



Enabling Conversation Behaviour in AAC

Partner strategies, question types and co-construction

An evidence-based deep dive - the scientific foundation of PartnerTo

Lars Tiedemann

Special-needs educator (Dipl.) - AssistUK

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Scientific foundation - PartnerTo - AssistUK

Contents

1. Why the behaviour of the people you are talking to is so crucial

- 1.1 The German-language foundation: Ursula Braun's analysis of the conversational situation
- 1.2 The Linguistic Perspective: The Contribution of Conversation Analysis

2. Supportive communication skills: approach and basic principles

3. Who is it for? Target audiences for UK and the suitability of the strategies

- 3.1 Target groups of AAC users
- 3.2 Partner sites: social networks
- 3.3 Matching: Which strategy for which target group?

4. Partner strategies in detail

- 4.1 Modelling (Modelling / Aided Language Input / Augmented Input)
- 4.2 Expectant delay (wait time)
- 4.3 Graded support (least-to-most prompting)
- 4.4 Confirmation and Expansion (Expansion / Recast)
- 4.5 Providing information rather than asking questions
- 4.6 Ensuring access and providing feedback
- 4.7 The ten COCP partner strategies – the concise canon

5. Question types: Open-ended questions and yes/no questions

- 5.1 Asking open-ended questions
- 5.2 Yes/No questions: both a risk and a tool

6. Co-construction: How utterances are created jointly

- 6.1 Definition and basic concept
- 6.2 Typical forms of co-construction
- 6.3 Scaffolding: the scaffolding principle
- 6.4 Authorship and faithful interpretation: the ethical dimension

7. Effectiveness: What partner training has been shown to change

- 7.1 Meta-evidence and the instructional model
- 7.2 COCP (Netherlands): the most established European programme
- 7.3 SCA and the aphasia line: the burden of proof lies with the partner
- 7.4 Parent and School Programmes
- 7.5 The common thread

8. A concise overview for practical use

9. Conclusion

10. Quellenverzeichnis

1. Why the behaviour of the people you are talking to is so crucial

Conversations between people who use spoken language and those who use assisted communication are structurally asymmetrical. Even early interaction research from the 1980s (Light, 1988) described a recurring pattern: Speaking partners dominate the interaction; they take up most of the turn-taking, choose the topics, ask predominantly closed questions and leave the person using assisted communication primarily in the role of the responder. The specialist literature describes typical obstructive behaviours of speaking partners in very concrete terms: they end conversations prematurely, read along on the display to guess what is being said and speed up the interaction, put words into the person's mouth, ask predominantly yes/no questions, change the subject without involving the person using AAC, and dominate the interaction as a whole (Light, 1988; Beukelman & Light, 2020). The result is that the person using supported communication can hardly participate as an equal conversation partner – they find it difficult to change the subject, interject a humorous comment at the right moment, or answer a question before the other person has already moved on. Slow communication is thereby mistakenly misinterpreted as slow thinking.

Research into interaction symmetry continues to confirm this disparity to this day: As users of sign language cannot communicate at the same speed as spoken language users, a gap arises in their ability to jointly construct feedback and contributions to the conversation (Seale et al., 2020, cited in Weinberg et al., 2025). This is precisely where supportive conversational behaviour comes into play: it actively counterbalances the structural asymmetry rather than reinforcing it.

At the same time, research shows that UK users are sensitive to their conversation partners: In a study involving 34 AAC users (Yum, So & Chan, 2021), these participants produced longer contributions in conversations with peers, with a balanced ratio of questions and answers – in other words, active, reciprocal conversations – whilst they displayed a greater variety of vocabulary when speaking with therapists. The behaviour of the conversation partner is therefore measurably linked to *how much* and *what* is communicated (a naturalistic observational study shows correlations, not causality).

Systematically categorised: The **participation model** (Beukelman & Mirenda, 2013; Beukelman & Light, 2020) distinguishes between **opportunity barriers** and **access barriers**. Access barriers relate to the individual and their communication system; opportunity barriers lie in the environment – falling into five categories: policy, practice, **knowledge, skills** and **attitudes** of the people in the individual's environment. Conversation partners are therefore the most common opportunity barrier – and, at the same time, the most effective lever. Partner training focuses precisely on these three partner categories (knowledge, skills and attitudes).

Key message: Communication difficulties are never solely 'down to the individual'. According to the ICF (WHO) environmental model, environmental factors – explicitly including **support, relationships and the attitudes of other people** (chapter e310 et seq., e410 et seq.) – act as enabling factors or barriers. The behaviour of the people the person is communicating with plays a decisive role in determining whether a communication impairment becomes a barrier to participation or not. From a human rights perspective, this is enshrined in the **UN Convention on the Rights of Persons with Disabilities**: Article 21 (in conjunction with Article 2) guarantees the right to **Supported and Alternative Communication** and to the acceptance of all forms of communication when dealing with public authorities and in everyday life; Article 12 safeguards the capacity to act and make decisions with the necessary **support** (rather than substitute decision-making)

– the legal basis for the rules on authorship in Chapter 6.4; Article 24 explicitly mentions AAC in the context of education.

1.1 The German-language foundation: Ursula Braun's analysis of the conversational situation

What international research describes as 'interaction asymmetry' has been systematically examined in the German-speaking world primarily by **Ursula Braun**. Braun (born 1961, special needs teacher; undergraduate and doctoral studies at the University of Dortmund; PhD in 1994) is one of the pioneers of Augmentative and Alternative Communication in Germany; from 1990 onwards, she served for many years as chair of the German-speaking ISAAC section, founded in 1990 ("isaac – Gesellschaft für Unterstützte Kommunikation e.V.", now operating independently as the Society for Augmentative and Alternative Communication e.V./GesUK) and has had a significant influence on the field as a publisher and trainer. Her doctoral thesis (Braun, 1994) already used **conversation analysis** (240 minutes of video-recorded one-to-one interactions) the communication of people with physical disabilities and severe dysarthria when using portable speech computers compared with communication boards – in other words, precisely the level of interaction at the heart of the topic of 'good conversation partners'.

Under the heading "**Specific Features of the Conversational Situation**", Braun has set out this framework in the Handbook of Augmentative and Alternative Communication (Chapter 01.026.002); her freely available workshop handout "A Brief Introduction to Augmentative and Alternative Communication" (Braun, 2012) summarises it concisely – using Rett syndrome as an example. This framework precisely defines the requirements for conversation partners:

Drastically reduced speed. Users of assisted communication achieve around 2–26 words per minute, compared with 120–180 words in spoken language (Braun, 2012; comparable internationally: Beukelman & Mirenda cite 125–185 words per minute for spoken language and usually fewer than 15 words per minute for supported communication). This results in long pauses when speakers change and severely limited opportunities for spontaneous comments – the window of opportunity for humour, interjections and raising new topics closes before the utterance is complete. (See Section 4.2: the expectant pause as a direct response to this structural feature.)

Changes in non-verbal behaviour. Depending on the impairment (Braun illustrates this using Rett syndrome as an example), eye contact, responsive behaviour and the cues that normally regulate turns in conversation may be reduced or altered; in addition, there may be fluctuations in daily performance and slowed reactions. The conversation partner cannot therefore rely on the usual conversational cues, but must recognise (or learn to recognise) individual signs and observe them systematically (for further reading on Rett syndrome: Braun, Koch-Buchtmann & Westphal, 2014).

Atypical role behaviour and co-construction. The traditional roles of speaker and listener are shifting: the listener actively contributes to the utterance. Braun explicitly derives from this the "**necessity of co-constructions**" – the German-language foundation of what is set out in Chapter 6 of this article.

Limited vocabulary. Often, only a few symbols are available. This places high demands on the ingenuity of both parties, carries a risk of frustration and requires the partner to accept 'side issues' as well – in other words, to accept what can be expressed using the available vocabulary, rather than insisting on their own question.

Lack of conversational experience. Anyone who has never been able to hold conversations on an equal footing has never had the opportunity to learn the rules of communication: initiating and sustaining conversations, and resolving misunderstandings. What appears to be a lack of competence is often a lack of experience – an argument against hasty judgements of competence and in favour of patient, supportive partners.

Social reactions from the environment. Braun states with uncomfortable clarity how the environment typically reacts: ignoring communicative signals is socially acceptable; undesirable content is subject to harsher sanctions, including censorship; at the same time, there are high expectations regarding the ‘substance’ of every painstakingly produced utterance. Users of sign language are therefore expected to convey something meaningful with minimal resources – and risk being ignored or belittled if it is not to everyone’s liking.

Braun’s conclusion is consistent with the international evidence and, at the same time, forms its central tenet: **The behaviour of primary caregivers is crucial.** Her guiding principles on this matter are: in the spirit of ‘total communication’, to make use of every possible means to provide an effective communication system; to alleviate communication difficulties; and – as the ethical minimum standard for supportive partner behaviour – communication must never become a source of frustration.

Braun also describes two practical tools for carers that help to ensure supportive communication behaviour: **‘I’ books** (records of individual traits, familiar routines, significant others, favourite topics and distinctive characteristics) ensure continuity, so that even new or unfamiliar conversation partners can understand and engage with the person; **Diaries** (experiences, special moments, stories worth sharing) provide shared topics for conversation and enable the person to talk about themselves rather than simply being questioned. The closely related concept of **Communication Passports** (developed in the early 1990s by Sally Millar at the CALL Centre in Edinburgh; Millar & Aitken, 2003) is internationally established – person-centred passports containing key information that are regarded as good practice worldwide. Finally, Braun’s motto, ‘Turn the environment into a communication board!’, extends the partner’s responsibility to the design of the entire environment: opportunities for communication must be available everywhere, not just at the device itself.

Braun summarises why this effort is worthwhile by outlining the benefits of successful AAC: more meaningful communication, fewer misunderstandings, a reduced need to express oneself solely through behaviour (those who are understood no longer need to communicate distress, pain or wishes through ‘disruptive behaviour’), deeper relationships, growing self-confidence, support for overall development and a more self-determined life.

1.2 The Linguistic Perspective: The Contribution of Conversation Analysis

Linguistic **conversation analysis** (CA) provides the tools needed to understand *exactly where* conversations function differently in UK contexts – and why the strategies employed by conversation partners are effective:

- **Turn-taking:** Conversations are organised around a finely tuned system of turn-taking (Sacks, Schegloff & Jefferson, 1974) – with minimal gaps and overlaps. The drastically slowed-down production of utterances in sign language disrupts this system: The ‘gap’ becomes so long that conversation partners reflexively fill it. The expectant pause (4.2) is the conscious suspension of this reflex; Higginbotham & Wilkins (1999) have described time and timing as the core social problem of augmented interaction.

- **Repair:** There is a structured 'repair' system for dealing with misunderstandings, with a preference for self-repair (Schegloff, Jefferson & Sacks, 1977). Partners who are too quick to offer third-party repair (advice, correction, completion) deprive the person of the preferred self-repair – the basis of the repair sequences in section 6.2.
- **Common Ground:** Communication is an ongoing process of shared 'grounding' (Clark & Brennan, 1991; Clark, 1996) – each contribution must be mutually confirmed as having been understood. Confirming, summarising and checking (4.6, 6) are nothing other than grounding made explicit.
- **CA studies on UK:** Bloch & Wilkinson (2004) showed that, whilst the speaker's utterances are **intelligible**, they are often not **understandable** due to their position in the sequence – therefore, simply being able to read aloud is not enough; the partner must actively maintain the conversational context. Bloch (2011) analysed the **anticipatory completion** (anticipatory other-completion) of AAC utterances – the direct empirical basis for 'not anticipating'. Clarke & Wilkinson (2007, 2008) investigated peer conversations among children using speech-output devices; Goodwin (1995) demonstrated, using the example of a man with aphasia, how meaning is jointly constructed with minimal resources.
- **German Linguistics (Freiburg School):** The project 'Interactive Conditions of Augmentative and Alternative Communication in Severe Infantile Cerebral Palsy' (University of Freiburg, supervised by Peter Auer) gave rise to Ina Hörmeyer's dissertation (2015), which employed conversation analysis to examine the use of the body and machines in AAC; Building on this, Renner, Hörmeyer & Hoffer (2019) presented an **empirical typology of co-construction techniques** in AAC (see Chapter 6). More recently, Wagenknecht (2024) used practice theory to reconstruct how 'speaking with a talker' functions as a social practice.

2. Supportive communication skills: approach and basic principles

Effective communication behaviour begins, even before any technique, with a mindset. In German-language AAC literature (Boenisch & Sachse, 2020; Wilken, 2018; *Handbuch der Unterstützten Kommunikation* [Handbook of Augmentative and Alternative Communication], by Loeper/GesUK) and in the experiential literature written by AAC users (Diercks, vorlesen-einmal-anders.de), five fundamental principles can be identified:

Presuming competence. The partner always assumes that the other person understands, thinks, feels and wishes to communicate something – regardless of how much of this is currently apparent. This is grounded in the principle of the **least harmful assumption** (Donnellan, 1984): Where conclusive data is lacking, the assumption that guides action should be the one that causes the least harm if it proves to be incorrect – and underestimation causes more harm than overestimation. This expectation is not merely a polite formality, but has been shown to alter the partner's behaviour: those who expect competence address the person directly, choose age-appropriate topics and language, wait for responses, and interpret signals as attempts at communication rather than random behaviour. (For context: in academic circles, 'presuming competence' is also the subject of critical debate – for example, by Travers & Ayres (2015) – primarily as a warning against deriving unsubstantiated techniques from it, such as Facilitated Communication (FC), in which the communication partner physically guides the utterance. Assuming competence means: trusting the person and giving them access – not: speaking on their behalf. See the rules on authorship in section 6.4.)

Responsiveness. Responsive partner behaviour involves paying close attention to all the person's signals, acknowledging them and building on them. In research, this is measured, amongst other things, using the **RAACS** scale (Responsive Augmentative and Alternative Communication Style; developed by Broberg, Ferm & Thunberg, 2012), which maps eleven behavioural characteristics – including the extent to which the partner is attentive, acknowledges utterances and expands the person's communication (used, for example, in Wandin, Lindberg & Sonnander, 2022). Important: Responsiveness is not a fixed trait, but varies depending on the person one is interacting with and the situation – and it can be developed through practice.

Recognising multimodality. All forms of expression count as communication: eye contact, facial expressions, sounds, body tension, gestures, sign language, symbols, writing and speech. Ursula Braun bases this on a deliberately broad definition of the term 'symbol': The aim is to achieve communicatively effective 'shared signs', which may also include olfactory, movement, object, tactile, acoustic and visual signs – many of which develop significantly earlier than spoken language. In addition to intentional signs (eye movements, vocalisations, gestures, signs, individual signs), she explicitly includes non-intentional somatic signals such as breathing and muscle tension, which attentive partners learn to interpret (Braun & Kristen, 'Forms of Communication Inherent to the Body', HdUK). Current intervention studies explicitly record children's communicative acts across all these modalities (e.g. NCT05743439). Research on backchannelling also shows that AAC users and their partners jointly negotiate feedback signals (nods, glances, sounds) in a context-dependent manner in order to establish 'common ground' – a shared understanding (Weinberg et al., 2025, citing Clark & Brennan, 1991).

Match the other person's pace. You should adapt your speaking pace to that of your conversation partner – not the other way round. This applies to pauses, changes of topic and the length of your own contributions to the conversation.

Equal roles in the conversation. It is beneficial if the person using AAC not only responds, but is also able to initiate, ask questions, disagree, comment, raise topics and bring the conversation to a close. The conversation partner consciously creates opportunities for this ("giving them space to start", Diercks).

These five principles are complemented by a normative foundation: **Communication is a right.** The US National Joint Committee has given this principle a binding form: the **Communication Bill of Rights** (first published in 1992; revised to include 15 rights in Brady et al., 2016; consolidated 3rd edition in 2024 with 12 rights). These include, amongst others: the right to refuse things; the right to attention and to be addressed with dignity; the right to a communication system that works at all times; the right to be understood. For partners, the list serves as a practical yardstick for assessing their own behaviour (and is suitable for display as a poster in everyday life).

3. Who is it for? Target audiences for UK and the suitability of the strategies

Not every strategy is equally suitable for every person. Two classification systems help to find the right match – one categorises **UK users**, the other **partners**:

3.1 Target groups of AAC users

The classic three-way classification proposed by **von Tetzchner & Martinsen** (first published in 1992; German edition 'Einführung in Unterstützte Kommunikation', 2000) distinguishes between: the **expressive language group** (good language comprehension, but permanently impaired spoken language expression), the **supportive language group** (AAC used temporarily to support spoken language acquisition or as a supplement where spoken language is difficult to understand) and the **alternative language group** (AAC used permanently as a receptive *and* expressive medium).

Bärbel Weid-Goldschmidt (2013) has used this to develop four **target groups** for German-speaking countries, based on language comprehension and expressive abilities:

ZG	Description	Typical communication
1	People who communicate pre-intentionally	the body's own signals (tension, breathing, gaze, vocalisations) – even when there is no discernible intention to communicate – the partner interprets them and ascribes meaning to them
2	People who communicate predominantly in pre-symbolic ways and have only a rudimentary understanding of spoken language	intentional signs (pointing, direction of gaze, individual gestures, objects), first 'yes' and 'no' signals
3	Verbal-symbolic communicators with significant limitations in their use of language	Symbols/signs/communication aids, limited vocabulary, telegraphic style
4	Verbal-symbolic Communicators with no significant limitations on language use	free expression (spelling, speech-to-text, writing) – 'merely' a problem of pace and access

Important: The target groups are **snapshots, not fixed categories**. People evolve – particularly *through* good partnerships – and it is common to see mixed profiles and fluctuations depending on how someone is feeling on a particular day. The classification is intended to help tailor the support provided, never to label people.

3.2 Partner sites: social networks

The **Social Networks** inventory (Blackstone & Hunt Berg, 2003) categorises a person's communication partners into **five circles**: (1) family/partner, (2) close friends, (3) acquaintances, (4) paid carers and professionals, (5) unfamiliar partners. It highlights *with whom* a person is actually able to communicate – for AAC users, circles 2, 3 and 5 are often drastically reduced, whilst circle 4 is disproportionately large. For partner training, this means: each circle requires a different level of depth (parents have different needs to a new carer or schoolmates), and one aim of effective partner work is to **expand** the outer circles.

3.3 Matching: Which strategy for which target group?

The strategies and approaches (Chapters 2 and 4–6) can be reasonably assigned to the target groups – not as an either/or choice, but as a matter of **prioritisation**. Some strategies are universal, some are specific to particular target groups, and one may even be counterproductive for Target Group 4:

Strategy	ZG 1 pre-intentional	ZG 2 pre-symbolic	ZG 3, symbolic, with restriction	ZG 4 with no significant restrictions
Assuming competence / interpreting signs, attributing meaning	●●● Core	●●●	●●	●● (“Let them demonstrate their competence”, Kagan)
A Pause Full of Anticipation / Tempo	●●● Micro-breaks, waiting for signals	●●●	●●●	●●● <i>universal, here referring primarily to the setting time</i>
Modelling	● Introduction (the simplest symbols)	●●● individual symbols/signs	●●● Core (core vocabulary, sentence structure)	○ Not applicable – may come across as patronising
Question types	○ No questions yet – Interpreting & Offering	●● Specific selection (objects/photos), establishing ‘yes’/‘no’ signals	●●● Unresolved issues + waiting time, making a choice when feeling tired	●● Open-ended questions, of course; yes/no questions only as an efficiency tool, if requested
Confirm & Expand	●●● Respond to every reaction (responsiveness)	●●● name + expand	●●● Expansion/Recast	● Summarise rather than expand
Graduated support / do not pre-empt	● (Help = Explanation)	●● Prompt levels	●●● Kern (do not prompt)	●●● Do not anticipate/guess (Bloch, 2011)
Co-design	●● Category-based interpretation with validation	●● partner-assisted scanning (PODD)	●●● Word-for-word structure, authorise	●●● Core: Spelling dictation, faithful interpreting, authorship
Structuring the environment / Creating opportunities	●●● Routines & Occasions	●●● Occasions/Options	●●	●● Ensure access (device always available)

(●●● = core strategy · ●● = important · ● = adjusted/reduced · ○ = not (yet) appropriate)

Evidence bases for each target group: For TG 1–2, responsivity and COCP research (Yoder & Warren, 2002; Heim et al., 2011 – the COCPvg was developed specifically for the most severe multiple disabilities); for target groups 2–3, the evidence on modelling and partner instruction (Kent-Walsh et al., 2015; Sennott et al., 2016); for Target Group 4, co-construction and CA research, as well as the experiential literature (Diercks; Bloch, 2011); for acquired impairments, SCA and related aphasia programmes (Kagan, 1998).

4. Partner strategies in detail

Partner strategies are specific, describable and trainable behaviours exhibited by the conversation partner. The most important ones in detail:

4.1 Modelling (Modelling / Aided Language Input / Augmented Input)

What: The partner uses the person's own means of communication – pointing at symbols whilst speaking, tapping key words on the talker or signing key terms – without expecting a response.

Why: Children learning spoken language hear thousands of language models over many years before they start speaking themselves. In contrast, AAC users are often expected to express themselves in a modality for which they have no role model: they *hear* spoken language, but are expected to respond with *symbols*. Modelling bridges this gap by bringing input and expected output into the same modality (pioneering work: Goossens, 1989).

Evidence: Modelling is the single AAC strategy that has been most extensively studied. Sennott, Light and McNaughton (2016) conducted a systematic review of intervention research on AAC modelling and found consistently positive effects on pragmatics, semantics, syntax and morphology. The meta-analysis by O'Neill, Light and Pope (2018) on interventions using 'aided AAC input' confirmed significant effects on the communication of people with complex communication needs. Biggs, Carter and Gilson (2018) reached similar conclusions in their systematic review of modelling interventions for children. In a school setting, too, the partner-based intervention AKKtiv ComPal increased the use of augmented input by teachers, with effects that were in some cases sustained after seven months (Wallin et al., 2024). And case-study research showed that when the partner modelled using the eye-controlled device, her other responsive behaviours also increased (Wandin et al., 2022) – modelling therefore also has a reciprocal effect on the partner themselves.

Practical tips: Do not model every single word, but focus on key words ('more', 'done', 'different', 'good'); speak naturally whilst demonstrating; take a relaxed approach to mistakes; ensure that your own modelling is not misinterpreted as a request. For German, the practical guide by Castañeda, Fröhlich & Waigand (2017/2020) provides a practical guide for parents and professionals suitable for everyday use; **SMORRES** (Senner & Baud) has established itself as a mnemonic for training: **S**low rate (speak more slowly), **M**odel (model), **R**espect & reflect (take statements seriously and reflect them back), **R**epeat (repeat), **E**xpand (expand), **S**top (pause – leave space).

4.2 Expectant delay (wait time)

What: After asking a question, making a suggestion or in the middle of a conversation, the partner deliberately pauses – with focused attention and visible anticipation – rather than filling the silence straight away. (Direct eye contact is not essential here: for people on the autism spectrum, those with CVI or severe motor tension, it can be stressful or make it harder to formulate a response; in such cases, it is the attentive presence that counts, not the eye contact.) Practical rules of thumb range from 'counting to 10 in your head' to 'counting to 30' (Diercks); in research-based time-delay/prompting protocols, 5–10 seconds is the standard, though significantly longer meaningful waiting times (up to 30–45 seconds) have been documented on a case-by-case basis, depending on the individual and the aids used.

Why: Formulating a statement using eye control, scanning or a letter board takes many times longer than spoken language (see 1.1 and the turn-taking problem in 1.2). Any premature assistance, any completion of a sentence and any change of topic interrupts the process of formulating a response – and, in the long term, teaches the person that effort is not worthwhile ('learned passivity'; classic reference: Basil, 1992).

Evidence: The ‘expectant pause’ is an integral part of virtually all evidence-based partner instruction programmes, such as the ImPAACT programme family developed by Kent-Walsh, Binger and colleagues, with strategy packs such as the ‘Read, Ask, Answer’ reading strategy for shared picture book reading (Kent-Walsh & McNaughton, 2005; Kent-Walsh & Binger, 2013) and the Hanen Parenting Programme, which summarises this in the **OWL** formula: **O**bserve – **W**ait – **L**isten. In the meta-analysis on partner instruction (Kent-Walsh, Murza, Malani & Binger, 2015), interventions that teach such strategy bundles proved to be highly effective for the communication of AAC users. And the fact that waiting works is not specific to AAC: even classic teaching research (Rowe, 1986) showed that teachers typically wait for less than a second – and that a waiting time of around three seconds or more measurably alters the length and quality of responses.

4.3 Graded support (least-to-most prompting)

What: Help is provided in gradually increasing stages – first waiting to see what happens, then a look of anticipation, then a general suggestion (“You can show me”), then a demonstration, and only finally a specific choice or physical assistance. The aim is always to provide the minimum amount of help that is still necessary.

Why: This ensures that the person retains maximum autonomy; the partner does not ‘over-help’. Overprompting – constantly prompting, finishing sentences for them or guessing what they are going to say – robs the person of their sense of agency and encourages dependence.

Evidence: Tiered support hierarchies are a standard feature of AAC intervention research and textbooks (Beukelman & Light, 2020) and of structured partner training programmes (including ImPAACT: Kent-Walsh & Binger, 2013), the effectiveness of which has been demonstrated by meta-analysis (Kent-Walsh et al., 2015).

4.4 Confirmation and Expansion (Expansion / Recast)

What: The partner picks up on what the person has said, confirms the content and repeats it, slightly expanding on it or rephrasing it correctly. Example: The person chooses ‘BALL’ – the partner: ‘Yes, a ball! A red ball. Do you want the ball?’

Why: The person feels a sense of efficacy (their comment was understood and had an effect), is given a language model that is just above their own level, and is encouraged to carry on – without being corrected or questioned.

Evidence: Affirmation and extension are among the responsive strategies operationalised in the RAACS scale, and their use can be increased through training and modelling (Wandin et al., 2022); Teachers used responsive strategies more frequently and, in some cases, sustainably following the ComPal intervention (Wallin et al., 2024).

4.5 Providing information rather than asking questions

What: The partner comments, tells a story and shares their own thoughts, rather than testing the other person with quiz questions (“What is that?”, “What colour is it?” – the answers to which the questioner already knows).

Why: Test questions create exam-like pressure, reduce the conversation to a performance assessment and model a form of interaction in which the AAC user merely reacts. Commenting, on the other hand, models

genuine communication: narrating, evaluating, joking, contradicting – precisely the functions that AAC users are also expected to perform. Communicative competence, as defined by Light and McNaughton (2014), encompasses far more than simply answering questions: it includes social closeness, the exchange of information and social etiquette.

4.6 Ensuring access and providing feedback

Two often-overlooked basic strategies: Firstly, the communication aid must be **always available** – within reach, charged, and fitted. A talker stored away in a cupboard is, in practical terms, a voice denied (and violates the Communication Bill of Rights; see Chapter 2). Secondly, the person needs **continuous feedback** on the state of mutual understanding: confirming each selected letter aloud, writing down words, summarising progress, and reconfirming at the end. Diercks summarises this in the basic rules of ‘Wait – Summarise – Confirm’; in conversation analysis, this corresponds to the ongoing establishment of ‘common ground’ (Clark & Brennan, 1991; see 1.2).

4.7 The ten COCP partner strategies – the concise canon

The Dutch **COCP programme** (Chapter 7.2) has consolidated the canon of strategies into ten partner strategies, which are used identically by both COCP and COCPvg (Heim, Jonker & Veen, 2006; Heim, Veen & Velthausz, 2010):

1. **Organise your surroundings.**
2. **Follow the person’s train of thought.**
3. **Encourage divided attention.**
4. **Create opportunities for communicative interaction.**
5. **Expect communication that is appropriate to the person’s level.**
6. **Adjust your pace – take a break.**
7. **Develop the forms of communication that the person can use themselves.**
8. **Offer language tuition tailored to the individual’s level.**
9. **Encourage them step by step (“prompt them”).**
10. **Acknowledge and value every attempt at communication.** (The original uses the word ‘reward’ – here deliberately rendered as *take seriously/value*, without any connotations of reinforcement or training.)

The list covers strategies 4.1–4.6 and adds two points that might otherwise be easily overlooked: **structuring the environment** (Braun’s “Turn the environment into a communication board!”) and **shared attention** as the foundation of early communication. It is worth noting that in the COCPvg effectiveness study, **Adjusting the pace** was the category showing the greatest improvements in partner interaction (Heim et al., 2011) – waiting is evidently both the most important and the least intuitive strategy.

5. Question types: Open-ended questions and yes/no questions

Questions are the partner’s most important management tool – and, at the same time, the one most frequently used incorrectly. Both types of question have their place; what matters is their deliberate and appropriate use (and their suitability for the target group; see section 3.3).

5.1 Asking open-ended questions

What: Open-ended questions (W-questions: ‘What did you experience?’, ‘What was it like?’, ‘What do you think about that?’) leave the content, length and direction of the answer open.

Why they are beneficial: Open-ended questions hand control of the conversation over to the person using AAC. They enable genuine information-sharing (the questioner does not know the answer), allow the person to set their own topics, encourage and promote active vocabulary and sentence construction, and signal a genuine interest in the person rather than a desire to get the conversation over with quickly. In interaction research, the predominant use of closed questions by one partner is regarded as a key characteristic of asymmetrical, dominated conversations (Light, 1988). Open-ended questions are the most direct antidote.

Conditions for successful open-ended questions: Open-ended questions only work in conjunction with other strategies: with sufficient time to wait (4.2), with an available means of communication that offers the necessary range of vocabulary, and with a willingness to take even fragmentary responses (a symbol, a word, a glance) as fully-fledged contributions and to expand upon them in a co-constructive manner (4.4, Chapter 6). An open-ended question without a waiting period is a rhetorical question.

Borders: Open-ended questions are the most cognitively and motorically demanding form of response. They can be overwhelming for people who are extremely tired, in crisis situations, with very limited access to vocabulary, or for those who are still at the early stages of their AAC development (target groups 1–2). In such cases, multiple-choice questions and structured yes/no formats are the more respectful choice – not as a permanent solution, but as a situational adaptation.

Practical examples: Instead of “Did you have a nice day?” (Yes/No) → “What happened today?” or, as an alternative, “What was the best bit of today?”. Instead of “Would you like some juice?” → “What would you like to drink?” (if there’s a choice available on the communication aid).

5.2 Yes/No questions: both a risk and a tool

Yes/no questions play a dual role in UK, which must be considered in a nuanced way.

The risk: Yes/No questions as a tool of domination. When partners *predominantly* ask yes/no questions, they restrict the scope for response as much as possible: the person using AAC can only confirm or reject whatever the partner has come up with. Control over the topic, the choice of wording and the power of interpretation lie entirely with the speaker. It is precisely this pattern that the literature describes as typical obstructive partner behaviour (see Chapter 1). Another risk is the ‘Twenty Questions’ game: the partner works their way towards the presumed message through a cascade of yes/no questions, often guessing faster than the person can confirm – resulting in a high error rate and the effect that, in the end, it is the partner’s version that prevails, not the person’s.

The tool: structured yes/no communication. At the same time, for many people – such as those with severe motor impairments, those with locked-in syndrome or those in intensive care – yes/no responses are the most reliable, quickest and sometimes the only stable means of expression. Research into brain-computer interfaces and basic communication systems is deliberately based on validated yes/no paradigms (e.g. EOG-based yes/no communication in ALS/locked-in syndrome with high accuracy: Kim, Han & Im, 2018); in intensive care, yes/no questions are among the most frequently used communication strategies of all (Zeadnih et al., 2025). **Partner-assisted scanning** is also based on this principle: The partner names or

shows options one after the other, and the person confirms their choice with a 'yes' signal. The established standard practice for this is the **PODD** communication books (Pragmatic Organisation Dynamic Display, Gayle Porter): They are systematically designed for partner-assisted scanning and, via **pragmatic entry phrases** ("I want something", 'I'm asking something', 'Something's wrong') to the person, which otherwise takes the form of a yes/no dialogue (Porter & Cafiero, 2009; practical materials: Burkhart).

Guidelines for the effective use of yes/no questions:

1. **Clarify and agree on signals in advance.** How does the person indicate 'yes', 'no' or 'don't know/neither'? This convention must be established, known to all partners and reviewed regularly (documented in the 'I-Book'/Communication Passport, see 1.1).
2. **Always offer an option to opt out.** "Something completely different?", "Shall I stop guessing?" – otherwise, the format forces the person to choose from their partner's alternatives.
3. **A systematic approach rather than wild guesswork.** First clarify the categories ("Is it about today? About a person? About something you need?"), then narrow it down – that's co-construction (Chapter 6) rather than a guessing game.
4. **Confirm each answer out loud.** "Yes, it's about school – is that right?" This ensures that everyone is on the same page (common ground).
5. **Summarise the outcome and have it authorised.** At the end, repeat the reconstructed message in full and have it confirmed: the person has the final say on what they have said.
6. **Don't stay below standard all the time.** Anyone who can communicate in a more nuanced way is entitled to open-ended formats; 'yes' or 'no' answers are then a supplement (e.g. for quick confirmation), not a substitute.
7. **Ensure the 'yes' response is genuine.** Some people are more likely to answer 'yes' out of politeness, fatigue or habit (acquiescence). Therefore, occasionally double-check with **follow-up questions with known answers**, clearly separate 'yes' and 'no' in terms of space and time, offer open-ended choices, and, for important decisions, have the answer confirmed by a second means.

Intermediate form: Choice questions. Choice questions, which offer two to four real options ("Would you like to tell a story, ask a question or show something?"), fall between open-ended and closed questions. They reduce the effort required to formulate responses, whilst still allowing for genuine decision-making – often the best compromise when users are tired or are just starting to use AAC, ideally supported by visible symbols.

6. Co-construction: How utterances are created jointly

6.1 Definition and basic concept

Co-construction refers to the process in which a statement is not produced by one person alone, but is constructed jointly by both conversation partners – letter by letter, symbol by symbol, through confirmations, clarifications, summaries and elaborations. The term **co-construction** was coined by Jacoby & Ochs (1995) to describe the joint production of meaning, action and identity; it is not regarded as a special case of AAC, but as a fundamental principle of all communication: Even speakers of spoken language

are constantly establishing 'common ground' together (Clark & Brennan, 1991; Clark, 1996). In AAC, this normally invisible process becomes visible only gradually and through a division of labour.

Ursula Braun established this insight early on in the German-speaking world: From the atypical role behaviour in UK conversations – the altered demands placed on the roles of speaker and listener – she explicitly derives the “necessity of co-constructions” (Braun, 2012; HdUK article ‘Besonderheiten der Gesprächssituation’); this is methodologically underpinned by her conversation analyses of speech-computer communication in cases of severe dysarthria (Braun, 1994). The Freiburg conversation analysis has empirically substantiated this: Hörmeyer (2015) demonstrates in detail how the body and machine interact in assisted conversation, and Renner, Hörmeyer & Hoffer (2019) present a **typology of various co-construction techniques** in AAC. Co-construction is therefore not a stopgap solution in German academic discourse, but a constitutive feature of supported conversations – and the ability to engage in it is a key characteristic of good conversation partners.

Research shows that communicators dynamically negotiate their feedback and construction strategies – depending on their role, the medium and the context (Weinberg et al., 2025). In the field of AAC, work on technical support for co-construction began at an early stage (Roark, Fowler, Sproat, Gibbons & Fried-Oken, 2011: ‘Towards technology-assisted co-construction with communication partners’), and Ibrahim et al. (2023) demonstrated how children in the classroom combine gestures, eye contact, sounds and devices to establish mutual understanding with teachers (cited in Weinberg et al., 2025).

6.2 Typical forms of co-construction

Spelling dictation with confirmation: The person selects letters (using a board, eye control or scanning); the partner repeats each letter aloud, writes it down, reads out the letters between words and asks for confirmation.

Word-for-word construction using symbols: The person selects key symbols; the partner verbalises them (“You. Want. Outside. – Do you want to go outside?”) and seeks confirmation of the phrasing.

Category-guided narrowing down: In the case of very basic yes/no signals, the partner structures the search space (topic → area → specific statement), whilst the individual steers the process through confirmation or rejection (see 5.2).

Repair sequences: In the event of misunderstandings, the conversation does not start from the beginning, but is repaired in a targeted manner: “Up to ‘I want to by tomorrow’, I’d got you right – is that correct? Then let’s carry on from there.” (From a conversational analysis perspective: repair with a preference for self-repair – the person corrects themselves wherever possible; Schegloff, Jefferson & Sacks, 1977.)

Borderline case of anticipatory completion: The completion of utterances that have been started by the partner (anticipatory other-completion; described in conversation analysis by Lerner, 1991, as *collaborative completion*) can save time, but shifts authorship – Bloch (2011) demonstrates, using conversation analysis in the context of UK, just how dependent on prior assumptions and error-prone it is. If at all, then only as a *suggestion with a confirmation loop* (“Do you mean ...? Say ‘stop’ if I’m wrong”), never as a tacit assumption.

6.3 Scaffolding: the scaffolding principle

In co-construction, the partner acts as a scaffold (according to Bruner and Vygotsky): They take on precisely those aspects that the person is currently unable to manage on their own – providing structure, adjusting the pace, and reducing the cognitive load by summarising – and step back as soon as the person can manage without them. Case studies show that such scaffolding and responsive strategies vary depending on the individual and can be enhanced through training and accompanying modelling (Wandin et al., 2022).

6.4 Authorship and faithful interpretation: the ethical dimension

Co-construction carries a risk: the more the partner contributes, the greater the danger that *their* version will end up being the final one. That is why strict rules apply, which UK users themselves also insist on (Diercks; assistuk.net):

The statement always belongs to the person using assisted communication. The partner adds nothing, omits nothing, does not smooth things over and does not interpret without being asked. Anyone relaying statements to third parties must interpret them word for word. Any reconstruction is presented to the person for confirmation before it is regarded as their statement. Assumptions are identified as such (“I’m guessing now – stop me if I’m wrong”). Furthermore, the right not to be understood remains – the person may stop speaking, refuse to continue and reject ‘misunderstood’ interpretations without the partner reacting in a way that is offensive.

In the case of people who are not (yet) able to confirm this (target groups 1–2), an additional ethical rule applies: Attributed meaning remains explicitly a **hypothesis** (“I interpret this as ...”), is discussed within the team, documented and kept open to revision – never presented as a definitive statement by the person. These rules are not a mere courtesy, but a prerequisite for co-constructed communication to be regarded as an authentic expression of the person – which is legally relevant, for example, in the context of consent, treatment decisions and participation planning. (This is also where the dividing line lies with scientifically discredited Facilitated Communication (FC), in which the partner physically guides the pointing movement: co-construction safeguards authorship, whilst FC undermines it.)

7. Effectiveness: What partner training has been shown to change

All the strategies described form part of structured training programmes (Communication Partner Training, CPT; also known as ‘communication partner instruction’ in the field of AAC). The evidence and the key programmes:

7.1 Meta-evidence and the instructional model

The meta-analysis by Kent-Walsh, Murza, Malani and Binger (2015) of 17 individual case studies on partner training (53 participants) showed consistently positive, predominantly large effects on the communication of AAC users – partner training therefore not only changes the partner, but also measurably improves the communication of the person using AAC (most of the evidence relates to children under 12 years of age). For children with complex communication needs, the systematic review by Shire & Jones (2015; 13 studies) reached the same conclusion; in some cases, the effects remained stable for over 1–2 months.

The tried-and-tested instructional model behind this is the **eight-step approach of the ImPAACT programme family** (“Improving Partner Applications of Augmentative Communication Techniques”; Kent-Walsh & McNaughton, 2005; Kent-Walsh & Binger, 2013): (1) pre-test and commitment to the training, (2) describing the strategy, (3) demonstrating the strategy, (4) verbal rehearsal of steps, (5) controlled practice with feedback, (6) advanced practice with feedback, (7) post-test and commitment to long-term use, (8) generalisation into everyday life. It combines knowledge transfer, modelling, guided practice and feedback – video feedback is a core element across all programmes.

7.2 COCP (Netherlands): the most established European programme

The **COCP programme** (“Communicative Development of Non-Verbal Children or Adults and Their Communication Partners”; Margriet Heim, University of Amsterdam, & Vera Jonker, Heliomare; first guide published in 1997) does not train individual partners, but rather a person’s **entire communication group** (4 to over 20 people: parents, siblings, professionals, right through to neighbours and taxi drivers) – through group meetings, individual **communication plans** for each partner and situation, and video-supported follow-up discussions, evaluated cyclically every 6–9 months. The core content comprises the ten partner strategies (4.7), 15/16 communicative functions and the forms of communication; the theoretical basis is the participation model and the pioneering Toronto work by Light and colleagues (Light, Collier & Parnes, 1985; Light, McNaughton & Parnes, 1986). Effectiveness: Heim’s doctoral thesis (2001) demonstrated, in a longitudinal study, an increase in conversational turns, more initiatives and improved symbolic abilities among the children, as well as better pacing and responsiveness on the part of the partners; the COCPvg study (Heim, Veen & Velthausz, 2011; 9 clients with (very) severe intellectual/multiple disabilities, 16 partners) found significant improvements in partner interaction styles (largest effects in **pace matching**; effect sizes $r = .23-.96$) and a more balanced distribution of turn-taking and initiatives. In 2016, COCP was recognised in the Dutch intervention database as ‘Effective: good evidence of efficacy’. COCPvg thus explicitly validates target groups 1–2 (Chapter 3) and adults – precisely the gap identified in the Kent-Walsh meta-analysis.

7.3 SCA and the aphasia line: the burden of proof lies with the partner

For acquired impairments, **Supported Conversation for Adults with Aphasia (SCA™)** (Kagan, 1998) is the classic approach: The responsibility for successful communication lies with the partner, who **acknowledges** the person’s competence (‘acknowledging competence’: with dignity, in a manner appropriate to adults) and **highlights** it (‘revealing competence’: ensuring understanding, enabling expression, verifying comprehension). The controlled trial by Kagan et al. (2001) showed that even trained **volunteers** – that is, laypeople such as the target group for any companion app – improved significantly in both dimensions, and the quality of conversation among people with aphasia also increased. The systematic reviews by Simmons-Mackie et al. (2010; updated 2016) classify CPT as effective for aphasia; international best-practice recommendations accordingly include it (Aphasia United). Programmes based on conversation analysis, such as **SPPARC** (Lock, Wilkinson & Bryan, 2001), involve partners analysing videos of their own everyday conversations; **Better Conversations** is now also being trialled via telemedicine (Parkinson: Clay et al., 2023). Purely **online formats** are also effective: A two-hour programme significantly improved knowledge, use of strategies and confidence among 236 healthcare students – with a measurable decline by the six-week follow-up, which is why the authors recommend refresher sessions (Power et al., 2024). CPT is now also widely documented for nursing and care staff in elderly care (scoping review: Burton et al., 2025).

7.4 Parent and School Programmes

Hanen’s “It Takes Two to Talk” is the archetype of structured parenting training (8 group sessions plus 3 individual video feedback sessions, the responsiveness principle, the OWL strategy). In an exploratory before-and-after study (without a control group) involving pre-school children with cerebral palsy, mothers subsequently initiated fewer interactions, responded more and asked fewer questions – whilst the children initiated more interactions, asked more questions and offered more information (Pennington et al., 2009). For the earliest stage (target group 1), the RCT by Yoder & Warren (2002; 39 pre-verbal toddlers) showed that: **Responsivity training for parents** plus pre-linguistic environmental teaching increases parental responsivity and the children’s intentional communication. From Sweden comes the **AKKtiv** course family (DART Gothenburg; Thunberg, Ferm et al.): “Komigång” (English: ComAlong) is the parents’ course; ‘AKKtiv KomPis – Kommunikation genom Pekprat i skolmiljö’ (referred to as ‘ComPal’ in English-language publications) is the version for school staff, the effects of which on augmented input and teachers’ responsive strategies remained partially stable over approximately seven months; Factors influencing this stability included, amongst others, the classroom setting, the teachers’ prior experience with AAC and refresher training (Wallin et al., 2024).

7.5 The common thread

Across all programmes, four principles of effectiveness recur: (1) **a few, clearly defined strategies** rather than vague appeals; (2) **demonstration plus independent practice** rather than information alone; (3) **video feedback or self-observation**; (4) **refresher sessions and everyday support**, because training gains fade without repetition (Power et al., 2024; Wallin et al., 2024). It is precisely these four principles that form the didactic backbone of the PartnerTo modules.

8. A concise overview for practical use

Situation	Beneficial	Obstacle
Start of conversation	Address the person directly, provide resources, allow room for initiative	Talk about the person with others; raise the subject on your own
Whilst the person is speaking	Waiting eagerly, repeating letters/words aloud, writing them down	Complete, have a go at guessing, ‘missed’ the display, change the topic
Ask questions	Open-ended questions with a pause; multiple-choice questions when the respondent is tired; yes/no questions only in a structured format with an option to stop	Test questions; haphazard ‘yes/no’ cascades; rhetorical questions without a pause
Following a statement	Confirm, expand, summarise, have authorised	Ignore it, dismiss it as incorrect, treat one’s own interpretation as fact
My own posts	Comment, describe, and model using the aid	Dominating, questioning, talking non-stop
Disclosure to third parties	Interpret literally, indicate where assumptions have been made	Smoothing, adding to, interpreting without being asked

For the target-group-specific weighting of these strategies, see the matrix in section 3.3.

9. Conclusion

Supportive conversational behaviour is a coherent system, not a collection of individual tips: the attitude of assuming competence underpins the strategies; modelling and sharing provide input; expectant pauses, open-ended questions and graduated support create space for output; Affirmation, elaboration and summarisation ensure common ground; and co-construction with clear rules on authorship transforms collaborative work into an authentic expression of the individual. Yes/no questions are neither forbidden nor harmless in this context – they are a precision tool which, when used in a structured way, enables participation, and when used unstructured, cements dominance. Which strategy takes precedence depends on the target group: in pre-intentional communication, the partner acts as interpreter and initiator; in free spelling, they act as scribe, echo and faithful interpreter – but waiting is at the heart of it all. Research – ranging from meta-analyses of partner instruction through COCP and SCA to conversation analysis – is unanimous: these skills can be taught and learnt; their effects are felt directly by people using supported communication – and they fade without practice. Becoming a good conversation partner is therefore not a question of character, but a choice to commit to training, reflection and respect.

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