

Individuals with ASD present critical needs in communication and difficulties acquiring, maintaining and generalizing skills. Typically the services of the speech and language pathologist are needed by the student with ASD and by his or her educational team, including the school staff and the family.

There are several models for the provision of communication services to the student with ASD. These options include:

Direct Service Model

- Services are provided to the student by the speech and language pathologist
- Services may take place in a separate room within the school, in the classroom, in the community, in the home, or in a combination of settings.
- Services may be one-on-one, in a group setting, or both.
- Services might include assessment, instruction, providing opportunities for practice and generalization of communication skills

Consultation Model

- A consultant uses an expert service delivery model. In this role, the service is as needed or on a one time basis, and is usually not on-going on a regularly scheduled basis
- Consultative services may include observations of the effectiveness of a teacher's oral communication within a classroom setting, brief demonstration teaching, professional development opportunities or the provision of specific materials.
- Consultative services may include the monitoring of a student's generalization of skills into everyday situations through intermittent discussions with the classroom teacher.
- Consultative services may include the evaluation by the speech and language pathologist of successful or unsuccessful interventions

Collaboration Model

- Collaboration involves team planning and team implementation of a communication plan. Collaborative planning includes the support of all individuals who implement instruction. The speech and language pathologist may or may not be in the classroom, community or home when activities occur.
- Collaboration could include the integration of communication targets while teaching or co-teaching a lesson within the classroom.
- Collaboration has the potential to ensure that communication skills are learned in functional situations across settings.
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There is little research on speech-language pathology service delivery models for individuals with ASD. However, current recommended practice suggests a move from the exclusive use of the individual pull-out service delivery model for individuals with ASD to a more flexible model that is dynamic and changes to meet the needs of the student (ASHA, 2003). Traditional pull-out

speech and language services characterized by the SLP scheduling a 30 minute block of time three days a week to provide direct therapy services 1:1 or in a small group in a separate treatment room may not adequately address the communication deficits of children with autism. Problems associated with this model are: 1) due to the caseload demands of school-based SLPs the amount of time spent on direct service for students with ASD is insufficient to make significant gains, 2) the availability of communication partners is typically limited to the SLP, and 3) the direct service is provided in an isolated setting and not part of the child's natural environment. Insuring that the student is provided with opportunities to generalize and maintain communication skills learned in an isolated setting is extremely difficult given these limitations. For individuals with ASD, exclusive provision of services through a pull-out model does not address the underlying challenge of social communication deficits inherent in the disorder, the issues of generalization, functional outcomes, or the importance of collaborating with communication partners.

Contextually referenced and ecologically based services are essential to support the communication and social development of individuals with ASD (Strain, 2001). Service delivery models that are more contextually referenced and ecologically based include home, classroom, or community-based services and collaborative consultation models (Paul-Brown & Caperton, 2001). These models focus on services in natural learning environments and include education and training of family members, teachers, peers, and other professionals. By supplanting pull-out services with services in everyday contexts that are functional, meaningful and relevant, the speech and language pathologist can involve important communication partners to provide the necessary interventions. Within home/classroom/community service delivery models, the speech and language pathologist can provide direct service, design and maintain augmentative communication systems or other visual supports, adapt curricular materials, and collaborate with educational team members to support communication across all environments.

Research on children with ASD suggests that the generalization of learned communication skills is best achieved by collaboratively working with the educational team including the parents. Speech and language pathologists should provide services in natural learning environments that are connected with functional and meaningful outcomes and provide pull-out services only when repeated opportunities to practice a particular skill do not occur in the natural environment.