

May 24, 2018

**Position Statement (Draft)**

**Facilitated Communication**

**About This Document**

1 This position statement is an official policy of the American Speech-Language-Hearing  
2 Association (ASHA). The position was developed by the ASHA Ad Hoc Committee on  
3 Facilitated Communication (FC) and the Rapid Prompting Method (RPM) after select  
4 and widespread peer review: Meher Banajee, chair; Bronwyn Hemsley; Russell Lang;  
5 Ralf W. Schlosser; Howard C. Shane; and Diane Paul, ex officio. Sandra Gillam, Vice  
6 President for Speech-Language Pathology Practice (2015–2017), served as the ASHA  
7 Board of Directors (BOD) liaison from August 1, 2017, to December 31, 2017. Marie  
8 Ireland, Vice President for Speech-Language Pathology Practice (2018–2020), served  
9 as the BOD liaison from January 1, 2018, to August 31, 2018. This position statement  
10 is an update of ASHA’s 1995 position statement on FC.

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12 **Position Statement: Facilitated Communication**

13 It is the position of the American Speech-Language-Hearing Association (ASHA) that  
14 facilitated communication (FC) is a discredited technique that should not be used.  
15 There is no scientific evidence of the validity of FC, and there is extensive scientific  
16 evidence—produced over several decades and across several countries—that messages  
17 produced using FC reflect the voice of the “facilitator” and not of the person with a  
18 disability. Furthermore, there is extensive evidence of harms related to the use of FC.  
19 Information obtained through the use of FC should not be considered as the voice of the  
20 person with a disability.

21

22 **Rationale**

23 **Definition of *Facilitated Communication***

24 *Facilitated Communication* (FC), also called “Facilitated Communication Training,”  
25 and “supported typing” (Syracuse University, n.d.), is a technique “whereby individuals  
26 with disabilities and communication impairments allegedly select letters by typing on a  
27 keyboard while receiving physical support, emotional encouragement, and other  
28 communication supports from facilitators” (Schlosser et al., 2014, p. 359). The defining  
29 feature of FC is that a “facilitator” provides physical support in an attempt to help a  
30 person with little or no speech to point to pictures, objects, and printed letters and  
31 words on an alphabet board or keyboard.

32  
33 This *ASHA Position Statement on FC* takes a stronger stance against the use of FC than  
34 ASHA’s first position statement in 1995. In the years since that position statement,  
35 there has been no evidence of benefit and only growing evidence of the lack of efficacy  
36 and of its harms. The risk is that FC may not only lead to false allegations of sexual  
37 abuse and other harms but it may also hinder or delay access to appropriate services and  
38 effective forms of intervention, including augmentative  
39 and alternative communication (AAC; see Allan, Schlosser, Brock, & Shane, 2017;  
40 Brady et al., 2016; Iacono, Trembath, & Erickson, 2016; Logan, Iacono, & Trembath,  
41 2017; Ronski & Sevcik, 2016; Snell et al., 2010; Walker & Snell, 2013), applied  
42 behavior analysis (ABA; Virues-Ortega, 2010; Vismara & Rogers, 2010), and other  
43 [interventions with a sufficiently supportive evidence base](#) (ASHA, n.d.-a).

44

45 ASHA recognizes the human right of communication, as expressed in the [United](#)  
46 [Nations Convention on the Rights of Persons With Disabilities](#) (UNCRPD; United

47 Nations, 2006), the [Universal Declaration of Human Rights](#) (UDHR; United Nations,  
48 1948), the [International Communication Project](#) (2014), and the [Communication Bill of](#)  
49 [Rights](#) by the National Joint Committee for the Communication Needs of Persons With  
50 Severe Disabilities (NJC; Brady et al., 2016). FC is a technique that involves the person  
51 with a disability being dependent upon a “facilitator” to compose a message. The use of  
52 FC or other facilitator-dependent techniques (e.g., Rapid Prompting Method [RPM];  
53 see ASHA’s Position Statement on RPM [ASHA, 2018]) is not consistent with the  
54 communication rights of autonomy and freedom of expression because the messages do  
55 not reflect the voice of the person with a disability but, rather, reflect the voice of the  
56 “facilitator.” It must not be assumed that messages delivered via FC or any other  
57 facilitator-dependent technique (e.g., RPM) reflect the voice of the person with a  
58 disability.

### 60 **Systematic Review of FC**

61 A recent systematic literature review of FC (Schlosser et al., 2014; updated in 2018)  
62 demonstrates a lack of scientific studies to support the effectiveness of the technique  
63 and a preponderance of evidence demonstrating facilitator influence and authorship of  
64 messages delivered by FC. In almost three decades since FC was introduced, there has  
65 been no research evidence that messages composed using FC can be attributed to the  
66 person with a disability. That is, there is no scientific evidence that (a) FC provides  
67 access to communication, or that (b) individuals achieve independence in  
68 communication through the use of FC. Rather, the preponderance of evidence obtained  
69 through numerous controlled and objective evaluations of the technique, including  
70 peer-reviewed studies and clinical assessments, demonstrates that messages delivered  
71 using FC are authored by the “facilitator” and not by the person with a disability.

72

73 Proponents of FC state that the technique reveals previously undetected literacy and  
74 communication skills in people with autism and other disabilities. However, these  
75 statements are made only on the basis of anecdotal reports and testimonials. Clearly, FC  
76 is a pseudoscience (Finn, Bothe, & Bramlett, 2005; Lof, 2015) or “junk science” (i.e.,  
77 faulty information or research used to advance specific interests; Agin, 2006), which  
78 has several negative and harmful consequences, in that it

- 79 a) is not an effective form of communication and does not provide access to  
80 communication;
- 81 b) denies the user’s access to their human right of communication;
- 82 c) costs time and money and, hence, reduces opportunities for access to effective  
83 and appropriate treatment;
- 84 d) supplants other forms of effective communication;
- 85 e) gives false hope to families of individuals with little or no speech; and
- 86 f) has been associated with significant preventable harms arising through false  
87 allegations of sexual abuse and mistreatment (Boynton, 2012; Chan &  
88 Nankervis, 2014; Wombles, 2014).

89

## 90 **Recommendations**

91 Speech-language pathologists (SLPs) are autonomous professionals who are  
92 responsible for critically evaluating all treatment techniques in order to hold paramount  
93 the welfare of persons served in accordance with the ASHA Code of Ethics (ASHA,  
94 2016). SLPs should be mindful of their own legal and ethical responsibilities (ASHA,  
95 2016) in not doing harm and should be aware of their potential legal risk for liability in  
96 relation to the use of FC.

97

98 The substantial and serious risks of FC outweigh any anecdotal reports of its benefit.

99 The scientific evidence against FC, evidence of harms of FC, and potential for future  
100 harms to people who use FC and their families cannot be ignored in clinical decision  
101 making. SLPs who use FC—despite being informed of and knowing these harms and  
102 risks—could face additional risks in terms of their own liability in the event of harms  
103 arising to people with disabilities or their families related to use of FC.

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105 SLPs have a responsibility to inform and warn their clients' parents, guardians, and  
106 teachers who are using or are considering FC that

107 a) decades of scientific research on FC has established with confidence that FC is  
108 not a valid form of communication,

109 b) messages delivered by FC do not reflect the voice of the person with a  
110 disability,

111 c) FC does not provide access to communication,

112 d) the use of FC is associated with several harms to individuals with disabilities as  
113 well as their family members or teachers, and

114 e) the ASHA position on FC is that it should not be used.

115

116 SLPs also have an ethical responsibility to inform clients' parents, guardians, and  
117 teachers of evidence-based treatments for communication for individuals with  
118 communication limitations and to advocate for these treatments. Several systematic  
119 literature reviews have demonstrated the value of communication interventions for  
120 individuals with severe intellectual and developmental disabilities (Allan et al., 2017;  
121 Brady et al., 2016; Iacono et al., 2016; Logan et al., 2017; Ronski & Sevcik, 2016;

122 Snell et al., 2010; Walker & Snell, 2013). See the [Augmentative and Alternative](#)  
123 [Communication evidence map](#) (ASHA, n.d.-a) for summaries of available research on  
124 this topic and the [Practice Portal on Augmentative and Alternative Communication](#)  
125 (ASHA, n.d.-b) for information on a variety of evidence-based intervention approaches.

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127 ASHA strongly supports continued research and clinical efforts to develop  
128 scientifically valid methods for developing and enhancing the authentic and  
129 independent communication and literacy skills of people with disabilities.

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131 ASHA's position on FC is consistent with as many as 16 other national and  
132 international professional organization statements (see International Society for  
133 Augmentative and Alternative Communication [(ISAAC)], 2014; Speech-Language  
134 and Audiology Canada, 2018).

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136 For information about RPM, another facilitator-dependent technique, please refer to the  
137 *ASHA Position Statement on RPM* (ASHA, 2018).

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## References

- Agin, G. (2006). *Junk science: How politicians, corporations, and other hucksters betray us*. New York, NY: St. Martin's Press.
- Allan, A. A., Schlosser, R. W., Brock, K. L., & Shane, H. C. (2017). The effectiveness of aided augmented input techniques for persons with developmental disabilities: A systematic review. *Augmentative and Alternative Communication*, 33, 149–159.
- American Speech-Language-Hearing Association. (n.d.-a). *Augmentative and alternative communication* [Evidence Maps]. Retrieved from [www.asha.org/EvidenceMapLanding.aspx?id=8589942945&recentarticles=false&year=undefined&tab=all](http://www.asha.org/EvidenceMapLanding.aspx?id=8589942945&recentarticles=false&year=undefined&tab=all)
- American Speech-Language-Hearing Association. (n.d.-b). *Augmentative and alternative communication* [Practice Portal]. Retrieved from [www.asha.org/Practice-Portal/Professional-Issues/Augmentative-and-Alternative-Communication/](http://www.asha.org/Practice-Portal/Professional-Issues/Augmentative-and-Alternative-Communication/)
- American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Retrieved from [www.asha.org/Code-of-Ethics/](http://www.asha.org/Code-of-Ethics/)
- American Speech-Language-Hearing Association. (2018). *Position statement on rapid prompting method (RPM)*. Rockville, MD: Author. Available from [www.asha.org/policy](http://www.asha.org/policy)
- Boynton, J. (2012). Facilitated communication—What harm it can do: Confessions of a former facilitator. *Evidence-Based Communication Assessment and Intervention*, 6, 3–13.
- Brady, N. C., Bruce, S., Goldman, A., Erickson, K., Mineo, B., Ogletree, B. T., . . . Wilkinson, K. (2016). Communication services and supports for individuals with

- severe disabilities: Guidance for assessment and intervention. *American Journal on Intellectual and Developmental Disabilities*, 121, 121–138. Retrieved from <http://aaidjournals.org>
- Chan, J., & Nankervis, K. (2014). Stolen voices: Facilitated communication is an abuse of human rights. *Evidence-Based Communication Assessment and Intervention*, 8, 151–156.
- Finn, P., Bothe, A. K., & Bramlett, R. E. (2005). Science and pseudoscience in communication disorders: Criteria and applications. *American Journal of Speech-Language Pathology*, 14, 172–186.
- Iacono, T., Trembath, D., & Erickson, S. (2016). The role of augmentative and alternative communication for children with autism: Current status and future trends. *Neuropsychiatric Disease and Treatment*, 12, 2349–2361.
- International Communication Project. (2014). The opportunity to communicate is a basic human right. Retrieved from <https://internationalcommunicationproject.com/>
- International Society for Augmentative and Alternative Communication (ISAAC). (2014). ISAAC position statement on facilitated communication. *Augmentative and Alternative Communication*, 30, 357–358.
- Lof, G. (2015). Science-based practice and the speech language pathologist. *International Journal of Speech-Language Pathology*, 13, 189–196.
- Logan, K., Iacono, T., & Trembath, D. (2017). A systematic review of research into aided AAC to increase social-communication functions in children with autism spectrum disorder. *Augmentative and Alternative Communication*, 33, 51–64.



- Romski, M., & Sevcik, R. (Eds.). (2016). *Communication interventions for individuals with severe disabilities: Exploring research challenges and opportunities*. Baltimore, MD: Brookes.
- Schlosser, R., Balandin, S., Hemsley, B., Iacono, T., Probst, P., & von Tetzchner, S. (2014). Facilitated communication and authorship: A systematic review. *Augmentative and Alternative Communication, 30*, 359–368.
- Snell, M. E., Brady, N., McLean, L., Ogletree, B. T., Siegel, E., Sylvester, L., . . . Sevcik, R. (2010). Twenty years of communication intervention research with individuals who have severe intellectual and developmental disabilities. *American Journal on Intellectual and Developmental Disabilities, 115*, 364–380.
- Speech-Language and Audiology Canada. (2018). *Official statement on facilitated communication and rapid prompting method*. Retrieved from [www.sac-oac.ca/sites/default/files/resources/sac\\_official\\_statement\\_on\\_facilitated\\_communication\\_and\\_rapid\\_prompting\\_method\\_jan2018\\_en.pdf](http://www.sac-oac.ca/sites/default/files/resources/sac_official_statement_on_facilitated_communication_and_rapid_prompting_method_jan2018_en.pdf)
- Syracuse University. (n.d.). What is supported typing? Retrieved from [http://soe.syr.edu/centers\\_institutes/institute\\_communication\\_inclusion/what\\_is\\_supported\\_typing/default.aspx](http://soe.syr.edu/centers_institutes/institute_communication_inclusion/what_is_supported_typing/default.aspx)
- United Nations. (1948). *Universal declaration of human rights*. Retrieved from <http://www.un.org/en/universal-declaration-human-rights/>
- United Nations. (2006). *Convention on the Rights of Persons With Disabilities*. Retrieved from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- Virues-Ortega, J. (2010). Applied behavior analytic intervention for autism in early childhood: Meta-analysis, meta-regression and dose-response meta-analysis of multiple outcomes. *Clinical Psychology Review, 30*, 387–399.

- Vismara, L. A., & Rogers, S. J. (2010). Behavioral treatments in autism spectrum disorder: What do we know? *Annual Review of Clinical Psychology*, 6, 447–468.
- Walker, V. L., & Snell, M. E. (2013). Effects of augmentative and alternative communication on challenging behavior: A meta-analysis. *Augmentative and Alternative Communication*, 2, 117–131.
- Wombles, K. (2014). Some fads never die—they only hide behind other names: Facilitated communication is not and never will be augmentative and alternative communication. *Evidence-Based Communication Assessment and Intervention*, 8, 181–186.

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Index terms: Facilitated Communication, Facilitator-Dependent Techniques, Rapid Prompting Method, Supported Typing

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