















## Supportive

- Uses multi-modality communication acts – writes, AAC
- Uses good prosody and nonverbal body language
- Facilitates message comprehensionchecks to determine if message understood, repeats as necessary, waits
- Comments asks open-ended questions, makes on-topic remarks, uses short sentences, comments on partners attempts
- Initiating and maintaining topicschanges & introduces topics appropriately
- Good listening and attending, acknowledges, waits
- Provides cues for multi modality communication and comprehension
- Requests for clarification are appropriate, specific, logical – guesses appropriately
- Provides opportunities to participate in social interactions; solicits input

## Non-Supportive

- Primarily verbal
- Inappropriate rate, tone, poor eye contact, disengages
- Assumes comprehension, interrupts, talks for long periods
- Asks off-topic questions, remarks off-topic, includes too much detail, overly complex
- Changes topics abruptly without introduction, poor topic transition.
- Fails to listen attentively, makes discouraging remarks, fails to acknowledge
- Fails to give cues, doesn't encourage better communication
- Inappropriate requests (e.g., articulation), uses nonspecific requests (e.g., huh, what)
- Fails to solicit input, does not seek opinion, does not offer choices.

## Mr. Smith (Jeanette's husband) Mr. Smith will produce at least 3 examples for each of the following four supportive communication strategies: use of AAC, commenting, listening & attending, requesting clarification, during each of two, 10-minute conversations in the clinic on a topic provided by the clinician and a topic of the couple's choice.

Note: This target is different from the one used in "Planning Treatment"







