

VERMONT

FACILITATED COMMUNICATION

GUIDELINES

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2018: updated Reference G – *Guidelines for Handling Allegations of Abuse Made while using Facilitate Communication* (2018).

2021: updated Reference C – *Best Practices for Typing to Communicate and Facilitated Communication* (2008); Reference F – *Inclusion and Communication Initiatives Research Statement* (2010).

2024: updated Reference C – *Best Practice in Communication Support* (2008); Reference H – *Communication Plan Guidelines for Individuals Receiving Developmental Disabilities Services* (2023); Addition of “Resources” section.

**STATE OF VERMONT
DEVELOPMENTAL DISABILITIES SERVICES DIVISION**

VERMONT FACILITATED COMMUNICATION GUIDELINES

1. INTRODUCTION

The purpose of this document is to provide a set of consistent standards for the delivery of services to support the use of facilitated communication (FC) as a means of communication for individuals receiving developmental disability services in Vermont. The services provided would include:

- a. Assessment of candidacy for FC;
- b. Training of individual and their teams in the use of the methods;
- c. Consultation with team members on the development of communication plans, Individual Support Agreement (ISA) goals and implementation of the use of FC; and
- d. Review of the progress of individuals using FC.

2. FACILITATED COMMUNICATION DEFINITION

[References D, F and I pertain to this section]

Facilitated communication (FC) is one method of augmentative and alternative communication (AAC) that has been an effective means of expression for some individuals with labels of autism and other developmental disabilities who are limited in their ability to speak. In the use of FC, people develop pointing skills for communication using pictures, symbols, letters and words. A communication partner (or facilitator) provides physical support to the individual to help them overcome neuro-motor problems which prevent them from pointing independently or reliably. Examples of these problems include

impulsivity, regulation of movement, poor eye/hand coordination, reduced proprioception and difficulty with initiating and sustaining movement.

The goal of FC training is for individuals to develop independent pointing skills for communication.

3. TOTAL COMMUNICATION APPROACH

[References A, B, C and D pertain to this section]

Because most people naturally use more than one method of communication, facilitated communication should be used as part of a total communication approach which incorporates a variety of AAC strategies. This system might include speech, sign language; simple gestures and facial expressions; the use of pictures, words and letters; and a variety of light technology and high technology communication boards and devices. This allows for the person using FC to be able to communicate for multiple purposes (such as indicating wants and needs; expressing feelings, ideas and opinions; sharing information and participating in social interaction) and to communicate effectively in a variety of environments (such as home, school, work and the community) with both familiar and unfamiliar people.

4. COMPREHENSIVE COMMUNICATION PLAN

[Reference H pertains to this section]

Successfully integrating FC with the person's other methods of communication requires the development of a comprehensive communication plan on the part of the person's team. The purpose of this plan is to provide a description of the different ways a person communicates across the various settings in his/her life (e.g., home, work, community), and the supports needed to enable the person to use his/her method of communication. As a result, there should be details in the

Communication Plan on the specific physical, emotional and communicative support strategies used to enable the person to communicate effectively using FC.

5. FACILITATED COMMUNICATION SERVICES GUIDELINES

In providing services to support the use of FC, the following steps should be taken:

Orientation – [Reference C pertains to this section]

Before proceeding with the FC training process, the person's team, including the individual, his or her family and/or guardian and agency staff, should be given basic information on FC to enable them to make an informed decision before moving ahead with an assessment and training.

Assessment – [References C, H and I pertain to this section]

Prior to the provision of training in FC for an individual, the individual must be assessed to determine candidacy for FC. Candidacy is determined by evaluating whether a person has difficulty with pointing either independently or reliably and if so, what physical support strategies and teaching strategies will help him or her to improve their pointing skills to communicate more effectively. Assessment recommendations will also take into consideration other methods of communication the person might be using and how the use of FC could be integrated with these methods. The assessment of an individual must be done by a qualified person who has multiple levels of training (beyond Introductory Level) and experience completing assessments for FC.

Team Planning – [Reference C pertains to this section]

The results of the assessment will be shared with the person's team and if the assessment indicates the person can benefit from the use of FC, a decision to move forward with training will be based on team consensus and commitment to the training process.

Training for FC – [References D, F, H and J pertain to this section]

It is important that multiple people on a person's team be identified as facilitators and a plan for training is developed by the team. All facilitators should go through a thorough training process including:

- a. Introductory session providing background information on FC and instruction on the use of the various support strategies and techniques used.
- b. Hands-on training with the communicator and facilitators during the initial getting started sessions from an experienced FC trainer.
- c. Ongoing supervision of the facilitators by the FC trainer to insure quality of practice and to provide further instruction in such skill areas as independence.
- d. Continuing education including new developments in the practice of FC and research of the method as well as new information in the general area of FC.

Review – [References D, F, H and J pertain to this section]

The review of progress with FC would include:

- a. Progress of the individual on specific skills related to the use of FC documented through a portfolio process.
- b. Progress of the individual in relation to meeting communication goals on the IEP/ISA. This would include providing opportunities for the individual to give input on how effectively FC and their other methods of communication are working for them.

6. SERVICE PROVIDER SUPPORT OF FACILITATED COMMUNICATION

[References C, E, H and G pertain to this section]

Service providers will help ensure the success of communication supports for individuals they serve who use facilitated communication or other AAC strategies by doing the following:

- a. Develop a process to ensure staff and support workers, especially those who work in and about the home, receive the necessary training if they are supporting a person to use FC.
[References C, E and H pertain to this section]
- b. Make available in their training library, training materials related to FC and other AAC strategies including relevant articles, books and videos. [See the Vermont Communication Task Force website for relevant materials]
- c. Designate one staff person in a supervisory position who can oversee the use of FC in the agency. This person would be knowledgeable in best practices and would work in consultation with a FC trainer to ensure systems are in place within the agency to follow best practices.
[Reference C pertains to this section]
- d. Establish a protocol for the handling of sensitive communication (e.g., allegations of abuse through FC). This protocol would follow the mandatory reporting state and agency guidelines already in place and would identify the roles of various agency staff in the reporting process.
[Reference G pertains to this section]

REFERENCES

A. **Communication Bill of Rights** (2016)

The Communication Bill of Rights reissued by the National Joint Committee (NJC) for the Communication Needs of Persons with Severe Disabilities.

B. **TASH Resolution on the Right to Communicate** (2016)

The Resolution on the Right to Communicate reissued by TASH.

C. **Best Practice in Communication Support** (2008)

Adapted from the Institute on Communication and Inclusion Training Standards. (Center on Disability and Inclusion, Syracuse University, 2000)

D. **Information on Facilitated Communication Training in Vermont** (2016)

Information about FC and how it is supported in Vermont; including information on assessment, consultation and training and the importance of research.

E. **Training and Technical Assistance for Facilitated Communication** (2016)

A brief summary of the role of training and technical assistance for FC and descriptions of the different levels of training.

F. **Inclusion and Communication Initiatives Research Statement** (2010)

Basics about typing to communicate and what the research reveals about its effectiveness.

G. **Guidelines for Handling Allegations of Abuse Made while using Facilitate Communication** (2018)

Guidance for Vermont developmental disabilities services agencies, schools and other organizations on the process to follow in the event a person using facilitated communication makes an allegation of abuse, neglect or exploitation.

H. **Communication Plan Guidelines for Individuals Receiving Developmental Disabilities Services** (2023)

These Guidelines describe what supports individuals need for them to communicate effectively in a variety of settings. It also includes tips on how to create a communication plan, who needs copies of the plan, and supplemental information and resources.

I. **Facilitated Communication Training: Practice Guidelines and Validation Guidelines** (1994)

Guidance developed by the Vermont Facilitated Communication Network (now the Vermont Communication Task Force) to help ensure valid communication and provide safeguards against improper use of FC.

RESOURCES

A. **Communication First** – Nonprofit organization dedicated to protecting and advancing the civil rights of the more than 5 million children and adults in the United States who, due to disability or other condition, cannot rely on speech alone to be heard and understood.

B. **United for Communication Choice** - A grassroots effort organized by individuals with disabilities, their families, and allies to defend and protect the human, civil, and legal rights of children and adults with disabilities to choose their most effective methods of communication.