

*This submission is limited to one area only of the Commission's Issues Paper because it is a very significant issue which, to my knowledge, has been continually overlooked, overshadowed or ignored in all previous disability enquiries and reports.*

*What kind of Services particularly need to be increased or created?*

A service that is almost totally lacking in the disability sector, and where it does exist, is almost totally unfunded by government, is **accessibility to communication for non verbal people and for people with severe speech impairment whose severe disabilities preclude them from using technical aids for communication, and who therefore depend on a trained communication partner to facilitate their access to a communication board.** For this most disadvantaged group of citizens, their only hope of leading meaningful lives is to have access to an augmentative and/or alternative communication mode, including facilitated communication (FC)  
(See definition of facilitated communication  
[www.statemaster.com/encyclopedia/facilitatedcommunication](http://www.statemaster.com/encyclopedia/facilitatedcommunication) )

#### **A BRIEF HISTORY**

Facilitated communication had its first public airing in the Supreme Court of Victoria in 1979. Mr Justice Jenkinson ruled that Anne McDonald was not intellectually impaired, despite her severe physical disability, and that her communication facilitator, Rosemary Crossley, was not manipulating Anne's arm in her facilitation. ( [www.home.vicnet.au/-dealce/DwyerA](http://www.home.vicnet.au/-dealce/DwyerA). Chapters 1 & 2. "Access to Justice for People with Severe Communication Impairment – Joan Dwyer, Senior Member, Commonwealth Administrative Appeals Tribunal, first published in *Australian Journal of Administrative Law*, Feb 1996, V.3, No 2, pp. 73-119.)

Since then, facilitated communication has spread globally, particularly in the USA and the UK. However here in Queensland, in both the disability and education sectors, facilitated communication (FC) is still regarded as "an emerging therapy", undeserving of even philosophical support, let alone much needed funding support. Bureaucrats vehemently defend this discriminatory policy, despite the fact that thousands of people worldwide have broken out of their worlds of silence, many achieving high education levels and leading truly meaningful and productive lives. But it seems that, here in Queensland, "no speech" equals "no intelligence", despite a mountain of reputable academic and medical research that proves otherwise. (See Appendix)

#### **PREAMBLE**

During the current election campaign, both political parties are planning significant individual education/therapy packages for **children** with disabilities. However, what of those who have been hopelessly failed by education systems --- those whose severe physical disabilities (caused by Cerebral Palsy, Rett Syndrome, Autism, or other

conditions) resulted in them being labelled “intellectually impaired” because they had no means of communicating and therefore no way of demonstrating the level of their intelligence? They were doomed to spend their formative years in education programmes centred around personal care, physical therapies and a grossly inadequate and *an* inappropriate learning curriculum designed for children with an intellectual disability.

Many of these people are now adults who, post school, through the determination of a small number of inspirational and forward-thinking therapists, have been given the opportunity to communicate through FC. No longer “locked in their own minds”, these determined young adults and mature aged people have proven themselves to be highly intelligent and often highly literate, despite their very limited formal academic education. Sadly though, most of these FC users have access to facilitators for only very limited programmed periods, often made possible only by redirecting funds intended for their other therapies and/or community access.

And we must not forget those who still remain completely voiceless -- **in** their world but not **of** their world -- still “locked in their minds” because they have not been fortunate enough to have been given the opportunity to demonstrate their intellectual capacity because of the unavailability of an FC facilitator.

Are all of these people now doomed to further disadvantage and discrimination, or are governments prepared to make amends for past injustices by addressing the need for funding for FC user/training programmes so that communication becomes part of everyday life for these already greatly disadvantaged members of our community? If the concept of individual funding packages for education, intervention and therapies is passed by the parliament, then it is absolutely imperative that adults who were deprived of an appropriate education be included in the eligible group, so that they will have the financial capacity to access a programme that will promote FC training for their carers, support workers and families, giving these voiceless people true access to their community in an unrestricted way.

### ***How could the ways in which services are developed - including their coordination costs, timeliness and innovation- be improved?***

Existing human resources in the form of FC instructors and trained facilitators are currently under-utilised, or used ineffectively because of the complete lack of funding allocated specifically for this kind of communication support in Queensland.

My son lives in supported accommodation administered by a large non-government disability service in a regional area of Queensland. This service is fortunate to have on staff **two fully qualified FC instructors and one advanced trained FC facilitator**, However, since **funding allows for only one half time position for communication co-ordination**, consumers (FC users) who see communication as a priority, must choose to redirect access funding or other therapy funding in order to cover the cost of having a voice. How would the general population react if they had to pay every time they wanted to speak?

In addition, the two FC instructors, rather than using their special skills to train other team members (support workers, carers and family members) to facilitate communication for/with clients and therefore make it a natural part of everyday life, are depended upon to provide limited facilitation for clients. The advanced trained facilitator, also a qualified teacher, volunteered 350 hours of hands-on facilitation to achieve her qualification. But because she cannot be offered employment as a facilitator due to the lack of funding, she is now seeking employment outside the disability sector. What a waste of valuable human resources!

Each of these highly qualified communication facilitators achieved their qualifications largely in a volunteer capacity, with only part financial support and with many hours of unpaid practical training. That is the level of their dedication. But there is a limit to the expectation that can be placed on employees, both present and future, without due recognition and just remuneration.

In addition to the gross inadequacy of services for existing FC users, there are also the many other people with severe disabilities who have not yet had the opportunity to be assessed for FC. There is also a significant demand for assessment of stroke victims and people with acquired brain injury who have lost the capacity to speak. Again, such requests cannot be met because of the lack of funding. What an appalling loss of opportunity! What a grave injustice to those voiceless people who are left waiting --- waiting for an opportunity to connect or re-connect with their world.

***Are there ways of intervening early to get improved outcomes over people's lifetimes? How would this be done?***

Yes! Make FC an integral part of early intervention and education for non- verbal and severely speech impaired children in the same way that other developmental issues are addressed eg. hearing impairment, mobility problems, speech impediment, visual impairment etc.

If a child proves to be of normal intelligence, as very many non-verbal children are, it will mean the difference between spending twelve years of education in an academically inappropriate setting, doomed to sit out their school years subjected to an inappropriate curriculum geared to children with an intellectual disability, and the alternative of having a full, age-appropriate and academically stimulating education.

It is now known that behavioural problems common in non-verbal people are very often the direct result of extreme frustration and anger at the powerlessness of their situation. Significant resources are currently being put into behaviour management training in both the education and disability sector. Many of these resources could be redirected to positive and productive delivery of communication programmes, providing relief from the frustration of not being able to communicate and a means for potential future success and eventual productive living, perhaps even future employment, despite their disabilities.

## ***How could a new scheme encourage the full participation by people with a disability in the community and work?***

Disability Services (Qld) is currently holding forums seeking feedback on the *10 year plan for supporting Queenslanders with a disability*. The proposed priorities are laudable – but only for people who can actually communicate! Unless people with a disability have a means of communication, the majority of the great ideals expressed in this paper (and other International, Federal and State documents extolling visions of equal rights for people with a disability) are totally meaningless to members of the disability sector who are non-verbal or who have severe communication impairment.

Unless every intellectually able person with a disability is given a voice, then these consultations are a hollow process, and as my son spelt out on his alphabet board (using a facilitator) “Processes are a waste of time”. Unless Governments are sincere in giving **“equal opportunity to each person to fully participate in the life of the community and to share responsibility for creating a better and more inclusive Society” (Priority 1: 10 year plan for supporting Queenslanders with a disability)** the current “consultations” are nothing but a massive waste of resources that could be used much more effectively at the coal face of disability service.

I was astounded that the vast majority of participants at one such consultation forum were professionals from the disability and associated sectors. The only people with a disability in attendance were a few who are independently mobile. One has to ask how much effort was made to enable people with significant mobility and communication problems, and/or their families and advocates, to attend. Whose voices do governments really want to hear?

It might be timely to re-visit the definitions of “communication” and “language” as stated in the *“Convention of the Rights of Persons with Disabilities”* a document referred to in *“The Vision”* for the 10 year plan.

***“Communication includes ..... augmentative and alternative needs, means and formats of communication.....” “Language” includes spoken and signed languages and other forms of non-spoken languages” (“Accessibility for People with Communication Disabilities” – International Society for Augmentative and Alternative Communication ISAAC 2009)***

Prior to the consultation forum that I attended, I emailed a query to the address provided in the *10 year plan for supporting Queenslanders with a disability* document. asking if funding was available to support a communication facilitator for my son. I am still awaiting a response. Interestingly, interpreters signing for the hearing impaired were provided at the forum, and documents were available in Braille. It seems that equity and discrimination are not just questions for the wider community. Perhaps they should first be addressed within the disability sector itself.

## ***What should be done in rural and remote areas where it is harder to get services?***

If FC instructors were funded to visit rural and remote areas, they could operate training programmes, seminars and workshops for support workers, carers, family and community members and education personnel to train them to facilitate people without speech, thereby easing the high support needs in other areas.

e.g.

- **Health:** Rural GPs could identify and deal with medical issues communicated through FC, instead of the disabled person and his/her carer undertaking expensive medical trips over vast distances to diagnostic centres in distant cities. Many unnecessary, costly diagnostic tests could be eliminated if a person could explain his/her condition.
- **Education:** School aged children with teacher aides trained in FC could attend local rural schools instead of travelling considerable distances to special schools in larger regional centres. Adults with a disability could access distance education programmes.
- **Integration:** Non-verbal people with a disability could lead more meaningful and satisfying lives in their own rural and remote communities instead of having to separate from family and friends and relocate in order to access special services.
- **Community participation:** Access to communication would allow non-verbal people to truly participate in community life and become valued members of their rural and remote communities.

## ***How could an expansion of facilitation communication programmes get rid of wasteful paper burdens, overlapping assessments and duplication?***

Currently, people with severe disabilities and high/complex support needs have a plethora of plans – personal, routine care, health, dietary and risk management, community access etc. When consumers are unable to participate in the formulation of these plans because of a lack of communication, plans become the creation of support staff, often by trial and error or guesswork, trying to cover every conceivable issue and situation that may exist or arise. If these consumers could be given a real voice, with their support workers trained to facilitate communication, there would be little need for many of the cumbersome plans. As a physiotherapist said to me when told our son could now communicate, “Wow! That means we can actually **ask** where the problem is, and not have to guess”.

Clients of disability services who have been fortunate enough to be introduced to FC, can determine their own needs and priorities in all of the areas listed above. After years of effort, my son eventually broke through the communication barrier with FC in 2005 at age 28, revealing a keen intelligence and an ambition to better himself and make a positive contribution to society. Can anyone imagine the frustration and feelings of utter hopelessness throughout those silent 28 years, being spoken to as if he “had no brain”,

“was unintelligent”, having every decision made **for** him and never **by** him. Through FC, he can now discuss medical issues with his doctor, his dietician, his Bowen therapist and other health specialists. He is now on the electoral role, keen to have his say on who will govern his country. He has given Enduring Power of Attorney. He can now convey his likes and dislikes, his needs and wishes, his hopes and dreams. He now feels that he has gained an identity and is worthy of respect.

But with one of his facilitators nearing retirement age, the advanced trainer seeking other employment because of the lack of funding, and with no funding for the training of more facilitators, the programme developed over 15 years is in danger of collapse, and my son could be faced with having to return to a world where he is once more “locked in his own mind”. For my son and his peers who are FC users, all with severe disabilities, having no other means of communicating, there is the very real threat that they will return to the same silent worlds they existed in for 20,30 or even 40 years.

For a relatively small investment, achievable outcomes are truly extraordinary. But in the absence of adequate investment, great potential remains untapped, spirits are crushed, and the hope of a truly humane existence is destroyed.

## ***Funding***

Governments need to be creative in how they look at funding distribution. Currently, departments see their portfolios as separate identities, jealously guarding their specific allocations of funding and competing vehemently with other departments, regardless of whether this type of distribution is in the best interest of consumers and the tax payer. Lateral thinking is urgently required, identifying where additional funding in one area can actually effect savings in others.

If funding for FC and other augmentative and alternative modes of communication was adequate to ensure that all non-verbal and seriously speech impaired people were provided with the opportunity to communicate, then the level of support required by these consumers in other areas would diminish significantly. e.g.

- **Medical:** Health issues would be more easily identified, providing savings in expensive diagnostic tests, hospitalisation etc. and avoiding misdiagnosis and inappropriate medication.
- **Education:** More children with a disability would be able to access mainstream education with an aide/facilitator, achieving normal education standards and gaining skills to make them productive citizens in adult life. More people with a disability would be able to access higher education and employment.
- **Behavioural:** If access to communication were readily available, the frustration of not being able to communicate and the associated negative behaviours could be greatly diminished, or even removed, thereby combating many of the negative issues that confront our society –family crisis and breakdown, non-reporting of abuse (physical, emotional and sexual), anti-social behaviour, law and order issues, inappropriate imprisonment.
- **Social Inclusion:** Communication diminishes the likelihood of social exclusion, isolation, depression, personal crisis and mental health issues. Communication

allows people with a severe disability to link with community and connect with organizations.

- **Better Use of Resources:** Resources in the disability sector could be used much more effectively, at the same time achieving better outcomes for consumers and ensuring service delivery that is person-centred and that genuinely offers an alternative and positive future for people with a disability and their families.

It is not a question of whether governments can afford to fund augmentative and alternative communication programmes, especially facilitated communication. Given the on-going costs of care and responsible decision making, safeguards and staff accountability for non-verbal and severely speech impaired people, Governments cannot afford ***NOT*** to fund programmes that will give intelligent people a voice and help them to help themselves to be as functional and independent as their other untreatable disabilities will allow them to be. Many FC users go on to be independent communicators, assisted by an ever-widening range of technology. The initial modest investment to provide intervention through a personal facilitator could not only provide a lifetime of opportunity for the person with a disability, but be a significant long-term cost saver for government funding bodies and the taxpayer. It simply makes good economic sense to promote augmentative and alternative communication for people who are non-verbal or severely speech impaired.

## ***SUMMARY***

The right to have a voice is a basic human right

Currently, in this country, many people with a disability have the intelligence and the keen desire to participate in society in a meaningful and intellectually satisfying way.

What stands in their way is the lack of will by consecutive Federal and State

Governments to put funding in place to support alternative communication programmes throughout the education and disability sectors.

It is hoped that funding bodies across a range of services – e.g. families and community, disability, education, health, law and order -- will realise the urgency of supporting facilitated communication programmes so that FC and other augmentative and alternative modes of communication for non-verbal people with a disability will become as natural, as accepted, and as accessible as Signing for the deaf or Braille for the visually impaired.

***The silence of speechlessness is never golden. We all need to communicate and connect with each other – not just in one way, but also in as many ways as possible. It is a basic human need, a basic human right! And much more than this. It's a basic human power! (Williams, 2000) (Accessibility for people with Communication Disabilities" – "International Society for Augmentative and Alternative Communication" – ISAAC – 2009)***

## APPENDIX

Listed below are resources for further information:

**Facilitation is defined as, to make easier and move forward. Facilitated Communication Training is therefore about making accessing easier and helping the person who uses facilitation to move forward.**

The training component centres on the training of the facilitators to be knowledgeable and effective communication partners and for the FCT users to assist in the training of facilitators and develop realistic and achievable goals for themselves. Training can be delivered in face-to-face interactions, in workshops and discussions. The mode of training may be tutoring, coaching or mentoring.

**Barker, B, Leary, M., Repa, S., & Whissel, P., 1993, Getting In Touch; A Workbook on Becoming a Facilitator, DRI Press, Madison .Worksheets and useful short chapters on facilitation practices and techniques. Illustrative diagrams unfortunately show poor facilitation practice, with pressure applied under the index finger. (44 pp)**

**Berger, C., 1992, Facilitated Communication Guide, New Breakthroughs, Eugene, Oregon, USA. v.1 50 pp, v.2. Berger discovered FCT techniques independently of Crossley and Biklen in 1987 when working in special education classes in Oregon. The first volume of the Guide contains practical information with an emphasis on autism and facilitated handwriting. The second volume goes more deeply into matters such as reading and autism and facilitated communication and technology. Includes a resource guide. Available from New Breakthroughs,(see Address List). (140 pp.) 'We now need to begin the task of restructuring our own view of people with autism and other developmental disorders, as well as the low-track education system into which they have been placed. A complete paradigm shift is underway.'**

**Berger, C. & Kilpatrick, K., 1992, Facilitated Communication Guide and Materials, New Breakthroughs, Eugene, Oregon, USA An expanded version of vol. 1 of Berger,1992, Facilitated Communication Guide, with added classroom teaching materials.**

**Berger, C. , 1994, Facilitated Communication Technology Guide, New Breakthroughs, Eugene, Oregon, USA An extensive list of computer programs and devices used successfully with Facilitated Communication in the United States for the last 7 years.**

**Biklen, D., 1993 , Communication Unbound, Teachers College Press, New York A basic text. The first book to deal with the general technique of facilitated communication training, this book covers the development of the technique in**



Australia and America, gives examples of its use by people with a range of disabilities, discusses the theoretical basis for the technique, and covers issues of validation and of FCT's implications for the conceptualization of disability. 'One of the most personally disappointing aspects of our using facilitated communication or of seeing it used by other people is that for many professionals it is merely a new teaching or communication technique. This perspective... implies that... many people who were previously thought to be dumb are now redefined as smart and must therefore be treated differently. It is a perspective that does not question the validity of treating people differently on the basis of perceived intelligence.'

(221 pp.)

**D Biklen, D Cardinal** (eds). *Contested Words, Contested Science*, Teachers College Press, New York: A collection of studies (controlled, quantitative ones as well as qualitative investigations) of facilitation, focusing mainly on the authorship question: who is doing the typing, facilitator or the person with the communication impairment. The book includes a chapter by Marcus and Shevin in which Marcus, an FC user, replicates a classic facilitated communication authorship test.

**Centre for Community Inclusion**, 1993, *What Frontline Didn't Tell You*, Centre for Community Inclusion, Orono, Maine A reponse to attack on FCT in American TV program *Frontline*. Contains contributions from Biklen, D., Cardinal, D., Haskew, P., Kochmeister, S., Schawlow, A., and others. Available from, The Centre for Community Inclusion (see [Address List](#)). Lists inaccuracies in program, provides examples of evidence disregarded, and uncovers program bias.

**Collins, A.J.**, (ed), 1992, *Facilitated Communication; A reference book*, Annandale, Va., National Association of Private Residential Resources

**Crossley, R.**, 1994, *Facilitated Communication Training*, Teachers College Press, New York, 150 pp Basic text on methods of facilitation. Crossley originated the method in Australia in the 1970s and has practiced it widely since. Essential reading. Facilitated communication training is a strategy for teaching people how to use communication aids. It does not cure anything. It is not a particularly good method of communication. However, it has allowed many individuals to communicate verbally for the first time in their lives. Communication involving facilitation is certainly imperfect, but, for some people, right now its the best option. Until we can find a better alternative, it is up to us to make facilitated communication work as well as possible.

**Crossley, R.**, 1997, *Speechless*, E P Dutton, New York, \$24.95 ( ISBN: 0525941568) Series of case studies tracing various aspects of using facilitated communication training with people who have diagnoses of PVS, autism, Down syndrome, and undifferentiated mental retardation. Essential reading 'I tried standing Emma up and holding the Communicator low (if you have a problem with low muscle tone it helps not to have to lift your arm against gravity) and by the end of the session I had Emma spelling out words with no bodily contact at all. Like many

of Deal's clients, she'd liked the human contact involved in arm support, and it was a wrench to be weaned so abruptly. This involved more tears. The next day at school Emma spontaneously typed without any support. She has continued to be able to do so, provided that the Communicator is positioned low so that she doesn't have to lift her hand against gravity.'

Crossley, R., 1997, Gestützte Kommunikation : Ein Trainingsprogramm zur Kommunikationsförderung für Menschen mit Behinderungen, Übersetzung aus dem Englischen, deutsche Bearbeitung und Nachwort: Ralf Schützendorf. Vorwort: Christiane Nagy. (Edition Sozial.) 1997. Ca. 200 Seiten. 9 Abbildungen. Broschiert. DM 42,- (ISBN 3-407-55796-5)

German translation of Facilitated Communication Training.

Crossley, R. 1998, Il Metodo Della Comunicazione Facilitata, Savona, Provincia di Savona/ Associazione Bambini Cerebrolesi Liguria

Italian translation of Facilitated Communication Training.

Crossley, R., & McDonald, A., 1980, Annie's Coming Out, Penguin, London & Melbourne. The story of how FCT was originally devised to establish communication with a young woman with cerebral palsy in an institution for people with mental retardation, and the story of the struggle she then had to gain control of her own destiny through the Australian courts. Essential reading 'In 1977 I was taught to communicate by using an alphabet board on which I point to letters in order to spell sentences. That is how I wrote my part of this book.' And 'Dying was dependent on the way you felt. Jobs in mental hospitals do not attract the best doctors, and there was no supervision. The patients could not complain. If you wanted to die you had every opportunity. Many short-stay kids took their chance. Death never appealed to me; I wanted revenge. Now that does not seem to matter. What is important is stopping other kids going through what we went through. Time was when the strongest emotion I felt was hate, and hate makes you strong. Tender emotions were dangerously softening. Implacable hatred of the whole world which hunted handicapped children into middens like St Nicholas twisted my relationships with people for years'.

**DEAL Communication Centre**, 1992, Facilitated Communication Training, DCC, Melbourne. A collection of DEAL pamphlets on aspects of FCT. DEAL Communication Centre was set up by Rosemary Crossley to assist people with severe communication disorders and was the centre where FCT was first developed in Australia. Available from DEAL Communication Centre, Melbourne, or Facilitated Communication Institute, Syracuse (see Address List); however, much of the material from the pamphlets is now also incorporated into Crossley, Facilitated Communication Training (see above)

**DEAL Communication Centre**, 1992, Getting the Message; Aspects of communication without speech, DCC, Melbourne A collection of DEAL pamphlets on non-vocal communication. (66 pp.)

**DEAL Communication Centre, 1988, Response to Report of Inter-Disciplinary Working Party on Issues in Severe Communication Impairment, Author, Melbourne** A correction of the major errors of the IDWPISCI report (qv Reports). (64 pages)

**Donellan, A., & Leary, M., 1995, Movement Differences and Diversity in Autism/Mental Retardation; Appreciating and Accommodating People with Communication and Behaviour Challenges , DRI Press, Madison.** A valuable analysis of the relation between movement disorders and the conceptualisation of developmental disorders. Has a postscript on FCT. To suggest that facilitated communicating 'does not work' because there may be influence, or we cannot understand the phenomenon, or we cannot always make it predictable, is just bad science.

**Haskew, P., & Donellan, A., 1993, Emotional Maturity and Well-Being: Psychological Lessons of Facilitated Communication, DRI Press, Madison** A psychiatric view of the use of FCT. (45 pp.) 'We want to report the degree to which FC reveals aspects of normal psychological development among people with profound communication impairments, and deviations from normalcy in that population that may originate from the customary care provided for people with communication difficulties'.

**Hill, D., & Leary, M., 1993, Movement Disturbance, A Clue to Hidden Competencies in Autism and Related Disorders, DRI Press, Madison.** Exhaustive examination of the literature dealing with features of movement disorders and a use of these to offer an alternative explanation of behaviours observed in people with autism. Goes on to suggest applications in clinical treatment situations. Valuable text. (33 pp)

**Inter-Disciplinary Working Party on Issues in Severe Communication Impairment, 1988, D.E.A.L. Communication Centre Operation: A Statement of Concern, Author, Melbourne.** A collection of anonymous anecdotal reports from an ad hoc group of Victorian psychologists and therapists opposed to the operations of DEAL Communication Centre. Unreliable. (85 pp.)

**Jowonio School, 1992, First Words; Facilitated Communication and the Inclusion of Young Children, Author, Syracuse.** A manual from an inclusive preschool on techniques and strategies for FCT work with children. Valuable text. Available from Jowonia School (see Address List).

**McNabb, W., (ed), 1992, The Handbook of Facilitated Communication, Northwest Centre for Information Resources, Vashon Island.** Reprints a number of pamphlets from DEAL Communication Centre and adds other brief instructional material.

**Reed, D., 1996, Paid for the Privilege: Hearing the Voices of Autism, DRI Press, Madison.** A detailed account of the development of FC use at an autism day centre in St. Paul, Minnesota. Includes extensive transcripts of FC users' prose. Suggests behavioural improvement in clients. Includes also chapter *New Scientific*

*Approaches to Challenge Our Assumptions about Autism/Mental Retardation*, by Anne Donellan. 'Being recognized as individuals with capabilities, rather than persons stuck with disabilities, became possible at MTS with the help of FC. This communication has enabled them to tell us about themselves. We listen, and with accommodations, try to lay the foundation for more productive and happy lives'. (162 pp)

**Olsen, L., Gurry, S., Larkin, A., & McSheehan, M., 1992, A Training Guide to Facilitated Communication Use; implications for use with adults in community settings**, Lesley College, Cambridge, MA. A basic working guide to FCT or caregivers, including discussion of such topics as □what should I do if a client is becoming too attached to me? How can I use facilitated communication on a daily basis? What are the possible implications of facilitated communication for staff? Valuable short text. (32 pp.)

**Richard, J., Jackson, K., Urich, M, and Urich, A., 1993, First Hand; Personal Accounts of Breakthroughs in Facilitated Communication**, DRI Press, Madison. Three case studies; one written by a boy with autism using FCT, one by a facilitator, and one by two parents. Many valuable insights. (55 pp.)

**Shane, H. (ed), 1994, Facilitated Communication; The clinical and social phenomenon**, Singular Publishing Group, San Diego. Basic anti-FCT text, including chapters by Shane, Green, and others.

**Sharing to Learn, 1993, Facilitated Communication; A guide to resource materials**, Author, Thornhill (Ontario). A reprint of articles having appeared in Communicating Together. See address list.

**Sharing to Learn, 1993, Facilitated Communication; A set of readings**, Author, Thornhill (Ontario). Reprints articles by (inter alia) Calculator, Crossley, Hudson, McDonald, Shane, and Vicker from Communicating Together, 9; 2, 10; 4, 11; 2 and 11; 4.

**Sharing to Learn, 1994, Facilitated Communication; A set of readings (2nd edition)** Author, Thornhill (Ontario). A revised and in some cases expanded reprint of articles on FCT having appeared in Communicating Together.

**Shubert, Annagret, 1992, Facilitated Communication Resource Guide**, (240 pp)

**Spitz, H., 1997, Nonconscious Movements - From Mystical Messages to Facilitated Communication**, Erlbaum (202 pp). Spitz has previously published a book on why you can't raise the intelligence of people with mental retardation, and takes FCT as the latest in that line. Assuming its falsity (with some few possible exceptions) he then relates it to other phenomena such as Clever Hansing and Ouija boards.

**Stafford, L., 1993, Communication Menu Handbook**, Longman Paul, Auckland, New Zealand. Useful spiral-bound set of words, phrases and spelling boards for use with facilitated communication. Customisable.

**Strandt-Conroy, K., & Sabin, L., 1993, Making Connections: Facilitating Communicating in an Inclusive Classroom, DRI Press, Madison.** Journal and case studies dealing with the introduction of FCT into a mainstream sixth grade class setting, including valuable tips on behavioural cuing, and general strategies for introducing FCT to the classroom, adapting lessons, adapting testing, and modifying IEP's. (43 pp).

**Twatchman-cullen, D., 1997, A Passion to Believe: Autism and the Facilitated Communication Phenomenon, Boulder, Westview Press.** Twatchman's book has various errors of fact that could have been checked, but its serious flaws are more basic. Her viewpoint comes out most clearly in the section where she points out that people using facilitated communication often produce output inconsistent with their previous assessments. How do FCT people account for that? she asks, and seems to think she has made a point. The answer is, of course, that assessments made without being able to communicate with a person would be expected to differ from assessments made with a person who could communicate, and the fact that she cannot see this elementary point points to her basic mind-set. She believes that psychological assessments are infallible, however they are done. She believes that what has been done in the past is infallible, that we already know all we need about (say) autism, and that no new concepts are conceivable or permissible. Writing from this standpoint it is hardly surprising that she misinterprets almost everything about the cases she purports to record. The book is illogical, biased, and an example of 'scientism' rather than scientific thinking. Anybody who can't pick ten internal contradictions in the first chapter has no business calling themselves a sceptic. (208 pp).

**Vexiau, Anne-Marguerite, Je Choisis Ta Main Pour Parler Robert Lafont. Paris 1996**