Social networks theory has been around since 1934 when Jacob Moreno introduced the ideas and tools of sociometry. In the 1970s, the network approach to the study of behavior became an interdisciplinary specialty and now social networks approaches are used to study organizational behavior, inter-organizational relations, the spread of contagious diseases, the diffusion of information, mental health, social supports, and patterns of communicative interaction. There are professional organizations, textbooks, and journals that focus on social networks approaches, typically as a way of gaining insights into how individuals and their actions both create a web of associations and at the same time are constrained by that web.

According to social network theory, social networks are dynamic, change over time, and are keys to success in life. Research has shown that as social connections increase, the degree of social inclusion expands (Robertson et al., 2001). Conversely, individuals who lack opportunities to build such ties develop a sense of isolation or loneliness (Fried-Oken & Bersani, 2000; Granlund, Eriksson, & Ylvén, 2004; Williams & Krezman, 2000). People with complex communication needs are at high risk for having restricted social networks. Even individuals who use advanced AAC technologies and have sufficient independent communication skills to participate in social and academic situations are at risk, as adults, for abuse, depression, and substance abuse (Bryen, Carey, & Frantz, 2003; Collier, 2000; Scott & Murphy, 1995). Social networks depend upon communication because communication is the foundation of all social interactions and necessary for the establishment, development, and maintenance of social relationships (Albrecht & Adelman, 1987). Thus, unless AAC professionals systematically foster the development of robust social networks early in life and throughout the school years, individuals with severe communication impairments will face a significant challenge of building social networks as adults, a challenge made even more difficult when services and supports are more limited or, in many cases, unavailable.

This presentation will show how to construct a schematic representation of an individual's existing relationships and, in so doing, identify both opportunities and barriers to participation in the life activities. In addition, we will demonstrate how recognizing modes of communication being used, targeting specific training partners, identifying AAC strategies and technologies can improve intervention outcomes in a relatively short period of time. We will discuss how the approach supports the view that communication is the development of shared meaning within a communicative exchange, rather than as exchanges between two individuals acting independently of one another. In other words, the focus of AAC assessment and intervention services necessarily must consider the contributions of both interactants. From this perspective, it is conversations that are impaired, not one or other of the interactants (Blackstone, Williams, Wilkins, 2007). In addition, if professionals see the desired outcomes of their interventions as increased participation in daily life, then to focus on remediation of specific deficits, particularly chronic ones, is by definition ill-advised (Blackstone, S., Hunt Berg, M., & Wilkins, D. 2005).

The advantage of using a social networks framework is to help individuals, practitioners and family members develop a clear picture of an individual's current, daily communication life. In so doing, AAC interventions are more likely to result in the use of communication tools and strategies that support the development of wide and effective social networks within which to communicate comfortably and effectively on topics of interest to them.

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