

# Letters

## *Facilitated communication*

To the Editor:

In reference to the article on facilitated communication (ARRI 5/1), the matters Margot Prior and Robert Cummins raise would be a matter for concern if their facts were correct. As it happens they appear to have allowed their quite genuine affront at "DEAL's claims of success in teaching autistic individuals to communicate at a high level" to lead them into errors of judgment and of fact.

DEAL doesn't claim to cure autism. We are well aware of the symptoms; a lot of our clients have them in full measure. However, what we say is that we have found language skills (as opposed to speech skills) are generally less impaired than most previous research indicates.

As far as Cummins' and Prior's comment that the individuals rarely made the type of mundane comments about daily life that are common in normal conversations, there are various reasons for this — but the universal reason is that people using any form of non-speech communication use less small talk than most people. If it took you five minutes to spell a sentence, would you waste it on commenting what a nice day it was?

The IDRP inquiry was set up because Cummins and Prior petitioned the Victorian government to have DEAL's funding canceled. DEAL didn't refuse to do any tests; it wasn't DEAL who was asked, it was our clients. Six clients were tested, of whom four validated their communication. One client who "failed" answered 17 questions correctly despite a series of equipment malfunctions before refusing all further cooperation. Mute and diagnosed as severely autistic, he can now type independently and made his Bar Mitzvah in 1990 using a speech synthesizer.

Cummins and Prior's most significant inaccuracy concerns the message-passing test successfully undertaken by three DEAL clients—they say "the ability of these particular clients to communicate independently was not in question." That is flagrantly untrue—all had severe communication impairments, had been assessed as significantly intellectually impaired, and required facilitation to type, which was their only means of passing a message. Both children tested now attend regular secondary schools and study the regular syllabus.

Regarding Nell Jones' comments that "there is no evidence in improvement in everyday living skills such as would be expected when the 'true' intellectual level of the child is revealed," the Panel recorded that "the changes in behavior have been in some cases so marked and beneficial that they have significantly contributed to an enhanced quality of life for the client and the whole family."

As to the St. Nicholas Hospital experiment, it would be untrue to say that the project produced "no evidence that the participants actually were communicating." As

a report written in May 1985 (by Project Director Tony Catanese himself) stated, "all, to varying degrees, are communicating with most of the staff members involved using alphabet boards or Canon Communicators."

Cummins and Prior argue that "the success of assisted communication has very little to do with emotional support . . . and very much to do with physical control by the assistant, either in the form of overt control of the client's movements or by supplying covert clues which are used by the client to control his or her movements." Most of the studies that Cummins and Prior rely on elsewhere say that people diagnosed as autistic are hard to train to do anything at all, poor at imitation, and deaf to social cues, which would mean that they couldn't use the covert clue system successfully.

Cummins and Prior say some clients are said to be communicating when ophthalmological exams indicate they do not have the visual ability to discriminate the symbols on the communication board. Ophthalmological assessment relies heavily on client feedback. It's very hard to test someone's eyesight if they can't communicate. Many DEAL clients have used their new-found communication to correct previous incorrect ophthalmological assessments.

As to the conclusion that "it is not yet at all clear to many professionals whether facilitated communication is a major breakthrough or an educational tool of value only to a few" — try it.

Rosemary Crossley, DEAL

*Editor's note: The above is a condensation of Ms. Crossley's 7-page detailed response to critics of facilitated communication. Readers who wish to see the entire letter may send an envelope with 52 cents postage, and enclose \$1 to cover copying and handling.*

## *Landau Kleffner-Syndrome*

To the Editor:

We have read with interest your article on the Landau-Kleffner syndrome (ARRI 5/1). We believe that the remitting and relapsing nature of LKS should be added [to ARRI's profile of a "typical" LKS case], as should the educatability of the patients with special techniques appropriate for the deaf and aphasic. The need for a full EEG study in any suspected cases should be stressed.

Dr. Tally Lerman-Sagie

Dr. Pinchas Lerman

Tel Aviv, Israel

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**NOTICE: Ongoing and future participations of savants with exceptional talents needed. PET scans done while remarkable capabilities are in use; also MRI scans and neuropsychological testing. We are interested in autistic and non-autistic people with savant capabilities. Please call Anton Coleman, M.D., at (617) 735-2073.**

# Sensory integration

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fast, slow, are learned normally in the context of movement during play and other ordinary daily activities.

The autistic child needs extra exposure to movement accompanied by the words that describe the position, the movement, the object moved. A variety of situations and contexts are necessary if the person is to generalize the descriptive word so that it becomes a genuinely understood concept. Teachers, speech pathologists, occupational therapists and music therapists can all work together, coordinating each discipline's goals through activities which are meaningful and pleasurable to the child.

Research is always the most desirable way of validating a treatment approach. While many more well designed studies are needed, there is a growing body of research relating to sensory input and autism. Temple Grandin has compiled an excellent annotated bibliography.

Since sensory integration is relatively new, there are few educational programs for autistic children based on neurodevelopmental theories. One is the Developmental Day School, a program of the Center for Neurodevelopmental Studies in Phoenix, Arizona. In seven years this program has grown from one student to 35, ranging in age from five to 21.

A closely coordinated program of academics and therapy is provided by a staff of teachers and therapists. Classes include vocational training and community transition components. Self-care and other daily living skills are stressed throughout the age span. These activities provide significant sensory-motor experience as well as increasing independent function. Improved socialization is a naturally occurring result of the students' increasing ability to make sense of and enjoy the world and the people around them.

The Center also has a commitment to research; an example is a study published in 1988 which demonstrated the effectiveness of vestibular input in stimulating vocalizations in an autistic child.

At present no treatment can claim to cure autism. Sensory integration therapy, when carried out by trained and sensitive professionals, can produce very significant improvements in behavior and levels of function. Parents have attested to the benefits to the entire family when anxious, out-of-control children become calm, alert, and happy. Autistic individuals and their families deserve an opportunity to benefit from a sensory integrative approach to autism.

Readers desiring more information about sensory integration therapy and autism can send \$7.50 to the Center for Neurodevelopmental Studies, 8434 North 39th Avenue, Phoenix, AZ 85051. The cost covers printing and mailing of a packet of bibliographies and reprints of pertinent articles.