dörnyei & Csizér, 2002).

Multilingual children are considerable group of clients in the clinical work of speech and language pathologists (SLPs) (Williams & McLeod, 2012). Even so, many SLPs feel their education fails to prepare them adequately to work with families from a multilingual background (Williams & McLeod, 2012).

To express oneself by using alternative and augmentative communication (AAC) can be seen as expressing oneself in a language of its own (Beukelman & Mirenda, 2012). Thus, a person who is using AAC and is growing up in an environment where only one language is spoken can be regarded as bilingual. In this study, however, AAC will not be seen as a separate language, but a multilingual person will be defined as “a person living in an environment which is not monolingual, and who is regularly exposed to at least two spoken languages”.

Multilingualism in Finland

There are two main official languages in Finland: Finnish and Swedish. By the 31st of December 2019, 87.3% of the people living in Finland considered Finnish, 5.2% considered Swedish, and 2004 persons reported Sami as their mother tongue (Tilastokeskus, 2019.). At the end of the year 2019, 7.5% of the people living in Finland had another language than Finnish, Swedish or Sámi language as their mother tongue (Tilastokeskus, 2019). Among these languages the three most common were Russian (81 606, 1.5%), Estonian (49 427, 0.9%) and Arabic (31 920, 0.9%) (Tilastokeskus, 2019). The number of people in Finland who have another mother tongue than Finnish or Swedish has consistently been on the increase in recent years (Tilastokeskus, 2016).

Alternative and augmentative communication

Alternative and augmentative communication (AAC) are ways we communicate without using spoken language or ways we complement spoken language. Augmentative communication is used to clarify spoken language, and alternative communication is used instead of spoken language (Asha, n.d.)

AAC can be aided or unaided (Asha, n.d.; Beukelman & Mirenda, 2012). In unaided AAC communication takes place using the body, for example body language and sign language. In aided AAC, some sort of tool or device is used, for example pictorial symbol sets or objects (Asha, n.d.; Beukelman & Mirenda, 2012; Sigfoos & Drasgow, 2001). The aids can be low- or high-tech (Asha, n.d.; Beukelman & Mirenda, 2012; Sigfoos & Drasgow, 2001). Low-tech aids are for example communication boards or books and high-tech aids are electronic, for example speech-generating devices or mobile technologies with AAC “apps” (Light, 2014). When using aided AAC the user may have an opportunity to see the vocabulary in front of him- or herself, for example on the communication board, and does not need to mobilise the sign inside of him- or herself, which is the case in spoken or signed language (Trygg, 2005). There are many factors that have an impact on which type of AAC the professional chooses (Beukelman & Mirenda) and how well an individual is able to communicate, i.e., the communicative competence (Light, 1989). Light (1989) proposed that communicative competence is built up by functionality and adequacy of communication and sufficiency of knowledge, judgment and skill in the following categories: linguistic and operational competence (e.g. how to use the communication aid), and social and strategic competence (e.g. how to interact with others).

Furthermore, among individuals with complex communication needs, also various psychosocial factors are an important part of the communicative competence. These are for example motivation, attitude, confidence and resilience (Light, 2003). Moreover, also the environment of the individual can function as support or barrier for the communication and communicative competence (Light, 2003).

SLPs’ AAC training

During their careers, SLPs are expected to meet people who have complex communication needs and are in need of AAC services (Constigan & Light, 2010). However, studies have shown that many SLPs are likely to graduate with poor AAC knowledge and competence due to lack of exposure to AAC and few clinical clock hours in AAC during their education as well as limited AAC expertise among faculty members (Constigan & Light, 2010; Ratcliff, Koul & Loyd, 2008). Also, practising SLPs regard themselves as having lacking knowledge in AAC (Constigan & Light, 2010; Marvin, Montano, Fusco & Gould, 2003). Marvin et al. (2003) concluded that half of the 71 SLPs who answered their survey regarded themselves as having limited or poor training in AAC, and more than 80% answered that they received deficient AAC training during their education. Roughly one third of the SLPs who answered

the survey regularly worked with persons who were using AAC, but despite this 63% reported that they felt uncomfortable working with AAC systems, and 73% that they did not have the competence to use them. Even so, half of the SLPs recommended AAC to their clients on a regular basis (Marvin et al., 2003). No studies examining Finnish SLPs' education in, knowledge about or comfort with AAC have been found.

Cultural differences and communication

How we communicate with each other differs between cultures (Wha Forelih & Vigil, 2004), thus, also AAC will be affected by culture (Huer, 1997). To understand how AAC works in different cultures, the concept of culture must first be considered (Huer, 1997). The definition of culture is broad, but can be said to be a summary of many factors, such as beliefs, values, traditions, behaviours, communication patterns, languages, laws, religions and attitudes (Huer, 1994; Huer, 1997), which affect the appropriate way to communicate in the culture in question (Hofstede, 2001; Wha- Froelich & Vigil, 2004). Different cultures can be set on a continuum with individualism and collectivism as its extremes (Hofstede, 2001) and also a varying degree of independence or interdependence (Morelli & Rothbaum, 2007) and low versus high power distance (i.e. how power distribution is regarded) (Hofstede, 2001). For example, western European countries, among them Finland, are individualistic, independent and have low power distance, while for example many Asian cultures are collectivistic, interdependent and have high power distance (Hofstede, 2001). How a culture is defined on this scale can then explain how proper communication works in that culture. For example, cultures differ in how much children are encouraged to express themselves. A child who is verbal and expresses his or her opinion may in cultures with an independent orientation be identified as intelligent and mature, while the same child in a culture with interdependent orientation would be regarded as immature and bad-mannered (Fiske et al. 1998, through Westby, 2009). The politeness rules of the client's culture should also be taken into consideration, since this affect how the child is expected to communicate with different people (Wha-Froelich & Vigil, 2004).

Cultural differences and AAC assessment.

As the world becomes more and more diverse, SLPs must not only have knowledge about communication disorders, but also competence to work with culturally diverse clients and families (Threats, 2010; Westby, 2009; Wha-Froelich & Vigil, 2004). Cultural biases influence how SLPs view communication disorders, and how intervention is conducted, thus

SLPs need to take the patient's cultural environment into account during assessment (Frazier Norbury & Sparks, 2013; Westby, 2009). For example, in an independent culture, children are taught to be responsible for themselves, and to be independent in taking care of their physical needs. All children, regardless of disability, are helped to become as independent as possible. This can, however, conflict with the beliefs of a family who is from a more interdependent culture, which can influence how well the family responds to the intervention (Wha-Froelich & Vigil, 2004). A client from an interdependent, high power distance culture, might benefit from an assessment planned around conversation with peers who are the same age as the client, and not primarily the client's caregivers, as these may not be the persons responsible for the child's socialisation (Wha-Froelich & Vigil, 2004).

Culture may also play a role when it comes to how caregivers perceive and report on their child's behaviour. For example, the cultural factors may influence what behaviours are viewed as developmentally abnormal and problematic (Matson et al. 2017). Another cultural factor that may have an impact on how well an AAC assessment works is that families from a culture with high power distance may be reluctant to take a very active role in the decision making, while they do not want to interfere with the SLP's work (Huer, Parette & Saenz, 2001).

Another cultural aspect to consider is how symbols are viewed in different cultures. Huer (2000) examined perceptions of graphic symbols in different cultures and found that the meaning of symbols varied as a function of culture. Moreover, Huer (2000) argues that developers of AAC symbol sets should take the impact of culture into consideration and that the AAC consumers and families should be consulted when symbols for the AAC aid are selected.

Multilingual AAC

To date there are few studies focusing on multilingual AAC (Huer, Parette & Saenz, 2001; Marvin et al. 2003; McCord & Soto, 2004; Parette, Brotherson & Hauer, 2000; Pickl, 2011). A handful of studies have focused on which factors that limit multilingual AAC usage (McCord & Soto, 2004; Parette & VanBiervliet, 1995; Parette et al. 2000; Pickl, 2011). Among other things, the studies have concluded that in families with another home language than the language of the society the family regarded that the aid worked better outside the home (Huer, Parette & Saenz, 2001; McCord & Soto, 2004) and this may lead the family to avoid using the aid at home (McCord & Soto, 2004). Some of the reasons that were reported to contribute to the aid not being used at home were, among others, that the family did not

understand the speech synthesis (McCord & Soto, 2004) and that the symbols were not fit for the family's culture or the activities that took place at home (McCord & Soto, 2004; Parette et al., 2000; Pickl, 2011). The frequency of the AAC aid's usage was also affected by socioeconomic aspects, for example if the family has too narrow technological experience to understand the AAC aid, or that meetings regarding the AAC aid are held in the language of the society, which the family may have lacking knowledge in (McCord & Soto, 2004; Pickl, 2011). How well the aid suited the family's culture was affected by the AAC provider's amount of experience, so that the more experience the provider had, the better fitted the aid was for home usage and the home's culture (Pickl, 2011). The fact that the AAC giver's experience of AAC affects how well the AAC aid works for a multilingual child is important, considering that many SLPs regard their knowledge and experience of AAC as inadequate (Marvin et al., 2003). It is also argued that how well a multilingual child benefits from an AAC aid depends on how well the discussion between the child's teacher, SLP and caregiver works (Pickl, 2011). In addition, also cultural differences in how you view disabilities affect the AAC intervention (Pickl, 2011).

As mentioned, there are few studies regarding multilingual AAC, and only one study focusing on professionals working with AAC, and their opinion of multilingual AAC, has been found. In this study by Tönsing, Van Niekerk, Schlünz and Wilken (2018) studied the opinions people working with AAC in South Africa had about AAC intervention and the development of AAC systems for clients living in a multilingual environment. Their results showed that the participants differed in their praxis, from focusing merely on the language the child acquired first (L1) or only the language the child learned later (L2), to focusing on several languages, either simultaneously or in different phases. Aspects that affected the praxis were: the language preference of the family, language culture, the AAC worker's knowledge, and AAC technology. Many of the participants regarded the idea that it would be possible to acquire many languages using AAC as positive, however, many expressed concerns about supplying multilingual AAC intervention. The worry concerned their own language knowledge, and thoughts about how vast cognitive demands a multilingual AAC system calls for from the user. In addition to these factors, also the deficiency of suitable AAC devices, software and applications that exist for other languages than English affected the participants' praxis in the way that they did not always offer multilingual intervention, even though they thought that such intervention could be positive (Tönsing et al. 2018).

There is a limited number of studies concerning multilingual AAC usage, both nationally and worldwide. The existing studies mostly focus on children who receive

multilingual stimuli (input), but whose own production with the AAC aid is monolingual (Marvin et al. 2003; McCord & Soto, 2004; Parette et al. 2000; Pickl, 2011). Hence, due to the lack of studies regarding this topic, the evidence-based praxis becomes insufficient. Therefore, there is need for a clarification about the praxis of Finnish SLPs and their experience of AAC usage for multilingual clients. No studies regarding this topic have yet been conducted in Finland.

Purpose

The purpose of this study is to investigate Finnish speech and language pathologists' experience of and attitudes about AAC usage with multilingual clients, as well as which factors affect their views of multilingual AAC. In this study, a multilingual person will be defined as a person living in an environment which is not monolingual, and who is regularly exposed to at least two spoken languages. Expressing oneself by using AAC will in this study not be viewed as a separate language.

In this study, the following questions will be addressed:

- 1) Are SLPs' views on multilingual AAC associated with a) their years of working experience (as an SLP), b) their workplace, c) the incidence of working with AAC, d) university, e) opinion on their perceived AAC and/or multilingualism knowledge and f) their main language(s)?
- 2) Does the SLPs' opinions and praxis about multilingual AAC differ if the clients are multilingual Finnish and Swedish-speakers or speaking Finnish/Swedish and another language?
- 3) Are the way the SLPs support multilingual AAC associated with a) work experience b) their own language knowledge c) which languages their multilingual clients speak and d) opinion on their perceived AAC and/or multilingualism knowledge?
- 4) Which factors do the SLPs view as barriers for multilingual AAC usage?

Method

The participants in this study were Finnish speech and language therapists. The participants were asked to complete a questionnaire which was available in Finnish and Swedish. The programme E-lomake was used to create an electronic questionnaire. The questionnaire (see Appendix B) included questions about the participants' background information, incidence of working with AAC, multilingual clients and multilingual AAC, opinions about their

perceived knowledge, as well as how well they regarded their education had prepared them for working with AAC, multilingualism and multilingual AAC. There were also questions regarding the participants' views of the effectiveness of AAC, whether clients with specific diagnoses are better suited for multilingual AAC and which way the participants support multilingual AAC usage and what SLPs regard as possible hindlers for multilingual AAC. The questions aimed to examine factors that other studies have indicated to possibly be a factor supporting or hindering multilingual AAC usage. Besides the author and supervisors, an SLP who works clinically with AAC and has a profound knowledge about multilingual AAC contributed to the questionnaire. The questionnaire included 27 questions totally, and these were multiple choice questions, open questions and questions where the participants graded the answers from zero to ten (zero standing for "do not agree" and ten meaning "agree completely").

The questionnaire was first conducted in Swedish, and then translated into Finnish by an interpreter. After this the questionnaire was tested by faculty members of Åbo Akademi University, and minor alternations were done according to their comments.

Puheterapeuttiliitto, the association for SLPs in Finland, distributed the questionnaire to their members, and a link to the survey was also shared on the Facebook page "Finlandssvenska talerapeuter i Finland". One hundred and thirty-two SLPs answered the survey. The answering percentage was 10%. Of the participants, 78% (N=103) answered the Finnish questionnaire and 22% (n=29) the Swedish version.

Ethical permission was obtained by the Board for Research Ethics at Åbo Akademi University in the spring of 2020. Because the participants are educated SLPs, all participants can be assumed to be over 18 years old.

Data analysis

The data was analysed using IBM SPSS Statistics 26. The background information about the participants were analysed descriptively. Descriptive analysis was also used to explore how the participants answered the questions 1) how often the participants worked with AAC and multilingualism, 2) the participants' own views regarding their own AAC and multilingualism knowledge and competence, 3) how well the participants regarded their education had prepared them for working with AAC, multilingualism and multilingual AAC, 4) how the participants answered the questions regarding beliefs about AAC and multilingualism 5) ways to support multilingual AAC usage, 6) diagnoses and 7) factors that hinder multilingual AAC usage. Note, that in this study the percentages was rounded off to an integer.

A sum variable for the participants' workplaces was conducted, and categorised the workplaces as municipal, within the private sector or both. The workplaces that could not be determined were excluded. A sum variable was also conducted regarding the participants' language knowledge, and has been categorised into two categories, unilingual or bi-/multilingual.

Chi-square tests were used to determine connections between categorical variables, e.g. if any categorical variable (for instance work setting or linguistic belonging) had a connection with the participants' beliefs regarding AAC, in which language the participants would start multilingual AAC intervention or how the participants support multilingual AAC usage. If the assumptions for the Chi Square Test were not met, Fisher's exact test was used instead. Independent t-tests were used to determine if there was any connection between a categorical variable (e.g. whether the participants had undergone AAC training, or beliefs regarding AAC) and a continuous variable (e.g. questions about their perceived knowledge in, or the incidence of working with AAC, multilingualism and multilingual AAC). Pearson's correlation test was used to determine if there was any correlation between two continuous variables (e.g. if there was a connection between the participants' perceived knowledge in AAC and how happy the participants were with their education). Paired-samples t-test was used to determine if there was a connection between two continuous variables, (e.g. if there was a connection between how happy the participants were with their education in AAC and in multilingual AAC).

The question about diagnoses was not analysed since many of the participants commented that they do not think that specific diagnoses affect how well an individual is able to benefit from AAC, and that they therefore did not want to answer the question. It was also common that the participants commented that they only chose the diagnoses they have experience of. Hence, the answers were considered not to be reliable, and were not analysed.

The questions regarding beliefs about AAC and multilingual AAC turned out to be possible to misunderstand, and two respectively four participants gave answers that were contradictory (e.g. stating that they did not believe AAC to be effective at all, but at the same time that they did believe AAC works to support understanding and in helping to express oneself). These participants were excluded from the analysis of that question.

Results

The survey was answered by 132 SLPs. Years of working experience varied between less than five years to over 20 years. Most frequently the participants had less than five years of working experience (33%, $n=44$), whereas 30% ($n=40$) had over 20 years. The majority (53%, $n=70$) had graduated in 2010 or later (2010 to 19) and 30% ($n=39$) had graduated before the turn of the millennium, with the earliest graduation in 1980. Most of the participants had received their education at the University of Helsinki (36%, $n=47$) and at the University of Oulu (32%, $n=42$). See Table 1 for more background information about the participants.

The majority (74%, $n=97$) of the participants regarded themselves to be monolingual Finnish speakers. Of the participants, 12% ($n=16$) reported to be monolingual Swedish speakers and 11% ($n=14$) to be bilingual Finnish and Swedish speakers. All together 15% ($n=19$) were bilingual or multilingual. Most of the participants reported working in the private sector (52%, $n=74$). Of the participants, 9% ($n=13$) answered “somewhere else”. These worked e.g. as self-employed, in family centres or in university hospitals’ aid centres. Nine participants reported having multiple workplaces.

Table 1 Background information of the participants ($n=132$)

Category	N	Percentage
Year of graduation		
1980–1989	12	9%
1990–1999	27	21 %
2000–2009	23	17%
2010–2019	70	53%
Years of practice		
under 5	44	33%
5–10	29	22%
11–15	12	9%
16–20	7	5%
20 +	40	30%
Language belonging		
monolingual (Finnish)	97	74%
monolingual (Swedish)	16	12%
bilingual (Fi & Swe)	14	11%
bilingual (Fi & foreign language)	3	2%
bilingual (Swe & foreign language)	1	1%
	1	1%

Table 1 continued

Category	N	Percentage
Employment setting (includes multiple work settings)		
private sector	74	52%
health care centre	30	21%
hospital	19	13%
(re)habilitation centre	3	2%
AAC centre	3	2%
other	13	9%
University		
the University of Helsinki	47	36%
the University of Oulu	42	32%
Åbo Akademi University	26	20%
the University of Turku	11	8%
the University of Tampere	2	2%
other	4	3%

Note: AAC= Alternative and Augmentative Communication

Multilingualism and AAC in the participants work

The majority (74%, $n=98$) of the SLPs worked with multilingual clients every week. Of these, 33% ($n=44$) worked with multilingual clients every day and 40% ($n=54$) a few times a week. Most of the participants, 83% ($n=109$), worked with multilingual clients who spoke Finnish and a foreign language. More than half of the participants (58%, $n=76$) worked with clients who spoke one of the national languages and two or more foreign languages, whereas 2% ($n=2$) did not work with multilingual clients. More information about the participants' work regarding multilingualism can be seen in Table 2. Note that in this question the participants could choose multiple answers, hence, the percentage sum over 100%.

Table 2 Multilingualism in the participants' work

Category	N	Percentage
How often do you work with multilingual clients?		
Every day	44	33%
A few times a week	54	41%
A few times a month	23	17%
A few times a year	8	6%
More seldom	2	2%
Never	1	1%

Table 2 continued

Category	N	Percentage
Clients' language combinations		
Finnish - Swedish	39	30%
Finnish - foreign language	109	83%
Swedish - foreign language	17	13%
Fi - Swe - foreign language	9	7%
One of the national languages and two or more foreign languages	76	58%
I do not work with multilingual clients	2	2%

Note. The participants could fill in more than one language combination, and the percentage represent how many of the participants who worked with the mention combinations.

Of the participants, 77% ($n=101$) had undergone AAC-related additional training after graduation. The participants who had not undergone additional AAC training after graduation had been working for a shorter period of time ($M=1.6$, $SE=0.21$) than those who had undergone additional AAC training ($M=3.1$, $SE=0.16$). This difference (1.5, BCa 95% CI [0.98; 2.05] was significant $t(70.11) = 5.6$, $p < 0.001$, Hedges' $g=0.98$).

The majority of the participants (92%, $n=122$) used different kinds of AAC in their own work every week and of these 69% ($n=91$) used it every day. Of the participants, 52% ($n=69$) worked with clients who use AAC as their main communication a few times a week or more often. Similar results were found in how often the participants worked with clients who cannot make themselves understood using spoken language. More than half of the participants (61%, $n=80$) reported they worked with these clients a few times a week or more often and 23% ($n=30$) a few times a month. More information about how often the participants worked with AAC can be seen in Table 3.

Almost all the participants (95%, $n=125$) had sometimes worked with AAC with a person from a multilingual background. Of these, 48% ($n=63$) reported working with multilingual people using AAC every week or every day, and 24% ($n=32$) a few times a month. Most commonly the participants reported to initiate AAC intervention with a multilingual person a few times a year and a few times a month (39%, $n=51$ and 21%, $n=28$ respectively). Of the participants, 6% ($n=8$) did not answer this question.

Table 3 The use of AAC in the participants' work

Category	N	Percentage
Additional AAC training		
yes	101	77%
no	31	24%
How often do you include different forms of AAC in your work?		
Every day	91	69%
A few times a week	31	24%
A few times a month	9	7%
A few times a year	1	1%
More seldom	0	1%
Never	0	1%
How often do you work with clients who use AAC as their main communication mode?		
Every day	19	14%
A few times a week	50	38%
A few times a month	29	22%
A few times a year	9	7%
More seldom	17	13%
Never	8	6%
How often do you work with people who cannot make themselves understood using spoken language?		
Every day	29	22%
A few times a week	51	39%
A few times a month	30	23%
A few times a year	9	7%
More seldom	9	7%
Never	4	3%
Have you ever worked with AAC with a person from a multilingual background?		
yes	125	95%
no	7	5%
How often do you work with multilingual people using AAC?		
Every day	11	8%
A few times a week	52	39%
A few times a month	32	24%
A few times a year	19	14%
More seldom	11	8%
Missing	7	5%
Table 3 continued		
How often have you initiated AAC intervention with a multilingual person?		
Every day		
A few times a week	5	4%
A few times a month	11	8%
A few times a year	28	21%
More seldom	51	39%
Never	25	19%
Missing	4	3%
	8	6%

Note: AAC = alternative and augmentative communication

The participants' views on education and competence regarding AAC

As can be seen in Figure 1, the majority of the participants (77%, $n=100$) agreed with the statement "I feel comfortable using AAC" and 11% ($n=14$) did completely agree. However, 17% ($n=22$) answered that they did not feel comfortable using AAC.

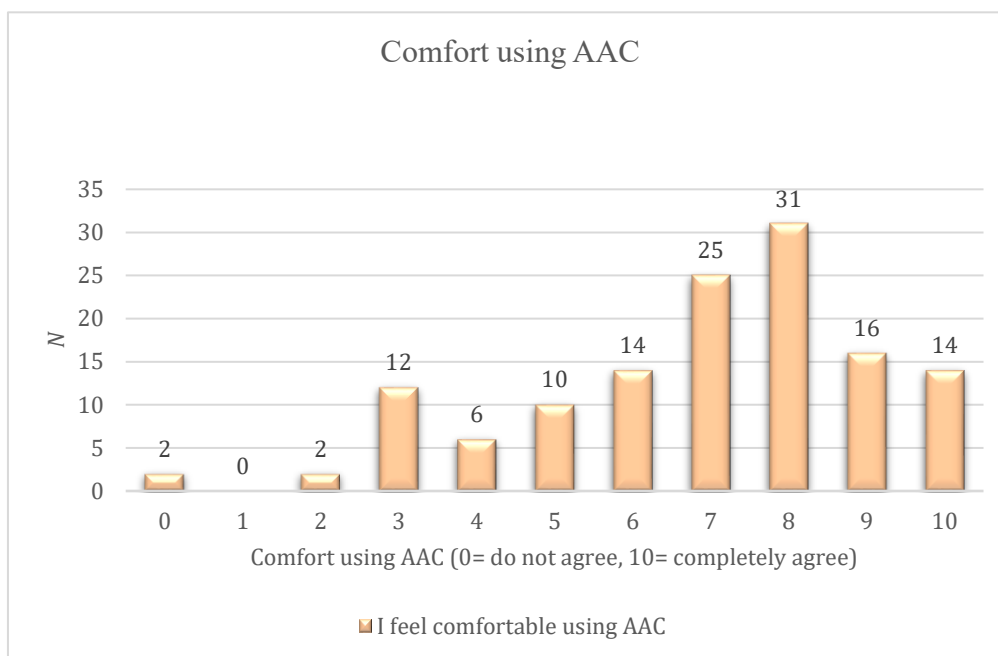


Figure 1 The participants' comfort using AAC

The participants had different views on how well their education had prepared them for working with AAC, as can be seen in Figure 2. Of the participants, 32% ($n=45$) agreed with the statement "I regard my education prepared me well for working with AAC" but no participant agreed completely. More than half of the participants (57%, $n=75$) did not agree that their education prepared them well for working with AAC, and 9% ($n=12$) did not at all agree with the statement. The opinions also differed regarding whether their education had prepared them well for initiating AAC intervention. Around one third of the participants (29%, $n=38$) agreed with this statement, but no participant agreed completely. Of the participants, 60% ($n=79$) did not agree with the statement, and 13% ($n=17$) did not agree at all.

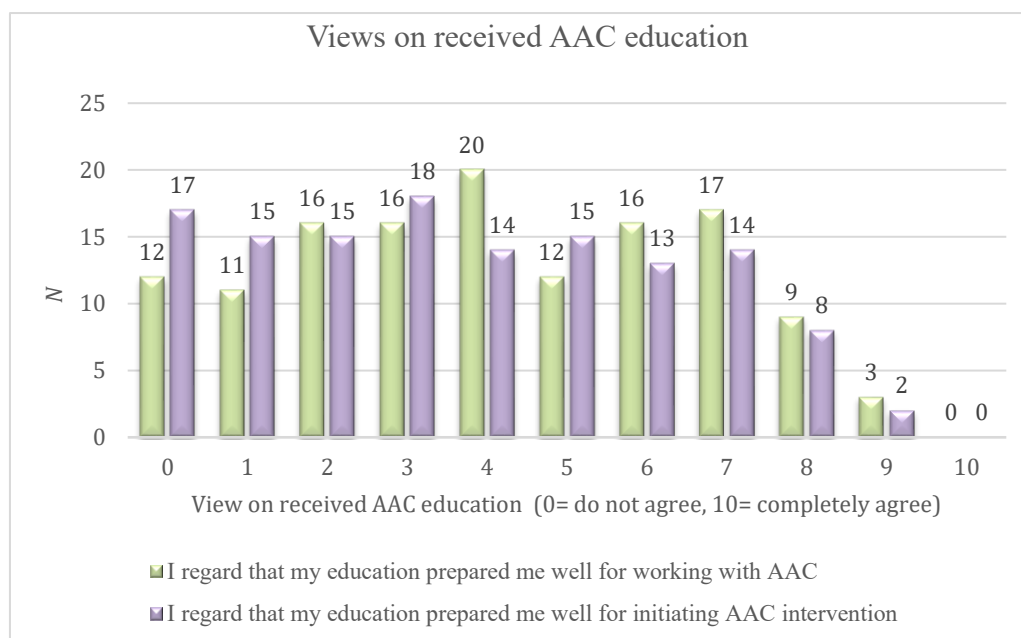


Figure 2 Views on received AAC education

The participants who had undergone additional AAC training were on average more comfortable using AAC ($M=7.26$, $SE=.21$), than the participants who had not undergone such additional training ($M=5.59$, $SE=.383$). The difference, 1.7, BCa 95% CI [0.85; 2.55] was significant $t(130)=-3.82$, $p=0.002$, $d=0.78$).

There were moderate, positive correlations between how comfortable the participants felt using AAC and how well they felt that their education prepared them for working with AAC and how well they regarded their education had prepared them for initiating AAC intervention (Pearson's $r(132)=0.3$, BCa 95% CI [0.1; 0.5], $p<.001$ and Person's $r(132)=0.3$, BCa 95% CI [0.2;0.5], $p<0.001$, respectively).

There was also a significant, strong, positive correlation between how well the participants regarded their education to have prepared them for initiating AAC intervention and how well the education prepared them for working with AAC, Person's $r(132)=0.8$, BCa 95% CI [0.8;0.9], $p<.001$.

The participants' views on education and competence regarding multilingualism and multilingual AAC

As can be seen in Figure 3, 66% ($n=77$) of the participants agreed with the statement "I feel comfortable working with multilingual clients and their relatives" and 7% ($n=9$) said they completely agreed. One fourth (25%, $n=33$) did not agree.

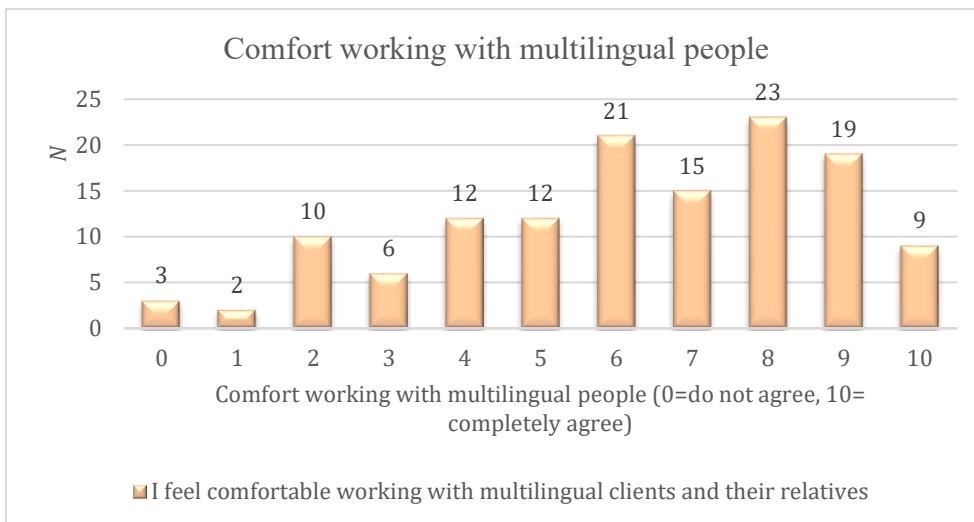


Figure 3. Comfort working with multilingual clients

Only 29% ($n=38$) thought that their education prepared them well for working with multilingual people and only 23% ($n=30$) thought that their education prepared them well for working with multilingual AAC. Regarding how well the education prepared the participants for initiating AAC only 8% thought that the education prepared them well. This can be seen from Figure 4.

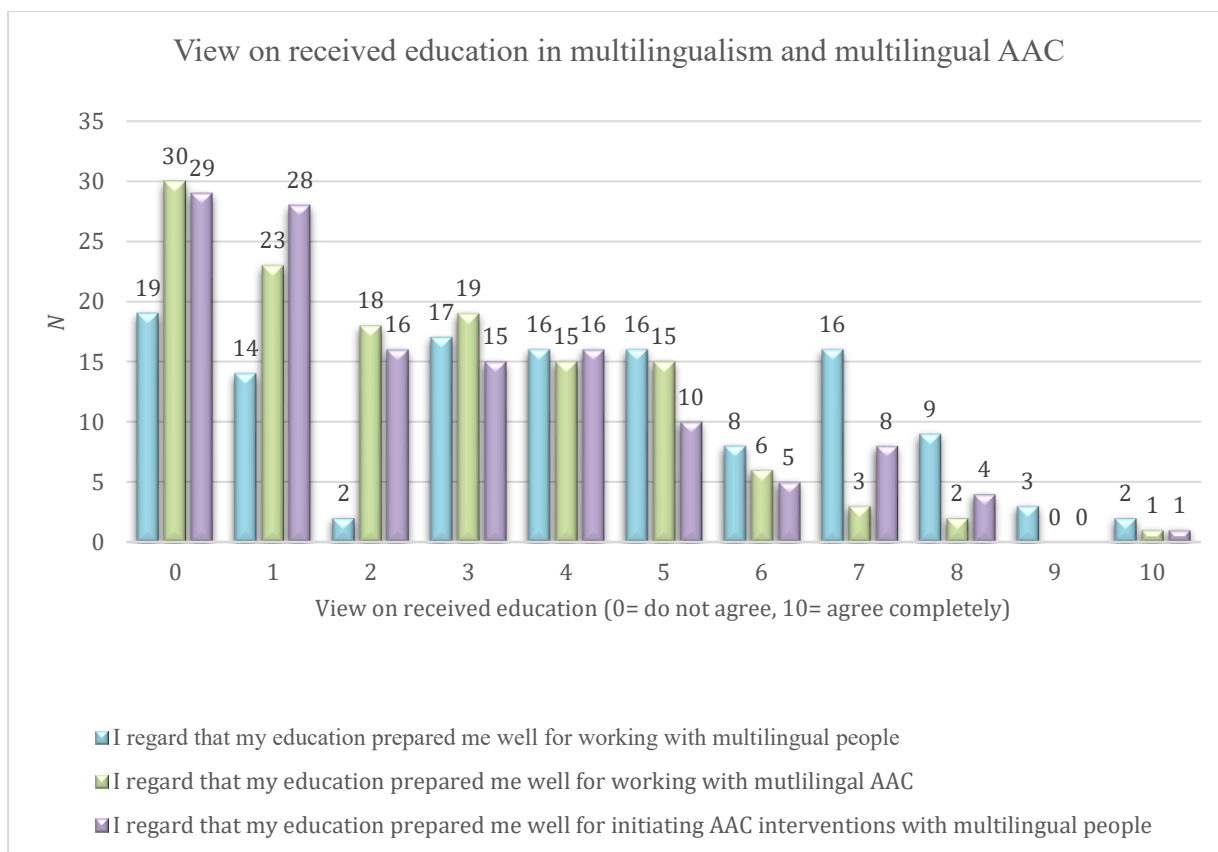


Figure 4. View on received education regarding multilingualism and multilingual AAC

There was a significant positive correlation between how comfortable the participant felt working with multilingual clients and their relatives, and how well they regarded their education to have prepared them for working with multilingual people, Person's $r(132) = 0.4$, BCa 95% CI [0.3; 0.6], $p < 0.001$.

The bi- and multilingual participants were more comfortable working with multilingual clients and their relatives ($M=7.7$, $SE=0.4$) than the participants reporting to speak only one language ($M=6.0$, $SE=0.2$). The difference (-1.8 , BCa 95% CI $[-2.7, -0.7]$) was significant $t(130) = -2.8$, $p = 0.001$, $d = 0.8$).

Difference between mono- and multilingual AAC knowledge

A paired-sample t-test was conducted to compare how well the participants regarded their education prepared them for working with AAC and multilingual AAC. There was a significant difference in the scores for AAC ($M = 4.13$, $SD = 2.5$) and multilingual AAC ($M = 2.5$, $SD = 2.2$). This difference, 1.6, BCa 95% CI [1.3; 1.9] was significant $t(131) = 10.7$, $p < 0.001$, $d = 0.69$).

A paired- sample t-test was conducted to compare how well the participants reported they regarded their education had prepared them for initiating AAC intervention and multilingual AAC intervention. There was a significant difference in the scores for AAC ($M = 3.8$, $SD = 2.6$) and multilingual AAC ($M = 2.6$, $SD = 2.4$). This difference, 1.1, BCa 95% CI [0.8; 1.4] was significant, $t(131) = 7.5$, $p < 0.001$, $d = 0.46$

A paired- sample t-test was conducted to compare how well the participants reported they regarded their education had prepared them to work with multilingual AAC and to work with multilingual people. There was a significant difference in the scores for how well they regarded their education to have prepared them for working with multilingual people ($M = 3.9$, $SD = 2.7$) and multilingual AAC ($M = 2.5$, $SD = 2.2$). This difference, 1.3, BCa 95% CI [1.0; 1.7] was significant, $t(131) = 7.6$, $p < 0.001$, $d = 0.55$

The participants' opinions regarding monolingual AAC usage

The majority (99%, $n = 129$) of the participants did believe AAC to be effective and 97% ($n = 126$) of the participants answered that they thought AAC helps to support both the clients understanding and possibility to express him- / herself. More about the participant' beliefs regarding AAC can be seen in Table 4.

Table 4 Opinions regarding monolingual AAC usage

Statement	Yes / No	Valid Percentage
I do not believe AAC to be effective	yes 1 no 129	1% 99%
I believe AAC work to support understanding, but not for de client to express him-/herself	yes 0 no 130	0% 100%
I believe AAC works helping the client express him-/herself, but not to support the understanding	yes 1 no 129	1% 99%
I believe AAC helps to support both the clients understanding and possibility to express him-/herself	yes 126 no 4	97% 3%
I believe AAC is more difficult if the client has cognitive difficulties	yes 85 no 45	65% 35%
I believe AAC is more difficult if the client has motoric difficulties	yes 75 no 57	56% 44%

Note: AAC=Alternative and Augmentative Communication

Since statement five (I believe AAC is more difficult if the client has cognitive difficulties) and six (I believe AAC is more difficult if the client has motoric difficulties) were the only statements where the participants' opinions differed, these were the only two statements which were further analysed. A chi-square test was conducted to determine which factors that could affect these opinions. If the chi-square test could not be done, Fisher's exact test was conducted instead. No significant connection could be found between whether the participant believed that AAC is more difficult if the client has cognitive difficulties or motor difficulties and additional AAC training, working experience, work setting, university, language belonging, how comfortable the participant was using AAC, how comfortable the participant was working with multilingual clients and their relatives, how often the participant worked with clients who use AAC as their main communication.

The participants' opinions regarding multilingual AAC usage

The majority (98%, $n=126$) of the participants did believe multilingual AAC to be effective and 93% ($n=119$) of the participants answered they thought AAC helps to support both the client's understanding and possibility to express him-/herself. More about the participants' beliefs regarding multilingual AAC can be seen in Table 5.

Table 5 Opinions regarding multilingual AAC usage

Statement	Yes / No	Percentage
I do not believe multilingual AAC to be effective	yes 2 no 126	2% 98%
I believe multilingual AAC work to support understanding, but not for de client to express him-/herself	yes 1 no 127	1% 99%
I believe multilingual AAC works helping the client express him-/herself, but not to support the understanding	yes 3 no 125	2% 98%
I believe multilingual AAC helps to support both the clients understanding and possibility to express him-/herself	yes 119 no 9	93% 7%
I believe multilingual AAC is more difficult if the client has cognitive difficulties	yes 80 no 48	63% 38%
I believe multilingual AAC is more difficult if the client has motoric difficulties	yes 70 no 58	55% 45%

Note: AAC= Alternative and Augmentative Communication

No significant connection could be found between whether the participant believed that multilingual AAC is more difficult if the client has cognitive difficulties or motoric difficulties and additional AAC training, working experience, work setting, university, language belonging, how comfortable the participant was using AAC, how comfortable the participant was working with multilingual clients and their relatives or how often the participant worked with clients who use AAC as their main communication.

Initiation language in AAC assessment

The majority of the participants (62%, $n=82$) reported they would start AAC intervention with a multilingual client in both languages simultaneously, followed by 29% ($n=38$) who would start the intervention in the school language. The most common motivation for starting the intervention in both languages simultaneously was the importance of supporting AAC and communication usage in all of the client's environments ($n=40$) and the most common motivation for starting intervention in the school language was the SLP's own language knowledge ($n=8$). The other motivations can be seen in Table 6.

Table 6 In which language would you start multilingual AAC intervention

Statement	N	Percentage	Motivation
Home language	9	7%	<p>The mother tongue is the most important to support (N=2)</p> <p>The home language is the emotional language and therefore important (N=1)</p> <p>It is easier to start AAC intervention in the client's home language (N=1)</p> <p>It feels natural to start in the language used in the client's home environment (N=1)</p> <p>So that the parents can support the AAC usage (N=1)</p>
School language	38	29%	<p>The language knowledge of the SLPs (N=8)</p> <p>Because the therapy takes place in school / kindergarten (N=5)</p> <p>Because it is more useful to know the school / society language (N=5)</p> <p>Because in Finland intervention is only given in Finnish or Swedish (N=4)</p> <p>Multilingual clients usually have weaker school language (N=3)</p> <p>It is usually easier for the school to understand, practice and use the AAC aid than for the family (N=3)</p> <p>Because the family often asks for that, to ensure school success (N=2)</p> <p>Because there are already existing material on the school language (N=2)</p> <p>Because the school sees the therapy as more important than the family, and therefore uses the AAC aid more (N=1)</p> <p>Because the family often report they can manage fine without AAC (N=1)</p> <p>Because the mother tongue is practiced at home (N=1)</p> <p>Because of resource shortage (N=1)</p>
Both separately	3	2%	<p>Because they wanted to first establish the usage of AAC in one language (N=1)</p> <p>To help the child to distinguish the two languages (N=1)</p> <p>It felt less stressful (N=1)</p>
Both simultaneously	82	62%	<p>It is important to support AAC and communication usage in all the client's environments (N=40)</p> <p>It is important to develop both languages (N=13)</p> <p>It is easier to learn AAC if it is used in multiple environments (N=9)</p> <p>The pictures are usually the same in both languages (N=8)</p> <p>The results become better if it is possible to begin intervention in both languages simultaneously (N=4)</p> <p>Because research has shown better results are achieved if all the client's main environments are considered (N=1)</p> <p>It is easy to use an interpreter (N=1)</p> <p>So that the parents do not start to speak Finnish to the child (N=1)</p> <p>AAC is not dependent on language and often not culture (N=1)</p> <p>AAC is usually harder to understand for the family than for the school, therefore it is extra important to support AAC usage at home (N=1)</p>

Note: AAC= Alternative and Augmentative Communication,
SLP= Speech Language Pathologist

No statistically significant connections were found between which language the participant would choose to start intervention in and the participants' own linguistic belongings, workplaces, additional AAC training or how often the participants included AAC in their own work, worked with people who cannot make themselves understood using spoken language, clients who use AAC as their main communication modes or multilingual clients. Neither was there any significant connection between the intervention strategy and how comfortable the participants reported to be using AAC or working with multilingual clients and their relatives.

Ways to support multilingual AAC usage

The most common ways to support multilingual AAC usage was to encourage the relatives to use the home language simultaneously as the AAC aids are used (88%, $n=117$) and to use an interpreter when giving instructions about AAC to the clients' relatives (68%, $n=99$). More about how the participants reported to support multilingual AAC usage can be seen in Table 7.

Table 7 Ways to support multilingual AAC usage

Statement	N	Percentage
I encourage relatives to use the home language	Yes 117 No 15	89% 11%
The AAC aid is designed with two languages (e.g. aid with speech synthesis where you can alternate language)	Yes 14 No 118	11% 89%
The client receives several AAC aids for different environments (e.g. home or school) and these are designed with different languages	Yes 39 No 93	30% 71%
I use an interpreter when giving instructions about AAC to the client's relatives	Yes 99 No 44	67% 33%
I use an interpreter when practising the AAC usage with the client	Yes 26 No 106	20% 80%
The AAC aid is culturally fitted to suit the client's home culture	Yes 27 No 105	21% 80%

Note: AAC= Alternative and Augmentative Communication,
SLP= Speech Language Pathologist

The participants could also choose to answer “other - what?”. The following ways to support multilingual AAC usage were suggested: using an interpreter to collect information from the relatives about the client’s life and what kind of content is needed in the AAC to support this and preparing picture communication material that suits the client’s needs, for example schedule for Koranic school. Also, various ways to demonstrate AAC to the client and/or her relatives were proposed. For example, showing videos which exemplify AAC usage or giving a model for AAC usage was suggested. Other ways were also giving directions about how to use the AAC aid to a person in the child’s environment who speaks Finnish or, if possible, suggesting guides about AAC usage in the client’s mother tongue. It was also argued that the client’s parents often are bilingual and can acquire the information without translation and that the fitting of the aid to the home culture was something the client’s relatives had to do.

Of the participants, 89% ($n=117$) encouraged the client’s relatives to use the home language simultaneously as the AAC aid is used. There were no significant connections between whether the participant did encourage the relatives to use the home language simultaneously as the AAC aid is used, and the participants’ working experience or own linguistic belonging. No significant differences were found between whether the participants used the home language simultaneously or not and how comfortable the participants felt using AAC or working with multilingual clients and their relatives.

Of the participants, 89% ($n=118$) did not design the AAC aid in two languages. There was a statistically significant association between how many years the participants had worked clinically and whether the AAC aid was designed in two languages ($p=0.008$, Fisher’s exact test, Cramer’s $V=.360$). Of the participants who had been working under five years 96% did not assign the AAC aid in two languages, neither did 69% of the group had been working 5 to 10 years. None of the participants with 11 to 15 or 16 to 20 years of working experience designed the AAC aid in two languages and of the participants who had worked over 20 years 92.5% did not do so. There was no significant difference between whether the participants used to design the AAC aid in two languages and how comfortable the participants were using or working with multilingual people and their relatives. No significant connection could be found between whether the participants designed the AAC aid in two languages or not, and the participants’ own linguistic belonging.

The majority of the participants (71%, $n=93$) answered that the clients did not receive several AAC aids designed in different languages for different environments. There were no significant differences between how the participants answered this statement and how comfortable the participants felt using AAC or working with multilingual clients and their

relatives. No significant connections were found between how the participants answered the statement and the participants' work experience or linguistic belonging.

Of the participants, 68% ($n=99$), used an interpreter when giving instructions about AAC to the client's relatives. The participants who collaborated with an interpreter were more comfortable working with AAC ($M=7.2$, $SE=0.2$) than those who did not ($M=6.2$, $SE=0.36$). This difference (-1.1 , BCa 95% CI $[-1.9, -0.2]$) was significant $t(130)=-2.6$, $p=0.011$, $d=0.46$). There was no statistically significant difference between how the participants answered the statement and how comfortable the participants felt working with multilingual clients and their relatives. No statistically significant connections were found between how the participants answered the statement and the participants' work experience or linguistic belonging.

The majority of the participants (80%, $n=106$) did not use interpreters when practising AAC usage with clients. The participants who did collaborate with an interpreter were more comfortable working with AAC ($M=7.9$, $SE=0.4$) than those who did not ($M=6.6$, $SE=0.2$). This difference (-1.3 , 95% CI $[-2.2, -0.3]$) was significant $t(130)=-2.7$, $p=0.009$, $d=0.6$). No significant difference was found between the group that did and the one that did not collaborate with an interpreter and how comfortable the participants felt working with multilingual clients and their relatives. No statistically significant connection could be found between whether the participants used an interpreter or not and the participants' work experience or linguistic belonging.

Most of the participants, 80% ($n=105$), did not culturally fit the AAC aid to suit the client's home culture. No statistically significant differences were found between whether the participants culturally fitted the AAC aid or not and how comfortable the participants felt working with AAC or with multilingual clients and their relatives. No statistically significant connections were found between how the participants answered the statement and the participants' work experience and linguistic belonging.

The clients' linguistic identity and the multilingual AAC usage

Of the participants, the majority (88%, $n=109$) worked with clients who spoke Finnish and a foreign language. More than half of the participants (58%, $n=76$) also worked with clients speaking one of the national languages and two or more foreign languages. More information about the clients' linguistic identities can be seen in Table 8.

Table 8 The clients' linguistic identity

Statement	N	Percentage
Finnish - Swedish	Yes 39	30%
	No 93	71%
Finnish - Foreign language	Yes 109	83%
	No 23	17%
Swedish - Foreign language	Yes 17	13%
	No 115	87%
Finnish - Swedish - Foreign language	Yes 9	7%
	No 123	93%
One of the national languages and two or more foreign languages	Yes 76	58%
	No 56	42%

Of the participants, 68% ($n=90$) did only work with multilingual clients speaking Finnish and one or more foreign languages and 28% ($n=37$) worked with bilingual clients speaking Finnish and Swedish and multilingual clients speaking one of the national languages and one or more foreign languages. Of the participants, 2% ($n=3$) only worked with bilingual clients speaking Finnish and Swedish and 2% ($n=2$) did not work at all with multilingual clients. In the statistical analysis, however, the participants who did work with clients who were bilingual speaking Finnish and Swedish were analysed as one group (30%, $n=40$).

There were no significant connections between the language combinations of the participants' clients and whether the participants thought that AAC and multilingual AAC is more difficult if the client has cognitive difficulties or if the client has motoric difficulties.

There was a statistically significant association between the clients' language combinations and whether the participants did or did not encouraged the relatives to use the home language simultaneously as the AAC aid is used ($p=0.015$, Fisher's exact test, Cramer's $V=0.229$). Of the participants who worked with clients who were bilingual speaking Finnish and Swedish as well as Finnish and foreign languages, 78% ($n=31$) encouraged the participants' relatives to use the home language simultaneously, and of the participants who did not work with clients who were bilingual speaking Finnish and Swedish, 93% ($n=84$) encouraged the relatives to do so. The odds were 4.06 times higher that a person who did not work with bilingual Swedish-Finnish speakers would encourage the relatives to use the home language simultaneously as the AAC aid is used, than those who worked with Finnish and Swedish-speaking bilingual people would do so.

There was a statistically significant association between the language combinations of the participants' clients and whether the AAC aid was designed in two languages ($p=0.003$, Fisher's exact test, Cramer's $V=0.278$). Of the participants who worked with bilingual people speaking Finnish and Swedish, 23% ($n=9$) assigned the aid with two languages, and in the group that did not work with these clients 4% ($n=4$) did. The odds were 0.16 times higher that a person working with bilingual Finnish-Swedish speakers would assign the aid with two languages than that those who did not work with these clients would.

No association was found between the language combinations of the participants' clients and whether the client received several AAC aids in different languages, whether the participants used an interpreter when giving instructions about AAC to the client's relatives or when practising AAC with the client, or whether the AAC aid was culturally fitted to the client's home culture.

Barriers for multilingual AAC usage

The majority (71%, $n=94$) of the participants believed cultural differences in how much communication and AAC are prioritised could be a factor hindering multilingual AAC. More than half of the participants also thought there are not enough resources to design AAC and give intervention in more than two languages (57%, $n=75$) and it is difficult to explain AAC usage to relatives with another mother tongue (56%, $n=74$). More about which factors the participants saw as hindrance for multilingual AAC can be seen in Table 9.

Table 9 Factors which hinder multilingual AAC usage

Statement	N	Percentage
The SLPs' inadequate knowledge in the client's home language	Yes 52	39%
	No 80	61%
The SLPs' inadequate knowledge about the client's culture	Yes 67	51%
	No 65	49%
The SLPs' inadequate knowledge about how multilingual AAC can be used	Yes 71	54%
	No 61	46%
It is difficult to explain AAC usage to relatives with another mother tongue	Yes 74	56%
	No 58	44%
It is hard to use interpreters during AAC intervention	Yes 48	36%
	No 84	64%

Table 9 continued

Statement	N	Percentage
There are not resources to design AAC and give intervention in more than one language	Yes 75	57%
	No 57	43%
Cultural differences in how much communication and AAC are prioritised	Yes 94	71%
	No 38	29%

Note: AAC= Alternative and Augmentative Communication, SLP= Speech Language Pathologist

Discussion

The purpose of this study was to investigate Finnish speech and language therapists' experiences and attitudes about AAC usage for multilingual clients, and which factors that affect the SLPs' views on this matter. The questions addressed were which factors that affect the SLPs' views on multilingual AAC, if the praxis differ depending on which languages the clients speak, how SLPs support multilingual AAC as well as which factors that affect this and which factors the SLPs view as barriers for multilingual AAC usage.?

SLPs' experiences of and education in AAC, multilingualism and multilingual AAC

The results from this study indicate that the majority of SLPs work regularly with multilingual clients, clients who cannot make themselves understood using spoken language and clients who use AAC as their main communication. It is also common for SLPs to include different kinds of AAC in their own work. Furthermore, multilingual clients who use AAC seem to be a relatively common client group for SLPs. In this study sample, almost all participants (95%) had sometimes worked with AAC with a person from a multilingual background, and around half of them did so every week. A third of the participants initiated AAC intervention with a multilingual person a few times a month or more often.

The results from this study also indicate that the majority of the SLPs in Finland are quite comfortable using AAC. This is not consistent with other studies about SLPs' AAC knowledge, where SLPs usually regard themselves having a lack of knowledge in AAC (Constigan & Light, 2010; Marvin, Montano, Fusco & Gould, 2003) and feel that they are neither comfortable working with, nor have the competence to use, AAC (Marvin et al. 2003). However, none of these studies were conducted in Finland with Finnish SLPs.

Regarding the participants' thoughts about how well their education prepared them for working with AAC, opinions diverge. Over half of the participants did not feel that their

education had prepared them well for working with AAC or initiating AAC intervention, and these factors correlated with each other. This result is consistent with results in other studies (Constigan & Light, 2010; Marvin et al. 2003). Constigan and Light (2003) argue that many educational programmes do not provide AAC training at all, and those who do only offer introduction courses. Also in Finland, most universities offer only one course in AAC (University of Helsinki, n.d.; University of Oulu, n.d.; University of Tampere, n.d.; University of Turku, n.d.; Åbo Akademi University, n.d.). Moreover, Constigan and Light (2003) claimed that AAC education usually is classroom-based information provision and contains little hands-on laboratory learning which could possibly affect the effectiveness of the AAC training.

From these results, we cannot draw any conclusions that a more profound education makes SLPs more comfortable using AAC, but this is something that could be examined in future research. However, a master's thesis from 2019 examined the effect of AAC education for people working with clients with developmental disorders and explored that after AAC education the participants knew more about AAC methods and how to use them. Furthermore, the participants felt that they had grown as communication partners (Bjolin, 2019). In this study, the participants were not SLPs but mostly nurses, nursing assistants and social workers. However, the results from the study by Bjolin (2019) indicate that education in AAC has an impact on the AAC knowledge. Another study has also found that education in palliative care for nurses has positive correlations with more positive attitudes and work comfort (Li-Chun, Ho-Jui & Pei-Chao 2019) and, therefore, it would be possible that more profound education in AAC and multilingual AAC would correlate with more work comfort regarding AAC. This is also supported by other results from this study, which indicate that participants who have undergone additional AAC training after graduation are more comfortable using AAC. It is possible, that since many SLPs regard that they did not receive sufficient AAC training before graduation, they attend additional AAC training after graduation, which could result in more comfort working with AAC. However, the question of whether the participants felt that additional AAC training made them more comfortable using AAC was not specifically asked in the questionnaire. Hence, these are just hypothetical explanations, and the discrepancy between the SLPs' comfort in using AAC and how they felt their education had prepared them could be the goal of a different study.

Most of the participants felt comfortable working with multilingual clients and their relatives. The results from this study show that bi- and multilingual participants were more comfortable working with multilingual clients than the monolingual SLPs. No studies

examining the SLPs' language knowledge in relation to how comfortable the SLPs feel working with multilingual clients have been found. It is possible that multilingual SLPs feel more comfortable working with multilingual clients because they have a profound knowledge in what it means to be multilingual themselves. Whether the same results could be achieved by adding language education in the SLP education is an interesting thought and something that might be a topic for further research. However, the results from this study are in line with the results from a study by Costa and Dewaele (2012) which indicates that multilingual psychotherapists were more comfortable working with multilingual clients than monolingual therapists. Among others, they concluded that the multilingual therapists were aware of potential boundaries the client's language knowledge could cause but did not see this as an issue and instead adopted strategies to deal with it. A participant in Costa and Dewaele's (2012) study also commented that as multilingual she can understand the barriers that can occur when communicating in another language than one's mother tongue and that this helps her to be more flexible when working with a multilingual patient.

Even though most of the participants felt comfortable working with multilingual clients two thirds of the participants did not think that their education had prepared them well for working with multilingual clients and the majority did not think their education prepared them well for working with multilingual AAC or for initiating AAC intervention with a multilingual person. These results are similar to the results from a study by Williams and McLeod (2012) where the majority of the participants reported that they do not regard their university education to have prepared them adequately for working with families from multilingual backgrounds. Similar results were also found in a study by Ceasar and Kohler (2007) where few of the participants regarded their education to be adequate regarding theoretical knowledge about multilingualism as well as practical training.

There was a positive correlation between how comfortable the participants felt working with multilingual clients and their relatives, and how well they regarded their education to have prepared them for working with multilingual people. This result may suggest that a more adequate education in multilingualism make SLPs more comfortable to work with multilingual people, however further research must be done to explore this further.

SLPs' views on AAC and multilingual AAC

The current findings demonstrate that most of the participants in the current sample believed AAC and multilingual AAC to be effective and that AAC and multilingual AAC help to support both the client's understanding and possibility to express oneself. The opinions were

diverse regarding if AAC and multilingual AAC is more difficult if the client has 1) cognitive or 2) motoric difficulties. The diverse opinions could be because there are many different forms of AAC, and they require different capacities from the user. No factor that influence the SLPs' views on AAC or multilingual AAC could be found in this study.

Execution of multilingual AAC assessment

The results from this study indicate that most SLPs would start AAC intervention with a multilingual child in both languages simultaneously. The most popular motivations for this intervention strategy were that it is important to support AAC usage and communication in all the child's environments and to develop both languages. Another popular motivation was that assessment is more successful if it is done in all the client's environments and languages. These motivations are congruent with literature proposing that supporting all languages of a multilingual person with communication disabilities is the current best practice (Kay-Raining Bird, Genesee, Verhoeven, 2016; Soto & Yu, 2014; Tönsing et al. 2014). It was also suggested that pictures are easy to use in both languages, since they usually do not differ between languages and cultures. However, this is not consistent with research which has found perception of graphic symbols and symbol meaning to differ between cultures (Huer, 2000; Rowon, Young & Seok, 2019). Other studies have also concluded that one common reason that the AAC aid is not being used at home is that the symbols or expressions in the aid are not fit for the family's culture nor the activities that takes place at home (McCord & Soto, 2004; Parette et.al., 2000; Pickl, 2011). However, how the culture impacts the perception has not yet been clarified, thus Huer (2000) recommends that when the client's family members should be included in the process of choosing symbols, since they can contribute with a cultural perception.

On the other side, the results from this study suggests that around one third of the SLPs would choose to start intervention in the school-language. A common motivation for initiating the intervention in the school language was that the SLP did not speak the client's mother tongue but did speak the school language. Other arguments to choose the school language were that therapy takes place in the client's school/kindergarten and because it is more useful to know the language of the society/school than the mother tongue and to enhance school success. These factors motivating monolingual AAC interventions are consistent with other studies that have shown that many SLPs believe that the client should function on the language they use in school, and that many SLPs therefore focus on the school language (Jordan, 2008; Tönsing et al. 2014). Furthermore, other studies have also

shown that the SLPs usually give intervention in their own language, rather than the languages of their clients, since they feel they are more proficient in their own language (Jordan, 2008; Tönsing et al. 2014).

One common motivation for monolingual AAC was that AAC usually is more difficult for the family to understand than for the school. Interestingly, the same belief was used as an argument for initiating the intervention in both languages simultaneously. The participant who used this motivation for intervention in both languages, argued that since AAC usually is harder for the family to understand than for the school, it is of extra importance to support the AAC usage at home. These comments highlight the various beliefs the SLPs have, and how this affects their AAC practises. This is also interesting considering that family-centred AAC intervention has been shown to have a positive effect on how satisfied the families are with the AAC devices and possibly by extension how much the aids are used (Starble et al. 2005).

The participants who would start the intervention in the home language did so because they wanted to first and foremost support the home language and support communication in the client's home environment and because the client's mother tongue is the client's language of feelings. In this sample, 6.8% would start the intervention in the home language. The small number might be an outcome of the fact that research exploring this kind of intervention strategy is rare (Kay-Raining Bird et al., 2016). The participants choosing both languages separately motivated it by wanting to first establish AAC usage in one language, and because they wanted to help the child distinguish between the two languages.

Even though more than half (62%) of the participants would start the intervention in both languages simultaneously, the results still show that the participants differ in their praxis regarding in which language to give intervention. This is consistent with the results in a study by Tönsing, Van Niekerk, Schlünz and Wilken (2018) which indicate that the practice among SLPs ranges from a focus on only L1 or L2 to a multilingual (simultaneously or sequential) approach. The reasons for choosing one or the other differed from focusing more on all the child's environments to focusing on school success and society demands. The beliefs also differed between whether it is more beneficial to start the intervention in one or two languages (Jordaan, 2018; Tönsing et al. 2018). However, studies have shown that supporting both languages seems to lead to better language outcome (Jordaan, 2008; Kay-Raining Bird et al. 2016).

There were variations in how the participants would start multilingual AAC intervention, and how the participants motivated their strategy. It was also common to use an intervention strategy not supported by research. This could possibly be an outcome of the fact that the participants thought their education had not prepared them well for initiating multilingual AAC intervention. It could also reflect the fact that there is little research available about the subject. However, it should be taken into account that in this question the participants were asked to answer in which language the participants would choose to start AAC intervention with a child, even though not all of the participants worked with children. Therefore, these results do not necessarily reflect the praxis among the SLPs who work with children.

Most of the participants support multilingual AAC usage by encouraging the clients' relatives to use the home language simultaneously as the AAC aid is used and by collaborating with an interpreter when instructing AAC to the client's relatives. The findings that many participants used an interpreter when giving instructions about AAC to the client's relatives is not congruent with other studies where results have shown little use of interpreters (Pickl, 2011; Tönsing et al. 2018). However, this study also indicates that there was little use of interpreters when practising the AAC aid with the client and this is congruent with the results in other studies (Pickl, 2011; Tönsing et al. 2018). Jordan (2008) discussed in her study the use of interpreters and argued that the additional cost a interpreter may result in could contribute to SLPs in some countries not collaborating with interpreters. It is possible that it is easier to find an interpreter in Finland than in the countries where the earlier studies have been conducted. Around two thirds of the participants in this study reported that they think it is easy to use an interpreter during assessment. This could include both finding and collaborating with an interpreter, since this question was not more specifically asked. However, since using an interpreter in the assessment is not commonly seen as an obstacle, it is likely that it is not a struggle to find an interpreter. The use of interpreters was common when giving instructions about AAC to the relatives, but not when practising AAC with the clients. This could indicate that it is prioritised to use the resource of interpreters when giving instructions, but not when practising with the client, which could support the accessibility of interpreters. The fact that interpreters are commonly being used when giving instructions could possibly be a factor supporting multilingual AAC usage, since earlier studies have shown that meetings regarding the AAC aids are often held in the society language, which the family may have lacking knowledge in, and that this affected how often the AAC aids were used at home (McCord & Soto, 2004; Pickl, 2001). However, if the client and his/her family

feel that the use of an interpreter is beneficial and whether this would lead to more AAC usage at home needs to be further researched.

The majority of the participants did not do the following to support multilingual AAC usage: design the AAC aids in two languages, give several AAC aids designed in different languages or culturally fit the AAC aids to suit the clients' home culture. Earlier studies have shown that two of the reasons that the AAC aid is not used at home are that the symbols or expressions in the aid are not fit for the family's culture nor the activities that take place at home (McCord & Soto, 2004; *Parette et.al.*, 2000; Pickl, 2011) and that the family does not understand the speech synthesis in the society language (McCord & Soto, 2004). Therefore, it is interesting that the majority of the Finnish SLPs do not design the aid to culturally fit the client's home culture or design the AAC aid in two languages, although studies show that these are factors that limit the AAC usage (McCord & Soto, 2004; *Parette et.al.*, 2000; Pickl, 2011).

Whether an interpreter was used when giving instructions about AAC to the client's relatives and when practising AAC with the client was associated with how comfortable the participants were working with AAC. The groups that did use an interpreter were significantly more comfortable working with AAC. This could indicate that the more comfortable the SLP is in her own knowledge, the more comfortable she is to bring another professional into the intervention, or that an SLP who is willing to bring another professional into the assessment gains more knowledge and therefore becomes more comfortable in her work. No studies examining work comfort and willingness to collaborate with other professionals were found. However, studies have shown that interdisciplinary work promotes professionals to gain more profound knowledge in topics that the other professionals possess and to include this knowledge in their own work (Bronstein, 2003; Lumague et al. 2006; Musanti & Pence, 2010). The importance of professionals learning how to include an interpreter in assessment is also important and affects how well the assessment with an interpreter works (Leanza et al. 2014). Importantly, Leanza et al. (2014) also stress that commonly working with interpreters and developing a respectful collaboration as well as repeated experience of working with interpreters in many cases can contribute to effective interventions. They also stress the importance of the professionals teaching each other, hence, the importance of gaining knowledge through collaboration with other professionals is not only important for a successful collaboration with other healthcare professions, but also interpreters (Bronstein, 2003; Leanza et al. 2014; Lumague et al. 2006; Musanti & Pence, 2010). Thus, it is possible that the result found in this study, that SLPs who were more

comfortable working with AAC were more prone to collaborate with an interpreter in the assessment, could be the result of an increase in knowledge due to repeated collaboration with other professionals. However, this is still an unexplored field that requires more research. The studies that are available also mostly focus on other professional groups than SLPs, but the importance of working with other professionals is also important for SLPs and stressed by Asha. In an Asha Leader McCrea (2014) argues that SLPs need to move out from traditional comfort zones and include more collaboration with other disciplines to achieve a complete plan of care for a client. She also argues that collaborations require consistent use of evidence-based practice and tolerance but can lead to greater satisfaction in relation to success, sense of achievement and collaborative efforts (McCrea, 2014).

How the SLPs' praxis is influenced by the clients' linguistic identity

Almost all the participants worked with clients who were bilingual speaking Finnish and one foreign language, and the majority did only work with these language combinations. Around a third of the participants worked, besides with clients speaking Finnish and one or more foreign language, also with bilingual clients speaking Finnish and Swedish or only with bilingual clients speaking Finnish and Swedish.

Whether the participants worked with clients who were bilingual with the two national languages (Finnish and Swedish) or not, had significant connections with two of the ways to support multilingual AAC usage, namely, whether the participants encouraged the relatives to use the home language simultaneously as the AAC aid is used and whether the AAC aid is designed in two languages. The participants who worked with clients who were bilingual Finnish and Swedish speakers were less likely to encourage the relatives to use the home language simultaneously as the AAC aid is used, but more likely to design the AAC aid in two languages. A possible explanation for this could be that the technology available for AAC aids in Finland gives the opportunity to use both Finnish and Swedish, while it could be more difficult to find applications for speech-synthesises in other languages. This theory is supported by the fact that in a study by Tönsing et al. (2018) the deficiency of suitable AAC technology in some languages was identified to be a reason for SLPs not to offer multilingual intervention. Another explanation for this could be that in Finland it is common to have knowledge in both Finnish and Swedish, since Finnish and Swedish both are compulsory school subjects (Lojander-Visapää, 2008). Hence, the SLPs could possibly design the aid in both languages themselves, without using an interpreter. This would, however, be more difficult if one of the languages was a foreign language. The fact that the SLPs own linguistic

knowledge was considered as a hindrance for multilingual AAC usage could also indicate this. This could possibly also be an explanation for why it was more common for the SLPs who worked with clients speaking Finnish and a foreign language to ask the relatives to use the home language simultaneously as the AAC aid is used, and not design the AAC aid in several languages themselves. These are, however, hypotheses that should be more investigated.

Factors hindering multilingual AAC usage

The opinions about which factors that hinder multilingual AAC usage differed. Most of the participants believed cultural differences in how much communication and AAC are prioritised could be a factor hindering multilingual AAC. Around half of the participants thought that the SLPs' inadequate knowledge about the client's culture is an obstacle. There are cultural differences between how we view communication and communication disorders (Frazier Norbury & Sparks, 2013; Westby, 2009) and how much children and adults are expected to talk overall and also with each other (Wha-Froelich & Vigil, 2004). There are also cultural differences in how caregivers report their child's behaviour (Matson et al. 2017) and how big a part the family see it as appropriate to take in the intervention (Huer, Parette & Saenz, 2001). It is possible that these cultural differences could be seen as, or possibly make for, hindrances to multilingual AAC intervention. Moreover, van Kleeck (1994) argues that intervention strategies may not consider communication practices in other cultural groups, and hence, Norbury & Sparks (2013) argue that certain intervention strategies may be inappropriate for treating disorders in some cultures. More research should be done regarding whether a different approach to AAC intervention, which would take the client's home culture into account, would increase the relatives' participation in the intervention, and maybe increase the use of the AAC aid at home.

Of the participants, 61%, did not think the SLPs' inadequate knowledge in the clients' home languages was a hindrance for multilingual AAC usage. This is not consistent with other studies, where the participants have seen that lack of proficiency in clients' home languages as a major hindrance for providing appropriate AAC service (Jordaan, 2008; Tönsing et al, 2014). Furthermore, in this study one of the common motivations for starting multilingual AAC intervention in the school language was that the SLP does not have the language knowledge to include the client's home language in the intervention. This could indicate that the participants choosing to give monolingual AAC intervention in the school-language did not see monolingual AAC intervention as a factor hindering multilingual AAC

usage, but more as a good intervention strategy, even though this contradicts what is known to be the best current praxis (Kay-Raining Bird et al. 2016; Soto & Yu, 2014; Tönsing et al. 2014). Around half of the participants in this study also thought that the SLPs' inadequate knowledge about how multilingual AAC can be used could be an obstacle. Inadequate knowledge could be an explanation for why some SLPs use strategies which are not congruent with the literature of best current praxis. The inadequacy could be an outcome of the fact that most of the participants did not think they received sufficient education in AAC. On the contrary, half of the participants did not feel that inadequate knowledge could be a barrier for multilingual AAC, and the majority of the participants still felt comfortable working with AAC. The results from this study indicate that there is a discrepancy not only between assessment strategies, but also in how SLPs view multilingual AAC and how they view their own professional part in the assessment. The results also indicate that the cultural effect on communication and AAC is not widely taken into consideration when SLPs plan AAC intervention and assessment for multilingual clients. It is also important to take into consideration that two thirds of the participants in this study sample thought that there are not enough resources to design AAC and give intervention in more than one language. This could possibly be because of stress related to the workplace, which is something that a master's thesis from 2015 found that is commonly occurring among Finnish SLPs (Pietilä & Pohtila, 2015). However, it is important to notice that resource shortage is a reason for not providing multilingual AAC intervention to multilingual clients, and something that could be taken into consideration in for example decisions regarding SLPs' workload.

Strengths and limitations in the study

This study explores an important matter which has not been studied before. The questionnaire was rather extensive, and therefore the results from this study cover a great deal of the opinions and practices which are associated with multilingual AAC. The sample in this study was nationally of a significant size, however, internationally seen it is relatively small, which means the results from this study should be seen as indicative. The sample in this study are the SLPs who chose to answer the questionnaire. Hence, it is possible that the participants in this study are SLPs who find this matter interesting, and the results from this study may not reflect the whole population. Another consideration with respect to internal validity and generalisability of the findings, is that sample subgroups were unequal in size regarding length of working experience and time of graduation. Most of the participants had graduated during 2010 to 2020, which could indicate that this subject is of more interest for those who

received their education 2010 or later. However, this could also be a result of more people graduating 2010 to 2020 than before (Utbildningsförvaltningens statistikjänst, n.d).

However, the sample includes participants working both within the private sector and in municipalities, which could be seen as a strength.

The questionnaire was sent out in May 2020, when Covid-19 was highly current, and many SLPs' everyday work was different from how it normally is. This can be seen as a limitation of the study. However, in the beginning of the questionnaire, the participants were asked to consider their usual work, before Covid-19, when answering. The questionnaire also included questions regarding how the participants viewed their education. These questions had a retroactive perspective, which could have an impact on the results.

Conclusion and further research

The results from this study suggest that the views, opinions, and praxis differ regarding multilingual AAC usage and intervention, and that the practice also in some cases contradicts with the literature and recommendations. Especially practice and beliefs regarding the language of assessment, ways to support multilingual AAC usage and which factors that are seen as barriers for multilingual AAC differed within the sample. Therefore, more research about this topic should be done to ensure good and equal (re)habilitation, and recommendations about how AAC assessment with a multilingual client should be given. The results also indicated that there is a lack of cultural awareness regarding AAC assessment, hence, more research should also be done in ways to support intervention with clients from a different culture and SLPs should be educated in this.

Clinical implications

The results from this study suggest that the praxis on how to work with AAC with a multilingual client differ between Finnish SLPs. The attitudes and beliefs about multilingual AAC are also various. More research about this topic should be done and recommendations about how to work with multilingual AAC should be composed and put into use. The results also show that Finnish SLPs regard that they receive inadequate education in both multilingualism and AAC. Therefore, the education for SLPs should reassess their courses regarding these matters. It would also be important for the education to increase the amount of cultural awareness in the work.

Summary in Swedish - Svensk sammanfattning

Finländska talterapeuters syn på och åsikter om flerspråkig AKK

Introduktion

Flerspråkighet är ett internationellt fenomen som omfattar kring två tredjedelar av världens befolkning (Dörnyei & Csizér, 2002). I slutet av 2019 hade 7,5 % av personer bosatta i Finland ett annat modersmål än nationalspråken finska och svenska, eller samiska. Detta antal har ökat stadigt under de senaste åren (Tilastokeskus, 2019) och flerspråkiga utgör en stor klientgrupp för talterapeuter (William & McLeod, 2012). En annan stor klientgrupp för talterapeuter är personer som är i behov av alternativ och kompletterande kommunikation (AKK) (Constigan & Light, 2010). Alternativ och kompletterande kommunikation (AKK) är sådana sätt vi talar utan, eller för att komplettera, talat språk. Kompletterande kommunikation används för att tydliggöra talat språk, och alternativ kommunikation används istället för talat språk (Asha, u.d.).

Idag finns det få studier som fokuserar på flerspråkig AKK. En studie har undersökt professionella personers åsikter om flerspråkig AKK, och i denna kom man fram till att praxisen varierade kraftigt, från att fokusera enbart på klientens första eller andra språk till att fokusera på flera språk samtidigt eller i etapper (Tönsing m.fl. 2018). Några studier har även undersökt faktorer som begränsar flerspråkig AKK-användning (Huer, Parette & Saenz, 2001; Marvin m.fl. 2003; McCord & Soto, 2004; Parette, Brotherson & Hauer, 2000; Pickl, 2011). Ingen studie gällande detta ämne har tidigare gjorts i Finland, och överlag är ämnet outforskat.

Syfte med studien

Syftet med denna studie var att undersöka finländska talterapeuters erfarenhet och åsikter om AKK användning med flerspråkiga klienter, och vilka faktorer som påverkar talterapeutens åsikter om flerspråkig AKK.

Metod

Deltagarna i studien var finländska talterapeuter. Deltagarna ombads att fylla ett frågeformulär som Talterapeutförbundet distribuerade till sina medlemmar, och som också publicerades i Facebookgruppen ”Svenska talterapeuter i Finland”. 132 talterapeuter svarade på enkäten. I enkäten (se bilaga B) frågades det efter deltagarnas bakgrundsinformation, arbetsvanor gällande AKK och flerspråkighet, åsikt om hur väl utbildningen hade förberett

dem att jobba med dessa frågor, syn på AKK, sätt att stöda flerspråkig AKK samt möjliga faktorer som hindrar flerspråkig AKK-intervention. Datat analyserades med IBM SPSS Statistics 26. Bakgrundsinformation om deltagarna analyserades deskriptivt. Chi-Square test, oberoende t-test, korrelationstest och beroende t-test användes för att analysera data.

Resultat

Bakgrundsinformation om deltagarna analyserades deskriptivt, och kan ses från tabell 1. Majoriteten av deltagarna arbetade med flerspråkiga klienter varje vecka (72%, $n=98$) och den vanligaste språkkombinationen som de flerspråkiga klienterna hade var finska och ett utländskt språk (83 %, $n=109$). Majoriteten av deltagarna (92 %, $n=122$) använde olika former av AKK i sitt eget arbete varje vecka och 38% ($n=50$) jobbade med klienter som använder AKK som sitt huvudsakliga kommunikationssätt varje vecka. Nästan alla deltagare (95 %, $n=125$) rapporterade också att de någon gång hade jobbat med AKK med en person från en flerspråkig bakgrund och 48 % ($n=63$) jobbade med sådana klienter ett par gånger i veckan eller oftare.

Deltagarna i denna studie rapporterade att de var bekväma att använda AKK (77 %, $n=100$) och att jobba med flerspråkiga personer (66 %, $n=77$), men att de inte ansåg att deras utbildning hade förberett dem väl för att jobba med flerspråkiga klienter (59 %, $n=78$), AKK (57 %, $n=75$) eller flerspråkig AKK (80 %, $n=105$).

Majoriteten av deltagarna ansåg att AKK (98 %, $n=129$) och flerspråkig AKK (96 %, $n=126$) är effektivt och kan hjälpa klienters förståelse och förmåga att uttrycka sig själv. Åsikterna bland deltagarna gick isär gällande om motoriska eller kognitiva svårigheter gör AKK och flerspråkig AKK svårare. Inga faktorer som påverkade vilken åsikt deltagarna hade i denna fråga kunde hittas.

Majoriteten av deltagarna (62 %, $n=82$) rapporterade att de skulle inleda AKK intervention med ett flerspråkigt barn på både barnets hemspråk och skolspråk samtidigt, och 29 % ($n=38$) skulle inleda interventionen på skolspråket. Deltagarna fick även motivera sina svar (se tabell 6). Den vanligaste motiveringen för att börja interventionen på båda språken samtidigt var att det är viktigt att stöda AKK och kommunikation i klientens alla miljöer ($n=40$) och den vanligaste motiveringen för att börja på skolspråket handlade om talterapeutens språkkunskap ($n=8$). Det hittades inga faktorer som hade ett statistiskt signifikant samband med vilket språk talterapeuten skulle börja intervention på.

Majoriteten av deltagarna stöder flerspråkig AKK användning genom att ta hjälp av en tolk då de ger instruktioner om AKK till anhöriga (67 %, $n=99$) och uppmuntrar anhöriga att använda hemspråket samtidigt som AKK hjälpmedlet används (89 %, $n=117$). Majoriteten

av deltagarna brukade inte förse AKK hjälpmedlet med två språk (89 %, $n=118$), ta hjälp av tolk då de övar AKK med klienten (80 %, $n=106$) ge deltagaren flera AKK hjälpmedel på olika språk (71 %, $n=93$) eller kulturellt anpassa hjälpmedlet till klientens hemkultur (80 %, $n=105$).

Det fanns ett statistiskt samband mellan hur många år deltagaren hade jobbat kliniskt, och huruvida AKK hjälpmedlet var designat med två språk, så att det var vanligare att göra detta i gruppen som hade jobbat mellan 5–10 år och över 20 år än i grupperna som jobbat under 5 år eller mellan 10–20 år ($p=0,008$, Fishers exakta test, Cramers $V=.360$).

Deltagarna som tog hjälp av tolk när de förklarade AKK för klientens anhöriga var mer bekväma med att jobba med AKK ($M=7,2$, $SE=0,2$) än de som inte tog hjälp ($M=6,2$, $SE=0,4$) och denna skillnad ($-1,04$, BCa 95 % CI $[-2,0, -0,2]$) var signifikant $t(130) = -2,6$, $p=0,011$ och representerade en medelstor effekt ($d=0,5$). Deltagarna som tog hjälp av tolk när de övade AKK med klienten var också mer bekväma med att jobba med AKK ($M=7,9$, $SE=0,4$) än de som inte tog ($M=6,6$, $SE=0,2$). Denna skillnad ($-1,3$, 95 % CI $[-2,2, -0,33]$) var signifikant $t(130) = -2,7$, $p=0,009$ och representerade en medelstor effekt ($d=0,6$).

Majoriteten av deltagaren (88 %, $n=109$) jobbade med flerspråkiga klienter som talade finska och ett utländskt språk. Över hälften av deltagarna (68 %, $n=76$) jobbade också med klienter som talade ett av de nationella språken och två eller fler utländska språk. Av deltagarna jobbade 68 % ($n=90$) enbart med flerspråkiga klienter som talade finska och ett eller fler utländska språk och 30 % ($n=40$) också, eller enbart, jobbade med klienter som var tvåspråkiga och talade finska och svenska.

Det fanns ett statistiskt signifikant samband mellan klienternas språkkombinationer och huruvida deltagarna uppmuntrade klientens anhöriga att använda hemspråket samtidigt som AKK hjälpmedlet användes ($p=0,015$, Fishers exakta test, Cramers $V=0,23$). I gruppen som jobbade med tvåspråkiga svensk-finsk talande klienter uppmuntrade 78 % ($n=31$) till att använda hemspråket samtidigt med AKK hjälpmedlet, och i gruppen som inte jobbade med dessa klienter skulle 93 % ($n=84$) göra det. Oddsens var 4,06 gånger högre att en person som inte jobbar med tvåspråkigt finsk-svenska klienter skulle uppmuntra de närstående till detta, än de som jobbade med denna klientgrupp.

Det fanns även ett statistiskt signifikant samband mellan deltagarnas klienters språkkombinationer och om AKK hjälpmedlet var designat med fler språk ($p=0,003$, Fishers exakta test, Cramers $V=0,28$). Av de deltagare som jobbade med tvåspråkiga klienter som talade finska och svenska skulle 23 % ($n=9$) förse hjälpmedlet med fler språk och av de som inte jobbade med dessa klienter skulle 4 % ($n=4$) göra det. Oddsens var 0,16 gånger högre att

en person som jobbar med tvåspråkigt svensk-finska personer skulle förse hjälpmedlet med flera språk, än de som inte jobbade med denna klientgrupp.

Majoriteten av deltagarna (71 %, $n=94$) trodde att kulturella skillnader i hur mycket kommunikation och AKK prioriteras kan ses som ett hinder för flerspråkig AKK. Mer än hälften av deltagarna ansåg också att det inte finns tillräckligt med resurser för att designa AKK och ge intervention på mer än ett språk (57 %, $n=75$), och att det är svårt att förklara AKK användning till en person med ett annat modersmål (56 %, $n=74$). Mer om vilka faktorer som deltagarna såg som hinder för flerspråkig AKK kan ses från tabell 8.

Diskussion

Resultaten från denna studie visar att talterapeuter regelbundet arbetar med flerspråkiga personer, personer som använder AKK samt personer som är flerspråkiga och som använder AKK. Resultaten visar också att majoriteten av talterapeuterna är bekväma med att använda AKK och flerspråkiga, något som inte stöder tidigare litteratur där man kommit fram till att talterapeuter vanligen anser sig ha en bristande kunskap i AKK (Constigan & Light, 2010; Marvin, Montano, Fusco & Gould, 2003) och inte känner sig bekväma med att jobba med AKK (Marvin m.fl. 2003). Resultaten från denna studie tyder på att finländska talterapeuter inte tycker att utbildningen förberett dem bra för att jobba med AKK, flerspråkiga klienter eller flerspråkig AKK. Tidigare studier har också kommit fram till att talterapeuter inte anser sig få tillräcklig utbildning i AKK (Constigan & Light, 2010; Marvin et al. 2003). Hur bra deltagarna upplevde att deras utbildning hade förberett dem för att jobba med AKK och flerspråkiga klienter hade ett samband med hur bekväma deltagarna var att arbeta med AKK och flerspråkiga. Deltagare som hade fått extra utbildning i AKK efter sin grundutbildning, var också mer bekväma med att använda AKK. Resultaten från denna studie visar också att, trots att deltagarna överlag upplevde att utbildningen inte förberedde dem väl för att jobba med AKK, så upplevde de ändå att utbildningen förberedde dem bättre för att jobba med AKK än med flerspråkig AKK. Orsaken till detta kan vara att det finns mer forskning om AKK än flerspråkig AKK.

Majoriteten av deltagarna skulle välja att inleda AKK intervention med ett flerspråkigt barn på barnets båda språk samtidigt. Deltagarna motiverade detta med att det är viktigt att understöda AKK användning i alla miljöer, och att det är viktigt att båda språken stöds och utvecklas. Dessa motiveringar understöds i litteraturen, som säger att det bästa sättet att stöda en flerspråkig person med kommunikationssvårigheter är att stöda denna persons alla språk (Kay-Raining Bird, Genesee & Verhoeven, 2016; Kohnert, 2010; Soto & Yu, 2014; Tönsing m.fl. 2014). Knappt en tredjedel av deltagarna skulle börja intervention på

skolspråket, och motiverade detta med att talterapeuten inte kan barnets modersmål, att terapin hålls i skolan, att det är mer användbart att kunna skolans och samhällets språk och för att understöda skolgången. Dessa motiveringar är samma som deltagare i andra studier använt för att motivera enspråkig AKK-intervention (Jordan m.fl. 2008; Tönsing m.fl. 2014). Resultaten från denna studie visar att deltagarnas praxis skiljer sig gällande vilket språk de skulle inleda AKK-intervention på. Dessa resultat är samma som i studien av Tönsing m.fl. (2014). Huruvida man trodde att det var bättre att börja interventionen på ett eller flera språk skiljde sig åt, vilket även är fallet i andra studier (Jordan, 2008; Tönsing m.fl. 2014), trots att studier har påvisat att bäst resultat uppnås genom att stöda klientens alla språk (Jordan, 2008; Kay-Raining Bird, m.fl. 2016; Peña, 2016). Det faktum att interventionsstrategierna skiljde sig åt, och att det även var vanligt att använda strategier som inte understöds av forskning, kan eventuellt vara ett resultat av att deltagarna inte tycker att deras utbildning förberett dem för att initiera flerspråkig AKK, och att det finns lite forskning i ämnet.

Det vanligaste sättet att stöda flerspråkig AKK var genom att uppmuntra klienternas närstående att använda hemspråket samtidigt som AKK hjälpmedlet används, samt genom att ta hjälp av en tolk när man ger instruktioner till familjen. Ju mer bekväm deltagaren var med att använda AKK, desto mer troligt var det att hen tog hjälp av en tolk. Majoriteten av deltagarna brukade inte designa AKK hjälpmedlet med två språk, ge fler AKK hjälpmedel på olika språk, eller kulturellt anpassa hjälpmedlet för att passa klientens hemkultur. Tidigare studier visat att två vanliga orsaker till att AKK-hjälpmedlet inte används hemma är det faktum att symbolerna eller uttrycken i AKK-hjälpmedlet inte passar familjens kultur eller de aktiviteter som sker i familjen (McCord & Soto, 2004; Parette m.fl. 2000; Pickl, 2011) och för att familjen inte förstår talsyntesen på samhällsspråket (McCord & Soto, 2004). Därför är det intressant att majoriteten av finländska talterapeuter väljer att inte kulturellt anpassa hjälpmedlet, eller programmera hjälpmedlet med två språk.

Hur bekväm deltagaren var med att arbeta med AKK hade ett signifikant samband med huruvida deltagaren tog hjälp av en tolk då hen gav instruktioner om AKK och då hen övade AKK med klienten. Den grupp som använde tolk var mer bekväm med att använda AKK, och kunde indikera att ju mer bekväm talterapeuten är med att använda AKK, desto mer bekväm är hen med att inkludera en annan professionell i interventionen.

Huruvida deltagaren arbetade med flerspråkiga klienter som var talade ett inhemskt och ett eller flera utländska språk, eller som talade bara inhemska språk hade ett signifikant samband med två av sätten att understöda AKK-användning. Det ena var huruvida deltagaren uppmuntrade klientens anhöriga att använda hemspråket medan AKK-hjälpmedlet användes

eller inte. Deltagarna som jobbade, förutom med andra språkkombinationer, med deltagare som var tvåspråkigt finsk-svenska uppmuntrade inte i lika hög grad till detta, som i gruppen som jobbade med flerspråkiga som talade ett inhemskt språk och ett eller fler utländska. Deltagarna som arbetade med tvåspråkigt finsk-svenska klienter var mer troliga att förse hjälpmedlet med två språk, än gruppen som jobbade med språkkombinationer på ett inhemsk och en eller fler utländska språk. En förklaring till detta kunde vara att både finska och svenska finns som tillgängliga språk i AKK-teknologi i Finland, men att det nödvändigtvis inte finns teknologi för de utländska språken. Denna teori stöds av en studie av Tönsing med flera (2014), där avsaknaden av AKK teknologi på vissa språk ses som ett hinder för flerspråkig AKK. En annan förklaring kan vara att många finländare kan både finska och svenska, eftersom dessa språk är obligatoriska skolämnen (Lojander-Visapää, 2008), och att de därför lättare kan översätta hjälpmedlet till två språk, än vad fallet vore om det andra språket inte är ett av samhällsspråken. Detta skulle även kunna förklara varför det var mer vanligt att talterapeuterna som jobbade med språkkombinationer som inkluderade utländska språk uppmuntrade närstående till att säga orden på hemspråket samtidigt som AKK-hjälpmidlet används. Det här är dock hypoteser, som behöver forskas mer i.

Den vanligaste orsaken som nämndes som hinder för flerspråkig AKK, var kulturella skillnader i hur mycket kommunikation och AKK prioriteras. Deltagarna upplevde också att talterapeuters begränsade kunskap i klientens kultur och i hur flerspråkig AKK kunde användas kan ses som hinder.

Styrkor och svagheter i studien

Denna studie undersöker ett område som är outforskat. Frågeformuläret var relativt utförligt, vilket leder till att resultaten från denna studie täcker en stor del åsikter och praxis gällande flerspråkig AKK. Samplet i denna studie var nationellt stort, men internationellt sätt relativt litet, så resultaten från denna studie bör ses som riktgivande. Deltagarna i studien är de talterapeuter som valt att svara på enkäten, vilket kan innebära att deltagarna är sådana som ser detta ämne som intressant. Därför är det möjligt att dessa resultat inte reflekterar hela populationen. Det bör även tas i beaktande att undergrupperna gällande hur länge man jobbat samt när man fick sin examen inte är jämna, och att detta påverkar validiteten och generaliserbarheten för studien. Samplet inkluderar dock deltagare från både den privata och den kommunala sektorn, vilket kan ses som en fördel.

Frågeformulären skickades ut i mitten på maj, då Covid-19 var väldigt aktuellt, och påverkade många talterapeuters arbetsvardag. I början av formuläret ombads deltagarna att

svara på frågorna med deras vanliga arbete, före Covid-19 i åtanke. Trots detta, kan studiens tidpunkt ses som en svaghet i studien.

Sammanfattning och förslag för fortsatt forskning

Resultaten från denna studie tyder på att åsikterna och praxisen skiljer sig gällande flerspråkig AKK, samt att praxisen inte alltid stöds av den forskning som finns. Det finns dock lite studier i ämnet, trots att det är en klientgrupp som är vanligt förekommande. Därför borde det forskas mer i ämnet. Förslag till fortsatt forskning är bland annat att utreda om vilka interventionsmetoder som är mest fördelaktiga för flerspråkiga, och hur man kunde stöda familjer från andra kulturer till AKK-användning. Det kunde även forskas mer i om huruvida förbättrad utbildning gällande flerspråkig AKK skulle göra praxisen i Finland mer entydig.

Kliniska implikationer

Resultaten från denna studie tyder på att praxis hur man arbetar med flerspråkig AKK skiljer sig åt mellan finländska talterapeuter. Även attityderna och åsikterna om flerspråkig AKK är varierande. Mer forskning i detta ämne borde göras, och rekommendationer om hur man jobbar med flerspråkig AKK borde utarbetas och tas i användning. Resultaten från denna studie tyder också på att finländska talterapeuter anser att den utbildning de fått i flerspråkighet och AKK är otillräcklig. Universitetsutbildningarna för talterapeuter kunde därför omarbete sina kurser gällande dessa ämnen. Utbildningen borde även överlag i högre grad betona kulturell medvetenhet i yrket.

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Appendix A Accompanying letter

Bästa blivande kollega! Hyvä tuleva kollega! (suomeksi alla)

Mitt namn är Jannica Lindholm och jag studerar fjärde året logopedi vid Åbo Akademi. I min Pro gradu-avhandling kommer jag göra en kartläggning av finländska talterapeuters erfarenheter av och attityder kring alternativ och kompletterande kommunikation (AKK) användning och intervention med flerspråkiga klienter. Kartläggningen görs med hjälp av en enkät. Enkäten kan besvaras både av talterapeuter med eller utan erfarenhet av flerspråkig AKK användning. Enkäten finns som en e-blankett och nås via länken nedanför. En flerspråkig klient definieras i denna studie som en person med mer än ett språk eller där mer än ett språk talas med klienten. AKK räknas inte i denna studie som ett separat språk. T.ex. räknas en svenskspråkig person som använder AKK i denna studie som enspråkig, Enkäten finns både på svenska och finska och tar ca 10 minuter att fylla i (länk till enkäten nedan). Genom att fylla i enkäten och skicka in dina svar ger du ditt samtycke till deltagandet i studien och att dina svar används i avhandlingen. Deltagandet är frivilligt och anonymt och du kan när som helst avbryta ditt deltagande i studien genom att sluta fylla i enkäten. Svaren bevaras i elektroniskt form bakom lösenord. Det är möjligt att svara på enkäten fram till 25 maj.

I enkäten finns frågor gällande hur ofta man gör något, med svarsalternativen varje dag, några gånger i veckan, några gånger i året, mer sällan eller aldrig. I och med rådande undantagstillstånd har många arbetsvardag förändrats från det normala. Då du besvarar enkäten ber jag dig att försöka tänka på de normala arbetsdagar du brukar ha och bortse från undantagstillståndet och olika restriktioner i och med dessa.

Jag skulle vara mycket glad om du kunde tänka dig att delta i studien genom att fylla i enkäten. Vid eventuella frågor får du gärna höra av dig till mig eller min handledare per e-post eller telefon.

Tack på förhand!

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Nimeni on Jannica Lindholm ja opiskelen neljättä vuotta logopediää Åbo Akademiassa. Pro gradu -työnäni teen kartoituksen puheterapeuttien kokemuksista ja asenteista koskien monikielistä vaihtoehtoja ja korvaavaa kommunikaatiota (AAC). Kartoitusta varten pyydän puheterapeutteja vastaamaan seuraavaan kyselyyn. Kyselyyn voivat vastata puheterapeutit, joilla on kokemusta monikielisestä AAC:stä, mutta myös puheterapeutit, joilla vastaava kokemusta ei ole. Tässä tutkimuksessa monikieleksi asiakkaaksi määritellään henkilö, jolla on käytössään enemmän kuin yksi kieli tai jolle puhutaan useammalla kuin yhdellä kielellä. Tässä yhteydessä AAC:tä ei pidetä erillisenä kielenä. Esimerkiksi suomenkielinen AAC:tä käyttävä henkilö luokitellaan tässä tutkimuksessa yksikieliseksi.

Kysely on e-lomakkeen muodossa (linkki alla), ja sen täyttäminen kestää noin 10 minuuttia. Voit vastata kyselyyn ruotsiksi tai suomeksi. Vastaamalla kyselyyn ja palauttamalla lomakkeen annat suostumuksesi siihen, että voin käyttää vastauksiasi tässä pro gradu - tutkielmassa. Osallistuminen on täysin vapaaehtoista ja tapahtuu nimettömänä, voit milloin tahansa lopettaa lomakkeen täyttämisen ja vetäytyä tutkimuksesta. Vastaukset tallennetaan sähköisesti ja salasanalla suojattuina. Kyselyyn voi vastata 25.5 saakka.

Joidenkin kysymysten kohdalla on kysytty, miten usein teet tiettyä asiaa, ja vastausvaihtoehtoina on annettu joka päivä, muutaman kerran viikossa, muutaman kerran vuodessa, harvemmin ja en koskaan. Vallitsevan poikkeustilan vuoksi monen työpäivä poikkeaa normaalista. Kyselyyn vastatessasi yritä miettiä normaalia työpäivää, ja jätä huomioimatta poikkeustila ja sen aiheuttamat rajoitukset.

Olisin kiitollinen, jos haluaisit osallistua tutkimukseen täyttämällä kyselyn. Jos sinulla on kysyttävää, voit ottaa minuun tai ohjaajaani yhteyttä sähköpostitse tai soittamalla. Etukäteen kiittäen!

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Den svenska enkäten: <https://survey.abo.fi/lomakkeet/12616/lomake.html>

Suomenkielinen

lomake: <https://survey.abo.fi/lomakkeet/12616/lomake.html?rinnakkaislomake=Suomeksi>

Hur många år har du jobbat kliniskt som talterapeut? (sammanlagd tid)

- under 5 år
 5- 10 år
 11-15 år
 16-20 år
 över 20 år

Har du efter studierna gått någon / några AKK relaterade tilläggsutbildningar?

- nej
 ja
 Om ja - specificera:
-

Hur skulle du beskriva din egen språktillhörighet?

- | Enspråkigt
finsk | enspråkigt
svensk | tvåspråkigt
finsk-
svensk | tvåspråkigt
finsk och
något annat
språk
(vilket?) | tvåspråkigt
svensk och
något annat
språk
(vilket?) | flerspråkig
(vilka?) | Vilket / vilka
språk |
|-----------------------|-----------------------|---------------------------------|---|--|-------------------------|-------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

Var finns din nuvarande arbetsplats? Du kan kryssa i fler svar om du har flera arbetsplatser

- Hälsovårdscentral
 Sjukhus
 Rehabiliteringsenhet / Habiliteringsenhet
 Inom den privata sektorn
 På ett AKK-center
 Något annat

Om du svarade "något annat" : Var?

Hur ofta införlivar du själv olika former av AKK i ditt eget arbete?

- Varje dag
 Några gånger i veckan
 Några gånger i månaden
 Några gånger i året
 Mer sällan
 Aldrig

Hur ofta arbetar du med klienter som har AKK som sitt huvudsakliga kommunikationssätt?

- Varje dag
 Några gånger i veckan
 Några gånger i månaden
 Några gånger i året
 Mer sällan
 Aldrig

Hur ofta jobbar du med personer som inte kan göra sig förstådd via talat språk?

- Varje dag
- Några gånger i veckan
- Några gånger i månaden
- Några gånger i året
- Mer sällan
- Aldrig

Hur ofta jobbar du med flerspråkiga klienter?

- Varje dag
- Några gånger i veckan
- Några gånger i månaden
- Några gånger i året
- Mer sällan
- Aldrig

Mina flerspråkiga klienter har följande språkkombinationer:

- finska- svenska
- finska - utländskt språk
- svenska - utländskt språk
- finska - svenska - utländskt språk
- något av de inhemska språken samt två eller fler utländska språk
- jag jobbar inte med flerspråkiga klienter

Frågor om den självupplevda AKK - kunskapen

Jag känner mig bekväm med att använda AKK
(0 = stämmer inte alls, 10 = stämmer helt)

Jag anser att min utbildning förberedde mig väl för att arbeta med AKK.
(0 = stämmer inte alls, 10= stämmer helt)

Jag anser att min utbildning förberedde mig väl för att inleda AKK - intervention.
(0 = stämmer inte alls, 10= stämmer helt)

Frågor om den självupplevda flerspråkighetskunskapen

Jag känner mig bekväm med att arbeta med flerspråkiga klienter och deras närstående.
(0 = stämmer inte alls, 10= stämmer helt)

Jag anser att min utbildning förberedde mig väl för att arbeta med flerspråkiga personer.
(0 = stämmer inte alls, 10= stämmer helt)

Jag känner att min utbildning förberedde mig väl för att arbeta med flerspråkig AKK.
(0 = stämmer inte alls, 10= stämmer helt)

Jag anser att min utbildning förberedde mig väl för att inleda AKK intervention med en flerspråkig person.
(0 = stämmer inte alls, 10= stämmer helt)

Erfarenhet av flerspråkig AKK

Har du någon gång jobbat med AKK med en person från en flerspråkig bakgrund?

- ja
 nej

Frågor om flerspråkig AKK

Vilket språk skulle du troligen inleda AKK - intervention med en flerspråkig klient på, om hemspråket och skolspråket inte är samma?

- Hemspråket Skolspråket Båda simultant Båda i tur och ordning

Varför? Motivera ditt svar

Kryssa för det / de påståenden du anser passa bäst in på dig gällande enspråkig AKK

- Jag tror inte att AKK är effektivt
 Jag tror att AKK fungerar för att stödja förståelse, men inte för klienten att uttrycka sig
 Jag tror att AKK fungerar för klienten att uttrycka sig, men inte för att stödja klientens förståelse
 Jag tror att AKK fungerar för att stödja både klientens förståelse och möjlighet att uttrycka sig
 Jag tror att AKK försvåras om klientens har kognitiva svårigheter
 Jag tror att AKK försvåras om klientens har motoriska svårigheter

Motivera ditt svar

Kryssa för det / de påståenden du anser passa bäst in på dig gällande flerspråkig AKK

- Jag tror inte att flerspråkig AKK är effektivt
 Jag tror att flerspråkig AKK fungerar för att stödja förståelse, men inte för klienten att uttrycka sig
 Jag tror att flerspråkig AKK fungerar för klienten att uttrycka sig, men inte för att stödja klientens förståelse
 Jag tror att flerspråkig AKK fungerar för att stödja både klientens förståelse och möjlighet att uttrycka sig
 Jag tror att flerspråkig AKK försvåras om klientens har kognitiva svårigheter
 Jag tror att flerspråkig AKK försvåras om klientens har motoriska svårigheter

Motivera ditt svar

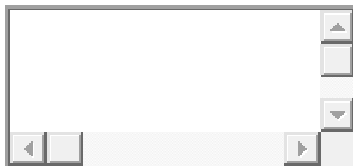


Med vilka diagnoser tror du att flerspråkig AKK-intervention fungerar (d.v.s. förbättrar klientens kommunikation expressivt och / eller receptivt)

- Språkstörning
- Autismspektrumstörning
- Utvecklingsstörning
- Cerebral Pares
- Mutism
- Afasi
- Dysartri
- Talapraxi
- Hörselskada
- ALS
- MS

Annat, vad?

Eventuell öppen kommentar om vid vilka diagnoser du tror att flerspråkig AKK kunde fungera:



Vilka faktorer ser du som hinder för flerspråkig AKK?

- Talterapeutens bristfällig kunskap i klientens hemspråk
- Talterapeutens bristfälliga kunskap om klientens kultur
- Talterapeutens bristfällig kunskap om hur flerspråkig AKK kan användas
- Det är svårt att förklara AKK- användande till närstående med annat modersmål
- Det är svårt att använda tolk vid AKK-intervention
- Det finns inte resurser för att utforma AKK och ge intervention på fler än ett språk
- Kulturella skillnader i hur mycket man prioriterar kommunikation och AKK

Annat, vad?

Öppen kommentar om vilka faktorer du ser som hinder för flerspråkig AKK:

Är du nöjd med de svar du gett? De sparas efter denna sida, och efter det kan du inte ändra dina svar i denna blankett.

Sändning av uppgifter

Flerspråkighet & AKK

Ditt svar har tagits emot. Tack för att du tog dig tid att svara på enkäten. Ditt bidrag är viktigt!

Appendix C Press release letter

Alternativ och kompletterande kommunikation för flerspråkiga personer

Pro gradu-avhandling i logopedi

Fakulteten för Humaniora, Psykologi och Teologi / Logopedi

Åbo Akademi

Resultaten från en pro gradu-avhandling vid Åbo Akademi visar att finländska talterapeuter jobbar på olika sätt med flerspråkiga klienter som är i behov av alternativ och kompletterande kommunikation (AKK). Jannica Lindholm har gjort en enkätstudie där hon undersökt finländska talterapeuters åsikter, tankar och praxis gällande flerspråkig AKK och resultaten visar att både åsikter, tankar och praxis skiljer sig mellan talterapeuterna. Finländska talterapeuter anser att de inte fått tillräcklig utbildning i vare sig AKK eller flerspråkighet, men att de ändå är bekväma med att arbeta med bådadera. Bland praxisen förekommer även interventionsmetoder som tidigare studier har visat att inte är rekommenderade för flerspråkiga AKK-användare, bland annat att bara träna AKK på det språk som en barnklient använder i skolan och genom att inte anpassa hjälpmedlet till klientens kultur.

Resultaten indikerar enligt Lindholm att finländska talterapeuter är osäkra på hur man bäst arbetar med flerspråkiga klienter i behov av AKK. Detta kan bland annat bero på att AKK området och forskningen kring det är relativt nytt, och att utvecklingen i detta område sker snabbt. Mer forskning gällande flerspråkig AKK behövs dock för att få mer evidens för de olika interventionsmetoderna. Utbildningarna i logopedi kunde även se över de kurser som erbjuds i AKK och i flerspråkighet. Utöver detta bör även rekommendationer för hur man arbetar med flerspråkig AKK utarbetas och tas i bruk.

Sammanlagt deltog 132 finländska talterapeuter i studien. Materialet samlades in med hjälp av ett formulär där deltagarna fick besvara frågor om bland annat vad de ansåg om sin utbildning, hur de jobbar med flerspråkig AKK och vilka faktorer som kan hindra flerspråkig AKK-användning.

Ytterligare information fås av:

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