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"What is a Functional Communication Training?"

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Scientists take a simple idea - That perhaps when someone misbehaves they are doing so for attention and if we give them basic communications skills they will no longer need to engage in that attention seeking behavior - and subject it towell research. Now I know that to all too many people research is either a nasty word or a mysterious one. In this instance a fairly basic idea has been put through some top flight research and the outcome is an approach to helping change inappropriate behavior that matches function and reinforcement circumstances to each person within their particular setting and circumstances in order to maximize the impact of the training. It sounds simple, and most of the time it is as evidenced by the billions of people who use language to manipulate their environment on a daily basis.

Some people do not "naturally" come to use language to their fullest ability and a more artificial process to achieve that end must be put into place. The term used to describe one approach to addressing this problem is "Functional Communication Training" (FCT). Let's examine just what these words mean in this context. "Training" means a formal and structured process by which a person acquires a new skill or ability or improves an existing skill or ability. "Communication" means that one organism signals, in some meaningful and understandable manner, to another organism. Finally, "Functional" refers to the impact of that communication: Does the attempted communication in fact produce changes in the environment (including other organisms) that result in reinforcement for the initiating organism. Now that description is a bit dry and "academic" in tone.

On a practical level what it boils down to is that one person assesses the current ability and skills of another person in a particular environment and seeks to identify behaviors that currently result in reinforcement but which are less than optimal and for which the substitution of a new form of communication would result in greater reinforcement and more effective interaction with that environment. Or in other words - you get the person to use their words! So, instead of physically escaping from an activity you might teach the patient to sign "Finished" or even "Break". As Fisher, Kuhn, & Thompson (1998) point out, FCT is a specific type of Differential Reinforcement of Alternative behavior (DRA). They point out that FCT is "somewhat unique in that, by design, the alternative response (a) specifies the reinforcer....(b) requires minimal response effort, (c) is

reinforced on a dense schedule (usually a fixed ratio [FR] 1), and (d) can be used to obtain reinforcement across environmental contexts.

The sticking point for me in implementing FCT within the schools has been what people mean by communication. Some people would think that "communication" is easily defined and they know what it means. They would be wrong. All too often people assume that "communication" is either speaking or writing. The problem is that there are a variety of other, equally effective, forms of communication used every day. Two very common forms of communication used within the context of FCT are Picture-Exchange-Communication-System (PECS) and American-Sign-Language (ASL). I have discussed this issue with people who believe that, if you are not using spoken language, the only way to go about doing FCT is to use pictograms within the PECS program. The problem is that there is available NO data to support PECS being the ONLY choice (there is some data to support it as A choice). I have yet to run across anyone (who is not deaf) that advocates sign language as the ONLY choice for FCT. The main issue here is: does the mode of communication function within that environment for that patient? If it does the next question is: Is that mode of communication the most efficient form available for that person within that context? In my experience with a variety of patients the answer is sometimes a pictogram-based system like PECS, at other times is a motoric system like ASL, and very occasionally a system that uses both modes of communication in addition to spoken language.

The bottom line in FCT is: Have you changed the patients behavior and replaced previously identified dysfunctional behaviors with more appropriate communication behaviors that serve the same function? The mode of communication is of less importance than the achievement of that goal: Getting the patient to use their words. Now, all things being equal one would strive to select the mode of communication most widely in use so that the maximum number of "listeners" is available for the patient. That means that spoken and written language (just as is taught in public schools) is the default and desired mode. However, some children are incapable of speech (for any of a number of reasons) or mastering written language. Those children require some alternative mode of communication. These are the patients for whom PECS and/or ASL are options to be considered. Just as not everyone seems able to learn English, not everyone "takes to" PECS and not everyone "takes to" ASL. That is why understanding how either can be used expands the potential for FCT to be effective with any given patient.

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