

# **Resolutions and Statements by Scientific, Professional, Medical, Governmental, and Support Organizations Against the Use of Facilitated Communication**

## **American Academy of Child and Adolescent Psychiatry**

(Approved by Council, October 20, 1993)

Facilitated communication (FC) is a process by which a "facilitator" supports the hand or arm of a communicatively impaired individual while using a keyboard or typing device. It has been claimed that this process enables persons with autism or mental retardation to communicate. Studies have repeatedly demonstrated that FC is not a scientifically valid technique for individuals with autism or mental retardation. In particular, information obtained via (FC) should not be used to confirm or deny allegations of abuse or to make diagnostic or treatment decisions.

[Link to original AACAP resolution](#)

## **American Academy of Pediatrics**

(Published 8-2-1998; Reaffirmed 5-1-2006)

### **Auditory Integration Training and Facilitated Communication for Autism**

#### **Abstract**

This statement reviews the basis for two new therapies for autism: auditory integration training and facilitative communication. Both therapies seek to improve communication skills. Currently available information does not support the claims of proponents that these treatments are efficacious. Their use does not appear warranted at this time, except within research protocols.

#### **Introduction**

Auditory integration training (AIT) is a treatment for autism that was originally developed by Guy Berard in France in the 1960s and introduced into the United States in 1991. It has since become increasingly popular with parents of autistic children. The publication of a book<sup>1</sup> in 1991 that described the use of AIT in "curing" a child with autism after a 10-hour intervention program generated extensive interest, particularly among parents of autistic children who were frustrated by the lack of effective traditional medical therapy for autism.<sup>2</sup> AIT has been advocated for children and adults with a wide range of disorders other than autism, including learning disabilities, depression, migraine headaches, and epilepsy. It is important that pediatricians know about this intervention to respond to parents who may ask them for an opinion about its usefulness.<sup>a</sup>

The first step in AIT is to obtain a detailed audiogram, which determines auditory thresholds to a larger series of frequencies (octave and interactive frequencies) than are typically used for measuring hearing ability. An auditory training practitioner then examines the audiogram looking for evidence of hyperacusis,<sup>3</sup> which then is examined in relation to the clinical history of sound sensitivities and behavioral profile. If an individual is determined to be an appropriate candidate for AIT, the treatment program consists of 20 half-hour sessions during a 10- to 12-day period, with two sessions conducted daily. Treatment sessions consist of listening to music that has been computer-modified to remove frequencies to which the individual demonstrates hypersensitivities, and to reduce the predictability of the auditory patterns. A special device (an Audiokinetron) is used to modify the music for the treatment sessions. Audiograms are repeated midway and at the end of the training sessions, to document "progress" and to determine whether additional sessions are needed. Disciples of another proponent of AIT, Tomatis, generally recommend repeating the 20-session series of training sessions during a 4- to 12-month period.<sup>4</sup>

The limitations of the premises on which AIT is based were reviewed by Gravel.<sup>3</sup> She notes that current objective electrophysiologic measures such as auditory-evoked brainstem responses fail to demonstrate differences in hearing sensitivity between autistic and nonautistic children. Moreover, autistic children are extremely difficult to test using behavioral audiometry, because their responses are frequently inconsistent, often showing small (5-decibel) differences between frequencies generally considered within normal clinical variation. Although AIT practitioners declare the technique to be safe, there is some information about both the quality control characteristics of the equipment used and potentially unsafe sound levels produced by it.<sup>5</sup>

AIT practitioners report that individuals who have received AIT demonstrate many benefits: improved attention, improved auditory processing, decreased irritability, reduced lethargy, and improved expressive language and auditory comprehension. Unfortunately, little scientific documentation exists to support these assertions. Rimland and Edelson<sup>6</sup> recently conducted a pilot study of AIT in 17 autistic children aged 4 to 21 years. Eight children underwent AIT for 10 days and 9 children listened to unprocessed music under identical conditions, with evaluators and parents blinded to the treatment received. Although random assignment was not used, and the comparability of the two groups was not described, the authors reported decreases in repetitive behaviors, irritability, and hyperactivity, and improved attention noted by parents in the study group. In addition, Bettison<sup>7</sup> studied 80 children randomized to two groups, one received AIT and the other listened to unmodified music. Twelve months later both groups demonstrated significant improvements in behavior and verbal and performance IQ, suggesting that some aspect of listening to music may have some effect on features of autism. Further studies are underway to better document any effects of this controversial treatment.

Facilitated communication (FC) is a method of providing assistance to a nonverbal person in typing out words using a typewriter, computer keyboard, or other communication device. FC involves supporting the individual's hand to make it easier for him or her to indicate the letters that are chosen sequentially to develop the communicative statement. This manual prompting, by a trained facilitator, is claimed to provide expressive language abilities to a wide range of individuals, including those with severe intellectual disabilities or autism. Originally applied to assist people with physical disabilities by Jacobson et al,<sup>8</sup> FC was brought to the United States by Biklen in 1989.<sup>9</sup> According to Biklen, this procedure often produces unexpected literacy and reveals normal or even superior intelligence and/or communicative ability that was "trapped in a wordless person."<sup>9,10</sup> FC is at the center of a growing controversy, because several scientific studies have suggested that facilitators may unintentionally influence the communication,

perhaps to the extent of actually selecting the words themselves.<sup>11-14</sup> Yet proponents point to a series of nonexperimental reports that promote the use of FC and suggest that it is unethical to use a rigorous scientific method to study its efficacy.<sup>15</sup>

As reviewed by Jacobson et al,<sup>8</sup> FC has been the subject of many controlled studies with consistently negative findings, indicating that the technique is neither reliably replicable nor valid. Methods that have been used include single and double-blind procedures, repeated measures and self-controls, or passing messages about which the facilitator would have no prior information.

For example, Smith et al<sup>16</sup> studied 10 individuals with autism specifically to investigate the effects of facilitator influence and level of assistance on the results of FC. Each subject had six sessions, two with no help, two with partial assistance, and two with full assistance. Results showed that there were no cases of correct responses from the subject unless the facilitator knew the correct response. In addition, numerous responses were typed by the subjects to stimuli that were shown only to the facilitator, and not the subject. Similar results have been found by Regal et al<sup>17</sup> and Eberlin et al.<sup>18</sup>

A recently published study by Cardinal et al<sup>19</sup> attempted to support the ability of experienced FC users to transmit single words to a naive facilitator. They found that this only occurred with prolonged practice of the experimental task, and there were many inconsistencies in the responses, even after prolonged practice. They suggested that further research is needed, especially to develop methodologies to clearly separate facilitator influence from user communication.

Despite this evidence, some states have promoted and supported the use of FC for children and adults with autism and other disabilities, and even issued guidelines to promote technology transfer of FC. There has been widespread national media attention to this alternative therapy, and many parents are interested in exploring this option for their children; the attraction of unlocking the child's "hidden abilities" is a strong incentive for its use.

One complication of the use of FC has been the allegation of abuse, particularly sexual abuse, that has been obtained from individuals through the use of FC against third persons. This has generated adverse publicity and caused severely negative consequences for families who may be unsure of the validity of the allegations. Because of legal mandates regarding reports of child abuse, this becomes a critical issue for teachers and pediatricians alike, who may find the credibility of the report highly questionable but are obligated to fulfill their legal responsibilities. Margolin<sup>20</sup> notes that although more than 50 such allegations have resulted in legal proceedings, most have terminated before trial. The ethical dilemmas posed by FC for practitioners have been reviewed by Jacobson et al.<sup>8</sup>

## **Recommendations**

AIT and FC are controversial treatment options for autism and other disorders. Although two investigations indicated AIT may help some children with autism,<sup>5,6</sup> as yet there are no good controlled studies to support its use. In the case of FC, there are good scientific data showing it to be ineffective.<sup>11-14</sup> Moreover, as noted before, the potential for harm does exist, particularly if unsubstantiated allegations of abuse occur using FC. Many families incur substantial expense

pursuing these treatments, and spend time and resources that could be used more productively on behavioral and educational interventions. When controversial or unproven treatments are being considered by a family, the pediatrician should provide guidance and assistance in obtaining and reviewing information. The pediatrician should ensure that the child's health and safety, and the family's financial and emotional resources are not compromised. It is important for the pediatrician to obtain current data on both AIT and FC as they become available. Until further information is available, the use of these treatments does not appear warranted at this time, except within research protocols. Information on communicating with families who choose an alternative medical approach for their child with chronic illness and disability is also available in the literature.[21](#)

## Footnotes

<sup>a</sup>Although there are several AIT methods, this statement addresses that which Berard introduced, for it is the only one that has been studied scientifically.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

## Abbreviations

AIT, auditory integration training. FC, facilitated communication.

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- [Link to original AAP policy](#)

## **American Association on Mental Retardation\***

### **Position Statement on Facilitated Communication**

(Adopted by the American Association on Mental Retardation Board of Directors, June 1994)

Whereas, Facilitated Communication (FC) is a process by which a Facilitator supports the hand or arm of a communicatively impaired individual while using a keyboard or typing device. It has been claimed that this process enables a person with autism or mental retardation to communicate. A substantial number of objective clinical evaluations and well controlled studies indicate that facilitated communication has not been shown to result in valid messages from the person being facilitated.

Therefore, be it resolved that the Board of Directors of the American Association on Mental Retardation (AAMR) does not support the use of this technique as the basis for making any important decisions relevant to the individual being facilitated without clear, objective evidence as to the authorship of such messages. The AAMR strongly encourages the use and further development of valid augmentative and alternative communication techniques and approaches.

Original: AAMR *News & Notes*, 7 (1), 1994

\*The American Association on Mental Retardation is now *The American Association on Intellectual and Developmental Disabilities* (AAIDD).

## **American Psychological Association**

### **Resolution on Facilitated Communication by the American Psychological Association**

(Adopted in Council, August 14, 1994, Los Angeles, CA)

Facilitated communication (FC) has been widely adopted throughout North America in special/vocational education services for individuals with developmental disabilities who are nonverbal. A basic premise of facilitated communication is that people with autism and moderate and profound mental retardation have "undisclosed literacy" consistent with normal intellectual functioning. Per reviewed, scientifically based studies have found that the typed language output (represented through computers, letter boards, etc.) attributed to the clients was directed or systematically determined by the paraprofessional/professional therapists who provided facilitated assistance (Bligh & Kupperman, 1993; Cabay, in press; Crews et al., in press; Eberlin, McConnachie, Ibel, & Volpe, 1993; Hudson, Melita, & Arnold, 1993; Klewe, 1993; Moore, Donovan, & Hudson, 1993; Moore, Donovan, Hudson, Dykstra, & Lawrence, 1993; Regal, Rooney, & Wandas, in press; Shane & Kearns, in press; Siegel, in press; Simon, Toll, & Whitehair, in press; Szempruch & Jacobson, 1993; Vasquez, in press; Wheeler, Jacobson, Paglieri, & Schwartz, 1993). Furthermore, it has not been scientifically demonstrated that the therapists are aware of their controlling influence.

Consequently, specific activities contribute immediate threats to the individual civil and human rights of the person with autism or severe mental retardation. These include use of facilitated communication as a basis for a) actions related to nonverbal accusations of abuse and mistreatment (by family members or other caregivers); b) actions related to nonverbal communications of personal preferences, self-reports about health, test and classroom performance, and family relations; c) client response in psychological assessment using standardized assessment procedures; and d) client-therapist communication in counseling or psychotherapy, taking therapeutic actions, or making differential treatment decisions. Instances are widely noted where use of facilitated communication in otherwise unsubstantiated allegations of abuse has led to psychological distress, alienation, or financial hardship of family members and caregivers. The experimental and unproved status of the technique does not preclude continued research on the utility of facilitated communication and related scientific issues. Judicious clinical practice involving use of facilitated communication should be preceded by the use of fully informed consent procedures, including communication of both potential risks and likelihood of benefit.

Facilitated communication is a process by which a facilitator supports the hand or arm of a communicatively impaired individual while using a keyboard or typing device. It has been claimed that this process enables persons with autism or mental retardation to communicate. Studies have repeatedly demonstrated that facilitated communication is not a scientifically valid technique for individuals with autism or mental retardation. In particular, information obtained via facilitated communication should not be used to confirm or deny allegations of abuse or to make diagnostic or treatment decisions.

THEREFORE, BE IT RESOLVED that APA adopts the position that facilitated communication is a controversial and unproved communicative procedure with no scientifically demonstrated support for its efficacy.

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[Link to original APA resolution](#)

## American Speech Language Hearing Association

(October 1994)

### Facilitated Communication

*This position statement is an official policy of the American Speech-Language-Hearing Association (ASHA). It was developed after select and widespread peer review by ASHA's Speech-Language Pathology Division: Diane Paul-Brown, division director; Louise Zingeser, branch director. Crystal S. Cooper, 1994–1996 vice president for professional practices in speech-language pathology, served as monitoring vice president. The contributions of Stan Dublinske, director, Professional Practices Department, and Kelley Turnbull, departmental assistant, Professional Practices Department, are gratefully acknowledged. The Legislative Council adopted this statement in November 1994 (LC 51-94). For additional information, please refer to the technical report on facilitated communication (Facilitated Communication Subcommittee of the Ad Hoc Committee on Auditory Integration Training and Facilitated Communication, 1994, October).*

Facilitated communication is a technique by which a "facilitator" provides physical and other supports in an attempt to assist a person with a significant communication disability to point to pictures, objects, printed letters and words, or to a keyboard. Personal accounts and qualitative descriptions suggest that messages produced using this technique may reveal previously undetected literacy and communication skills in people with autism, and other disabilities. When information available to facilitators is controlled and objective evaluation methods are used, peer reviewed studies and clinical assessments find no conclusive evidence that facilitated messages can be reliably attributed to people with disabilities. Rather, most messages originate with the facilitator. Moreover, facilitated communication may have negative consequences if it precludes the use of effective and appropriate treatment, supplants other forms of communication, and/or leads to false or unsubstantiated allegations of abuse or mistreatment. It is the position of the American Speech-Language-Hearing Association (ASHA) that the scientific validity and reliability of facilitated communication have not been demonstrated to date. Information obtained through or based on facilitated communication should not form the sole basis for making any diagnostic or treatment decisions. ASHA strongly supports continued research and clinical efforts to develop scientifically valid methods for developing or enhancing the independent communication and literacy skills of people with disabilities. Speech-language pathologists are autonomous professionals who are responsible for critically evaluating all treatment techniques in order to hold paramount the welfare of persons served in accordance with the ASHA Code of Ethics. Speech-language pathologists should inform prospective clients and their families or guardians that currently the scientific validity and reliability of facilitated communication have not been established, and should obtain their informed consent before using the technique.

[Link to original ASHA Resolution](#)

## **Association for Behavior Analysis**

### **Statement on Facilitated Communication**

(1995)

A technique, known as Facilitated Communication (FC), has been promoted and disseminated as a method for "revealing" undisclosed intellectual competence in persons diagnosed with autism, moderate to profound mental retardation, or other disabilities. FC is a technique wherein a facilitator touches the hand, arm, or shoulder of a person with communication deficits while they jointly point to symbols, letters, or words. Claims have been made that this technique permits many people with severe disabilities to communicate at levels far exceeding those demonstrated by any other means. These claims have been based on descriptive and qualitative reports or personal accounts. Numerous peer-reviewed scientific evaluations, however, indicate clearly and compellingly that FC does not allow persons diagnosed with disabilities to communicate at enhanced levels. The source of apparent communication is the facilitator, although most facilitators report that they are not aware that they are the source.

To date, there is no objective, scientifically sound evidence that FC has any direct therapeutic benefit. The use of FC to "communicate" entails serious risks, including: 1) Violating the rights of people with disabilities to autonomy, privacy, genuine self-expression, self-determination,

protection from experimentation without informed consent, and appropriate education and treatment; 2) Promoting dependence rather than independence in people with disabilities; 3) Misusing human and material resources that could be better spent on other interventions, e.g., time spent employing FC interferes with the use of communication systems that have a scientifically documented history of success; 4) Fostering expectations about people with disabilities that are unlikely to be realized; 5) Taking actions related to medical or other treatments, living and work arrangements, personal relationships, test and classroom performance, and other decisions about people with disabilities without objective verification that the communications represent their own wishes and competencies; 6) Promulgating false allegations of abuse and mistreatment, resulting in emotional distress and unnecessary legal and financial difficulties for many people with disabilities, their families and others. Thus the use of FC directly threatens the human and civil rights of the person whose communication is purportedly “facilitated,” and may also jeopardize the rights of others.

Autism, mental retardation, and other disabilities can result in diverse and often marked deleterious effects on adaptive behavioral development and communication skills. Parents and other caregivers of persons manifesting these conditions consequently are highly motivated to seek and obtain service that offers any promise of being effective in ameliorating these conditions. As a result, such caregivers are vulnerable to those who promote ineffective methods. FC is not to be confused with use of appropriately applied manual guidance or other prompts to teach communications and other skills, nor should it be confused with independent use of nonspeech communication systems that may involve letterboards, keyboards, or other symbol systems.

It is the position of the Association for Behavior Analysis that FC is a discredited technique. Because of the absence of ample, objective, scientific evidence that FC is beneficial and that identifies the specific conditions under which it may be used with benefit, its use is unwarranted and unethical.

A task force authorized by the Executive Council of the Association for Behavior Analysis generated the above statement concerning the technique called Facilitated Communication (FC). Members of the task force independently reviewed the scientific literature concerning FC and agreed unanimously to the content of the statement. The Executive Council unanimously approved the statement in 1995, and it is the official position of the Association for Behavior Analysis.

[Link to original ABA statement](#)

## **Association for Science in Autism Treatment**

### **Facilitated Communication**

**Description:** An intervention in which the service provider holds the participant’s hands, wrists, or arms to help him or her spell messages on a keyboard or a board with printed letters. Facilitated Communication is not the independent typing or use of a computerized device to

assist communication.

**Research Summary:** Research evidence, replicated across several hundred children with autism spectrum disorders, shows that the facilitators rather than the individuals with autism spectrum disorders control the communication and that FC does not improve language skills (Mostert, 2001). Therefore, FC is an inappropriate intervention for individuals with autism spectrum disorders.

**Recommendations:** Facilitated Communication is not a useful intervention for individuals with autism spectrum disorders.

**Systematic reviews of scientific studies:** Mostert, M.P. (2001). Facilitated communication since 1995: A review of published studies. *Journal of Autism and Developmental Disorders*, 31, 287-313.

[Link to original ASAT statement](#)

## **Autism Society of Canada (ASC)/La Société canadienne de l'autisme (SCA)**

Experts report that FC as a stand-alone program approach is ineffective and potentially harmful for individuals with ASD. [Evidence-Based Practices for Children and Adolescents with Autism Spectrum Disorders: Review of the Literature and Practice Guide: Perry, Adrienne and Condillac, Rosemary \(2004\). Children's Mental Health Ontario.](#)

Selon des experts, si la CF est l'unique programme utilisé, elle est inefficace, voire dommageable pour les personnes atteintes d'un TED. Source : [Dr Adrienne Perry et Dr Rosemary Condillac, Evidence-Based Practices for Children and Adolescents with Autism Spectrum Disorders: Review of the Literature and Practice Guide, Toronto, Santé Mentale pour Enfants Ontario, 2003.](#)

Link to original statements: [English/French](#)

## **Behavior Analysis Association of Michigan**

### **Resolution of the Behavior Analysis Association of Michigan against the use of "Facilitated Communication."**

(Adopted at the 1998 Annual Convention)

**Summary:** *Numerous peer-reviewed scientific analyses have demonstrated that facilitated communication is not a reliable or valid communication method and should not be used.*

Facilitated communication is a technique by which a "facilitator" physically supports the hand or arm of a communicatively impaired person while that person uses a keyboard, typewriter, or other pointing-based communication device. The proponents of facilitated communication claim that this technique is distinct from simple manual prompting and enables certain persons with autism and other developmental and physical disabilities to communicate. Numerous empirically based, peer-reviewed studies have demonstrated that facilitated communication is incapable of establishing "unexpected literacy" or producing valid messages above the facilitated individual's previously established communicative level.

Therefore, because it is the position of the Behavior Analysis Association of Michigan (BAAM) that the use of any augmentative communication technique must be based upon clear, objective, and scientifically valid evidence that the augmented communications of any individual are reliably and unambiguously attributable to that individual, BAAM does not support or endorse the use of facilitated communication as a form of therapy, communications system, or a means of making important decisions relevant to individuals whose communication is facilitated. In particular, communication arising from the use of facilitated communication should not be used to confirm or deny accusations of abuse, neglect, or other crimes, and should not be used to make decisions concerning treatment, diagnosis, housing, or custody. BAAM strongly endorses and encourages the development, scientific validation, and use of augmentative and alternative communication techniques and demonstrably effective treatments designed to establish functional independent living skills in all persons with disabilities.

[Original Includes a list over over 400 signatories.]

[Link to original BAAM Resolution](#)

## *Heilpädagogische Forschung*

### **Resolution on Facilitated Communication (Deutsche: Gestützten Kommunikation)**

*(Heilpädagogische Forschung Nr. 1 2003)*

Facilitated communication is a pedagogical method for the handicapped in which it is assumed that individuals with autism and/or mental illness can be made able to communicate with others, usually in writing. With facilitated communication the person in question (FC-writer) is "facilitated" on the wrist, arm, upper arm, or other body part and types meaningful messages letter by letter. The technique was the subject of a large number of controlled studies in the United States during the 1990s. In these studies, despite careful experimental methodology, no authentic communication could be proven in roughly 80% of the participating subjects, and in the remaining 20% no practically relevant observable improvement in communication appeared. 75% of the corresponding research subjects were shown to be steered by the facilitating person (Biermann 1999). Critical analyses of the studies with results in favor of the method hint at methodological shortcomings (most recently the critical review of the Munich study from Bober, 2000). Besides the lack of empirical basis, there are also no theoretical underpinnings from the specialized fields of autism, speech research or mental illness that can be invoked

(Nußbeck, 2000). The advocates of facilitated communication more often tend to call into question basic knowledge of the areas of autism, mental illness, and linguistics and to redefine autism and mental illness according to their purported results as a predominantly motor/ "practical acting" ["handlungspraktische"] disability. In this manner the content of the facilitated messages are often used as arguments for the method. Facilitated communication is consequently a technique whose effectiveness has been contradicted. Parents, educators, and therapists must be informed about the clear negative research results before they decide on FC. Since despite the clear findings it cannot ultimately be ruled out that very rare individuals can be facilitated to communicate, we encourage that in each isolated case the authenticity of the FC-messages be demonstrated under controlled conditions. This goes especially for public institutions, when school measurements, educational programs, living situations, etc. are changed based on FC-statements and whenever public funds for FC-support are demanded.

This resolution concurs in its demands with resolutions and position papers from:

- American Academy of Pediatrics (AAP, 1998)
- American Association of Mental Retardation (AAMR, 1994)
- American Psychological Association (APA, 1994)
- American Speech-Language-Hearing Association (ASHA, 1995)
- Behavior Analysis Association of Michigan
- American Academy of Child and Adolescent Psychiatry (AACAP, 1993)

[Original Resolution includes a list of 41 signatories]

**(Original German Text)**

## **Resolution zur Gestützten Kommunikation (English: Facilitated Communication/FC)**

*(Heilpädagogische Forschung Nr. 1 2003)*

Die Gestützte Kommunikation ist eine sonderpädagogische Methode, bei der angenommen wird, dass durch sie Menschen mit Autismus und/oder geistiger Behinderung befähigt werden können, mit anderen Menschen in der Regel schriftsprachlich zu kommunizieren. Bei der Gestützten Kommunikation wird die betreffende Person (FC-Schreiber) von einer anderen Person (Stützer) am Handgelenk, Arm, Oberarm oder anderem Körperteil "gestützt" und tippt so Buchstabe für Buchstabe sinnvolle Botschaften. Als Kommunikationsmethode ist die Technik in den neunziger Jahren in den USA Gegenstand zahlreicher kontrollierter Studien gewesen. Hierbei stellte sich heraus, dass trotz sorgfältiger Versuchsplanung bei ca. 80% der beteiligten Versuchspersonen keinerlei authentische Kommunikation nachgewiesen werden konnte und bei den übrigen 20% keine praxisrelevanten Verbesserungen hinsichtlich der Kommunikation auftraten. Bei 75% der entsprechend untersuchten Versuchspersonen ließ sich jedoch eine inhaltliche Steuerung der FC-Botschaften durch die stützenden Personen nachweisen (vgl. Biermann, 1999). Kritische Analysen der Studien mit für die Methode sprechenden Ergebnissen deuten auf methodische

Mängel der Untersuchungen hin (vgl. zuletzt die kritische Rezension der Münchner Studie von Bober, 2000). Neben den empirischen Grundlagen lassen sich auch keine theoretischen Untermauerungen für die Methode der Gestützten Kommunikation in den Fachgebieten des Autismus, der Spracherwerbsforschung und der geistigen Behinderung heranziehen (vgl. Nußbeck, 2000). Die Vertreterinnen und Vertreter der Gestützten Kommunikation treten vielmehr an, grundlegende Erkenntnisse aus den Bereichen des Autismus, der geistigen Behinderung und des Schriftspracherwerbs in Frage zu stellen und Autismus und geistige Behinderung auf Grund ihrer vermeintlichen Ergebnisse als überwiegend motorische/handlungspraktische Störungen neu zu definieren. Dabei werden häufig die Inhalte der gestützt hervor gebrachten Botschaften als Argumente für die Methode benutzt. Die Gestützte Kommunikation ist somit eine in ihrer Effektivität widerlegte Technik. Eltern und pädagogisch oder therapeutisch tätige Personen müssen über die eindeutig negative Forschungslage aufgeklärt werden, bevor sie sich für FC entscheiden. Da allerdings trotz der eindeutigen Befundlage letztlich nicht ausgeschlossen werden kann, dass sehr vereinzelt Menschen gestützt kommunizieren können, fordern wir, dass in jedem Einzelfall unter kontrollierten Bedingungen die Authentizität der FC-Botschaften nachgewiesen werden muss. Dies gilt insbesondere in öffentlichen Einrichtungen, wenn schulische Maßnahmen, Förderprogramme, Wohnsituationen etc. auf Grund von FC-Aussagen verändert werden sollen und wenn öffentliche Gelder zur FC-Stütze beansprucht werden.

[Link to original \*Heilpädagogische Forschung\* resolution](#)

## **Maine Administrators of Services for Children with Disabilities (MADSEC)**

### **Description of Facilitated Communication**

Rosemary Crossley first introduced facilitated communication (FC) in Australia in the 1970s, as a technique to help individuals with cerebral palsy and physical disabilities communicate. In 1989, Douglas Biklen began to use FC in the United States, with people who have autism. According to Smith (1996), "Facilitated Communication (Biklen, 1993) derives from the hypothesis that children and adults with autism or other developmental disabilities have a motor\_deficit that prevents them from expressing themselves even though they possess a sophisticated understanding of spoken and written language. To overcome this conjectured problem, trained facilitators (professionals or nonprofessionals who have completed a workshop on the treatment) hold people's hands, wrists, or arms to help them spell messages on a keyboard or a board with printed letters. . . . According to reports, when people who were\_previously thought to have no communicative language participated in Facilitated Communication, they began to compose poetry, divulge personal thoughts and feelings, excel at advanced schoolwork, and display many other complex language skills."

There is some confusion between the terms "facilitated communication" and "augmentative communication" or "augmentative and alternative communication" (AAC). Facilitated communication is based upon the premise that individuals with autism have "undisclosed literacy" (Biklen, 1990). "It is a technique wherein a facilitator touches the hand, arm or

shoulder of a person with communication deficits while they jointly point to symbols, letters or words. . . FC is not to be confused with use of appropriately applied manual guidance or other prompts to teach communication and other skills, nor should it be confused with independent use of nonspeech communication systems that may involve letterboards, keyboards, or other symbol systems” (ABA, 1995).

## **Discussion**

Biklen and colleagues have contributed the majority of articles supporting the use of facilitated communication with children with autism. Biklen theorizes people with autism and developmental disabilities are able to display normal to high level intellectual skills, once they are able to communicate through the use of FC. Biklen estimates that 90% of children with autism will be able to communicate using FC (Biklen, 1990, 1992; Biklen & Schubert, 1991; Biklen, et al, 1991; Biklen, et al, 1992; Biklen, 1993). These studies are based on qualitative methodologies and include many anecdotal reports of successful intervention. However, none of these studies were scientifically validated. Many primary research studies have attempted to replicate the findings of Biklen and his colleagues. According to Eberlin, et al (1993), “To date, all published reports of facilitated communication showing unexpected literacy skills have been based on uncontrolled or poorly controlled case study accounts.” MADSEC’s review of the literature was similarly unable to find any scientific studies which support claims that facilitated communication produces independent communication originating from a person with autism.

Many procedures have been employed to determine the effectiveness of FC. The use of a mechanical tool to support the subject’s arm instead of a facilitator has shown that individuals are unable to independently respond to a statistically significant number of questions without a human facilitator present (Kezuka, 1997). This procedure was not widely tested because proponents of facilitated communication contend the facilitator provides security and trust in the individual’s abilities, and that a bond must be formed prior to communication (eg Biklen, 1990). Several researchers have used blind testing conditions. In these studies, the facilitators were unaware of the questions presented to the subject, testing information was unknown to the facilitator, or visual stimuli used was undisclosed to the facilitator (eg Bebko, et al, 1996; Braman, et al, 1995; Hirshorn & Gregory, 1995; Simpson & Myles, 1995; Simpson & Myles, 1994, among others.) In each of these studies, subjects were unable to respond correctly to most or all of the questions for which the facilitator lacked information. One controlled study found that out of 720 communicative interactions unknown to a facilitator, subjects were able to disclose correct information during 77 interactions (Sheehan & Matuoizzi, 1996). Kezuka conducted a study of the ideomotor movements of the facilitator. This was done by analyzing video tape of a facilitated subject one video frame at a time (30 frames per second.) Examination revealed the subject made many quick moves toward various keys, passing the correct keys before returning to them. The subject demonstrated difficulty using a facilitator she had not worked with recently, and was unable to communicate through unknown facilitators. According to the investigators, this study suggests a type of unconscious motor movement by sender. Numerous visual cues were also noted. Kezuka’s findings suggested that the subject received very subtle unconscious cueing from the facilitator, which allowed her to return to the correct key. Kezuka contends the cueing relationship between the facilitator and the subject is merely the result of operant conditioning. Each time the subject responds correctly, the facilitator praises the subject, therefore reinforcing the behavior. The subject becomes very in tune to the motor movements of the facilitator, and is completely dependent upon these to communicate.

The facilitator, unaware of these ideomotor movements, is encouraged by the subject's ability to communicate. Kezuka concluded that "The role of contact is not one of emotional support or even simply physical support, but one of motor control." (Kezuka, 1997).

Many professionals urge caution in the use of FC. Moore, et al (1993) says, "The issue of determining the origin of messages in facilitated communication is an important one for several reasons. First, from an ethical standpoint, it is imperative that communications be attributed to the correct source. While this is so for the general population, it is particularly so for people with disabilities who are less able to correct errors of attribution of this sort. Second, an accurate knowledge of a disabled persons' communication skills is necessary if service providers are to make the most suitable programs available to the person. Finally, the nature of the content of some critical communications is such that serious errors of justice may be associated with incorrectly attributed communications." "Serious errors of justice" may occur because, according to Smith, "one well-known investigator estimated that 25% of typically-developing children are victims of molestation, and that the incidence of molestation in children with autism is "more than four times" [25%]!" (Hence, the "well-known investigator" asserted that more than 100% of children with autism are victims of molestation.) Smith continues, "While such mathematical gaffes are amusing, the real-life effects are not: Accusations of molestation often have arisen from Facilitated Communication, and many of these accusations have been directed at parents. Such accusations almost always prove to be unfounded, as would be expected given the fact that the child did not author them. Even so, some of the accusations have caused children to be taken away from their parents for extended periods of time while investigations were ongoing. Falsely accused families in several countries have spent thousands of dollars defending themselves and have experienced immeasurable trauma" (Smith, 1996).

Bligh and Kupperman conducted a court-requested investigation into the validity of accusations of sexual abuse allegedly made by a 10-year-old girl through facilitated communication. When the evaluation was concluded, lawyers agreed that the communication had been from the facilitator, not the child. It was reported that the child had been removed from her home, and that the child and family suffered much distress and personal anguish (Bligh and Kupperman, 1993). Bligh and Kupperman further raised questions resulting from this case for further consideration:

- "Are school personnel liable for using experimental techniques for which there is no scientific basis when they may result in serious emotional and financial damage to the family?"
- "Are the rights of the child violated by depriving her of an appropriate education because of the use of this technique?" (Bligh and Kupperman, 1993).
- At least five respected organizations have issued position papers on facilitated communication. Following are excerpts:

American Psychological Association: "APA adopts the position that facilitated communication is a controversial and unproved communicative procedure with no scientifically demonstrated support for its efficacy" (1994).

American Academy of Child and Adolescent Psychiatry: "FC is not a scientifically valid technique for individuals with autism or mental retardation. In particular, information obtained

via FC should not be used to confirm or deny allegations of abuse, or make diagnostic or treatment decisions” (1994).

American Speech-Language-Hearing Association: “Facilitated communication may have negative consequences if it precludes the use of effective and appropriate treatment, supplants other forms of communication, and/or leads to false or unsubstantiated allegations of abuse or mistreatment” (1994).

American Association on Mental Retardation: “The American Association on Mental Retardation does not support the use of this technique [FC] as the basis for making any important decisions relevant to the individual being facilitated without clear, objective evidence as to the authorship of such messages” (1994).

Association for Behavior Analysis: “It is the position of the Association for Behavior Analysis that FC is a discredited technique. Because of the absence of ample objective, scientific evidence that FC is beneficial and that identifies the specific conditions under which it may be used with benefit, its use is unwarranted and unethical” (1995).

## **Conclusions**

Accumulated peer-reviewed, empirically-based research studies have not supported the effectiveness of facilitated communication. Equally important, the research has substantiated the potential for great harm (Foxy, 1995; Margolin, 1994, Myers, 1994). Researchers may consider further investigation using research protocols, with particular care to protect subjects and their families against harm. It is not recommended that professionals consider the use of facilitated communication.

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## Report of the MADSEC Autism Task Force

# **New York State Department of Health**

## **Facilitated Communication**

Facilitated communication involves a "facilitator" who supports the child's hand on a keyboard or letter board while the child types or spells messages. Proponents of this therapy suggest that the messages are communications coming from the child.

In studies of facilitated communication used in older children with autism, the messages typed by the children are often far beyond their capabilities as evidenced by their behavior or language. Studies of facilitated communication suggest that communication that exceeds baseline levels for a subject originates from the facilitator rather than the child.

Use of facilitated communication has brought up a number of ethical and legal issues. There have been cases where messages produced with facilitated communication have caused emotional distress to parents or have led to accusations of abuse that resulted in legal proceedings. **Recommendations**

Because of the lack of evidence for efficacy and possible harms of using facilitated communication, it is strongly recommended that facilitated communication not be used as an intervention method in young children with autism.

[Evidence Rating: No Evidence Meeting Criteria]

[Link to original NYSD statement](#)

# **New Zealand Ministries of Health and Education**

## **Recommendation on Facilitated Communication**

There has been considerable controversy about whether the facilitated output is from the person with ASD or is under the influence of the facilitator. A large number of quantitative studies show facilitator influence. There is no scientific validation of Facilitated Communication and it is not recommended (Recommendation 4.5.2).

From: Ministries of Health and Education (2008). New Zealand Autism Spectrum Disorder Guideline. Wellington, New Zealand: Ministry of Health