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POSITION PAPER | PEER REVIEWED

Integrating Augmentative and Alternative Communication (AAC) into Music Therapy Practice:

Disability Affirming Applications

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Received 27 June 2025; Accepted 24 November 2025; Published 3 March 2026
Editor: Maevon Gumble
Reviewer: Kerry Devlin
Copyeditor: Marcus Bull

Abstract

Augmentative and Alternative Communication (AAC) is increasingly recognised as an essential tool for supporting people with communication access needs, including within music therapy. AAC includes a variety of methods that enhance or serve as spoken communication, functioning as either a supplementary (augmentative) tool or a primary (alternative) communication approach. Integrating AAC into music therapy practice fosters disability-affirming practice by reducing communication barriers and creating accessible, inclusive spaces for self-expression and autonomy. This position paper explores the theoretical and practical intersections of AAC and music therapy through the lens of the biopsychosocial model, the social model of disability and the principles of Universal Design for Learning, illustrating how music therapists can actively contribute to dismantling systemic barriers through disability-affirming practice. We advocate for embedding AAC into music therapy higher degree education, further professional development opportunities, increased interdisciplinary collaboration, and the adoption of disability-affirming practices in order to further the integration of AAC into music therapy praxis. Our perspective is informed by our positioning as music therapy academics and practitioners with sustained engagement in AAC across practice, education and collaborative contexts.

Keywords: augmentative and alternative communication (AAC); biopsychosocial model; interdisciplinary collaboration; music therapy; social model of disability; Universal Design for Learning (UDL)

Publisher: GAMUT - Grieg Academy Music Therapy Research Centre (NORCE & University of Bergen)

DOI: https://doi.org/10.15845/voices.v26i1.4667

Background

Augmentative and Alternative Communication (AAC) is widely recognised for its role in supporting people with communication access needs (ASHA, 2026a; SPA, 2026), including its growing application in music therapy (Fuller & Short, 2020; Gadberry, 2012). AAC encompasses methods that enhance or substitute for spoken communication, serving as either a supplementary (augmentative) tool, or a primary (alternative) communication system. AAC systems can be categorised as unaided forms (e.g., gestures, formal hand signing systems) or aided systems, which range from low-tech tools (e.g., picture boards, communication books) and mid-tech (e.g., battery-operated switch devices) to high-tech (e.g., computer-based speech-generating communication applications (Beukelman & Light, 2020; McNaughton et al., 2019).

As a flexible and adaptive communication system, AAC can support people across the lifespan, including neurodivergent people (e.g., those who are autistic, dyslexic or dyspraxic); people with disabilities (e.g., cerebral palsy or trisomy 21); and those with acquired communication needs (e.g., following traumatic brain injury or stroke/aphasia). In some cases, AAC is a short-term communication tool used during recovery from surgery, while for others it may serve as a lifelong communication system (Ciarmoli & Stasolla, 2023; Light et al., 2019; Mackey et al., 2023). Music therapy, when integrated with AAC, fosters disability-affirming practice by dismantling communication barriers and creating accessible, inclusive spaces for self-expression and autonomy (Barrett, 2022; Devlin & Meadows, 2021).

AAC plays a transformative role in supporting people who experience communication barriers to connect with others and participate in meaningful life experiences. Allied health practitioners, such as music therapists, have a key role to play in leveraging music engagement to support AAC users in further developing communication, social interaction, and self-expression skills. Our experiences as music therapists, shaped by extensive years of practice and research, have led us to critically examine our role and evolving perspectives within this professional landscape.

Positioning Ourselves in the Field

As music therapy academics located in Sydney, Australia and Austin, Texas, our engagement with AAC deepened through our doctoral research (Fuller, 2021; Gadberry [now Swanson], 2010); and through Anita Swanson's training, research and work as an Assistive Technology Specialist. Collectively, these experiences have shaped our teaching and learning, research, and music therapy practice. In our work, we aim to be resourceful facilitators, assembling tools and strategies including AAC to support the needs of our music therapy participants.

We find the concept of the music-therapist-bricoleur a useful metaphor to explain how we endeavour to resourcefully integrate evidence-based, co-created, and flexible approaches in our work (Dun, 2007; Fuller et al., 2021; Kay, 2016). Bricoleur, a term drawn from anthropology, refers to someone who creates using the tools and materials available. This idea resonates with our practice, where music therapists creatively assemble communicative, musical, and technological resources (such as AAC) to meet participants' diverse needs and contexts. The concept reflects our worldview as practitioners who value creativity, collaboration, and resourcefulness in supporting communication access through music therapy.

This perspective also aligns with our interdisciplinary collaborations, where AAC integration is viewed as a meaningful and necessary extension of music therapy practice. Our thinking is grounded in pragmatic critical realism, which values practical outcomes while remaining open to multiple ways of understanding and acting (Patton, 2015; Scott

& Bhaskar, 2015). We also draw on transformative thinking, to support reflective dialogic practice (Hewson & Carroll, 2016; Schön, 1983).

Theoretical and Ethical Foundations for AAC in Music Therapy

Building on these positioning foundations, this article situates AAC within music therapy through the Biopsychosocial Model, the Social Model of Disability, and the principles of Universal Design for Learning (UDL). These approaches shift the focus from individual challenges towards prioritising structural and environmental accessibility.

Biopsychosocial model

The biopsychosocial model (Engel, 1977) invites practitioners to view communication support needs holistically, recognising the interaction of biological, psychological, and social dimensions in shaping human experience. In music therapy, practitioners working with this model recognise how a person's engagement is influenced not only by individual factors but also by the relational, social and environmental contexts in which they live and communicate (Wade & Halligan, 2017). This perspective underpins Domain 2 of the *Professional Standards for Music Therapy* (AuMTA, 2025) which emphasises responsive, person-centred and context-aware practice.

Social model of disability

Complementing this, the social model of disability (Oliver, 1990) reframes communication access needs as arising from environmental and systemic barriers rather than individual deficits (Barnes, 2012; Shakespeare, 2013). From this perspective, the role of the music therapist is to identify and remove communication barriers by designing environments, materials and interactions that enable equitable participation. When AAC is understood through this social lens, it functions a means of affirming autonomy, agency and communicative rights (Bruce, 2022; Gross, 2018).

Universal Design for Learning

Aligned with these models, the Universal Design for Learning (UDL) framework offers a proactive approach to communication access encouraging therapists to anticipate diverse communication needs by providing multiple means of presenting information and fostering interaction, thereby supporting individual strengths and preferences (CAST, 2025; Hall et al., 2012). Integrating UDL principles into music therapy ensures that both physical and relational spaces are intentionally designed to support meaningful communication and engagement for all participants, including AAC users (Biggs et al., 2022; Hess & Huddleston, 2024; Jellison, 2015).

Together these frameworks establish AAC as an ethical and moral imperative within disability-affirming music therapy practice. It is not an optional therapeutic tool. In synergy with the *Communication Bill of Rights* (ASHA, 2026b) they collectively affirm that every person has the right to access a viable and functional communication system as a fundamental human right, thereby positioning the provision of such access as a core professional responsibility for music therapists.

AAC within Music Therapy Practice

Music therapy is an allied health profession that supports communicative, cognitive and social development, among other domains of functioning, through creative music-based

experiences. Within this therapeutic context, AAC strategies can be integrated to enhance accessibility and participation (AmMTA, 2026; AuMTA, 2026; Bruscia, 2014). Despite its well-established use in education and other allied health disciplines, AAC remains underutilised in music therapy, with inconsistent implementation and varying levels of professional acceptance (Fuller & Short, 2020; McCarthy, 2013). Research suggests a significant gap in AAC education within music therapy higher degree programs, underscoring the need for targeted professional development and interdisciplinary collaboration (Devlin & Meadows, 2021; Gadberry & Sweeney, 2017).

Addressing the "We Don't Need AAC, We Have Music" Mindset

While music is an expressive and meaningful form of communication, our viewpoint, shaped by disability-affirming practice and inclusive communication principles, is that music does not replace the need for intentional, referential communication systems, such as AAC. Some music therapists, however, recognise AAC but choose not to integrate it into their practice, as reflected in survey findings.

In our own research (Fuller & Short, 2020; Gadberry, 2011) we have noted a range of perspectives among music therapists regarding the integration of AAC into practice. Survey respondents expressed concerns that incorporating AAC might shift attention away from the musicking, reduce responsiveness in sessions, or disrupt the natural flow of music-based interactions. Some suggested that AAC should only be used when deemed absolutely necessary, viewing music itself as a sufficient communication tool. These findings, drawn from both qualitative data and professional dialogue suggest that uncertainty regarding the use of AAC in music therapy may be linked to minimal or no teaching on this topic in university programs; limited professional development opportunities; low confidence in engaging with different AAC systems; and lack of access to appropriate resources.

While music is undeniably a meaningful form of communication for many, it is often subjective and does not convey clear, referential meaning. As music therapists we recognise that music can expand communication opportunities while also supporting access to individualised communication systems that enable participants to express themselves and engage meaningfully with others. In disability-affirming music therapy practice, access to AAC as an intentional, referential communication system should be upheld as a fundamental right. Robust and accessible communication supports are not only central to self-expression, but also to fostering independence and enhancing quality of life. Music therapy offers a unique and supportive environment in which people can explore, develop and practice their use of AAC in ways that are meaningful and affirming.

AAC Modalities in Music Therapy Practice

The following overview describes the key modalities of AAC and how these forms can be integrated into music therapy to support communication that is accessible, autonomous, and affirming (Beukelman & Light, 2020; Donaldson et al., 2021). Identifying the most appropriate AAC system for participants is typically the role of a speech-language pathologist or assistive technology specialist; therefore, interdisciplinary collaboration is encouraged. Music therapists draw upon unaided, low-tech, mid-tech, and high-tech AAC modalities depending on the participants' needs, preferences, and contexts. Each modality offers distinct affordances and limitations, and can be tailored to support interaction, emotional expression, and meaningful participation in musicking across the lifespan.

Unaided AAC

Unaided AAC refers to communication methods that do not require devices or materials. These include gestures, facial expressions, vocalisations, and formal systems such as Key Word Sign (https://kwsa.org.au), Australian Sign Language (https://auslan.org.au); American Sign Language (https://www.lifeprint.com), Makaton (https://makaton.org), or other regionally and culturally relevant systems (e.g., Spanish Sign Language, https://www.cnse.es/index.php/lengua-de-signos, or Japanese Sign Language, https://www.kyoto-be.ne.jp/ed-center/gakko/jsl/index.html).

Music therapy application

In music therapy, unaided AAC can support communicative agency through intentional use of body language, facial expression, and gesture. Participants may use eye gaze, vocalisations, or known signs to indicate choices, lead changes in dynamics, or initiate interaction during group musicking. For example, a participant might raise a hand or use a familiar sign to signal readiness, or employ eye gaze to direct attention toward an instrument. These embodied forms of communication can strengthen turn-taking, emotional expression, and connection within the therapeutic relationship (Fuller & Short, 2020; Jellison, 2015). The music therapist's role is to attune to these expressions, co-construct communication through modelling and musical responsiveness, and ensure that every participant's expressive intent is recognised, respected, and amplified within the musicking experience.

Advantages of unaided AAC include:

- immediacy and no reliance on devices or preparation
- strong alignment with embodied, relational communication in music therapy

Disadvantages of unaided AAC include:

- limited vocabulary scope for abstract or complex ideas
- potential access barriers for some people with physical or cognitive differences

Aided Low-Tech AAC

Aided low-tech AAC refers to communication systems that require some form of external support or equipment, hence the term *aided*. These non-electronic tools include picture boards, communication books, visual schedules (when used expressively by the participant), and choice cards. These tools often rely on eye gaze, pointing, touching or taking to indicate selections and should be individualised to each person's vocabulary, interests and goals (Ciarmoli & Stasolla, 2023; McNaughton et al., 2019).

Music therapy application

In music therapy, low-tech AAC supports communication and participation by offering accessible, visual tools for interaction. Participants may use communication books, picture boards, or cue cards to express preferences, make requests, or sequence musical activities. For example, a participant might select an instrument by pointing to a laminated photo, use a symbol card to request a song, or indicate a break using a colour-coded cue card. These strategies encourage autonomy and inclusion in both individual and group contexts (Fuller et al., 2021; Fuller, 2023). The music therapist's role is to embed these tools within meaningful musicking experiences, ensuring they remain personalised, accessible, and aligned with participants' communication goals.

Advantages of low-tech AAC include:

- affordability and ease of adaptation to session content
- alignment with visual and tactile communication styles
- flexibility for improvisation and co-creation in music therapy sessions

Disadvantages of low-tech AAC include:

- limited expressive range for nuanced communication
- need for physical manipulation or eye gaze, which may not be accessible
- logistical challenges when managing multiple boards within group sessions

Aided Mid-Tech AAC

Aided mid-tech AAC refers to electronic communication tools that operate via simple electrotonic circuitry rather than computer systems. Switches are a common example and may be activated by pressing or through proximity. These tools allow recording of spoken words, phrases, or other sounds, enabling AAC users to make choices and statements. Grid-based devices are another form, with pre-recorded words or phrases that play when the corresponding button on the switch-based grid is pressed, typically labelled with pictures and/or words (Beukelman & Light, 2020; McNaughton et al., 2019).

Music therapy application

In music therapy, mid-tech AAC can facilitate active engagement through simple, recordable, and interactive tools. Participants may use switches to trigger pre-recorded sounds, phrases, or musical cues, supporting turn-taking and shared musicking. For example, a participant might use a voice-output switch to start a group song, activate a sound sample during improvisation, or press a grid-based button to contribute a lyric or verbal cue. These devices extend communication possibilities by providing voice and agency within both structured and spontaneous activities (Gadberry, 2012; Gadberry & Sweeney, 2017). The music therapist's role is to integrate these systems fluidly into musical processes, ensuring content reflects the participant's identity while fostering confidence in their communicative use.

Advantages of mid-tech include:

- immediacy of recording content relevant to participant goals (e.g., song lyrics)
- facilitation of turn-taking and cueing in group contexts
- lower cost and setup requirements than high-tech systems

Disadvantages of mid-tech include:

- limited vocabulary and spontaneous expression capacity
- potential mismatch between recorded and participant voice characteristics
- reliance on batteries, which may interrupt participation if power fails

Aided High-Tech AAC

Aided high-tech systems are computer-based tools that allow for expanded vocabulary and flexibility. Most high-tech systems are constructed using tablets or iPads. Some function via apps that are available on tablets or smartphones; others are stand-alone systems designed solely for communication. High-tech AAC systems enable users to communicate through words, phrases, and sentences, often including a keyboard component that allows typing of specific messages which are then spoken via a computer-generated voice (Light et al., 2019; Mackey et al., 2023).

Music therapy application

In music therapy, high-tech AAC can enhance participation by enabling spontaneous communication, creative expression, and collaborative decision-making. Participants may use text-to-speech or symbol-based devices to contribute lyrics during songwriting, make musical choices, or interact with peers and therapists during improvisation. For example, a participant might use a voice-output switch to start a group song, activate a sound sample during improvisation, or press a grid-based button to contribute a lyric or verbal cue. These systems also support reflection and feedback, allowing participants to express preferences, emotions, and ideas beyond what might be possible through music alone (Devlin & Meadows, 2021; Swanson, 2023). The music therapist's role includes facilitating access to these technologies, modelling their use within musical interactions, and ensuring that AAC use remains participant-driven, authentic, and integrated within meaningful musicking experiences.

Advantages of high-tech AAC systems include:

- expanded capacity for users to convey their thoughts, feelings and creative ideas
- personalisation of voice options representative of gender, age, and ethnicity
- opportunities to 'bank' or save personal voice recordings for use within the system
- efficiency through pre-program phrases or lyrics for songwriting and performance
- potential to reduce stigma through use of mainstream technologies (e.g., tablets, smartphones) that also incorporate built-in accessibility features such as text-to-speech or voice output
- inclusion of keyboard and typing functions that further expand vocabulary input, and support flexible, text-based communication

Disadvantages of high-tech AAC systems include:

- financial cost and resource requirements
- reliance on charging and technical maintenance, which may interrupt sessions
- size and/or weight may limit portability and spontaneous use in music-making

The following table, while not exhaustive, is shared as a visual reference for music therapists seeking to strengthen the integration of AAC into their practice.

Table 1. Examples of AAC in Music Therapy Practice.

AAC Modality	Features	Examples of Types/Brands (not exhaustive)	
Unaided	○ Inherent to person ○ Requires no external objects	○ Sign language, for example Auslan or ASL ○ Gestures, for example “come here,” “stop,” “thumbs up” ○ Facial expressions, for example smiles, frowns, raised eyebrows	
Aided Low-tech	○ Not electronic ○ Limited vocabulary ○ May be laminated (matte laminate recommended)	○ Real objects ○ Paper communication board ○ Pictures symbols/line drawings (e.g. Boardmaker)	○ Photos (of real objects, environments, people, instruments) ○ Written words or alphabet boards ○ Eye gaze boards
Aided Mid-tech	○ Battery operated ○ Voice recording ○ Limited vocabulary	○ BIGmack (AbleNet) ○ QuickTalker (AbleNet) ○ GoTalk (Attainment Co) ○ Step-by-Step (AbleNet)	○ 32 Message Communicator (Enabling Devices) ○ ITalk (AbleNet) ○ Cheap Talks (Enabling Devices)
Aided High-tech	○ Computer-based ○ Expanded vocabulary ○ Stand-alone systems or apps	○ Accent 1400 (PRC Saltillo) ○ TD I-16 (Tobii Dynavox) ○ Flexspeak app	○ Proloquo2Go app ○ LAMP Words for Life (app) ○ Accent 1000 (Liberator)

Note: All AAC modalities may support a wide range of music therapy applications including interaction, expression, and preference communication within the four main music therapy methods of improvising, re-creating, composing, and listening (Bruscia, 2014).

First Encounters with AAC during Music Therapy

While best practice in music therapy is to utilise the AAC systems that participants already use in their everyday communication, at times participants may engage with music therapy before having an established communication system in place. In these situations, music therapy may become an early point of introduction to AAC, offering participants and their support networks a gentle and relational entry point into accessing these tools. Additionally, music therapists are encouraged to take proactive steps to create communication opportunities from the outset by introducing simple AAC strategies or visual supports, while simultaneously collaborating with speech-language pathologists or assistive technology specialists to ensure participants are matched with appropriate, long-term systems.

There are several reasons participants may arrive at music therapy without an AAC system. For example, a child and their family may not have been able to attend a communication assessment due to extended waiting lists or service access challenges (McNaughton et al., 2019; Speech Pathology Australia, 2024); an adult recovering from stroke or traumatic brain injury may be experiencing newly emergent communication barriers (Mackey et al., 2023); or an older adult with progressive aphasia or neurodegenerative conditions may be navigating a loss of previously held speech capacity (Light et al., 2019). For some, AAC may never have been offered, and for others, it may have been resisted due to stigma, uncertainty, or the myth that it may interfere with speech development or recovery (Beukelman & Light, 2020; Yau et al., 2024).

Music therapy can serve as an affirming space where the benefits of supported communication can be experienced firsthand, relationally and musically. Each AAC modality (unaided, low-tech, mid-tech, and high-tech) requires time, modelling, and individualised exploration before participants become comfortable. Music therapy offers rich opportunities for this communication system exploration and use, providing motivating, multimodal contexts in which AAC use is embedded into meaningful musicking experiences.

For example:

- a participant in the early subacute phase post-stroke may use a voice-activated switch to request a favourite song during music therapy sessions, thereby engaging their sense of agency, and right to express choice and control;
- an autistic teenager might choose to include visual supports within their music therapy sessions, to communicate their selection of instruments and songs;
- a person living with Parkinson's disease may utilise a text-to-speech device during music therapy in order to contribute lyrics to a group song-writing process.

These experiences may not only support communication, yet also affirm identity. They reinforce the fundamental right of all people to be heard, to express themselves, and to have the opportunity to engage in music therapy on their own terms, as affirmed in the *Communication Bill of Rights* (National Joint Committee for the Communication Needs of Persons with Severe Disabilities, 2024).

In disability-affirming music therapy practice, the therapist's role is to honour communicative intent in all its forms, and to collaborate with participants and their support network in exploring AAC tools and seeking further support from other health services (Gadberry, 2011; Swanson, 2023). Whether introducing low-tech visual supports, facilitating songwriting through high-tech AAC systems, or offering referrals for formal assessment, music therapists are uniquely positioned to help participants and their families discover communication supports that reduce frustration, enhance participation, and affirm identity.

Implications for Music Therapy Practice

Integrating AAC into music therapy practice is not optional; it is an ethical and professional imperative grounded in the communication rights of every person. We argue for a more robust integration of AAC practice in three key areas:

1. Using established systems proficiently: Music therapists should use each participant's existing communication system with proficiency, confidence, fluency, and humility within music therapy programs.
2. Exploring AAC collaboratively: For participants without an established system, music therapists should offer relational and creative opportunities to explore AAC in ways that are accessible, affirming, and aligned with each participant's individual communication goals.
3. Collaborating through referral: Music therapists should refer participants to speech-language pathologists or other professionals for AAC evaluation and system selection when appropriate.

This responsibility prompts us to reflect on practical considerations for music therapists, including in our own practice, as we take intentional action to embed AAC meaningfully into our work. The following list is not exhaustive; rather, it offers starting points for professional reflection and practice development.

Practical AAC Actions for Music Therapists

1. **Use participants' existing AAC systems.** Prioritise the communication systems that participants already use. Music therapists should actively seek professional development in order to engage with these systems confidently, flexibly, and with cultural humility and cultural responsiveness. Acknowledging and prompting communication via the participant's AAC system signals respect, affirms communicative identity, and promotes communication consistency across environments.
2. **Create opportunities for AAC exploration.** For participants without an established communication system, music therapists can offer a rich environment for exploring AAC modalities, in tandem with providing information and suitable referrals. This may involve the music therapist incorporating simple gestures for single-message communications, introducing visual supports for choice-making, or incorporating simple voice-output devices into musicking experiences.
3. **Build communication access into program design.** Music therapists are encouraged to intentionally design programs, sessions, spaces, and resources that support diverse communication needs from the outset. This includes having AAC tools readily available and embedding expressive and receptive AAC use into musicking experiences. Framing communication access as environmental responsibility, rather than an individual challenge, promotes more equitable and autonomous participation.
4. **Seek out interdisciplinary collaboration.** Effective AAC integration is inherently collaborative. Music therapists should work within their scope of practice, while confidently sharing insights from their work with speech-language pathologists, assistive technology specialists and other related professionals. Co-planning goals, and initiating referrals when appropriate can ensure communication supports are consistent and participant-centred. Interdisciplinary collaboration also enhances therapist confidence and broadens access to shared resources.

5. **Engage with AAC communities of practice.** Music therapists are encouraged to engage with AAC-focused communities of practice, where the sharing of tools, troubleshooting, and peer learning are valued. Those already using AAC in practice can support colleagues newer to this integration. Sharing successes, missteps, and reflections can build collective capacity and reduce the isolation sometimes felt when navigating new systems or technologies.
6. **Adopt an AAC growth mindset.** AAC tools and technologies are constantly evolving, therefore it is unlikely that music therapists can master every AAC tool at any given time. What matters is a mindset of curiosity, responsiveness and commitment. Therapists can feel confident in using what they know, learning what they need, and staying grounded in the communicative needs of their participants.

Implications for Music Therapy Education and Professional Development

In addition to changes to individual practice, broader shifts in music therapy tertiary education and professional development are needed. Given that many participants in music therapy have communication goals, and a large proportion benefit from access to non-speech communication, AAC must be considered a core area of competency for music therapists at all career stages. We recommend action in three areas: Engaging, Embedding, and Expanding.

In relation to tertiary education:

Engaging students in AAC learning. Music therapy students should be introduced to unaided, low, mid, and high-tech systems within coursework experiences and across varied work integrated learning settings.

Embedding interdisciplinary collaboration. Joint seminars or projects with speech-language-pathology students can promote mutual understanding of roles and shared language around AAC.

Expanding AAC-related research engagement. Encouraging honours and postgraduate research on AAC and music therapy can help build a stronger evidence-base and prepare students for evolving therapeutic applications.

In relation to professional development for practicing music therapists:

Engaging in targeted professional development. Attending workshops, webinars, and in-service learning focused on AAC tools, strategies, and implementation in practice (broadly) or music therapy (specifically) can enhance competence, build confidence, and support a more AAC individualised approach.

Embedding AAC into reflective practice. Encouraging music therapists to assess their own comfort, confidence, and areas for growth in using AAC through reflective practice can deepen self-awareness, foster ethical responsiveness, and guide meaningful professional development.

Expanding professional networks. Supporting the development of AAC professional networks to share strategies, mentor others, and collectively advance AAC integration in the field can strengthen community capacity, promote innovation, and reduce isolation in practice.

Conclusion

The integration of AAC in music therapy represents an urgent and evolving frontier for inclusive, disability-affirming practice. As music therapists, we are uniquely positioned to support communication equity, not only by fostering expression through music, but also by ensuring access to robust, functional, and person-centred communication systems.

We are encouraged to see AAC use becoming more commonplace in music therapy practice, with some graduates entering the field already viewing AAC integration as standard. Yet we do not wish to diminish the urgency of our call to action. Increased awareness of AAC among music therapists is not enough. Continued action is needed to bridge the gap between intention and implementation, and between education, professional development, and practice. As technology evolves and participant needs shift, our responsibility is not to master every tool, but to remain curious, collaborative, and committed.

When AAC is viewed as an essential component of self-expression and relational connection, music therapy becomes a powerful platform for communication access and equity; aligning with disability-affirming practice and reinforcing the rights of all communicators.

About the Authors

Al Fuller, PhD, RMT, is a senior lecturer and program lead for the Master of Creative Music Therapy (MCMT) at Western Sydney University. As a Registered Music Therapist for 30 years, Al's practice and research span child, adolescent, and adult contexts across neurodiversity, disability, rehabilitation, and aged care. Her work emphasises family-centred and culture-centred approaches, inclusive practice, and the use of innovative technologies to support communication and participation in music therapy. She is also committed to strengthening practice-based learning and equitable access in music therapy higher education.

Anita Swanson, PhD, MT-BC, is project manager at the Technology Access Program at The University of Texas. A Board-certified Music Therapist for approximately 25 years, she has experience as a clinician and professor of music therapy. Her work supports diverse populations, including autistic individuals, people with developmental and intellectual disabilities, and adults with neurological challenges, often through the use of assistive technology and AAC. Her research interests include communication, interprofessional education, and culturally responsive music therapy.

References

American Music Therapy Association (AmMTA). (2026). Definition and quotes about music therapy. https://www.musictherapy.org/about/musictherapy/

American Speech-Language-Hearing Association (ASHA). (2026a). *Augmentative and Alternative Communication (AAC)*. https://www.asha.org/njc/aac/#:~:text=Bottom%20Line%3A,with%20severe%20expressive%20communication%20disorders

American Speech-Language-Hearing Association (ASHA). (2026b). National Joint Committee for the Communication Needs of Persons with Severe Disabilities (NJC). https://www.asha.org/njc

Australian Music Therapy Association (AuMTA). (2025). Professional standards for music therapy. https://www.austmta.org.au/about/about-amta/regulatory-standards/

Australian Music Therapy Association (AuMTA). (2026). *What is Music Therapy?* https://www.austmta.org.au/about-us/what-is-mt/

Barnes, C. (2012). Understanding the social model of disability: Past, present and future. In N. Watson, A. Roulstone & C. Thomas (Eds.), *Routledge handbook of disability studies* (pp. 12-29). Routledge.

Barrett, H., & McKenzie, C. (2022). Kimi choir: Developing an augmentative and alternative communication choir. *New Zealand Journal of Music Therapy*, *5–17*. https://www.musictherapy.org.nz/journal/2022-2

Beukelman, D., & Light, J. (2020). *Augmentative & alternative communication: Supporting children & adults with complex communication needs* (5th ed.). Brookes Publishing.

Biggs, E. E., Bumble, J. L., & Hacker, R. E. (2022). Professional networks of special educators and speech-language pathologists working with students who use Augmentative and Alternative Communication. *Remedial and Special Education*, *44*(5), 351–364. https://doi.org/10.1177/07419325221128497

Bruce, C. (2022). Performing normal: Restless reflections on music's dis/abling potential. *Music Therapy Perspectives*, *40*(2), 125–131. https://doi.org/10.1093/mtp/miab015

Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). Barcelona Publishers.

Center for Applied Special Technology (CAST). (2025). *Universal Design for Learning guidelines version 3.0*. http://udlguidelines.cast.org

Ciarmoli, D., & Stasolla, F. (2023). The use of alternative augmentative communication in children and adolescents with neurodevelopmental disorders: A critical review. *Current Developmental Disorders Reports*, *10*(1), 14–19. https://doi.org/10.1007/s40474-023-00273-9

Devlin, K., & Meadows, A. (2021). Integrating Alternative and Augmentative Communication into music therapy clinical practice: A clinician's perspective. *Music Therapy Perspectives*, *39*(1), 24–33. https://doi.org/10.1093/mtp/miaa010

Donaldson, A. L., corbin, e. & McCoy, J. (2021). "Everyone deserves AAC": Preliminary study of the experiences of speaking autistic adults who use augmentative and alternative communication. *Perspectives of the ASHA Special Interest Groups, 6*(1), 315–326. https://doi.org/10.1044/2021_PERSP-20-00220

Dun, B. (2007). Journeying with Olivia: Bricolage as a framework for understanding music therapy in paediatric oncology. *Voices: A World Forum for Music Therapy*, *7*(1). http://www.voices.no/mainissues/mi40007000229.php

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science (American Association for the Advancement of Science)*, *196*(4286), 129–136. https://doi.org/10.1126/science.847460

Fuller, A. M. (2021). *Investigating the utilisation of visual schedules within music therapy practice: A mixed methods thesis by publication* [Doctoral dissertation, Western Sydney University]. Western Sydney University. https://researchers.westernsydney.edu.au/en/studentTheses/investigating-the-utilisation-of-visual-schedules-within-music-th/

Fuller, A. M., Kaplun, C., & Short, A. E. (2021). The application of the Music Therapy Visual Schedule Approach (MT-ViSA) within a group music therapy program. *Nordic*

Journal of Music Therapy, *31*(2), 153–75. https://doi.org/https://doi.org/10.1080/08098131.2021.1938642

Fuller, A. M., & Short, A. E. (2020). The utilisation of visual supports within music therapy practice in Australia: Listening and looking. *Australian Journal of Music Therapy*, *31*, 1–27. https://www.austmta.org.au/journal/article/utilisation-visual-supports-within-music-therapy-practice-australia-listening-and

Fuller, A. (2023). Songwriting with a child with autism. In A. Heiderscheit & N. Jackson (Eds.), *Clinical decision-making in music therapy: Case studies* (pp. 23–31). Barcelona Publishers.

Gadberry, A. L. (2010). *Communicative acts in music therapy interventions with and without aided augmentative and alternative communication systems* [Doctoral dissertation, University of Kansas]. ProQuest Dissertations.

Gadberry, A. L. (2011). A survey of the use of aided augmentative and alternative communication during music therapy sessions with persons with autism spectrum disorders. *Journal of Music Therapy, 48*(1), 74–89. https://doi.org/10.1093/jmt/48.1.74

Gadberry, A. L. (2012). Client communicative acts and therapist prompts with and without aided augmentative and alternative communication systems. *Music Therapy Perspectives*, *30*, 151–157. https://doi.org/10.1093/mtp/30.2.151

Gadberry, A., & Sweeney, A. (2017). An explorative study examining augmentative and alternative communication training in the field of music therapy. *Journal of Music Therapy*, *54*(2), 228–250. https://doi.org/10.1093/jmt/thx004

Gross, R. (2018). The social model of disability and music therapy: Practical suggestions for the emerging clinical practitioner. *Voices: A World Forum for Music Therapy*, *18*(1). https://doi.org/10.15845/voices.v18i1.958

Hall, T. E., Meyer, A., & Rose, D. H. (2012). *Universal Design for Learning in the classroom: Practical applications*. Guilford Press.

Hess, J., & Huddleston, A. (2024). The “both/and” of Universal Design for Learning in ableist music contexts. *TOPICS for Music Education Praxis*, *01*. http://topics.maydaygroup.org/articles/2024/Hess_Huddleston_2024.pdf

Hewson, D., & Carroll, M. (2016). *Reflective practice in supervision: Companion volume to the reflective supervision toolkit*. Moshpit Publishing.

Jellison, J. (2015). *Including everyone: Creating music classrooms where all children learn.* Oxford University Press.

Kay, L. (2016). Research as bricolage: Navigating in/between the creative arts disciplines. *Music Therapy Perspectives*, *34*(1), 26–32. https://doi.org/http://dx.doi.org.ezproxy.uws.edu.au/10.1093/mtp/miv041

Light, J., McNaughton, D., Beukelman, D., Fager, S. K., Fried-Oken, M., Jakobs, T., & Jakobs, E. (2019). Challenges and opportunities in augmentative and alternative communication: Research and technology development to enhance communication and participation for individuals with complex communication needs. *Augmentative and Alternative Communication, 35*(1), 1–12. https://doi.org/10.1080/07434618.2018.1556732

Mackey, J., McCulloch, H., Scheiner, G., Barker, A., & Callaway, L. (2023). Speech pathologists’ perspectives on the use of augmentative and alternative communication

devices with people with acquired brain injury and reflections from lived experience. *Brain Impairment, 24*(2), 168–184. https://doi.org/10.1017/BrImp.2023.9

McCarthy, J. (2013). Music therapists may be missing chances to provide opportunities for individuals with autism spectrum disorders requiring AAC to use aided systems, but we still need to know why. *Evidence-Based Communication Assessment and Intervention, 7*(1), 52–56. https://doi.org/10.1080/17489539.2013.809900

McNaughton, D., Light, J., Beukelman, D. R., Klein, C., Nieder, D., & Nazareth, G. (2019). Building capacity in AAC: A person-centred approach to supporting participation by people with complex communication needs. *Augmentative and Alternative Communication, 35*(1), 56–68. https://doi.org/10.1080/07434618.2018.1556731

Oliver, M. (1990). *The politics of disablement*. Macmillan Education.

Patton, M. (2015). *Qualitative research & evaluation methods: Integrating theory and practice.* (4th ed.). Sage.

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Scott, D., & Bhaskar, R. (2015). *Roy Bhaskar: A theory of education*. Springer.

Shakespeare, T. (2013). *Disability rights and wrongs revisited* (2nd ed.). Routledge.

Speech Pathology Australia (SPA). (2026). *Augmentative and Alternative Communication*. https://www.speechpathologyaustralia.org.au/Public/Public/Comm-swallow/Aug-alt-strategies/Augmentative-Alternative-Communication.aspx

Swanson, A. L. (2023). Steps toward equitable music making. *Imagine, 14*(1), 18–21. https://www.imagine.musictherapy.biz/wp/product/imagine-2023/

Wade, D. T., & Halligan, P. W. (2017). The biopsychosocial model of illness: A model whose time has come. *Clinical Rehabilitation, 31*(8), 995–1004. https://doi.org/10.1177/0269215517709890

Yau, S. H., Choo, K., Tan, J., Monson, O., & Bovell, S. (2024). Comparing and contrasting barriers in augmentative and alternative communication use in nonspeaking autism and complex communication needs: Multi-stakeholder perspectives. *Frontiers in Psychiatry, 15*, Article 1385947. https://doi.org/10.3389/fpsyt.2024.1385947