**TITLE:** **Practical Methodology of Cognitive Tasks Within a Navigational Assessment**

**AUTHORS:**

Robillard, Manon

Speech-Language Pathology Program

Laurentian University

Sudbury, Canada

mrobillard@laurentian.ca

Mayer-Crittenden, Chantal

Speech-Language Pathology Program

Laurentian University

Sudbury, Canada

cmayercrittenden@laurentian.ca

Roy-Charland, Annie

Psychology Department

Laurentian University

Sudbury, Canada

aroycharland@laurentian.ca

Minor-Corriveau, Michèle

Speech-Language Pathology Program

Laurentian University

Sudbury, Canada

mminorcorriveau@laurentian.ca

Bélanger, Roxanne

Speech-Language Pathology Program

Laurentian University

Sudbury, Canada

rbelanger@laurentian.ca

**CORRESPONDING AUTHOR:** Manon Robillard, Ph.D.

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**SHORT ABSTRACT:**

Children who have complex communication needs can benefit from the use of a speech-generating device (SGD). Cognitive skills were identified as having an impact on the ability to navigate between levels of SGDs. This protocol describes the steps needed for Speech Language Pathologists to assess cognitive skills and navigational abilities.

**LONG ABSTRACT:**

This paper describes an approach for measuring navigation accuracy relative to cognitive skills. The methodology behind the assessment will thus be clearly outlined in a step-by-step manner. Navigational skills are important when trying to find symbols within a speech-generating device (SGD) that has a dynamic screen and taxonomical organization. The following skills have been found to impact children’s ability to find symbols when navigating within the levels of an SGD: sustained attention, categorization, cognitive flexibility, and fluid reasoning1,2. According to past studies, working memory was not correlated with navigation1,2.

The materials needed for this method include a computerized tablet, an augmentative and alternative communication application, a booklet of symbols, and the Leiter International Performance Scale-Revised (Leiter-R)3. This method has been used in two previous studies. Robillard, Mayer-Crittenden, Roy-Charland, Minor-Corriveau and Bélanger1 assessed typically developing children, while Rondeau, Robillard and Roy-Charland2 assessed children and adolescents with a diagnosis of Autism Spectrum Disorder. The direct observation of this method will facilitate the replication of this study for researchers. It will also help clinicians that work with children who have complex communication needs to determine the children’s ability to navigate an SGD with taxonomical categorization.

**INTRODUCTION:**

The methodology used to assess cognitive and navigational skills can vary widely. Few studies have been published regarding cognitive and navigational skills. Previously, Wallace, Hux, and Beukelman (2010) studied the impact of cognition on navigation with adults who experienced a traumatic brain injury4. They found that cognitive flexibility impacted navigational skills for this population. The method described in this paper conducted by Robillard, Mayer-Crittenden, Roy-Charland, Minor-Corriveau and Bélanger has been published in 20131. Rondeau, Robillard and Roy-Charland also used this method in a similar study2. For the purpose of this paper, step-by-step instructions with visual supports will demonstrate the methodology used in order to encourage duplication of this technique with other populations for research purposes, and to support clinicians who want to assess navigational and cognitive skills for clients who have complex communication needs.

Speech-generating devices (SGD) produce an electronic voice using a synthesizer and can have dynamic levels with links that allow the user to access new words by changing levels (i.e. to change from a page of symbols to another)5,6. The ability to navigate between these levels is required in order to find symbols within the multiple levels of an SGD6,7. The importance of cognitive skills in the ability to navigate the levels of an SGD has been demonstrated1,2,4. Results of a study that analyzed the impact of language abilities on navigational skills revealed that language skills were not a good predictor of navigational skills among children8. By having a better understanding of the cognitive factors that can impact navigation, clinicians can offer a more reliable assessment of children with complex communication needs. The cognitive factors that will be addressed in this study are: sustained attention, categorization, cognitive flexibility and fluid reasoning. See Robillard and collaborators for a description of these cognitive factors1.

Since very few studies have looked at the impact of cognitive factors on navigation, an assessment protocol has not yet been put into practice. Over the years, other fields in speech and language pathology have established assessment batteries in order to better identify children in need of those services. For example, it is a well-known fact that non-word repetition and sentence imitation, two tasks that rely heavily on verbal working memory, along with select language assessment tools, can successfully identify children with language impairments9-14. However, in the field of augmentative and alternative communication (AAC), very little attention has been given to the relation between cognition and the ability to navigate an AAC device. Even less attention has been given to the development of a systematic method to follow. Very few tools exist for the assessment of navigation skills in children. Since there exist a variety of assessment tools that can be used to assess nonlinguistic cognitive skills, it is understandable that determining which tools or tasks to use could be very overwhelming for a clinician15. Clinicians commonly use feature matching with individuals who use AAC. It involves matching the person's abilities to the design features of the SGD. It is therefore important that clinicians are best able to match the cognitive skill levels and the person's navigation abilities to the appropriate device.

Until recently, very few studies have been conducted using an electronic tablet. Waddington and collaborators16 suggested that functional communication skills could be taught using an intervention approach that includes the use of a computerized tablet to children with ASD who have limited or no speech. Moreover, a systemic review by Kagohara and collaborators17 suggested that children with a developmental disability could be taught to use technology such as a tablet for a variety of communication purposes. The method described in this paper will provide researchers and clinicians with a detailed guide to use when assessing cognitive and navigational skills.

**PROTOCOL:**

This study was approved by the Laurentian University Research Ethics Board. Only participants for whom informed parents signed the consent form participated.

**1. Setting**

1.1) Assess participants in a private room if possible.

1.2) In order to reduce the impact of possible fatigue on the cognitive and navigational scores, it is not recommended to administer all of the tests at one time, instead, assess the participants over two to four sessions that vary from 30 min to 2 hours each.

1.3) When using this procedure for research purposes, to control for the element of test practice on subtests that were last given, randomly determine the order in which the navigational task and cognitive subtests are administered, and ensure that they are not the same for all participants.

**2. Procedure**

**2.1) Navigational Task**

2.1.1) Materials: Use a computerized tablet and an augmentative and alternative communication application with a 16-location grid and taxonomic categorization. Use the symbols that come preloaded with the augmentative and alternative communication application. Use the navigational task that involves the retrieval of 25 words (see Table 1) and 5 practice words before beginning the formal assessment. Use a booklet that contains the symbols for each of the target words. Note: Each symbol is present alone on one page.

[Insert Table 1 here]

2.1.2) Sit/stand at an angle, across from the participant in order to observe if they can select the appropriate symbols on the computerized tablet, and to facilitate turning the pages of the booklet. Place the computerized tablet directly in front of the participant, flat on the table or at a 45-degree angle to control the reflection from the lighting in the room. Place the booklet upright using an easel with the symbols between yourself and the participant.

2.1.3) Ask the participant if they have previously used a smartphone or a computerized tablet. Note: This variable is only important if this method is being used for research.

2.1.4) Explain that symbols can be found under folders representing categories, that the home button links to the first level and that the back button links to the previous level. State: “The symbols can be found in each of the different folders that represent different categories (point to the different folders). This button over here (touch the home button) links to this level (demonstrate for the participant) and this button over here (touch the back button) links to the previous level. See?”

2.1.5) Present in a booklet, alone on one page, the symbols that need to be found in the tablet, Say the words that represent the symbols aloud.

2.1.6) Keep the booklet open while the participant navigates within the levels of the computerized tablet to find the symbols.

2.1.7) Give as many verbal and physical prompts as needed during the practice portion, for example: “What category does this word belong to?”

2.1.8) Begin the formal navigational task after the 5 practice words have been successfully retrieved.

2.1.9) Touch the home button on the application between trials in order to consistently start from the first level.

2.1.10) Ask the participant to retrieve all 25 words within the levels of the computerized tablet using the same procedure as the practice portion, with the exception that prompts are not given.

2.1.11) If a symbol cannot be retrieved, tell the participant that by turning the page of the image booklet, the item can be skipped.

2.1.12) Score items as correct if the participant correctly selects the symbol that matches the target in the booklet.

2.1.13) Give a score of zero when a symbol is incorrectly retrieved.

2.1.14) When the participant does not make a selection within 5 minutes, remind the participant that by turning the page of the symbol booklet, that item can be skipped.

2.1.15) End the test once all of the 25 items are presented or after the participant reaches the ceiling of failing to retrieve 8 consecutive symbols.

**2.2) Cognitive Tests**

2.2.1) Administer the following subtests of the Leiter International Performance Scale-Revised (Leiter-R)3 according to the instruction manual. For each subtest, after providing the non-verbal instructions, monitor the participant and record the number of correct responses. Note: The Leiter-R is a non-verbal test that requires the participant and clinician to communicate only with non-verbal cues such as pantomime, gestures, pointing and a questioning manner. The tasks on the Leiter-R generally involve a pointing or matching response. Materials include stimulus easels, cards, and foam shapes.

2.2.1.1) Administer the Attention Sustained subtest.

2.2.1.1.1) Point back and forth between the target picture and one correct answer on the page and simulate a crossing out motion to indicate to the participant the need to find and cross out as many items as possible that are identical to the target within an array of geometric shapes, within a time limit of 30 to 60 seconds3.

2.2.1.2) Administer the Picture Context subtest.

2.2.1.2.1) Use pantomime to indicate to the participant that the stimulus card relates to an empty box on the easel illustration3. Gesture back and forth to indicate the need to identify a pictured object that has been removed from a large display by using contextual cues3.

2.2.1.3) Administer the Figure Ground subtest.

2.2.1.3.1) Point back and forth between stimuli material and the easel and shrug in a questioning manner to indicate to the participant the need to identify embedded figures or designs presented on a card within a complex stimulus3.

2.2.1.4) Administer the Sequential Order subtest.

2.2.1.4.1) Gesture back and forth between stimuli material and tray slots to indicate to the participant the need to select a related stimuli that progresses in a corresponding order. For example, place shapes or cards in the wrong order and shake head “no”3.

**REPRESENTATIVE RESULTS:**

For both studies that used this methodology1,2, cognition was correlated to navigational scores. The higher the cognitive scores were, the higher were the navigational scores1,2. Also, certain cognitive skills were able to predict the navigational ability of both a typically developing population1, and a clinical population of children and adolescents who had received the diagnosis of Autism Spectrum Disorders (ASD)2. For the typically developing children, sustained attention, categorization and reasoning skills permitted the ability to predict navigational skills1. For children with ASD, a different factor, cognitive flexibility, was the best predictor of the ability to navigate between levels of an SGD with dynamic paging2. In these studies, age was not an important factor for the prediction of navigational skills. The results are depicted in Table 2. Results of the study with the ASD population were more similar to those of Wallace4 whose participants included adults who experienced a traumatic brain injury. In fact, in the later, cognitive flexibility was a good predictor of navigational skills. Complete details on the results of these studies can be found in the results section of the above-mentioned papers. It is evident that cognitive skills were an important factor in the ability to navigate an SGD. However, since the predicting factors varied from one author to the next, further studies are needed with different clinical subpopulations and age groups in order to more clearly determine the underlying role of cognitive factors on navigational skills. Studies with larger populations, as well as with children and adults who have complex communication needs and use SGDs to communicate are also needed.

[Insert Table 2 here]

**Table 1:** Words from the Navigational Task

**Table 2:** Results from studies by Robillard and colleagues1 and Rondeau and colleagues2 that used this methodology.

**DISCUSSION:**

The aim of this video was to outline the methodology used to explore the cognitive factors that impact a child’s ability to navigate an SGD. Since the study by Robillard and colleagues1 was the first of its kind with children, there was no pre-established protocol.

The decision to include children with typical development was made to obtain information on basic learning strategies and difficulties that relate to the use of this technology18-20. The symbols were presented in a booklet (on one page) at the same time as the word for the symbol was said aloud to control for the participant’s ability to correspond the symbol to the referent and to ensure that only navigation was being measured. A pilot test determined that a 16-location grid was required. When more than 16 symbols per level were used, the complexity of the navigational task was greatly increased because of the need to scan more items per level to locate the symbols. Using less than 16 symbols per grid would have led to a greater need to change pages and may have increased the complexity of the navigational task. The number of words to identify for the navigational task (25) was also determined through pilot testing and was based on the number of items that the children could reasonably complete within a single session without needing a break.

SymbolStix23 symbols were used because they came preloaded with Proloquo2Go21. Other types of symbols could also be used. The words selected were chosen from the younger stages of receptive vocabulary tests such as the Peabody Picture Vocabulary Test – Fourth Edition (PPVT-4)22 and the Échelle du vocabulaire en images Peabody (ÉVIP)24. The words chosen were judged to be familiar for most children aged 4 to 6 years. The words chosen included concrete nouns that represented objects, animals or people. The order of presentation of the words was also determined through pilot testing. The words that had the highest success rate from the pilot group were placed at the beginning, while those with the lowest success rate were placed towards the end. Items were also placed in an order that would ensure that two successive symbols were not located under the same category. Some symbols could be found at the third level and others at the fourth level. Throughout the experimental navigational task, there was a progression in the level of difficulty. At first, the targeted words were under the same categories used in the practice portion. As the task progressed, new categories were introduced. In order to not discourage the participants, the most difficult words to retrieve were placed at the end of the task and were not administered to the children having reached a ceiling of eight consecutive errors, as this prompted the termination of the task. The participants were given a score of 0 for the items that were not administered.

As for the cognitive measures, the Leiter-R was selected because all subtests are non-verbal and could therefore be administered to children who have complex communication needs. Attention Sustained was selected to measure the ability to sustain attention. Picture Context was selected to measure categorization. Figure Ground was selected as a measure of cognitive flexibility. Sequential Order was selected to measure fluid reasoning. A new version of the Leiter-R3, the Leiter-325 would also be a good measure of cognition.

The results by Robillard and colleagues1 showed that cognitive skills have an impact on the navigational skills of typically developing children who are new to AAC use. Sustained attention (Attention Sustained, Leiter-R), categorization (Picture Context and Classification, Leiter-R), fluid reasoning (Form Completion, Sequential Order and Repeated Patterns, Leiter-R), were all correlated with navigation1. A more detailed discussion of the results can be found in Robillard and collaborators1. Cognitive flexibility (Figure Ground, Leiter-R) was correlated with navigation in children and adolescents with a diagnosis of Autism Spectrum Disorder (ASD)2, but was not correlated with navigation for young children with typical development. Among the factors correlated with navigation, the subsets that best predicted typically developing children’s navigational skills with a taxonomic organization included sustained attention, categorization, and fluid reasoning. However, the population with ASD, only cognitive flexibility was needed to offer the best prediction of the ability to navigate. These results were similar to those found by Wallace and collaborators4, who only examined cognitive flexibility as a cognitive factor. The speed of selecting symbols was not a variable in the previous studies, but could be added as a measure of processing speed.

Procedural limitations are present in this method. The administration of the assessment tools was carried out in multiple settings (i.e. private room, school with background noise, clinic). This could have impacted the participants’ performance. Visual acuity could have been assessed to rule out difficulties with vision. Some participants could have difficulty understanding the representations of the words even though symbols were presented in a booklet during the navigational task. The navigational task does not represent real communication and was in fact the first use of an AAC device after minimal training only. Navigational skills could be aided by personalizing the device, which could reduce the cognitive demands. This procedure was outlined for assessing children and was not examined for an adult population. Also, the validity of the cognitive factors could be questioned because they are difficult to isolate.

In order to reduce the limitations described above, all participants should be assessed in a private room with no distractions or background noise. When this is not possible, distractions should be limited in order to not impact the participants’ performance. When hearing and vision testing is not possible, difficulties could be ruled out by asking the participants’ families about hearing and vision acuity.

Other applications than Proloquo2Go21,25 could be used. Other non-verbal cognitive tests could also be used to measure cognition, as long as they include numerous subtests that isolate the different cognitive components. Caution is needed when modifying the procedure outlined in this paper or when using alternative approached to assessing cognition, such as non-standardized cognitive tests, as the results could differ from the expected outcome.

It is important to understand how cognitive factors contribute to navigational abilities. The improper selection of an SGD could cause children and their caregivers to become frustrated and abandon the use of a device for communicative purposes. When choosing an SGD for young children, attention, categorization, and reasoning skills can be assessed to help predict their success with dynamic paging using a taxonomic organization1. For children and adolescents with ASD, cognitive flexibility may offer the best prediction of navigational skills2. More studies with other, larger clinical populations using the described method are required in order to determine the impact of cognition on navigation in children who require and use augmentative and alternative communication strategies.

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**DISCLOSURES:**

This research was initially performed as part of the first author’s doctoral dissertation.

**REFERENCES**

1. Robillard, M., Mayer-Crittenden, C., Roy-Charland, A., Minor-Corriveau, M., & Bélanger, R. Exploring the Impact of Cognition on Young Children’s Ability to Navigate a Speech-Generating Device. *Augmentative and Alternative Communication Journal.* **29** (4), 347-359, doi:10.3109/07434618.2013.849754 (2013).
2. Rondeau, S., Robillard, M., &Roy-Charland, A. Navigational Skills of Children with Autism Spectrum Disorders: Impact of Cognition. Submitted (2014).
3. Roid, G.H. & Miller, L.J. Leiter International Performance Scale Revised (Leiter-R). Wood Dale, IL: Stoelting. (1997).
4. Wallace, S., Hux, K., & Beukelman, D. Navigation of a Dynamic Screen AAC Interface by Survivors of Severe Traumatic Brain Injury. *Augmentative and Alternative Communication*. **26** (4), 242-254, doi:10.3109/07434618.2010.521895 (2010).
5. Lloyd, L.L., Fuller, D.R., & Arvidson, H.H. Augmentative and Alternative Communication: A Handbook of Principles and Practices. Toronto, ON: Allyn & Bacon, Inc., (1997).
6. Reichle, J. & Drager, K.D.R. Examining Issues of Aided Communication Display and Navigational Strategies for Young Children with Developmental Disabilities. *Journal of Developmental and Physical Disabilities.* **22** (3), 289-311, doi:10.1007/s10882-010-9191-3 (2010).
7. Drager, K.D.R. & Light, J.C. Designing dynamic display AAC systems for young children with complex communication needs. *Perspectives on Augmentative and Alternative Communication*. **15** (1), 3-7, doi:10.1044/aac15.1.3 (2006).
8. Robillard, M. & Mayer-Crittenden, C. Benefits of Assessing Linguistic Skills within the Evaluation of Navigational Skills. *The International Journal of Assessment and Evaluation*. Submitted, (2014).
9. Archibald, L.M.D. & Joanisse, M.F. On the Sensitivity of Nonword Repetition and Sentence Recall to Language and Memory Impairments in Children. *Journal of Speech, Language and Hearing Research*. **52** (4), 899-914, doi:10.1044/1092-4388(2009/08-0099) (2009).
10. Conti-Ramsden, G. Processing and Linguistic Markers in Young Children with Specific Language Impairment. *Journal of Speech, Language and Hearing Research.* **46** (5), 1029-1037, doi:10.1044/1092-4388(2003/082) (2003).
11. Conti-Ramsden, G., Botting, N., & Faragher, B. Psycholinguistic Markers for Specific Language Impairment (SLI). *Journal of Child Psychiatry*. **42** (6), 741-748, doi:10.1111/1469-7610.00770 (2001).
12. Dollaghan, C. & Campbell, T. Nonword Repetition and Child Language Impairment. *Journal of Speech, Language and Hearing Research.* **41**, 1136-1146, (1998).
13. Thordardottir,E. *et al.* Sensitivity and Specificity of French Language and Processing Measures for the Identification of Primary Language Impairment at Age 5. *Journal of Speech, Language, and Hearing Research.* **54** (2), 580-597, doi:10.1044/1092-4388(2010/09-0196) (2011).
14. Mayer-Crittenden, C. Les Compétences Linguistiques et Cognitives des Enfants Bilingues en Situation Linguistique Minoritaire. École des Études Supérieures, Université Laurentienne, Sudbury, Ontario, (2013).
15. Mayer-Crittenden, C. & Robillard, M. Importance of Assessing Non-Linguistic Cognitive Skills in Bilingual Children with Primary Language Impairment. *The International Journal of Assessment and Evaluation*. **20** (2), 25-55, (2014).
16. Waddington, H., *et al.* Three Children with Autism Spectrum Disorder Learn to Perform a Three-Step Communication Sequence Using an iPad(®) – Based Speech-Generating Device. *International Journal of Developmental Neuroscience*. **39**, 59-67, doi:10.3109/07434618.2010.521895 (2014)
17. Kagohara, D.M  *et al.* Using iPods(®) and iPads(®) in Teaching Programs for Individuals with Developmental Disabilities: A Systematic Review. Research in Developmental Disabilities. **34** (1), 147-156, doi:10.1016/j.ridd.2012.07.027 (2013).
18. Drager, K.D.R., *et al.* Learning of Dynamic Display AAC Technologies by Typically Developing 3-Year-Olds: Effect of Different Layouts and Menu Approaches. *Journal of Speech, Language, and Hearing Research.* **47** (5), 1133-1148, doi:10.1044/1092-4388(2004/084) (2004).
19. Higginbotham, J.D. Use of Nondisabled Subjects in AAC Research: Confessions of a Research Infidel. *Augmentative and Alternative Communication*. **11** (1), 2-5, doi:10.1080/07434619512331277079 (1995).
20. Light, J., *et al.* Performance of Typically Developing Four- and Five-Year-Old Children with AAC Systems Using Different Language Organization Techniques. *Augmentative and Alternative Communication*. **20** (2), 63-88, doi:10.1080/07434610410001655553 (2004).
21. AssistiveWare. Proloquo2go [Mobile application software]. Retrieved from http://itunes.apple.com/, (2014).
22. Dunn, L.M. & Dunn, D.M. Peabody Picture Vocabulary Test (4th ed.). Minneapolis, MN: NCS Pearson Inc., (2007).
23. N2Y. SymbolStix. Retrieved from [www.n2y.com/products/symbolstix/](http://www.n2y.com/products/symbolstix/) (2014).
24. Dunn, L.M., Thériault-Whalen, C.M., & Dunn, L.M. Échelle de Vocabulaire en Images Peabody. Adaptation francaise du Peabody Picture Vocabulary Test-Revised. Manuel pour les formes A et B. Toronto, ON: Psycan, (1993).
25. Roid, G.H., Miller, L.J., Pomplun, M., & Koch, C. Leiter International Performance, Third Edition (Leiter-3). Wood Dale, IL: Stoelting., (2013).
26. Apple Inc. Apple. Retrieved from http://www.apple.com/, (2014).