

AUTONOMOUS OVER INDEPENDENT

Part 4

**Reframe your language,
reframe your practice.**

**On how communication rights
are built on respect for autonomy**

THE MYTH OF INDEPENDENCE IS WEAPONIZED TO DENY APRAXIC AUTISTICS ACCESS TO COMMUNICATION



HOW ASHA FAILED
NONSPEAKERS ACCORDING TO
ASHA'S OWN STANDARDS
PART 1



ASHA USED TO ACKNOWLEDGE THE VALUE OF COMMUNICATION CHOICE

Access to Communication Services and Supports: Concerns
Regarding the Application of Restrictive "Eligibility" Policies
National Joint Committee for the Communication Needs of
Persons With Severe Disabilities, ASHA.org (2002)

“

[A]n individual's communication partners need to be directly involved in order for communication services and supports to be effective. To enable an individual's meaningful participation in daily activities, communication services and supports must be provided using the model(s) of service delivery most suitable for the individual. [...]

”

Effective communication has been demonstrated to enhance self-determination, personal perceptions of outcome, quality of life, and social interactions. Beneficial outcomes such as these result from services and supports provided directly to the individual as well as those provided to the individual's communication partners. [...]



Decisions regarding team composition, types, amounts, and duration of services provided, intervention setting, and service delivery models should be based on the individual's communication needs and preferences.



Justification for denial of communication services and supports for persons with severe disabilities is often based erroneously on a narrow concept that “communication” pertains only to the use of standard linguistic structures and traditional output modes (i.e., speech and writing).

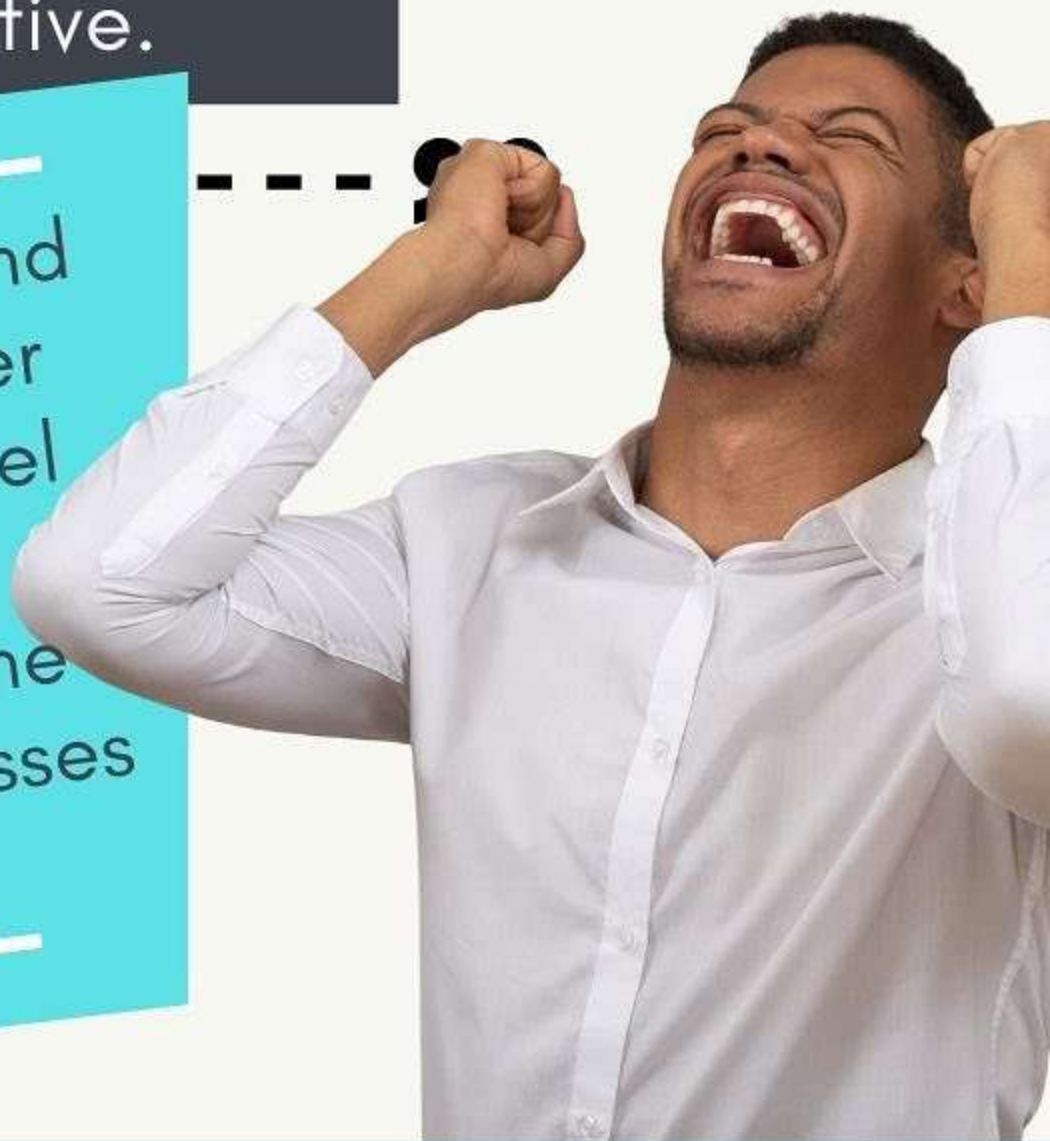


In actuality, “communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or nonlinguistic forms, and may occur through spoken or other modes” (National Joint Committee for the Communication Needs of Persons With Severe Disabilities, 1992, p. 3). Therefore, **considerations of communication intervention should include multiple forms and modes based on a person's communication needs and preferences.**

“

This means that an individual's communication partners need to be directly involved in order for communication services and supports to be effective.

“
Family members, friends and peers, teachers, and other service providers must feel comfortable and be knowledgeable about the ways an individual expresses him/herself.”



**ASHA
RECOGNIZED
THAT
EXPRESSION
WAS UNIQUE
TO THE
INDIVIDUAL**

Individuals with severe disabilities express themselves in many ways, including speech, gestures, facial expressions, vocalizations, and body movements (ASHA, 2002).

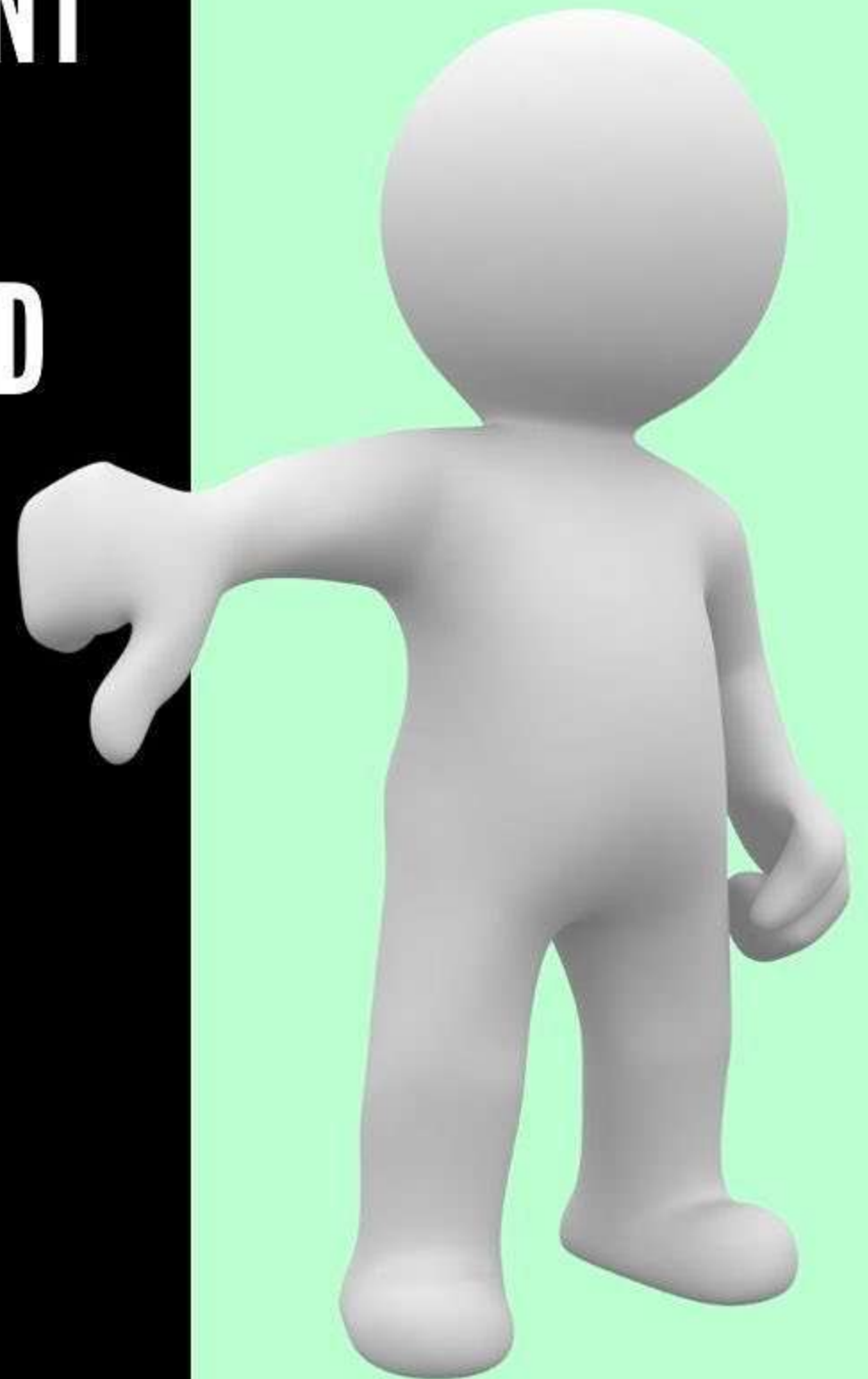
**AND THAT
MOTOR
PLANNING &
SENSORY
DISABILITIES
IMPACTED
COMMUNICATION**

There are also a number of symbolic but nonspoken modes of communication that may be used by individuals with cognitive, **sensory**, and/or **motor** disabilities (ASHA, 2002)

**AND THAT
OUTCOMES
NEEDED TO BE
BASED ON THE
INDIVIDUAL'S
NEEDS AND
PREFERENCES**

Categorical denial of communication services and supports without consideration of a person's unique communication needs may violate federal statute, and may also violate state law, regulation, and policy. (ASHA, 2002)

**BUT IN 2018, ASHA
ISSUED A STATEMENT
AGAINST RAPID
PROMPTING METHOD
(AND SIMILAR
METHODS) AND
FACILITATED
COMMUNICATION**



**FOR MANY YEARS, A
SMALL GROUP OF
PEOPLE HAVE OPPOSED
RPM AND FC (AND NOW
S2C)**



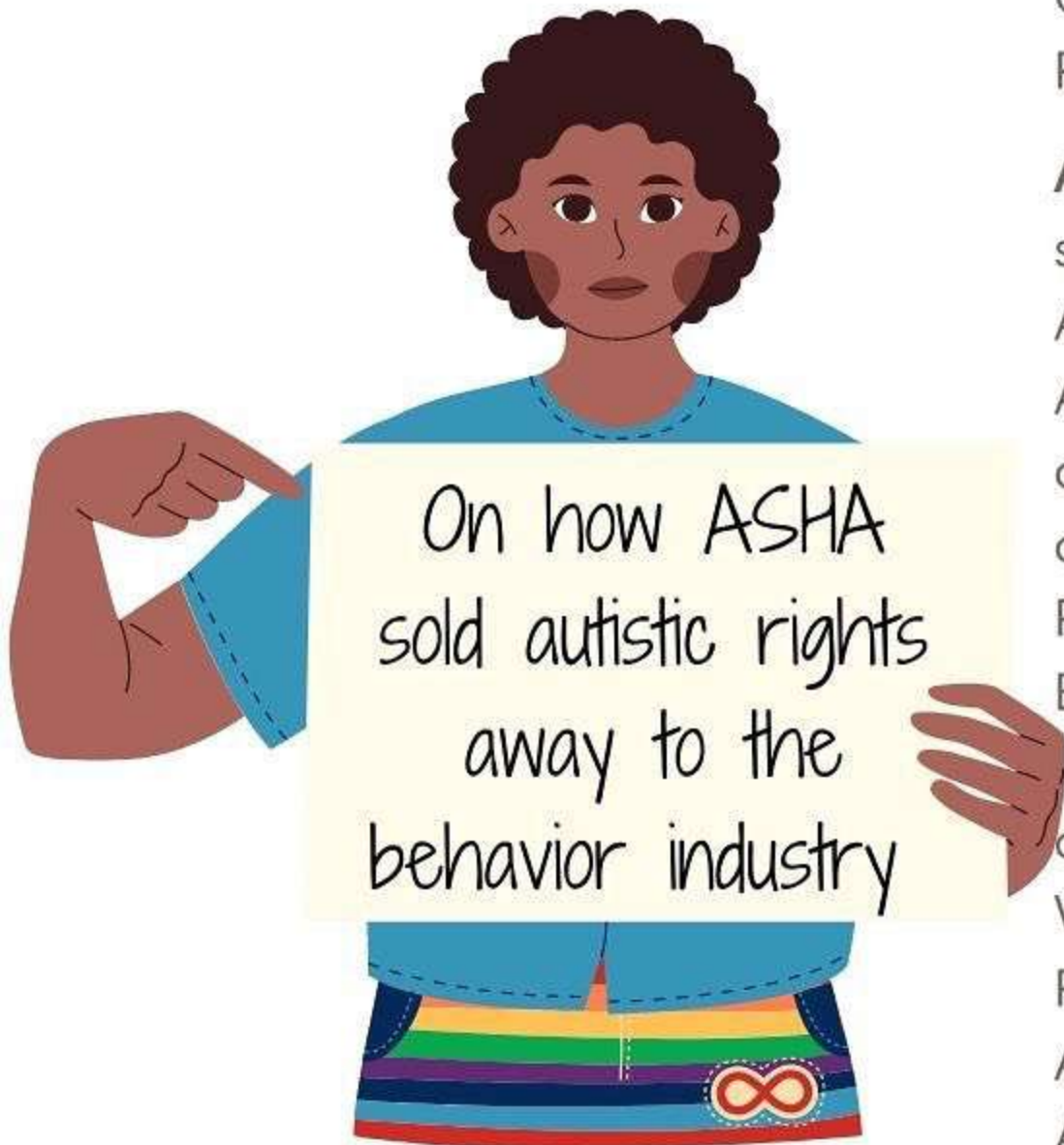
NO!

**GUESS WHO WAS
ON THE AD HOC
COMMITTEE BEHIND
THE ASHA
POSITION
STATEMENT...**

YEP!



Stay tuned for
the next slideshow
tackling ASHA's
harm to autistics



On how ASHA
sold autistic rights
away to the
behavior industry

Rapid Prompting Method

Position Statement

Ad Hoc Committee on Facilitated Communication and the Rapid Prompting Method

About This Document This position statement is a policy of the American Speech-Language-Hearing Association (ASHA). The document was developed by the ASHA Ad Hoc Committee on Facilitated Communication and the Rapid Prompting Method (RPM). Marie Banajee, chair; Bronwyn Hemsley; Russell Lang; Ralf W. Schlosser; Howard C. Shane; and Diane Paul, ex officio. Sandra Gillam, Vice President for Speech-Language Pathology Practice (2015-2017) served as the ASHA Board of Directors (BOD) liaison from August 1, 2017, to December 31, 2017. Marie

