

## SLP Role in Assessment

A vital member of the MFE team is the speech-language pathologist. At its heart, autism is a social-communication disorder. Autism effects are pervasive and thus, all professionals assessing a child suspected of having autism must be knowledgeable in their profession as well as in the area of autism. As experts in the areas of communication, it is critically necessary for the completion of a comprehensive evaluation to assess all levels of speech, language, feeding, and social competence.

A comprehensive evaluation should address the following:

- In-depth background – parents/caregivers are the best resources regarding their child
- Language – standardized assessments and language samples
- Social Competence – this is of particular importance for children with strong academic skills
- Phonology/Dyspraxia/Apraxia
- Articulation
- Hearing – making referrals to an audiologist if necessary
- Voice – paying particular attention to prosody, intonation, and breath support
- Oral-Motor – with implications for feeding and swallowing as well as sensory based issues
- Fluency – being sure to concentrate on rate and anxiety levels
- Observation – children with autism may perform well in a one-on-one situation. Data for decision making must also consider their communication and social performance in their most naturalistic environments in order to obtain an accurate picture of the student as a whole.
- Autism Specific Instruments – data from these assessment tools will allow for accurate identification and intervention planning.

In the document, Guidelines for Speech-Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders Across the Life Span, available at (<http://www.asha.org/docs/html/GL2006-00049.html#sec1.9.3>), ASHA provides excellent guidance for speech-language pathologists as to their role whether as a private provider of school clinician. Additionally, the Directory of Speech-Language Pathology Assessment Instruments – III Autism Spectrum Disorders Assessment (<http://www.asha.org/NR/rdonlyres/EA6C8634-D39D-426B-AF69-15E86C562950/0/AutismSpectrumDisorders.pdf>), several assessment tools are described along with product specific information such as administration time, authors, and year of publication.

When discussing assessment for an individual with autism the speech-language pathologist must complete an assessment to aid the team in the educational identification of autism and includes:

- Relevant background information
- Caregiver interview
- Direct behavioral observation
- Standardized testing

Speech pathologists have multiple options to assess a child who is suspected of having autism. SLPs must use the assessments available in standardized form to assess the form, content, and

use of language as well as those screening instruments and assessments that specifically look at autism.

**Language assessment tools include:**

- Expressive One-Word Picture Vocabulary Test - to assess vocabulary. Ages 2-18.11 years.
- The Language Processing Test 3 - to measure areas of associations, categorizations, similarities, differences, multiple meanings, and attributes. Ages 5-11 years.
- Test of Word Knowledge - to measure skills in synonyms, figurative usage, word definitions, multiple contexts, expressive/receptive vocabulary, and word opposites. Ages 5-17 years.
- Test of Problem Solving 3 - making inferences, sequencing, negative questions, problem solving, predicting, determining causes. Ages 6-12 years.
- Pragmatic Language Skills Inventory - 45 question rating scale to assess personal, social, and classroom interactions skills. Ages 5-12.11 years.
- Voice Assessment Protocol for Children and Adults (VAP) - used to assess pitch, loudness, quality, breath features, and rate/rhythm. All ages.
- The Social Communication Questionnaire (formerly Autism Screening Questionnaire) - to screen lifetime or age specific communication and social development. Aged 4.0 (2.0 mental age).
- Social Responsiveness Scale - to assess social awareness, social information processing, capacity for reciprocal social communication, social anxiety/avoidance, and preoccupations or other traits. Ages 4-18.
- The Social Language Development Test - to gauge how students develop friendships and deal with social dilemmas. Four subtests: making inferences, interpersonal negotiations, multiple interpretations, supporting peers. Ages 6-11.

Autism specific tools include:

MCHAT (Robbins, Fein, Barton, Green, 2001)

(Modified Checklist for Autism in Toddlers - screening)

- 24 months of age and up
- 23 items
- 6 critical items
- Pass/fail
- <http://www.firstsigns.org/downloads/m-chat.PDF>

ADOS (Autism Diagnostic Observation Schedule) (Lord et. al, 2000)

- Semi structured observational assessment
- 4 modules
- Preschool to adulthood
- Non-verbal to verbal
- Special training required

CARS (Childhood Autism Rating Scale) (Schopler, Reichler, Renner, 1988)

- 15 item, 7 point rating scale
- Structured interview
- 24 months of age and up

ADI-R (Autism Diagnostic Interview - Revised) (Ruttler, LeCouteur, Lord, 2003)

- Structured parent interview
- Combines developmental history and current behaviors
- 2-3 hours administration time
- Specific training is needed

GARS-2 (Gilliam Autism Rating Scale-2) (Gilliam, 2006)

- Checklist
- Ages 3-22 years
- 42 items in 3 subcategories

In addition to any of these standardized assessments, a critical component of the assessment procedure is the observational element. It is during the observational time that the speech pathologist will be able to assess if the child possesses a skill, possesses and knows when to use a skill, as well as possesses, knows when to use, and actually uses the skill. This knowledge is not measured on standardized assessments and can easily be missed if careful observation is not completed. This is why so many children with autism and are higher functioning may be missed for intervention. They perform at or above age level on skill assessments but have significant difficulties in the pragmatic/social language realm.

A few final thoughts about assessment...

- Additional information – as a result of the multifactored evaluation, discoveries may arise that warrant further medical assessment. Those referrals must be made.
- Assessment is ongoing – a child with autism achieves in such small steps that careful observation and constant assessment is necessary
- Be aware of current medical status and any pharmacological or co-occurring issues that may be present.