



FACILITATED COMMUNICATION: MODERN DAY VENTRILOQUISM?

It's appeal, its dangers, and what we can do about it

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Overview

3 Parts

- What exactly is FC?
- Validity and Dangers of FC
- Role of the RBT

Part I

- Definition
- Quick Facts
- Video

What Exactly is Facilitated Communication?

Facilitated Communication (FC) is “an augmentative communication method in which two people, a facilitator and a person with autism or developmental disabilities, type together on a keyboard or letter board.”

(Hall, 1993, p.89)

More on Facilitated Communication

- No cognitive deficits
- Presumed neuromotor impairments
 - *Prevents them from communicating independently*
- Intelligence is locked away
 - *FC is a means of its release*
(Green, 1994)
- FC users have been said to have unexpected literacy
(Montee et al., 1995)

Quick Facts



- Rosemary Crossley

- *First to use the method in Australia*
- *Initially used for cerebral palsy*
- *Later used for wide range of disability, including autism*

- Douglas Biklen

- *Syracuse University*
 - Director of Facilitated Communication Institute
- *Studied under Crossley in the late 80s*
- *Brought method back to the United States*



SYRACUSE UNIVERSITY
SCHOOL OF EDUCATION

WHO IS INVOLVED?

(American Speech-Language-Hearing Association, 1994)

the communicator

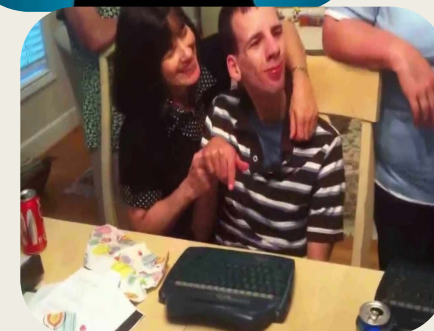
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Individual with disability

Facilitator

=

Individual who provides
physical, communication,
and emotional support to
communicator



MORE ON THE FACILITATOR

- A facilitator should:
 - *Positive attitude*
 - *Provide error free learning*
 - *Be direct*
 - *Encourage the communicator*
 - *Ignore stereotypes*
 - *Ensure the client is looking at their typing device*

- There are no standardized procedures for training facilitator
 - *No certification or licensure process for facilitator or those who conduct the training of the facilitator*
 - *Let's discuss*

EQUIPMENT

- Simple alphabet or picture boards, typewriters, microcomputers, etc.
- Choosing a device
 - *Consider portability*
 - *Durability*
 - *Voice output*
 - *Paper copy*
- Recommend choosing what will work best for the communicator

Equipment



TYPES OF SUPPORT

(American Speech-Language-Hearing Association, 1995)

■ Physical

- *Assistance with isolation of index finger for pointing*
- *Varying degrees of physical contact at the wrist, elbow, or shoulder*

■ Communication

- *Facilitator rephrasing questions (e.g. yes/no questions vs. open ended)*
- *Setting up work/play/activities in which content is predictable*

■ Emotional

- *Being patient*
- *Encouraging the communicator*
- *Maintaining high expectations*
- *Assuming competence * this is a big one!*

Part II

- A look at experimental studies
- Dangers
- Discussion about the appeal Facilitated Communication has to clients and their families

Quantitative Study

- Wheeler et al. (1993)
- T screen
- Showed facilitators the same and different pictures

Quantitative (Experimental) Study



Picture named correctly when facilitator and communicator saw the same picture



Two different pictures shown – the communicator typed what the facilitator saw



The pair never typed the name of the picture correctly when the facilitator was not shown the same picture

(Wheeler et al., 1993)

Biklen's rebuttal

(Montee et al., 1995)

Experimental arrangements cause clients to become anxious or resistant in FC sessions

Testing destroys the rapport and trusting relationship between the client and facilitator

Facilitators were not adequately trained in experimental studies

Clients had not been in facilitated communication training long enough to be tested

The autistic subjects in experimental studies had word-finding difficulties (aphasia)

Study Addressing Those Concerns

(Montee et al., 1995)

Used Client facilitator pairs – their most accomplished facilitated communication users

Baseline condition was always conducted first to establish successful communication and to rule out word finding problems

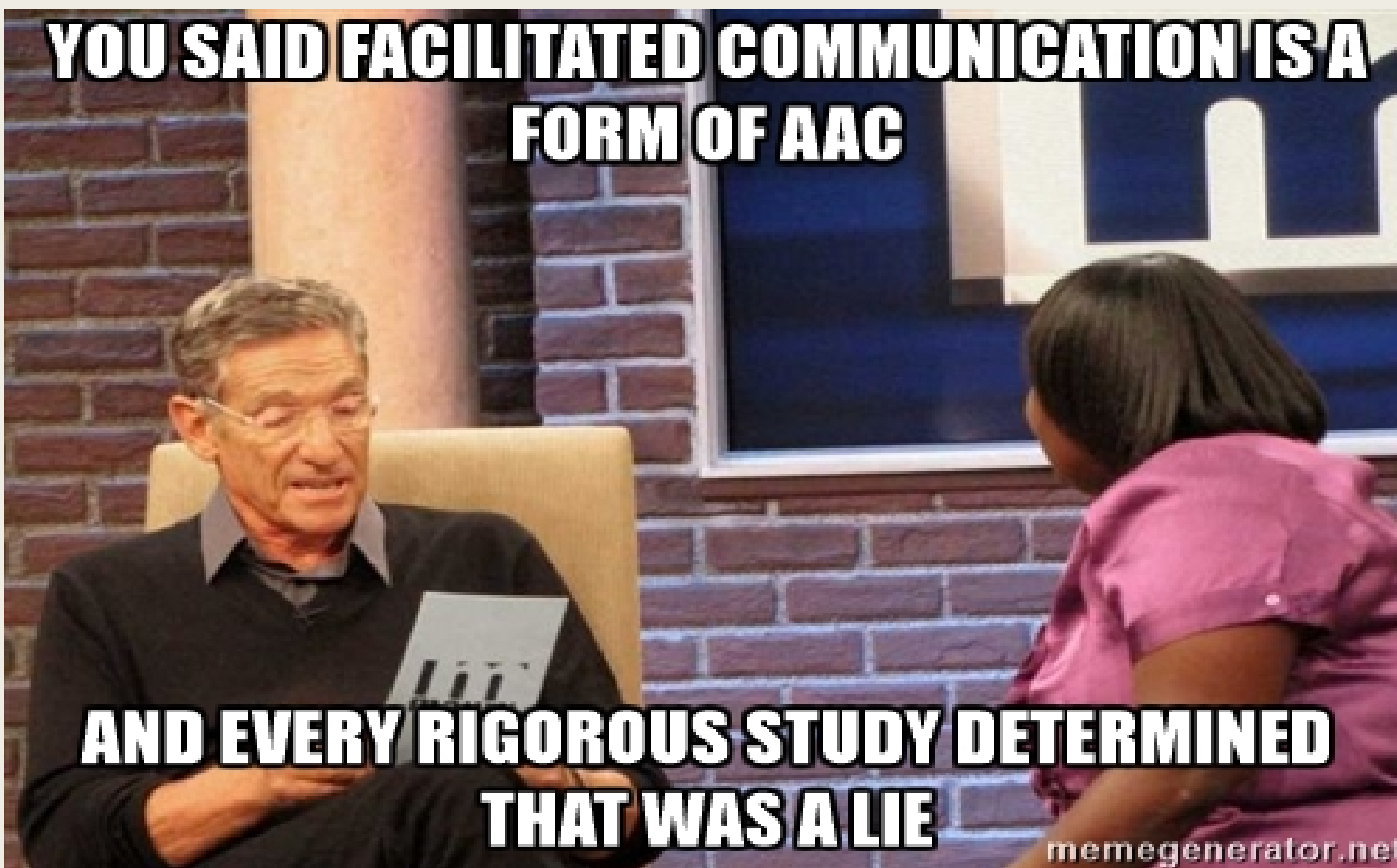
The clients did not have to name an object – but described an activity

Measured anxiety behaviors and escape behaviors in every experimental session

All sessions were conducted in their usual locations at the usual times with the established facilitator

Any time that the facilitator was not comfortable for any reason, the facilitator could terminate an experimental trial.

**YOU SAID FACILITATED COMMUNICATION IS A
FORM OF AAC**



**AND EVERY RIGOROUS STUDY DETERMINED
THAT WAS A LIE**

memegenerator.net

Results?

(Montee et al., 1995)

- Consistent with other research
 - *Only 1 of the 7 subjects had any correct answer in the unknown and false conditions*
- Facilitator control
 - *Picture or activity typed matched what the facilitator saw*
 - *Interestingly, the facilitators believed that the client was typing*
 - *Facilitated Control as Automatic Behavior: A Verbal Behavior Analysis by Genae A. Hall*
- Anxiety and avoidance behaviors ruled out
- No difference in responses to the activity and picture scenarios



Dangers of Facilitated Communication?

NO VALIDITY, WHY DO PEOPLE CHOOSE IT?

- In the article *Mental Miracle or Sleight of Hand* (1994), Gina Green notes that in the field of FC candidates are believed to lack confidence in themselves and need the support of a facilitator to talk.
- She states, “FC thus has an almost irresistible appeal for parents, teachers, and other caring persons who struggle mightily to understand and communicate with individuals who often do not exhibit much conventional social responsiveness.”
 - *(Green, 1994)*

Part III

- Role of the RBT
- Conclusion
- References

Show of hands...



WHAT CAN WE DO ABOUT IT?

- Use Less Technical Terms
- Communicate Effectively with entire treatment team
- Treat clients and their families with dignity

USING LESS TECHNICAL TERMS

- In the article Marketing Behavior Analysis Requires Different Talk, Jon S. Bailey states, “the problem with behavior analysis is not that we are too technological but rather that we have not realized that we are ultimately in the business of developing a “consumable” product that must be “user friendly”.”

(p. 445)

- Parents talk!

Example

- Targeted VP non-identical targets
- Worked on teaching more forms of 2 word mands
- Decreased number of intervals in which SIB occurred
- He hated his lunch, bring more preferred foods for feeding
- Even though decrease in SIB - he had increased vocal outbursts and physical stereotypy
- Unable to fade out prompts to wash hands
- Work on compliance at home

USING LESS TECHNICAL TERMS

- Bailey (1991) also writes, “We need to stress not the demonstrated relationship between behavior and consequences but rather how the student can become more independent, mature, and self-confident as a result of using our technology.” (p. 447)
- Examples

Example

- Instead of saying:
 - *Katelyn got dressed in 18 out of 24 steps through the use of prompting and prompt fading*
- Try saying something like this:
 - *Katelyn required some help getting dressed today, but she had a smile on his face while doing it. She is getting better each day.*

EXAMPLE

- Instead of saying:
 - *Katelyn was able to spontaneously mand for preferred items*
- Try saying something like this:
 - *Instead of crying, Katelyn asked for her iPad using her signs*

COMMUNICATING WITH TREATMENT TEAM

- Know your role as an RBT
 - *Stay within your scope of practice*
 - *Could cause harm*
- Know your role in a conversation with a parent
 - *Is it your place to tell a parent that you agree or disagree*
 - What about that awkward silence??
- Know how to communicate concerns to your supervisor or BCBA
 - *Come prepared with a solution or explanation, your BCBA will appreciate this!*
 - *Also, this is the time to utilize your impressive technical terminology repertoire 😊*

TREATING CLIENTS WITH DIGNITY

- What does this have to do with Facilitated Communication?
 - *Remember the study that addressed Biklen's concerns?*
 - *Montee et al. (1995) states:*
 - “Persons with disabilities have, some for the first time, been treated with dignity and respect because caregivers and family now believe that, with facilitated communication, they have more normal intelligence.” (p. 199)

TREATING CLIENTS WITH DIGNITY

- Use person first language

Rather than	Replacement
Oh, he's just autistic	He has a diagnosis of Autism
He is confined to a wheelchair	He uses a wheelchair
She is nonverbal	She communicates with her device
Normal or healthy kids	Children without disabilities
Handicapped parking	Accessible parking

TREATING CLIENTS WITH DIGNITY

- Use an appropriate tone when communicating with your client
- ABA VOICE!
 - *Let's talk about it; Let's face it...we all use it*
- The phrases “You need to...” and “What are you working for?”
 - *Use direct language, don't get too wordy*
- Body Language
 - Clients notice when you are frustrated
 - *Eye rolling*
 - *Facial Expressions*

TREATING CLIENTS WITH DIGNITY

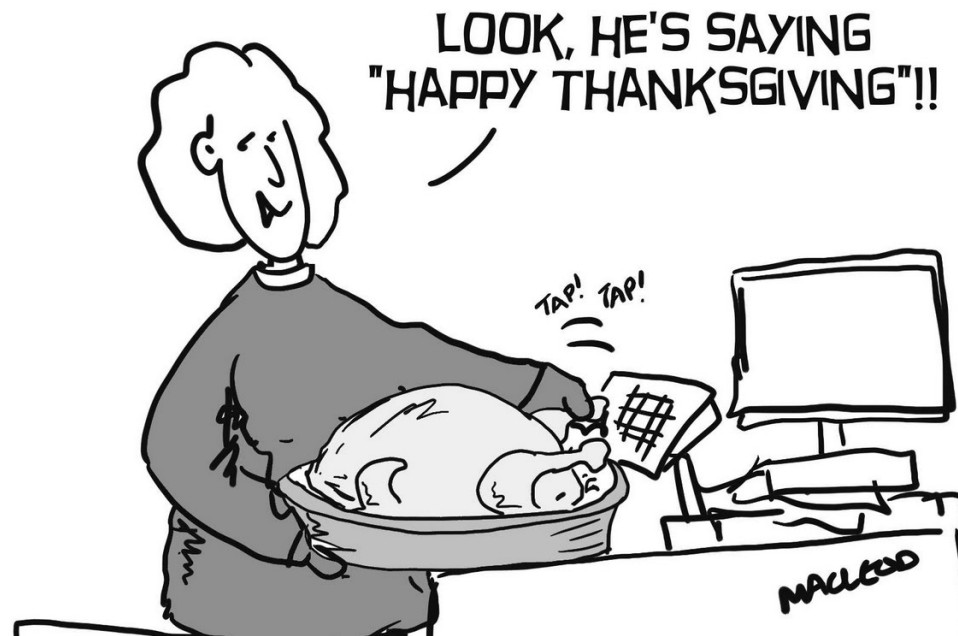
- DO NOT TALK ABOUT YOUR CLIENT IN FRONT OF YOUR CLIENT
 - *Imagine someone talking about you right in front of you*
 - How would you feel?
 - What if you couldn't say anything back?
- If you wouldn't say it in front of your client's family/caregivers or your supervisor BCBA, DON'T SAY IT
- Instead:
 - *Empower your client*
 - *Promote independence*
 - *Teach, teach, teach*

CONCLUSION

- What is Facilitated Communication
- Validity and Dangers
- Role of RBT

We need to make ABA as a treatment more appealing. Other treatments may portray themselves as a miracle via extravagant claims and dreamy terminology. By taking the points provided to you today, I am certain we can make our science of behavior more appealing, allowing us to impact more lives.

THROUGH THE MAGIC OF "FACILITATED COMMUNICATION", A TURKEY SPEAKS!



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