# ICAN<sup>™</sup> Talk With My Eyes

#### EVALUATING EYE GAZE ACCESS

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## What is Eye Gaze?

- Vision-controlled direct selection technique
- Two methods of tracking: bright and dark pupil tracking (High tech Systems)
- Using our eyes for target selection

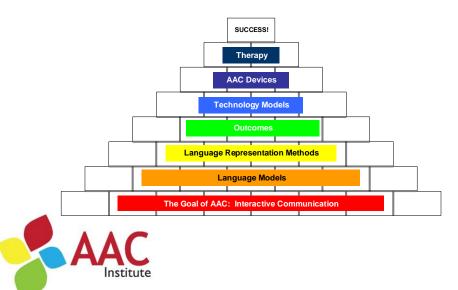


#### Eye Gaze Assessment

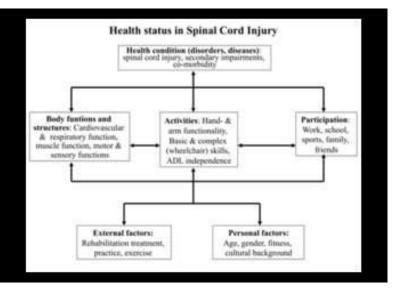


#### Theoretically-driven Assessment

#### AAC LANGUAGE-BASE MODEL



#### ICF MODEL (WHO, 2001)



## Eye Gaze Assessment Principles

- o No prerequisites for initial trial and evaluation
- No hierarchy of access methods
- Language first, technology second ALWAYS
- o Apply evidence-based practice for best outcomes



# **Clinical Populations**

- Traumatic Brain Injury (TBI)
- o <u>Cerebral Palsy</u>
- o <u>Rett Syndrome</u>
- Amyotrophic Lateral Sclerosis (ALS)
- o Multiple Sclerosis
- Muscular Dystrophy, spinal atrophy, Werdnig-Hoffman Syndrome
- Spinal cord injuries
- Strokes (typically brain stem)
- Locked in Syndrome



#### Speech-Generating Device Funding Report

**Primary Components** 

- 1. Medical History
- 2. Vision
- 3. Expressive Language
- 4. Receptive Language
- 5. Pragmatic Language
- 6. Cognition
- 7. Physical
- 8. Device Trials
- 9. Goals



#### **REMEMBER!**

#### MEDICAL NECESSITY VS EDUCATIONAL NECESSITY

#### Matching Persons with Technology

	AAC Primary Components	
Language Representation Methods	Vocabulary	Methods of Utterance Generation
Single Meaning Pictures Alphabet-Based Methods Semantic Compaction	Core - high frequency words Extended - low or topic specific words Both vocabulary categories	SNUG (spontaneous novel utterance generation) Pre-stored sentences Multiple methods to generate messages
Secondary Components		
User Interface	Control Interface - Selection Methods	Outputs
Symbols (types/set) Display size # locations on display Color coding Navigation/# pages/displays Automaticity Human Factors	Direct Selection Keyboard, head pointing, eye gaze Scanning Switches Physiological (EMG, BCI, etc.) Morse Code	Speech Display Electronic/Infrared/Radio Frequency Data logging
Tertiary Components		
Peripheral and Integrated Features	Manufacturer/Vendor Resources	Clinical Service Delivery
Computer access/internet Phone access Switches & mounting systems 28 (multiple; wheelchair) Electrode peripherals	Training (face-to-face; webinars) Technical support Repair support & loaner programs Warranties	Trained & experienced AAC professionals Evaluation & Treatment Telerehabilitation capabilities cherer, 2008; Hill, 2010



#### Questions or Comments





## User Factors: Body, Function & Structure

#### • Language Ability

- o Vision
- Physical Status
- Cognition



### User Factors: Vision

Inclusionary

- Good control of at least one eye
- Adequate vision
- Correction with glasses
- Absence of side effects from medication
- Exclusionary (may interfere with eye gaze success)
  - Inadequate visual acuity
  - Blurred vision
  - Cataracts

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- Hard contacts
- Common eye movement problems
- Medications: anti-depressants, anti-convulsants, Baclofin

# Common Vision/Eye Problems

#### Diplopia

• Double vision

#### Nystagmus

- Constant involuntary movement of eyeball
- Limits ability to focus and make selection
- Better prognosis if rate of movement is less than 3 per second

#### Alternating Strabismus

- Inability of the two eyes to maintain proper alignment
- Use of nasal side, partial eye patch on affected eye may help improve and maintain alignment Ptosis





# How our eyes work while reading

- Eye movement while reading
  - Fixations and Saccades
- Visual perception and language processing
- o Reading Errors
- Poor readers: language skills versus eye movement control
- $\circ$  Eye Fatigue



#### **Fixations and Saccades**

- Fixations: The pause of the eye movement on a specific area of the visual field
- Saccades: The eye's ability to quickly and accurately shift from one target to the another between fixations.

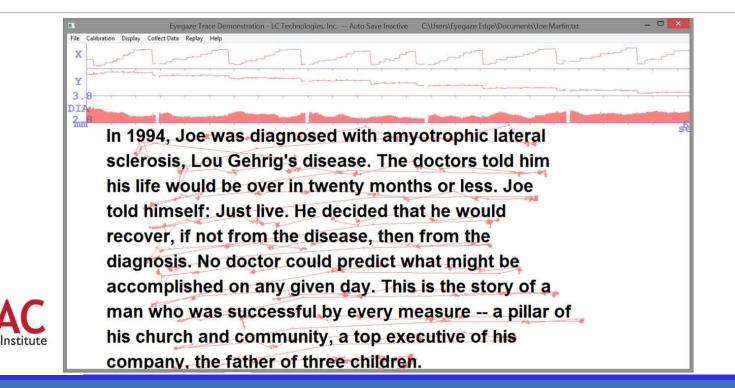


## **Errors While Reading**

- Reading requires specific voluntary eye movements
- May not adequately process visual information
- Eye must track left to right and sweep back to left after completing a line.
- If errors in voluntary fixation and saccades occur comprehension becomes difficult.
  - Skill does not fully develop until 17 years old.



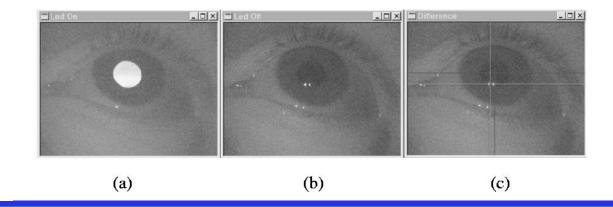
#### Eye Movements While Reading



# Technology: How it tracks

Tracking via Infrared light

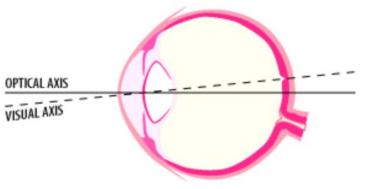
- Near field infrared camera reflects a small bit of light off the cornea and pupil of the eye
- The reflection is captured by the camera to determine the gaze point or glint
- The camera calculates the gaze direction from the angle of the reflection





# Bright Pupil Vs Dark Pupil Tracking

- Bright Pupil:
  - Camera light is placed closer to the optical axis of the eye causing the pupil to appear bright. Similar to red eye
- Dark Pupil:
  - Camera light is placed away from optical axis of the eye causing pupil to appear darker than the iris





# Factors Influencing Pupil Tracking

- Age and environmental light may impact pupil trackability
- Bright Pupil Method: Works well for most people
- Dark Pupil Method: Difficult for people with darker colored eyes.
- Ask manufacturer which type of camera is in the system
- Amount of infrared light subjected to person's eyes



# Calibration & Calibration Accuracy

- Calibrate the system based on the manufacturer's protocols and recommendations
- Collect necessary data on patient position, distance from device, lighting of room, and eye calibration (left, right, both)
- Visual Pursuit- Eye's natural instinct to follow a moving target.



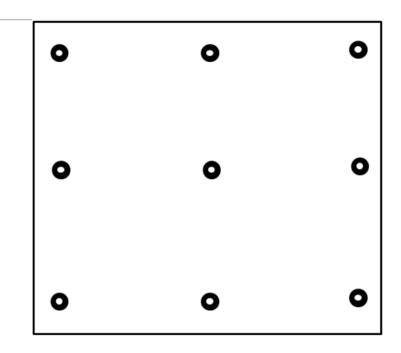
### Calibration

• Number of points on the

screen

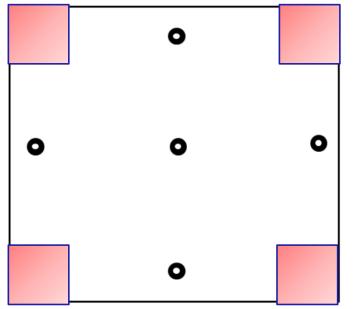
o Dwell time





### Calibration

#### •Can the user access the 4 corners of the screen?





#### Calibration Data Collection

- Target Practice
- Acceptance/Dwell Time
- Number of Locations
- Display Software
- o Accuracy
- Copy spell and core word sentence tasks



# Display

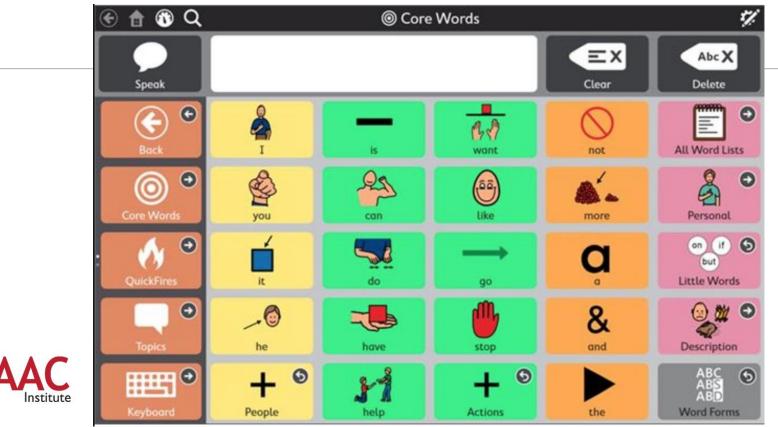
Set up the display for SUCCESS!
Use hide/show features of AAC device

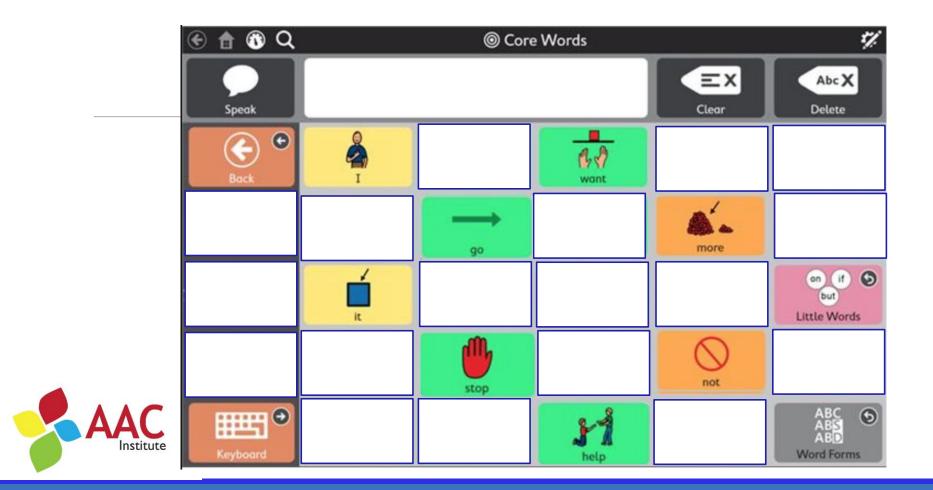
 $\ensuremath{\circ}$  Spaces allow improved accuracy

•Resting Eye Gaze Position



# Display





## Position of User & Eye Gaze System

- Position in front of patient at eye level based on the recommended distance.
- Remember!!!! Be aware of resting eye gaze position: patient must know operational features to pause and un-pause system



# Physical

Positioning: ability to maintain a position in front of they eye gaze screen and camera

Impact of continuous uncontrolled head movement

- Makes operation difficult
- Makes it difficult for communication partner to see where patient is looking (low tech)
- Camera is required to relocate eye each time the user moves away from the field of view



## **Device Mounting**







Images from: www.mountnmover.com www.daessy.com

#### Questions or Comments





# Personal & Environmental Factors

#### PERSONAL USER FACTORS

- o User motivation
- o User interests and hobbies

ENVIRONMENTAL FACTORS

Daily communication environments

Access to system

Family Support

School team support

Training



#### User Satisfaction and Family/Caregiver Support

- Performance/Rating Scales
  - o AAC Profile
- Quality of Life Survey
  - ASHA QCLS
- Caregiver support, device training, and communication facilitation methods are critical to user success



## User Factors: Language Ability

- Expressive and Receptive Language Skills
- Reading and Literacy Skills
- Daily Communication Needs
- Pragmatic



# Evaluating Receptive Language



#### **Assessment Modification**

Evaluating Receptive Language ability may be difficult using traditional assessment tools

• Modifying assessments may distort results. Use caution when making changes.



# Evaluating Expressive Language



## Language Representation Methods

- Always consider the 3 Language Representation Methods (LRMs) when deciding on a Eye Gaze System
- o LRMs provide the basic building blocks of content & form
  - Single Meaning Pictures
  - o Semantic Compaction
  - Spelling/Orthographic Symbols



## LRM Data Collection

- Data to consider when evaluating LRMs:
  - *Rate of Communication*: How long does client take to produce a word, phrase, and sentence?
  - Level of independent encoding: is the client independently communicating using his/her AAC device?



# LRM Data Collection

Frequency of errors: How many errors does the client make during communication? In which area of AAC do the errors occur?

- AAC access
- Navigation of language system
- Message formulation

*Recall of novel picture locations or semantic codes:* Does the client remember the location of newly introduced vocabulary.



# Performance Measures

- Drives device selection, goal and treatment development
- Should be collected frequently to track progress
- Language Activity Monitoring
  - Can be used to monitor language development, communication effectiveness, and frequency of use
  - Communication Rate
  - Selection Rate
  - o LRM used
  - Error percentage
  - See <u>www.aacinstitute.org</u> for more information



# Cognition

- Executive Functioning
- Perception and Attention
  - o Visual
  - Auditory
- Scanning & Searching Methods
  - Reading Text
  - o Scene Viewing
- Information Processing
- Memory & Learning

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• Problem Solving Strategies

## Eye Gaze Device Manufacturers

Manufacturer	Products
LC Technologies, Inc.	Eyegaze Edge Talker
Prentke Romich Company (PRC)	NuEye Tracking System
Tobii-Dynavox	I-Series+ EyeMobile PCEye Explore and Go
FRS	Enable Eyes
Lingraphica	AllTalk with Eye Gaze
myGaze	myGaze Eye Tracker



#### High Tech Eye Gaze





#### Low Tech Eye Gaze



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#### Resources

- Clinical support: <u>www.icantalkclinic.com</u>
  - o ICAN Talk Clinic AACtion Points
  - ICAN Talk with My Eyes Assessment forms
- Sign up on <u>www.aacinstitute.org</u> for AAC Institute announcements and CEU's
- SIG 12 ASHA Perspectives: Eye Gaze 101: What Speech-Language Pathologists Should Know About

Selecting Eye Gaze Augmentative and Alternative Communication Systems



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