Questions We Should Have Been Asking All Along: Authorship, Agency, and Co-Construction in the Age of AI

A Clinical Framework for Authorship, Agency, and Authentic Voice

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Executive Summary

Generative artificial intelligence is rapidly entering augmentative and alternative communication (AAC). It can generate language, expand short messages, suggest vocabulary, adapt tone, reduce the motor effort required to produce longer messages, and offer communicators access to language beyond the words immediately available on a device. These possibilities are significant. They also intensify a question that has always existed in AAC: when another person or tool contributes to a message, who authored it? Recent AAC scholarship has identified both opportunities and risks associated with integrating AI and large language models into communication aids, including concerns about autonomy, authenticity, privacy, and the origin of generated messages (Griffiths, Slaughter, & Waller, 2024; Griffiths et al., 2025).

The central clinical question is therefore not simply, "Did AI help?" It is: Did AI increase this person's access to language and participation while leaving control of the message with them? Efficiency is valuable only when the communicator remains the source of meaning. This person-centered emphasis is consistent with longstanding AAC scholarship arguing that technology should be driven by the communication needs and priorities of the person rather than becoming the focus of intervention itself (Light & McNaughton, 2013).

This paper proposes a tool-agnostic clinical framework for using generative AI to support language development and authentic expression while preserving authorship, agency, intent, and identity. It frames AI as one participant in an already co-constructed communication environment, distinguishes gate-opening support from gatekeeping, identifies seven guiding principles for clinical use, and translates those principles into a practical prompting approach. The paper concludes with the AAC Language + Voice Companion, an editable clinical tool that can be used with general-purpose conversational AI systems such as ChatGPT. The proposed framework is informed by established AAC work on communicative competence, communication-partner support, identity, and user-centered technology, together with emerging literature on AI in AAC (Kent-Walsh et al., 2015; Light & McNaughton, 2014; Wofford et al., 2022; Griffiths et al., 2025).

Evidence status. The foundational claims in this paper are grounded in AAC and communication-partner scholarship. The seven guiding principles, gatekeeper/gate-opener framing, prompt progression, and AAC Language + Voice Companion are proposed clinical frameworks developed by the author. They should be treated as practice-informed recommendations that require empirical evaluation as AI-mediated AAC research evolves.

The Tension: More Language Is Not Automatically More Voice

AAC intervention has long attempted to increase access: access to vocabulary, communication partners, participation, literacy, social connection, and self-determination. Generative AI creates a new form of access because it can rapidly produce language that would otherwise require substantial linguistic, motor, visual, or cognitive effort to construct. Communicative competence in AAC is understood as a dynamic, interpersonal construct shaped not only by linguistic and operational skills but also by social, strategic, psychosocial, and environmental factors (Light & McNaughton, 2014).

However, the same capability that makes AI useful also makes it clinically consequential. A system can take a short AAC message and produce a fluent, grammatical, socially conventional sentence in seconds. The output may sound "better" to a communication partner while simultaneously moving farther away from the communicator's own language, personality, or intended meaning. Community consultation with AAC stakeholders has similarly identified both potential benefits and risks when AI is integrated into voice-output communication aids (Griffiths, Slaughter, & Waller, 2024).

Consider three forms of expansion. In the first, an AAC user produces a minimal message and a human facilitator expands it into a complete sentence. In the second, AI produces one polished version. In the third, AI offers several possibilities and the communicator selects, rejects, revises, combines, regenerates, or abandons them. None of these conditions is automatically authored or unauthored simply because a human or AI contributed language. The clinically meaningful distinction is control. This distinction is especially important because contemporary AI-enabled communication systems can generate highly fluent text that may blur the origin of wording and meaning (Griffiths et al., 2025).

This reframes the task. Rather than asking whether AI generated language, clinicians should ask where intent originated, who controlled the available language choices, whether rejection was meaningful, and what evidence demonstrates that the resulting message still belongs to the communicator. In this paper, control is treated as a practical indicator of authorship, consistent with person-centered AAC principles that prioritize the communicator rather than the technology (Light & McNaughton, 2013).

2. From Gatekeeper to Gate Opener

Support is never neutral. It can expand what a person is able to communicate, or it can quietly determine what another person gets to say. This distinction can be understood as the difference between a gatekeeper and a gate opener. Communication-partner research demonstrates that partner behaviors can substantially influence participation and message production for people who use AAC (Kent-Walsh & McNaughton, 2005; Kent-Walsh et al., 2015).

AI as Gatekeeper

- Determines or substantially redirects the message.
- Produces one “better” response and positions it as the expected answer.
- Sanitizes personality, dialect, humor, age, or communication style.
- Adds facts, feelings, preferences, motivations, or identity markers the communicator did not provide.
- Makes rejection difficult or functionally meaningless.
- Produces language that primarily serves the facilitator’s instructional or conversational goal.

AI as Gate Opener

- Expands possibilities without deciding which possibility is correct.
- Preserves the communicator’s original intent.
- Offers choices without requiring the communicator to choose one.
- Supports meaningful rejection, revision, regeneration, combination, and abandonment.
- Preserves recognizable voice and identity.
- Creates access to language beyond the immediate vocabulary available to the communicator.

The shift is subtle but important. The clinical question moves from “What words should we teach next?” toward “What is this person trying to say?” AI then becomes a means of exploring what language possibilities might help the communicator say more of it without changing who owns the message. This orientation also aligns with the broader AAC goal of maximizing communication power while minimizing unnecessary learning and access demands (Light & McNaughton, 2013).

Communication Was Already Co-Constructed

AI did not introduce influence into AAC. It made influence faster, larger, and easier to overlook. Recent ethical analysis of AI-enabled communication aids explicitly describes communication as multimodal and co-constructed and identifies authorship as a central concern when large language models contribute to message generation (Griffiths et al., 2025).

Human communication is routinely co-constructed. Communication partners interpret ambiguous messages, ask clarifying questions, introduce vocabulary, complete familiar phrases, respond to facial expression and

gesture, and offer alternative ways to say something. AAC users may depend on even more visible forms of co-construction because access, motor effort, vocabulary organization, rate, partner familiarity, and context affect how much of a thought can be externally represented. AAC research has long emphasized that successful interaction depends on the skills and behaviors of both the person who uses AAC and the communication partner (Kent-Walsh & McNaughton, 2005; Kent-Walsh et al., 2015).

Clinical interactions may include interpretive support ("I think you're telling me..."), instructional support ("Here's another way we could say that..."), conversational contribution ("That makes me think..."), AI-mediated possibilities ("Here are some possibilities you might consider..."), or directive/coercive support ("Here's what you should say."). These are not equivalent forms of influence.

The clinical task is not to eliminate influence. It is to preserve authorship within co-constructed communication. This is particularly important with AI because generated language can appear authoritative, complete, and fluent even when it contains assumptions the communicator never supplied. This proposed position is consistent with current calls to examine authenticity and the origin of meaning when AI is embedded in AAC systems (Griffiths et al., 2025).

Authorship Questions We Should Have Been Asking All Along

The arrival of generative AI may be prompting new concern about authorship, but the underlying questions are not new. When an AAC user co-constructs a conversation, narrative, or written work with a human communication partner, the same guiding principles should apply: Where did the intent originate? Who introduced the language? Does the resulting message still sound like the communicator? Can the communicator meaningfully reject, revise, redirect, or abandon what has been offered? Co-construction has long been recognized as part of AAC interaction, and communication partners can productively scaffold vocabulary and language while the AAC user retains control of the intended message (Solomon-Rice & Soto, 2011; Roark et al., 2011). Yet the power imbalance deserves greater attention. An AAC system is, in a very literal sense, already a "box of words" selected, organized, programmed, and constrained to some degree by other people. Children developing language through AAC are therefore learning not only from the language available around them, but from language that others have chosen to make available to them. Communication partners likewise influence interactions through their questions, interpretations, prompts, expansions, and suggested words; research has documented that partners may dominate interactions or rely heavily on closed questions, thereby constraining the participation of children who use AAC (Kent-Walsh & McNaughton, 2005).

For that reason, teaching authorship cannot begin only when AI enters the interaction. AAC intervention should explicitly teach the communicator that they are the authority on their own meaning. Developing communicators need repeated opportunities to discover and express *this sounds like me; this does not; that is not what I meant; I disagree; you misunderstood me; I want to change that; none of those choices are right*. Communication repair and the ability to manage breakdowns are consistent with the strategic domain of communicative competence described in foundational AAC literature (Light, 1989; Light & McNaughton, 2014), yet our systems and intervention practices have often emphasized requesting, answering, commenting, and producing increasingly complete messages more than explicitly teaching the language of rejection, correction, disagreement, and authorship. A generic programmed phrase such as *"What I have to say isn't in my device"* acknowledges a vocabulary limitation, but it does not give a developing communicator the full language needed to challenge another person's interpretation or assert ownership of a message. If generative AI causes clinicians to examine who supplied the words, who shaped the message, and whether the communicator had genuine power to say "No-that isn't me," then AI may be exposing an ethical and clinical question AAC practice should have been asking all along.

Seven Guiding Principles for Clinical Use

Principle 1: Intent Originates With the Communicator

AI may expand expression. It should not manufacture intent. The starting point should be something the communicator has generated, selected, indicated, or otherwise established. AI can help explore language for that idea, but it should not invent what the communicator thinks, feels, wants, remembers, or believes. This principle extends person-centered AAC practice into generative AI by requiring the technology to remain subordinate to the communicator's established meaning (Light & McNaughton, 2013; Griffiths et al., 2025).

Principle 2: Authorship Is Demonstrated Through Control

Authorship is not defined by typing every word independently. A communicator may use human support, prediction, stored phrases, word completion, or generative AI and still author a message. Evidence of authorship includes meaningful opportunities to select, reject, revise, regenerate, combine, redirect, stop, or abandon. AAC has long incorporated word prediction, encoding, stored language, and partner supports to reduce effort and increase communication effectiveness; independence therefore cannot be equated with unaided word-by-word production (Beukelman & Light, 2020; Venkatagiri, 1995).

Principle 3: Expand Possibilities—Do Not Prescribe Language

A single polished response can quickly become the expected response. Multiple possibilities create room for comparison and choice. AI should open linguistic doors rather than decide which door the communicator must walk through. Communication-partner intervention literature supports structured partner behaviors that facilitate rather than dominate the interaction, while emerging AI/AAC scholarship warns that generated language can obscure authorship (Kent-Walsh et al., 2015; Griffiths et al., 2025).

Principle 4: Preserve Identity

Efficiency should not erase humor, dialect, age, culture, personality, slang, brevity, or communication style. A grammatically complete sentence is not inherently more authentic than a short, unconventional, funny, blunt, or highly individualized one. Identity-focused AAC practice recognizes personal, social, and cultural identity as central to self-determination and quality of life, and voice itself carries cues to age, cultural background, and personality (Patel & Threats, 2016; Wofford et al., 2022).

Principle 5: Brevity May Reflect Access Effort

Short AAC output is not evidence of simple thought. For some communicators, each additional selection carries substantial motor, visual, attentional, or fatigue cost. AI may be especially useful when it reduces the access burden required to express an already-established idea. The goal is not simply longer output; it is greater access to intended expression. Rate-enhancement approaches in AAC have historically sought to reduce selections and physical effort, but their effectiveness depends on the individual's perceptual, motor, and cognitive demands (Venkatagiri, 1995; Beukelman & Light, 2020).

Principle 6: Make AI Transparent and Teachable

The communicator should increasingly understand what AI is doing and control when and how it is used. Suggestions should be recognizable as suggestions rather than silently inserted into the communicator's voice. AI use can itself become a language-learning activity as communicators compare wording, identify what sounds right or wrong, and learn to direct the system. Current professional guidance for generative AI emphasizes understanding tool limitations, reviewing generated content, safeguarding privacy, and maintaining professional responsibility rather than treating AI output as inherently trustworthy (American Speech-Language-Hearing Association [ASHA], n.d.; Bailey et al., 2026).

Principle 7: Independence Means Control

Independence in communication should not be reduced to producing every linguistic element without assistance. Human or AI support does not eliminate authorship when the communicator remains in control. A more useful clinical question is whether the person can direct the process and determine the final message. Person-centered AAC frameworks emphasize functional communication and participation rather than technology use as an end in itself (Light & McNaughton, 2013, 2014).

Recognizing Preserved and Compromised Agency

Agency can be evaluated behaviorally. Preserved agency is visible when intent originates with the communicator, several options are available, rejection changes what happens next, the communicator can revise or regenerate language, style remains recognizable, and the communicator can stop or redirect the interaction. The specific indicators in this framework are proposed clinical markers; they are informed by AAC literature emphasizing self-determination, user perspectives, identity, and partner responsiveness (Broomfield et al., 2024; Wofford et al., 2022).

Compromised agency is suggested when the adult or AI introduces intent, one polished output is treated as the answer, facts or emotion are added without permission, the communicator's voice becomes generic, rejection has no meaningful consequence, or the generated output primarily serves the facilitator's goal. These concerns parallel emerging warnings that LLM-generated AAC output may threaten authentic authorship when the system or facilitator contributes content whose origin is unclear (Griffiths et al., 2025). This distinction is important because an apparently successful interaction may still compromise authorship. A fluent sentence that satisfies the communication partner is not sufficient evidence that the communicator was successfully supported. Qualitative synthesis of AAC users' experiences highlights the importance of control, identity, participation, and being able to express oneself as intended rather than judging success only by message completion (Broomfield et al., 2024).

Prompt Engineering Is Clinical Decision-Making

Prompts are not neutral instructions. They contain assumptions about the communicator. A generic instruction such as "Make this sentence better" leaves the meaning of better undefined. Does better mean longer, more grammatical, more formal, more adult, more polite, or more conventional? Because generative AI output is shaped by the instructions and context supplied to the model, prompt design becomes one mechanism through which a clinician can either constrain or amplify assumptions about the communicator; this is a proposed clinical extension of person-centered AAC principles (Light & McNaughton, 2013; Griffiths et al., 2025).

A clinically designed prompt makes those assumptions visible. For example: "Generate five possible ways a 14-year-old might express this idea. Keep the meaning the same. Use casual language. Keep each option under eight words." An individualized prompt can go further by describing established communication style and explicitly prohibiting the addition of information the communicator did not provide. The individualized examples in this paper are therefore presented as clinical design recommendations, not as validated prompt formulas.

A useful progression for prompt design is Intent → Access → Voice + Style → Age + Context. Clinicians can ask: What must AI not add or change? How much output is usable given this person's access effort? What language actually sounds like this person? How should it sound in this setting? The sequence is a proposed heuristic that integrates established AAC concerns about access demands, communicative competence, identity, and context (Beukelman & Light, 2020; Light & McNaughton, 2014; Wofford et al., 2022).
This makes prompt engineering part of clinical reasoning rather than a technical trick. The prompt encodes decisions about voice, language, age, identity, intent, and access. Emerging professional guidance likewise emphasizes that AI does not replace clinical judgment and that generated content must be reviewed and individualized (ASHA, n.d.; Bailey et al., 2026).

Using AI for Language Development

Preserving authorship does not require clinicians to avoid exposing AAC users to new language. Language development depends on exposure to language beyond what a learner already produces. The clinical distinction is between offering language as a possibility and assigning language as the person's message. Aided AAC modeling and recasting have demonstrated that learners can acquire new linguistic forms when partners provide models beyond the learner's current productions (Binger et al., 2011).

AI can support language development by offering vocabulary related to an established topic, modeling several grammatical expansions of an existing message, comparing formal and informal wording, generating age-appropriate alternatives, exploring synonyms and specificity, or showing how the same idea may be interpreted by different communication partners. These applications are proposed extensions of established language-modeling practices into generative AI; direct evidence for these specific AI-mediated uses remains emerging (Binger et al., 2011; Griffiths, Slaughter, & Waller, 2024).

This creates a different role for AI: not ghostwriter, but language resource. The communicator can encounter language, evaluate it, reject it, borrow from it, combine it, or use it to discover a word or structure that better represents what they intended. Recent AI/AAC ethics literature similarly argues that implementation should preserve opportunities for co-construction, correction, and language development rather than allow the technology to replace them (Griffiths et al., 2025).

When AI Gets It Wrong

An incorrect AI interpretation is not necessarily a failed intervention. Mismatch can become an opportunity for authorship. The use of mismatch as a deliberate authorship and language-learning opportunity is a proposed clinical application of the framework rather than an established AI intervention protocol.
Responses such as “That’s not what I meant,” “That sounds too formal,” “I wouldn’t say that,” or “I like this part, but not that word” demonstrate comparison, rejection, clarification, vocabulary learning, and metalinguistic awareness. In some interactions, rejection may demonstrate agency more clearly than acceptance. The rationale is compatible with language interventions that use recasts and contrasts to draw attention to alternative forms and support learning (Binger et al., 2011).

This also mirrors everyday communication. A listener may misunderstand an AAC user’s abbreviated or unconventional message. Seeing how AI interpreted the same sequence can create an explicit opportunity to examine why a message was understood in a particular way and what additional language might clarify the intended meaning. The goal is not to train the communicator to satisfy AI. It is to give the communicator another environment in which to practice directing how their meaning is understood. Because communication-partner behavior can either support or constrain AAC interactions, explicit clarification and partner responsiveness are clinically meaningful targets in their own right (Kent-Walsh et al., 2015).

A Practical Clinical Workflow

A simple clinical workflow can keep AI use anchored in authorship: This workflow is proposed from the seven principles above and should be individualized rather than treated as a validated protocol.

- Start with communicator-generated or communicator-established intent.
- Identify the purpose of AI support: vocabulary exposure, expansion, clarification, voice matching, rate enhancement, or another defined goal.
- Set boundaries for what AI must not add or change.
- Provide relevant access, voice/style, age, and context information.
- Request multiple possibilities rather than one expected response.
- Return the possibilities to the communicator for meaningful selection, rejection, revision, combination, regeneration, or abandonment.
- Observe what the communicator’s choices reveal about language, identity, preferences, and intent.
- Use mismatch as data and as an opportunity for clarification and language learning.

Before accepting an AI-supported output, the clinician or communication partner should ask four questions: Where did intent originate? Who controlled the language? What evidence of agency and identity is visible? What would need to change to increase the communicator’s control? These questions operationalize the framework’s emphasis on user control, recognizable identity, and clear origin of meaning (Broomfield et al., 2024; Griffiths et al., 2025; Wofford et al., 2022).

Clinical Guardrails and Limitations

This framework is intended as a clinical decision-making tool, not a claim that generative AI is appropriate for every communicator, task, or setting. AI output can be inaccurate, culturally mismatched, overly generic, or more linguistically complex than the communicator can efficiently evaluate. General-purpose AI systems may also raise privacy and data-handling considerations that clinicians and organizations must address before entering personally identifiable, educational, or health information. Recent clinical and professional guidance on generative AI highlights problematic outputs, autonomy, privacy, accessibility, security, informed consent, and the continuing need for clinician oversight (ASHA, n.d.; Bailey et al., 2026).

The framework therefore prioritizes transparent use, minimal necessary context, meaningful user control, and continuous clinical observation. AI should not be used to infer unestablished intent or to produce statements that are attributed to a communicator without their meaningful participation. ASHA guidance recommends that clinicians understand tool limitations and privacy provisions, avoid inappropriate disclosure of protected information, review AI-generated text, and retain responsibility for the final clinical product (ASHA, n.d.).

Additional empirical work is needed to examine how AI-mediated language expansion affects communication rate, language learning, partner understanding, identity, self-determination, and perceptions of authorship across AAC users with different access methods and support needs. The AAC community has likewise called for further research and guidance regarding risks and benefits of AI integration, and scholarship on authentic authorship remains recent (Griffiths, Slaughter, & Waller, 2024; Griffiths et al., 2025).

Conclusion

The most important question about AI in AAC is not whether the technology can produce more language. It can. The more consequential question is who remains the source of meaning. This people-first orientation builds on longstanding AAC principles while responding to newly articulated concerns about AI and authentic authorship (Light & McNaughton, 2013; Griffiths et al., 2025).

AI can become a gatekeeper when it decides, sanitizes, completes, or redirects a communicator's message. It can become a gate opener when it increases access to vocabulary and expression while preserving meaningful control. The difference lies less in the presence of AI than in how clinicians structure its role. The gatekeeper/gate-opener distinction is the authors' proposed clinical framing, informed by research on partner influence, identity, and AI-related authorship risk (Kent-Walsh et al., 2015; Wofford et al., 2022; Griffiths et al., 2025).

The goal is therefore not AI-generated communication. The goal is communicator-directed communication with access to more possibilities.

Expand rather than replace.
The communicator remains the source of meaning.

Appendix A. AAC Language + Voice Companion

The following one-page tool is designed to operationalize the framework in clinical practice. It can be edited for an individual communicator and used as a starting prompt with conversational AI. The clinician should continue to evaluate authorship and agency throughout use rather than treating the prompt itself as a guarantee of ethical or appropriate output.

AAC LANGUAGE + VOICE COMPANION

A tool-agnostic clinical framework for using AI to develop language and enhance authentic voice while preserving authorship, agency, and intent.

CORE RULE: AI may expand expression. It should not manufacture intent.

1. QUICK VOICE PROFILE

Age / context: _____
Communication style: brief / detailed / funny / sarcastic / direct / enthusiastic / other
Words, phrases, slang, dialect, or patterns that sound like this person:
_____
Things that do NOT sound like this person:
_____
Access considerations / effort: _____
Current language-development goals:
_____

2. QUICK COMMANDS

EXPAND: Offer slightly richer ways to say more.
WORDS: Expose useful vocabulary / phrases.
SOUND LIKE ME: Revise language to fit established voice.
CLARIFY: Explore meaning without guessing.
MORE: Develop the idea while preserving style.
SHORTER: Reduce effort without changing meaning.

3. COPY + PASTE THIS MASTER PROMPT INTO CHATGPT

You are supporting an AAC communicator with language development and authentic self-expression. Your role is to expand language possibilities, not determine the person's message.
Use the communicator's own words, symbols, spelling, gestures, or other expression as the starting point. Treat those as evidence of possible intent, but do not assume meaning that has not been established.
When I give you a communicator message:
• Preserve original intent. Do not add facts, feelings, opinions, preferences, motivations, or identity markers the communicator did not provide.
• Offer 3-5 possibilities rather than one 'better' answer. The communicator may select, reject, combine, revise, regenerate, or abandon any option.
• Support language development by modeling slightly richer vocabulary, grammar, specificity, or sentence structure while remaining connected to what the communicator expressed.
• Preserve authentic voice, including age, humor, dialect, culture, personality, brevity, and communication style.
• Respect access effort. Short output is not evidence of simple thought.
• Make AI transparent. Never present an AI-generated response as the communicator's message until the communicator chooses or modifies it.
• If there is not enough information to expand responsibly, say so and offer ways to clarify rather than guessing.
For each message provide: A) What we know from the communicator's message; B) 3-5 possible ways to say more; C) Useful words/phrases that could expand language; D) A clarifying question or language option only if needed.

CLINICAL GUARDRAILS

• Intent originates with the communicator.
• Authorship is demonstrated through control.
• Expand possibilities - do not prescribe language.
• Preserve identity.
• Brevity may reflect access effort.
• Make AI transparent + teachable.
• Independence means control, not absence of support.

BEFORE USING THE OUTPUT, ASK

☐ Did intent originate with the communicator?
☐ Did AI offer possibilities rather than decide?
☐ Did AI add facts, emotion, or preference?
☐ Does this still sound like this person?
☐ Can the communicator meaningfully reject or change it?
☐ Can the communicator stop, redirect, or abandon it?

Clinical use: AI supports co-construction when the communicator remains the source of meaning and retains control of the message.

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