



## Appendix A

### Client Interview Guide

#### General Background Questions (AT)

1. Please share with me a little bit about your communication device:

- a) What type of device do you have?
- b) What operating platform does the device utilize? (Proloquo2go, LAMP, etc.)
- c) How long have you had the device?
- d) What other forms of communication have you used prior to using this device?
- e) Do you have a communication partner? If so, whom?

#### Activities (A)

2. Tell me about your daily routine. What activities do you engage in on a regular basis?

- Probe: Describe your experiences you had in which you used your device as part of this daily routine?
- Probe: Describe the ways that your communication partner (if applicable) assists you in the use of your device?
- Probe: In what ways were you able to successfully communicate with others with whom you interacted?
- Probe: Where do you most often use your device?
- Probe: Why you use the device during stated activity more than in other daily activities?

3. (If client uses device following adult onset condition such as ALS, CVA, etc.) Tell me how your roles have changed following \_\_\_\_\_(adult onset condition).

- Probe: How did the use of you device assist you in your new or different role(s)?

#### Motivation (H)

4. Tell me about your interests? For example, what hobbies do you have or what do you like to do for fun? (Question used to determine potential community observation activities)

- Probe: Describe experiences you had in which you used your device while you were engaged in an activity you did for leisure?
- Probe: In what ways were you able to successfully communicate with others with whom you interacted?
- Probe: Describe activities in which you were unable to communicate? Why were you unable to do so?

5. Tell me about how you feel about your own ability to use your device?

#### Human Condition (H)

6. Will you describe any physical barriers that you have that limit the use of the device:

- Probe: How were those limitations addressed when you initially trained on the device?
- Probe: How were any modifications effective? Not effective?

7. Will you describe how well you understand how to use your device:

- Probe: During your training using the device, were there any modifications made to the device that made it easier to use? If so, will you describe those?

#### General

8. Tell me about a time when you used your device in the community and had success engaging with others around you.

## Appendix B

### Communication Partner Interview Guide General Background Questions (AT)

1. Please share with me a little bit about your partner's communication device:

- a) What type of device do your partner have?
- b) What operating platform does the device utilize? (Proloquo2go, LAMP, etc.)
- c) How long has your partner had the device?
- d) What training, if any, did you receive in your partner's use of the device?
- e) What training, if any, did you receive in your role in facilitating the use of the device for your partner?

### Activities (A)

2. Tell me about your partner's daily routine. What activities does your partner engage in on a regular basis?

- Probe: Describe experiences you have engaged in with your partner in which he or she used the device as part of his daily routine?
- Probe: In what ways was your partner able to successfully communicate with others with whom your partner interact?
- Probe: Where does your partner most often use his or her device?

### Motivation (H)

4. Tell me about your partner's interests? For example, what hobbies do your partner have or what do your partner like to do for fun? (Question used to determine potential community observation activities)

- Probe: Describe experiences in which your partner used his or her device while engaged in an activity done for leisure?
- Probe: In what ways was your partner able to successfully communicate with others with whom your partner interacted?
- Probe: Describe activities in which your partner was unable to communicate? Why was your partner unable to do so?

5. Tell me about how you perceive your partner's feelings about his or her own ability to use his device?

### Human Condition (H)

6. Will you describe any physical barriers that your partner has that limits the use of the device:

- Probe: How were those limitations addressed when you initially trained on the device?
- Probe: How were any modifications effective? Not effective?

7. Will you describe how well you understand how to use your partner's device:

- Probe: During your training using the device, were there any modifications made to the device that made it easier to use? If so, will you describe those?

### General

8. Tell me about a time when your partner used his or her device in the community and had success engaging with others around you.

## Appendix C

### Therapist Interview Guide

#### General Background Questions

1. Please share with me the clinical reasoning process that you go through when determining the need for an AAC device with your client:

- Probe: What are the characteristics of the client that indicate an AAC device might be beneficial? (physical, cognitive, etc.)

2. Describe how you stay abreast of changing technologies that are available for use with your clients:

- Probe: Generally, how do you determine the type of device and what platform to use? (Proloquo2go, LAMP, etc.)

#### Assessment

3. What formal assessment tools are utilized in selecting an AAC device?

- Probe: What variables are measured with these tools?
- Probe: How do these tools consider the client in his or her environmental context?
- Probe: How do these tool account for a client's daily activities in which he or she engages?

4. What, if any, theoretical assistive technology models do you utilize when determining the best form of speech generating

device to use with an AAC client?

- Probe: Can you describe how that model guides your clinical reasoning?

5. When working as part of an AAC evaluation team, can you describe your perceived role of the occupational therapist as part of that team?

- Probe: What specific factors do you rely on the occupational therapist to uncover during the evaluation to aid in determining the best fit?

6. What other resources do you utilize as part of an AAC evaluation team that aid determining whether an AAC device is a good fit for your client?

- Probe: Describe how those resources are utilized.

#### Intervention

7. Will you describe the education and training process that you engage in when facilitating the use of AAC devices with your clients?

- Probe: How do you determine when a client is "ready" to use his or her device out in the community?

#### Activity

8. Describe for me the greatest "success story" that a client has reported to you after having used his or her device in the community.

## Appendix D



## Human Experimentation Committee/Institutional Review Board

October 22, 2019

Karen Majeski  
Chris Ryan  
Salvador Bondoc  
Barbara Nadeau  
Department of Occupational Therapy

Dear Karen & Chris,

Upon review by our Human Experimentation Committee/Institutional Review Board (HEC/IRB), your proposal entitled ***Finding the Right Fit: Exploring the Efficacious Use of Speech Generating Devices as Alternative Forms of Communication*** has been assigned protocol #12619 and approved under expedited review category 6, collection of data from voice recordings made for research purposes (45 CFR 46.110). Because the co-investigator is located at the University of Central Arkansas and will be interviewing participants on that campus it is expected the IRB at that institution will be informed of the study. This approval will remain in force until October 22, 2020. Please understand it is your responsibility to maintain compliance with institutional and federal policies regarding research with human subjects and that should any of the protocol elements change the HEC/IRB should be notified immediately.

Sincerely,

A handwritten signature in cursive script that reads "Richard Feinn".

Richard Feinn, PhD, CIP  
Chair, Quinnipiac HEC/IRB

## Appendix E



## Human Experimentation Committee/Institutional Review Board

October 24, 2019

Karen Majeski  
Chris Ryan  
Department of Occupational Therapy

Dear Karen & Chris,

Upon review by our Human Experimentation Committee/Institutional Review Board (HEC/IRB), your request for reapproval with modifications of the study entitled ***Finding the Right Fit: Exploring the Efficacious Use of Speech Generating Devices as Alternative Forms of Communication*** protocol # **12619** has been approved under expedited review (45 CFR 46.110). This approval will remain in force until October 22, 2020. Please understand it is your responsibility to maintain compliance with institutional and federal policies regarding research with human subjects and that should any of the protocol elements change the HEC/IRB should be notified immediately.

Sincerely,

A handwritten signature in cursive script that reads "Richard Feinn".

Richard Feinn, PhD, CIP  
Chair, Quinnipiac HEC/IRB

## Appendix F



201 Donaghey Avenue, Torreyson West 324, Conway, Arkansas 72035. Phone: (501) 652-7460

### Site Authorization for Research

Date: October 24, 2019

Dr. Richard Feinn, Quinnipiac HEC/IRB Chair  
 Quinnipiac University  
 275 Mount Carmel Ave  
 Health Science 302 F  
 Hamden, CT 06518  
 Phone: 203-562-6583

Dear Dr. Feinn,

After reviewing the proposed study, "Finding the Right Fit: Exploring the Efficacious Use of Speech Generating Devices as Alternative Forms of Communication protocol # 12619" presented by Chris Ryan, MS, OTR/L Post-Professional Doctoral Student at University of Central Arkansas, and approved under expedited review by Quinnipiac HEC/IRB for approval, UCA IRB concedes to Quinnipiac HEC/IRB for this study.

To ensure that all participants are protected, Chris Ryan has agreed to provide me a copy of any Quinnipiac University HEC/IRB-approved consent documents before he engages participants at University of Central Arkansas.

If the HEC/IRB has any concerns about the permission being granted by this letter, please contact me at the phone number listed above.

Sincerely,

A handwritten signature in black ink that reads "Kimberly Ashley-Pauley".

Kimberly Ashley-Pauley  
 Research Compliance Officer

