

# **Empowering People with Autism by Presuming Competence**

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## **Presuming competence**

Typically, successful AAC intervention is based on an underlying presumption of competence. We try many different strategies with a non-speaking child with severe cerebral palsy because we presume that the child has the potential to be an effective communicator. Consequently we work to find the best strategy for the child.

## **Assessment**

Communication in any mode is a complex motor task requiring accurate timing and the production of precise movement sequences. The underlying premise of AAC intervention is that severe speech impairments do not mean a person has severely impaired intelligence.

The assessment of cognition in people without normal speech and hand skills is extremely unreliable. Many people assessed as significantly intellectually impaired prior to accessing AAC have successfully undertaken tertiary education after their communication impairments have been addressed.

Children with little or no functional speech need an effective means of communication before they can show us what they know. Formal IQ assessments administered to children who cannot talk, write, or sign fluently, or point meaningfully, or who are not motivated by the tests, produce meaningless results. Consequently the results of IQ testing do not provide a good basis for AAC intervention.

## **AAC and people with autism**

Uninformed articles in the media have contributed to a presumption of incompetence in people with severe autism (those most likely to need AAC) and to a belief that they dislike personal interaction. This has shifted the onus to autistic individuals to prove their worthiness for intervention, either by demonstrating skills (often without necessary adaptations e.g. being expected to read aloud or write to demonstrate literacy, regardless of their obvious speech and hand function limitations) or by co-operating with boring and repetitive tasks of no apparent relevance to communication, such as colour matching.

Many well-intentioned therapists and teachers give up on AAC partly because their students' failures with the tasks they set confirms their underlying beliefs about competency, and partly because they feel bad about 'forcing' communication on someone who is believed to prefer isolation.

Consequently in many specialist schools AAC intervention for children with autism is restricted to PECS, the Picture Exchange Communication System, which is intrinsically limited to the communication of basic needs, and manual sign, whose effectiveness is restricted both by the hand function impairments of the students and the ignorance of their partners.

### **Leveling the playing field**

A recent article on autism and augmentative communication by Professor Pat Mirenda deserves close attention from everyone working with people with ASD and related conditions who are unable to speak fluently.

Mirenda concludes ... "I think we need to question what we think we know about people with ASD in general and how we support those individuals whose speech does not develop to communicate through AAC in particular. I think we need to do this because there is a growing body of science that suggests that we might have gotten it wrong, at least some of the time, for some individuals. I think that it is not okay to get it wrong for even one person; when we talk about communication, we are talking about peoples' lives, no less than that -- so there really are no degrees of freedom. If we get it wrong, if we miss the boat -- people drown."

Mirenda suggests providing "errorless instruction using physical prompts, augmented input, and oral scaffolding to enable people to type or write, being careful to fade those supports over time with the goal of independent writing. By doing this, we would also begin to take literacy seriously as a potential back door to communication for many, many individuals with ASD -- a back door that has remained locked for most of them to date."

### **Conclusion**

Anyone working with people with autism without functional speech should consider the possibility that their observed impairments could be accounted for by neuro-motor and sensory impairments rather than an all-encompassing cognitive malfunction. The only way to find out is to address specific difficulties such as perseveration and teach skills such as index finger pointing and eye-hand co-ordination while offering

empowering communication strategies and enriched language and literacy exposure.

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