

Fact Sheet 6

Facilitated Communication and Autism



positive
partnerships

Working together to support school-aged
students on the autism spectrum

For whom does this intervention work best?

Facilitated communication (FC) is a controversial practice, largely because there have been significant questions raised about the authorship of the typed messages produced (APA, 1994; ASHA 1995, Speech Pathology Australia, 2012). FC aims to assist an individual on the spectrum to communicate via a message board or electronic device. In FC, a facilitator supports the hand, wrist or other body part of the person in order to assist them to type or point to letters on a display to spell out messages (Howlin, 1997; Biklen, 1990). The intent of the physical contact is not to help the person make a selection but rather to provide stabilisation, to slow down, and/or to help the person pull back from the keyboard before selecting the next letter (Szempruch & Jacobson, 1993; Biklen, 1990). The approach was initially developed in Australia by Rosemary Crossley in the 1970s for use with people with cerebral palsy (Oswald, 1994). It began to be used with people on the spectrum in the 1980s and was promoted, particularly in the United States, by Douglas Biklen in the early 1990s (Biklen, 1990; Cummins & Prior, 1992; Szempruch & Jacobson, 1993). The ultimate aim of FC is that the individual communicates independently and no longer needs the facilitator (Crossley & Remington-Gurney, 1992).

Descriptive and anecdotal reports have suggested that messages produced by people using FC have displayed unexpected literacy and high level communication skills (Crossley & Remington-Gurney, 1992; Biklen, 1990). Extraordinarily, most students tend to use standard rules of grammar and spelling, while well-recognised language features of autism, such as echolalia and pronoun reversal, are rarely seen (Crossley & Remington-Gurney, 1992; Biklen, 1990).

Numerous studies of the practice have aimed to determine whether the person on the spectrum is producing the communication or whether the facilitator is influencing, consciously or subconsciously, the messages being typed. Further, significant controversy regarding FC arose as a result of numerous allegations of abuse by caregivers (including family members) were made by people using FC to communicate these allegations (Howlin, 1997; APA, 1994).

What is the hypothesis?

Proponents of FC suggest that the communication difficulties experienced by people on the spectrum are related to movement disorders, such as apraxia (Crossley & Remington-Gurney, 1992; Biklen, 1990) rather than to any cognitive or intellectual difficulties. By providing physical stability and emotional support, it is suggested that any physical difficulties with expression are overcome and the individual is able to communicate effectively (Biklen, 1990). While the ultimate aim of FC is independent communication, there is a hierarchy of facilitation or support starting with hand holding with the index finger isolated as the most supported, through to wrist support, forearm support, sleeve or elbow support, with shoulder touch and pressure at the later end of the support hierarchy (Crossley & Remington-Gurney, 1992).

What are the concerns?

A number of authors, including some proponents, have detailed concerns and questions about FC including:

- the need for the facilitator to detect and respond to client's 'intention of movement', risking that they will be responding to their own beliefs about the person's intentions (Cummins & Prior, 1992; Boynton, 2012),
- the high level of physical intervention required, even when students have good motor skills in other areas (Cummins & Prior, 1992) and the lack of empirical support for claims of apraxia among individuals on the spectrum (Hudson, 1995; Speech Pathology Australia, 2012),
- the notion that facilitation can't be taught to all people and that facilitators need to have a strong belief in FC (Cummins & Prior, 1992)
- that students have developed formal, written language skills, in the absence of verbal language skills and formal teaching (e.g. Boynton) and the unusual use of language by some students, particularly those in the Biklen study (Cummins & Prior, 1992)
- understanding why individuals would choose not to communicate with people close to them, even though they cooperate and interact with them in other ways
- understanding why facilitation is required to overcome physical difficulties, when devices exist that allow communication utilising voluntary movements of a single muscle (Cummins & Prior, 1992; Hudson, 1995; Speech Pathology Australia, 2012)
- the high number of reports of physical and sexual assault made by individuals using FC, none of which have been found to be valid (Hudson, 1995; Howlin, 1997; Sigafoos & Schlosser, 2012; Boynton, 2012).

What does the research say?

Descriptive reports and individual case studies (e.g. Biklen, 1990, Donnellan, 1992) have reported positive communication outcomes, and indeed, some outstanding abilities in the students observed. However, studies that have attempted to use experimental procedures to investigate FC have almost universally found that FC is ineffective and that the communication produced is either consciously or subconsciously influenced by the facilitator.

Numerous scientifically controlled studies have failed to capture or replicate the extraordinary outcomes described in case studies. Early reviews, such as Green (1992; cited in Mostert, 2001) analysed the available literature according to the use of experimental control procedures the studies employed, such as screening facilitators or masking their hearing so that there could be less possibility of incorrect attribution of communication. Clear differences were found between studies using such controls and those that did not. In the studies employing control procedures, few, if any, items of communication that could be attributed to FC were observed and it was determined that none of the 138 participants in the review were the source of the communication they produced. Studies without control procedures, however, reported subjects performing close to academic grade level and most of the communication displayed by the subjects demonstrated unexpected levels of literacy skills.

Subsequent studies employing experimental control procedures have shown similar results. Participants have consistently been unable to produce valid responses when facilitators were prevented from knowing the same information. A study by Hudson, Melita & Arnold (1993), for example, showed that even when simple short answer questions were asked of clients, they were only able to answer correctly when the facilitator could also hear the question. Szempruch & Jacobson (1993) attempted to respond to claims by FC proponents that testing procedures interfere with the ability of facilitated communicators to communicate and this claim was investigated by using naturalistic settings and assessment tasks that were similar to the training tasks. However, the researchers still found that none of the 23 participants demonstrated evidence of authorship of the

communication produced. Similarly Perry, Bebko & Bryson (1994) not only found no improvement in the communication of students using FC, but that some students actually performed worse in a controlled FC experimental task than they did in the same task but pointing independently. Subjects in a study of comprehension using FC (Oswald, 1994), showed some levels of facilitator influence, but the facilitators were unable to detect when they were influencing the pointing. This inability of the facilitator to detect their own influence on the FC user has been dramatically illustrated recently by the account of Boynton (2012), who described her experience as a facilitator. Her account demonstrated her strong belief that she was helping the FC communicator and her distress when she eventually realised that she was the author of the messages, not the student.

Finally, a large scale review of research from 1995 – 2001 confirmed that studies that did not use experimental control procedures “almost universally find FC to be effective” (Mostert, 2001, p.311), while studies with control procedures found very little to no support for FC. The few studies that found tentative positive results using control procedures had significant methodological flaws (Mostert, 2001, 2012).

Absent from the literature are details of the small number of individuals who have achieved independent communication using FC, although such individuals are mentioned in case studies (e.g. Biklen, 1990; Crossley & Remington-Gurney, 1992) and anecdotal reports. Details about the skills and characteristics of such individuals, along with the details of the process that enabled them to become independent communicators, would provide valuable information to the field but as yet, no substantive evidence has been produced regarding this group’s use of FC (Speech Pathology Australia, 2012).

In summary

Facilitated communication is a controversial intervention that is not currently supported by any research with adequate control procedures as an intervention appropriate for people with complex communication needs, including people on the spectrum. The risks associated with facilitated communication include:

1. the risk that other more appropriate intervention programs may not be utilised
2. the risk that the use of FC may expose the person with complex communication needs to undue influence, manipulation, and exploitation (SPAA, 2012)
3. the inadvertent misuse and misinterpretation of the facilitated communicator’s messages

Both the American Psychological Association (APA) and the American Speech-Language-Hearing Association (ASHA) have produced position statements regarding FC, stating that

“facilitated communication is a controversial and unproved communicative procedure with no scientifically demonstrated support for its efficacy” (APA, 1994); and

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, 1995).

Similarly, Speech Pathology Australia (2012) states that:

“FC remains an approach with little supportive evidence and a preponderance of evidence that contraindicates its use and its use is not recommended”.

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