Facilitated Communication

**Brief Introduction**
Facilitated communication (FC) is a **controversial** technique in which a facilitator provides physical, communication, and emotional support to an individual with a communication disorder (the communicator).

**Description**
During facilitated communication (FC) the facilitator attempts to assist the communicator by pointing to pictures, objects, printed letters, and words or by using a keyboard. Overall, quantitative research does not support the use of facilitated communication (Mostert, 2001). Further, the American Speech-Language-Hearing Association, the American Psychological Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, and the American Association on Mental Retardation have issued statements about this technique indicating that it is **not an evidence-based practice** and that programming or placement decisions should not be made on the basis of information gained from facilitated communication.

Disagreements about the usefulness of facilitated communication relate directly to how success is defined. The question of authorship also enters into this debate. Few would disagree that independent pointing or typing validates authorship. However, progress toward independence is viewed by some as an indicator of success. Authorship remains an issue both among individuals who do and those who do not pass formal validation tests. Validation of authorship in one situation does not automatically verify communicator authorship of every message that follows. Similarly, a failure to validate in one situation does not preclude the ability to author messages in other situations.

Experimental and qualitative research offers different perspectives on facilitated communication, especially with regard to validation. Not surprisingly, results of quantitative and qualitative investigations have consistently contradicted one another and, in the process, have confused the public and professionals looking for clear direction (American Speech-Language-Hearing Association, 1994). However, overall research does not support the use of facilitated communication.

**Research Summary: Facilitated Communication**

<table>
<thead>
<tr>
<th>Ages</th>
<th>Skills/Intervention Goals</th>
<th>Settings</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>---</td>
<td>Communication</td>
<td>Home, school, community</td>
<td>No support</td>
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*The information found in the Research Summary table is updated yearly following a literature review of new research and this age range reflects information from this review.*

**Research**

**References**

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RESOURCES AND MATERIALS
American Psychological Association Facilitated Communication: Sifting the Psychological Wheat from the Chaff

Steps for Implementation
Facilitated communication requires that facilitators provide varying levels of physical, communication, and emotional support to communicators. Physical support, in the form of backward pressure and resistance, is not intended to guide the communicator’s movements but to assist him or her in planning and executing movements. Physical support has been cited as essential to overcome hand function and motor planning challenges and thus enable communicators to access their communication systems. Support may range from helping the communicator isolate an index finger to touching the wrist, elbow, and shoulder. At times, facilitator support may take the form of facilitators phrasing or rephrasing questions to lead to clarification. The need for predictability in language decreases as language use increases and conversations include more open-ended questions. Ultimately, the goal is independent communication in which communication proceeds without physical support from the facilitator (see also Rapid Prompting).