

## **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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