



Association for  
**Behaviour Analysis Australia**  
— **ABAA** —

**This position statement represents the official professional opinion of the Association of Behaviour Analysis Australia. This statement applies to Facilitated Communication, Rapid Prompting Method, and Spelling to Communicate**

# POSITION PAPER

Approved by ABA Australia's voting members on 3 September 2019

*[www.auaba.com.au](http://www.auaba.com.au)*

## POSITION STATEMENT

The Association of Behaviour Analysis Australia (ABA Australia) has considered the available scientific evidence related to Facilitated Communication, Rapid Prompting Method, and Spelling to Communicate. The scientific literature does not support the use of these techniques. The damage caused by these techniques includes, at a minimum, loss of opportunity for independent communication and, in some cases, extreme family trauma (e.g., false claims of sexual abuse). These techniques have not been demonstrated to empower communication from the person being facilitated and are not forms of Alternative or Augmentative Communication. The official position of the ABA Australia is that these techniques violate human rights as defined by the United Nations Convention on the Rights of Persons with Disabilities (2006). United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol, 2006).

### Supporting References

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## **ABA Australia joins other national and international professional organizations that oppose the use of Facilitated Communication and similar techniques.**

A list of these organizations, their position statements and source links are provided here.

### **American Academy of Child and Adolescent Psychiatry (AACAP)**

“Studies have repeatedly demonstrated that FC is not a scientifically valid technique for individuals with autism or mental retardation. In particular, information obtained via (FC) should not be used to confirm or deny allegations of abuse or to make diagnostic or treatment decisions.” Approved by Council, October 20, 1993. Reviewed June, 2008. To be reviewed June, 2013.

Source: [American Academy of Child and Adolescent Psychiatry Policy Statement: Facilitated Communication](#)

### **American Academy of Pediatrics**

“In the case of FC, there are good scientific data showing it to be ineffective. Moreover, as noted before, the potential for harm does exist, particularly if unsubstantiated allegations of abuse occur using FC. Many families incur substantial expense pursuing these treatments, and spend time and resources that could be used more productively on behavioral and educational interventions.”

Source: [Auditory Integration Training and Facilitated Communication for Autism](#) (1998). Reaffirmed December, 2009. Retired 2017.

### **American Association on Intellectual and Developmental Disabilities (AAIDD)**

On January 9, 2019, The Board of Directors of the American Association on Intellectual and Developmental Disabilities (AAIDD) announced that based on current scientific evidence, it “does not support the use of Facilitated Communication (FC) or the Rapid Prompting Method (RPM) as modes of communication for people with disabilities. In the case of FC, there is no scientific evidence supporting its validity, and there is considerable evidence that the messages are authored by the facilitator rather than by the individual with a disability. In the case of RPM, there is lack of scientific evidence for its validity, and concerns about message authorship similar to those for FC have been raised.”

Source: [Facilitated Communication and Rapid Prompting Method: Position Statement of the AAIDD Board of Directors.](#)

### American Psychological Association (APA)

“The short version of this long story is that study after study showed that facilitated communication didn’t really work. Apparently, the positive results that had generated so much enthusiasm were the results of a subtle process in which well-intended facilitators were answering questions themselves - without any awareness that they were doing so. Based on the findings of carefully controlled studies of facilitated communication, the American Psychological Association issued a resolution in 1994 that there was “no scientifically demonstrated support for its efficacy.”

Source: [Facilitated Communication: Sifting the Psychological Wheat from the Chaff: If psychological research does not always give us hoped-for answers, it does help us sift potent reality from wishful thinking and focus our energy on real solutions.](#) (2003)

### American Speech-Language-Hearing Association (ASHA)

“It is the position of the American Speech-Language-Hearing Association (ASHA) that Facilitated Communication (FC) is a discredited technique that should not be used. There is no scientific evidence of the validity of FC, and there is extensive scientific evidence - produced over several decades and across several countries - that messages are authored by the “facilitator” rather than the person with a disability. Furthermore, there is extensive evidence of harms related the use of FC. Information obtained through the use of FC should not be considered as the communication of the person with a disability.”

Source: [ASHA Position Statement: Facilitated Communication](#) (August 2018)

“It is the position of the American Speech-Language-Hearing Association (ASHA) that use of the Rapid Prompting Method (RPM) is not recommended because of prompt dependency and the lack of scientific validity. Furthermore, information obtained through the use of RPM should not be assumed to be the communication of the person with a disability.”

Source: [ASHA Position Statement: Rapid Prompting Method](#) (August 2018)

### Association for Behavior Analysis International (ABAI)

“It is the position of the Association for Behavior Analysis that FC is a discredited technique. Because of the absence of ample, objective, scientific evidence that FC is beneficial and that identifies the specific conditions under which it may be used with benefit, its use is unwarranted and unethical.”

Source: [Statement on Facilitated Communication, 1995](#)

### Association for Science in Autism Treatment

“Research evidence, replicated across several hundred children with autism spectrum disorders, shows that the facilitators rather than the individuals with autism spectrum disorders control the communication and the FC does not improve language skills. Therefore, FC is an inappropriate intervention for individuals with autism spectrum disorders.”

Source: [Facilitated Communication](#). Association for Science in Autism Treatment.

### **Autism & Asperger Förbundet (Autism and Asperger Association, Sweden)**

Translation: “The Autism and Asperger Association agrees that numerous studies have shown facilitated communication to be an unreliable and unproven approach. We advise against the use of facilitated communication for people with autism or mental retardation.

Source: Warning About FC. [Available as a pdf.](#)

### **Behavior Analysis Association of Michigan (BAAM)**

“...the use of any augmentative communication technique must be based upon clear, objective, and scientifically valid evidence that the augmented communications of any individual are reliably and unambiguously attributable to that individual. BAAM does not support or endorse the use of facilitated communication as a form of therapy, communication system, or a means of making important decisions relevant to individuals whose communication is facilitated. In particular, communication arising from the use of facilitated communication should not be used to confirm or deny accusations of abuse, neglect, or other crimes, and should not be used to make decisions concerning treatment, diagnosis, housing, or custody.”

Source: [Resolution of the Behavior Analysis Association of Michigan on “Facilitated Communication.”](#) (1998)

### **Heilpädagogische Forschung**

“Facilitated Communication is consequently a technique whose effectiveness has been contradicted. Parents, educators, and therapists must be informed about the clear negative research results before they decide on FC. Since despite the clear findings it cannot ultimately be ruled out that very rare individuals can be facilitated to communicate, we encourage that in each isolated case the authenticity of FC-messages be demonstrated under controlled conditions. This goes especially for public institutions, when school measurements, educational programs, living situations, etc. are changed based on FC-statements and whenever public funds for FC-support are demanded.”

Source: [Resolution zur Gestützten Kommunikation \(engl.: Facilitated Communication/FC\)](#)

### **International Society for Augmentative and Alternative Communication (ISAAC)**

“In conclusion, given ISAAC’s mission to promote the best possible communication abilities and opportunities for persons with limited or no functional speech, ISAAC does not support FC as a valid form of AAC, a valid means for people to access AAC, or a valid means to communicate important life decisions. The weight of evidence does not support FC and therefore it cannot be recommended for use in clinical practice.”

Source: [ISAAC Position Statement on Facilitated Communication](#) (2014)

### **Irish Association of Speech & Language Therapists (IASLT)**

“FC and its variants such as RPM, remain illegitimate and ultimately undermine the voices of individuals with communication impairments.”

Source: [IASLT Position Statement on the Rapid Prompting Method](#) (May 2017)

### Lakes Region Community College (LRCC)

“The System colleges must be assured that the academic standards and competencies for a course are being met by the student when a course is taken for credit. Since it cannot be definitively demonstrated that by using facilitated communication the student, as opposed to the facilitator, has mastery of the subject matter, facilitated communication is not a reasonable or appropriate accommodation that the College is required to provide. While determination on the appropriateness of reasonable accommodations is made on a case by case basis by the Disabilities Coordinator in consultation with the instructor, the Colleges do not accept a scientifically discredited technique, such as facilitated communication, as meeting the academic standards or demonstrating student competency. In distinguishing between augmented communication and facilitated communication, in particular, the College must be satisfied that all work is being done by the student and not by an intermediary agent.”

Source: [Disabilities Services](#).

### Maine Administrators of Services for Children with Disabilities (MADSEC)

“Accumulated peer-reviewed, empirically-based research studies have not supported the effectiveness of facilitated communication. Equally important, the research has substantiated the potential for great harm. Researchers may consider further investigation using research protocols, with particular care to protect subjects and their families against harm. It is not recommended that professionals consider the use of facilitated communication.”

Source: [Report of the MADSEC Autism Task Force](#). (2000).

### New York State Health Department

“Because of the lack of evidence for efficacy and possible harms of facilitated communication, it is strongly recommended that facilitated communication not be used as an intervention method in young children with autism.” [Evidence Rating D1 = Opinion/No evidence meeting criteria]

Source: [Department of Health Chapter IV \(continued\) - Other Experiential Approaches](#).

“Because no adequate evidence has been found supporting effectiveness, and because possible harms have been associated with this intervention, it is strongly recommended that facilitated communication *not be used* as an intervention method for young children with autism.”

Source: Clinical Practice Guideline: Quick Reference Guide for Parents and Professionals. Autism/Pervasive Developmental Disorders. Assessment and Intervention for Young Children (Age 0-3 years). Sponsored by New York State Department of Health. Division of Family Health Bureau of Early Intervention. (1999). [Available as a pdf](#).

### New Zealand Ministries of Health and Education

“There has been considerable controversy about whether the facilitated output is from the person with ASD or is under the influence of the facilitator. A large number of quantitative

studies show facilitator influence. There is no scientific validation of Facilitated Communication and it is not recommended. (Recommendation 4.5.2).

Source: New Zealand Autism Spectrum Disorder Guideline. [Available as a pdf.](#)

### Scottish Intercollegiate Guidelines Network

Facilitated communication should not be used as a means to communicate with children and young people with ASD.

Non-Pharmacological Interventions for Adults: Facilitated communication should not be used as a means to communicate with adults with ASD.

Source: Assessment, diagnosis and interventions for autism spectrum disorders. Scottish Intercollegiate Guidelines Network. June 2016. Available as a [pdf](#).

### Speech-Language & Audiology Canada (SAC)

“There is a lack of substantive research evidence demonstrating the FC and RPM are valid forms of augmentative or alternative communication. Research studies show that facilitators consciously and/or unconsciously influence the message being communicated, thereby exposing people with communication disorders to risk of harm by preventing genuine self-expression. For these reasons, SAC members and associates should not use FC and RPM in clinical practice.”

Source: [Official Statement From Speech-Language & Audiology Canada \(SAC\): Use of Facilitated Communication and Rapid Prompting Method](#) (January 2018)

### Speech Pathology Australia

“Facilitated Communication (FC), also referred to as ‘supported typing’ or ‘assisted typing’, involves a facilitator touching the person with disability’s hand, elbow, shoulder, body, keyboard or alphabet board (‘rapid prompting’)...To date, there is no substantive evidence to support theory argued to underpin FC that the people who use the method have an underlying movement disorder that warrants facilitation. As a result, FC remains an approach with little supportive evidence and a preponderance of evidence that contraindicates its use, and its use is not recommended.”

Source: Augmentative and Alternative Communication Clinical Guideline. 2012.

### Victorian Advocacy League for Individuals with Disability, Inc. (VALID)

“The overwhelming research evidence indicates that Facilitated Communication emanates from the facilitator and not the client and should therefore be referred to as ‘automatic’ or ‘false communication’ not facilitated communication.”

Source: VALID Position Statement on the Use of Facilitated Communication. [Available as a pdf.](#)