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ASHA Position Statement (Draft)

Rapid Prompting Method

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 and
4 widespread peer review: Meher Banajee, chair; Bronwyn Hemsley; Russell Lang; Ralf W.
5 Schlosser; Howard C. Shane; and Diane Paul, ex officio. Sandra Gillam, Vice President for
6 Speech-Language Pathology Practice (2015–2017) served as the ASHA Board of Directors
7 (BOD) liaison from August 1, 2017, to December 31, 2017. Marie Ireland, Vice President for
8 Speech-Language Pathology Practice (2018–2020) served as the BOD liaison from January 1,
9 2018, to August 31, 2018.

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Position Statement: Rapid Prompting Method

12 It is the position of the American Speech-Language-Hearing Association (ASHA) that use of the
13 Rapid Prompting Method (RPM) is not recommended. Furthermore, information obtained
14 through the use of RPM should not be considered as the voice of the person with a disability.

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19 **Rationale**

20 **Definition of *Rapid Prompting Method***

21 The *Rapid Prompting Method* (RPM) is purportedly an instructional, therapeutic, and
22 communication technique. RPM was developed by Soma Mukhopadhyay, Executive Director of
23 Education at Helping Autism for Learning and Outreach (HALO; see www.halo-soma.org).
24 Mukhopadhyay (2008) claims that RPM establishes independent pointing, typing, or writing-
25 based communication in individuals who are minimally verbal and who have autism spectrum
26 disorder. Information about RPM is available primarily through the HALO website ([www.halo-
28 soma.org](http://www.halo-
27 soma.org)) and in Mukhopadhyay’s books (Mukhopadhyay, 2008, 2011, 2013, 2014, 2015,
2016a, 2016b, 2017a, 2017b).

29
30 According to HALO, RPM is a “brain-based” teaching and assistive method designed to
31 establish and promote pointing-based textual communication in people with intellectual and
32 developmental disabilities, usually autism. However, the HALO website states that RPM is
33 suitable for “most any student” (HALO, 2018).

34
35 RPM involves a series of “teach-ask” trials (Mukhopadhyay, 2008) of graduated difficulty,
36 starting with the student being given or choosing a correct answer from two written options and
37 progressing through to composing responses by pointing to printed letters on a card. Linguistic
38 competence is presumed even if not evident, and learning materials are presented verbally and
39 textually at age level (Todd, 2015).

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42 **History of RPM**

43 RPM was introduced to the United States via the Cure Autism Now Foundation in 2001 (HALO,
44 2018). The website asserts that Tito, Mukhopadhyay’s son, was diagnosed with autism at age 3.
45 He was introduced to his mother’s “own intensive educational curriculum Activities
46 included reading textbooks and classics, prompting him to point to numbers and letters, and
47 physically motoring his body through the motions like bicycle riding By the time he was
48 six-years-old, Tito could write independently” (HALO, 2018). In 2001, the Cure Autism Now
49 Foundation offered Mukhopadhyay a fellowship “to try her teaching method at a school in Los
50 Angeles, working with nine children with autism Since then, she has refined her trademark
51 Rapid Prompting Method while instructing hundreds of students throughout the United States”
52 (HALO, 2018).

53 
54 **Comparison of RPM With FC**

55 RPM bears considerable similarity to facilitated communication (FC; also called “Facilitated
56 Communication Training,” and “supported typing” (Syracuse University, n.d.). FC is a
57 pseudoscientific technique that has been discredited, disproven, and found harmful (ASHA,
58 2018). Both RPM and FC are *facilitator-dependent techniques* (i.e., techniques that involve the
59 person with the disability being dependent upon a “facilitator” to compose a message). These
60 techniques are ostensibly designed as a method of access to alphabet/letter/word boards or
61 speech-generating devices for communication or education. Unlike FC, in RPM the aide
62 typically does not physically guide the hands of the individual but, rather, holds the letter board
63 and provides ongoing repeated verbal and gestural prompts. See Table 1 for a comparison of
64 characteristics of RPM and FC.

65
66 ASHA recognizes the human right of communication, as expressed in the [United Nations](#)
67 [Convention on the Rights of Persons With Disabilities](#) (UNCRPD; United Nations, 2006), the
68 [Universal Declaration of Human Rights](#) (UDHR; United Nations, 1948), the [International](#)
69 [Communication Project International Communication Project](#) (2014), and the [Communication](#)
70 [Bill of Rights](#) by the National Joint Committee for the Communication Needs of Persons With
71 Severe Disabilities (NJC; Brady et al., 2016). The use of RPM or other facilitator-dependent
72 techniques is not consistent with the communication rights of autonomy and freedom of
73 expression and prevents access to the person's human right of communication. It must not be
74 assumed that messages delivered via RPM or any other facilitator-dependent technique (e.g., FC)
75 reflect the voice of the person with a disability.

76 77 **Systematic Review of RPM**

78 Schlosser et al. (2017a, 2017b, 2018) recently conducted a systematic review of the literature
79 relating to RPM and people with autism spectrum disorder. This review of scientific, peer-
80 reviewed literature demonstrated that most authors had only examined the ethnographic or
81 sociocultural aspects of RPM, and there were only a very small number of studies ($n = 6$) that
82 examined RPM as an intervention. The six studies examining RPM as an intervention failed to
83 meet the inclusion criteria due to poor research design, lacking sufficient controls to determine
84 treatment effects of RPM.

85
86 The results of this systematic review (Schlosser et al., 2017a, 2017b, 2018) demonstrated that

- 87 (a) to date, there are no studies of sufficient rigor to demonstrate a link between any changes
88 in the person with a disability and the RPM intervention,
- 89 (b) no studies on RPM have tested authorship or authenticity of messages delivered using
90 RPM, and
- 91 (c) there is no scientific evidence supporting the claims of RPM proponents in relation to
92 education or communication.

93

94 The role of the “facilitator” in the construction of messages delivered by RPM is to control the
95 communication board and to confirm any “messages” delivered. Therefore, it is not possible to
96 rule out facilitator influence over messages delivered using RPM.

97

98 In the almost two decades since RPM was introduced to Tito Mukhopadhyay (Mukhopadhyay,
99 2008), and in the years since RPM was introduced to the United States in 2001 (HALO, 2018),
100 three important observations are noted that serve as the foundation for refuting RPM:

- 101 1. The scientific validity and reliability of RPM has not been sufficiently demonstrated.
- 102 2. There is no evidence supporting the assertion that messages delivered using RPM
103 reflect the communication, intentions, beliefs, or desires of the person with a
104 disability.
- 105 3. There have been no peer-reviewed authorship studies testing whether or not the
106 messages delivered using RPM are influenced or generated completely by the
107 “facilitator.”

108

109 The lack of evidence on the validity of RPM and its similarity in characteristics to FC (ASHA,
110 2018), as summarized in Table 1, support the conclusion that (a) RPM is a pseudoscience (Finn,
111 Bothe & Bramlett, 2005; Lof, 2015) or “junk science” (i.e., faulty information or research used
112 to advance specific interests; Agin, 2006) and (b) the use of RPM is associated with a
113 substantially increased risk of the production of facilitator-influenced—and, ultimately,
114 facilitator-dependent—messages using the technique.

115

116 **Recommendations**

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

122

123 SLPs have a responsibility to inform and warn their clients’ parents, guardians, and teachers who
124 are using or are considering using RPM that:

125 a) there is no evidence that messages delivered by RPM reflect the voice of the person with
126 a disability, and therefore there is no evidence that RPM is a valid form of
127 communication;

128 b) RPM has been compared to FC on several characteristics, and that FC is a discredited
129 technique with a preponderance of evidence demonstrating that messages delivered by
130 FC do not reflect the voice of the person with a disability (International Society for
131 Augmentative and Alternative Communication [ISAAC], 2014);

- 132 c) the potential harms that arise as a result of using RPM include harms associated with lost
133 opportunity to access other evidence-based interventions and harms to the individual
134 associated with their loss of communication rights; and
- 135 d) the ASHA position on RPM is that the use of RPM is not recommended.

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137 SLPs also have an ethical responsibility to inform clients' parents, guardians, and teachers of
138 evidence-based treatments for individuals with communication limitations and to advocate for
139 these treatments. Several systematic literature reviews have demonstrated the value of
140 communication interventions for individuals with severe intellectual and developmental
141 disabilities (Allan, Schlosser, Brock, & Shane, 2017; Brady et al., 2016; Iacono, Trembath, &
142 Erickson, 2016; Logan, Iacono, & Trembath, 2017; Ronski & Sevcik, 2016; Snell et al., 2010;
143 Walker & Snell, 2013). See the [Augmentative and Alternative Communication evidence](#)
144 [map](#) (ASHA, n.d.-a) for summaries of available research on this topic and the [Practice Portal on](#)
145 [Augmentative and Alternative Communication](#) (ASHA, n.d.-b) for information on a variety of
146 evidence-based intervention approaches.

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148 ASHA strongly supports continued research and clinical efforts to develop scientifically valid
149 methods for developing and enhancing the authentic, independent communication and literacy
150 skills of people with disabilities.

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152 ASHA's position that RPM is not recommended is supported internationally by other
153 professional associations for speech-language pathologists (Irish Association of Speech &

154 Language Therapists, 2017; Speech-Language and Audiology Canada, 2018; Speech Pathology
155 Australia, 2012).

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159 For information about FC, another facilitator-dependent technique, please refer to the *ASHA*
160 *Position Statement on FC* (ASHA, 2018).

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164 Index terms: Facilitated Communication, Facilitator-Dependent Techniques, Rapid Prompting
165 Method

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171 party for the accuracy, completeness, or availability of these documents, or for any damages
172 arising out of the use of the documents and any information they contain.

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Table 1

Comparison of Rapid Prompting Method (RPM) and Facilitated Communication (FC)

Point of Comparison	Rapid Prompting Method (RPM)	Facilitated Communication (FC)	Notes on Similarities and Differences
Procedures Used in Purported Communication	A “facilitator” typically holds (and often moves) the letter-board while the letter board and part of the individual’s body (usually the hand) make contact to spell words (Mukhopadhyay, 2008, 2017c). In some instances, the individual’s hand is put into position over the desired location on the board by the “facilitator” providing a pointer at a location.	A “facilitator” provides physical and emotional support by touching or holding the individual’s hand, arm, or shoulder as words are spelled on a letter board or keyboard (Biklen et al., 1991; Schlosser et al., 2014). In some instances, other parts of the body may be touched, or the contact fades from being physical to being gestural.	<p>Confounds impacting both FC and RPM (e.g., the “facilitator’s” expectancy bias and ideomotor movements) can be introduced through movement of the individual’s hand or movement of the board that the hand touches (Burgess et al., 1998; Tostanoski, Lang, Raulston, Carnett, & Davis, 2014).</p> <p>Both FC and RPM allow for a notable amount of procedural variation to include the “facilitator” holding and moving the output device or the individual.</p>
Procedures Used to Teach Communication Skills	<p>RPM claims that it is a “teaching technique” (Mukhopadhyay, 2008, 2017c). As opposed to revealing existing skills, RPM claims to teach individuals new skills, including advanced academic concepts (e.g., reading and spelling). Ultimately, RPM presumes competency in terms of the efficiency of an individual’s skill acquisition.</p> <p>RPM proponents presume competency in an individual’s ability to quickly acquire new skills when prompted on an “open learning channel” (Mukhopadhyay, 2008, p. 91). In writings about RPM, it is claimed that an “open learning channel prompt” involves (a) hypothesizing what form of sensory stimulation is being experienced, and then (b) prompting the person in such a way as to compete with that</p>	<p>Writings about FC (a) contend that FC unlocks hidden or latent talents in the individual with a disability and (b) presume competency in literacy, spelling, abstract reasoning, and other domains. FC is <i>less</i> likely to be construed as a teaching approach and is <i>more</i> likely to be construed as a key to “liberate” locked-in skills that are already present (Jacobson, Foxx, & Mulick, 2005). Alleged evidence of the authenticity of these abilities is provided only during facilitation (i.e., using the method; Schlosser et al., 2014).</p>	<p>Both FC and RPM rely on presumptions of competency (Travers & Ayres, 2015). <i>Presumption of competency</i> is a risk to an individual’s safety when it is given more credence in treatment decisions than known facts about the individual or evidence to the contrary.</p> <p>In both FC and RPM, the practitioner begins with a set of assumptions derived from a generalized philosophy about the nature of disability rather than on direct empirical assessment data specific to the individual. That is, factual information about an individual tends to be discounted or ignored in favor of the presumption of competency of people with disabilities in general.</p>

	<p>stimulation. For example, an <i>auditory</i> prompt may be given when a person engages in stereotypy that produces sound. This assumption is untested. Alleged evidence of this rapid acquisition of advanced skills (reading, writing, etc.) is provided only during facilitation (i.e., when using the method; Mukhopadhyay, 2008, 2017c).</p>		<p>In terms of evidence for or against the procedures:</p> <p>(i) In FC, there is a wealth of evidence suggesting that facilitated messages are not authored by the individual with a disability.² However, FC proponents tend to refute more rigorous studies in favor of less rigorous indirect research and/or anecdotal reports when those lesser sources support FC’s initial presumptions (Emerson, Grayson, & Griffiths, 2001).</p> <p>(ii) In RPM, there is no empirical evidence to show that facilitated messages are authored by the individual with a disability.</p> <p>There are no peer-reviewed studies that test the authorship of RPM messages, so another untested presumption is that RPM is effective.</p> <p>The level of skill proficiency claimed to be a result of RPM is a level that educational and psychological research suggests is unlikely (Lang, Harbison, Travers, & Todd, 2014).</p>
<p>Hypothesized Mechanism of Action</p>	<p>RPM claims to teach communication by using “open learning channels” that involve specific sensory modes (visual, auditory, tactile or kinesthetic), which become activated in a given environment (Mukhopadhyay, 2008, p. 91).</p>	<p>FC claims to produce communication by providing physical support to offset deficits in motor planning and control and/or by providing emotional support through touch and presence of the “facilitator” (Biklen et al., 1991; Schlosser et al., 2014).</p>	<p>Although the mechanisms of action claimed to underlie FC and RPM are different, no data supporting either hypothesized mechanism of action have been reported in peer-reviewed research.</p> <p>Further, the ideomotor effect has not been controlled in studies of FC or mentioned as a threat in the literature on RPM. Overall, the ideomotor effect remains a more parsimonious</p>

			<p>explanation for the production of the messages in both methods.</p> <p>In their failure to control for the ideomotor effect, and based on other confounding factors, both FC and RPM have failed to demonstrate the validity of their respective mechanisms of action—this characteristic flaw in method is shared by many fad and pseudoscientific approaches (Jacobson et al., 2005).</p>
<p>Research Base/Evidence for Claims of Benefit</p>	<p>RPM actively avoids the scientific process and dissuades users from participating in research. The study often cited as providing empirical support for RPM (see Chen, Yoder, Ganzel, Goodwin, & Belmonte, 2012), is a descriptive, retrospective, correlational study that did not attempt to test authorship of the messages (Lang et al., 2014).</p>	<p>FC has been studied extensively, and there have been no documented cases of valid communication presented in rigorous controlled research (Schlosser et al., 2014).</p>	<p>For both FC and RPM, there is no credible evidence that messages are authored by the person with a disability, and there is no credible evidence indicating authentic independent communication or any other beneficial outcome arising from FC or RPM (Lang et al., 2014; Tostanoski et al., 2014; Schlosser et al., 2014).</p>
<p>Autonomous Communication</p>	<p>RPM requires a “facilitator.” RPM “facilitators” acknowledge the likelihood of—and indicate a preference for—prompt dependency. For example, one page on the RPM website states, “Prompt dependency is preferred to the alternative of allowing no response or no learning to occur” (Mukhopadhyay, 2017c).</p>	<p>FC requires a “facilitator” (Biklen et al., 1991). Although the extent to which the “facilitator” touches the individual may be faded, the “facilitator” is not removed entirely and remains between the individual and the message; there is never communication in the absence of (or independent from) the “facilitator” (Schlosser et al., 2014).</p>	<p>There is no evidence from rigorous peer-reviewed research that independent or autonomous communication has been achieved with either approach.</p> <p>Both FC and RPM maintain the person’s reliance and dependence on the “facilitator” to deliver messages via the communication aid.</p> <p>Both FC and RPM could result in the person with a disability learning to respond to increasingly subtle cues from the “facilitator” —nonetheless remaining dependent upon these cues to indicate letters.</p>

			Speech Pathology Australia (2012) equated FC with RPM and noted that “communication cannot be considered independent while facilitation or rapid prompting is provided.”
Adverse Events/Risk of Harm	In the absence of evidence that messages delivered by RPM are authored by the person with a disability, RPM poses a potential risk of harm to the person using RPM and their family members. This is because, RPM being untested, there is a risk that the messages delivered via RPM are not authored by the individual but are instead authored by the “facilitator.” Other professional associations have warned members against using RPM (Irish Association of Speech & Language Therapists, 2017; Speech Pathology Australia, 2012; Speech-Language and Audiology Canada, 2018).	There is substantial evidence in court records of the harms that have come to people with disability and their families relating to the use of FC and false allegations of sexual abuse, murder, rape, or indecent dealings. There is extensive commentary in the literature and guidance from professional associations worldwide warning of the dangers of FC and noting that potential harms warrant avoiding its use as a communication technique.	Both FC and RPM pose a risk in terms of removing the person’s access to the human right of communication. Both methods pose a risk that the “facilitator”—not the person with a disability—is the one authoring the messages. Neither method has provided evidence that any proposed measures taken to reduce this risk are effective.

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