ASSESSMENT AND INTERVENTION IN DIVERSE POPULATIONS WITH AUTISM SPECTRUM DISORDER (ASD)

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OUTCOMES

» 1. Identify barriers to services for diverse population
» 2. Discuss strategies to address barriers to services for diverse populations
» 3. Reflect upon opportunities for SLPs to facilitate communication development with diverse populations with ASD
Report on prevalence of ASD, reported that early diagnosis (at 36 months) more likely in white children than either black children or Hispanic children (Christensen et al., 2018)

Differences in diagnosis at age 8 reduced across racial categories.
POSSIBLE DIAGNOSTIC PROCESS

**Intake**
- Send family written case history
- Family returns written case history
- Professionals typically include social worker or counselor

**Level 1 Observation**
- Observation of signs and symptoms of ASD
- Schedule Level 2 diagnostic if enough signs and symptoms are present in Level 1 observation
- Professionals typically include speech-language pathologist, psychologist, behavior analyst

**Level 2 Evaluation**
- Complete Autism Diagnostic Interview Schedule, Autism Diagnostic Interview, cognitive testing, language testing
- Professionals typically include speech-language pathologist, psychologist, behavior analyst, social worker or counselor.

**Level 3 Meet with Family**
- Multidisciplinary team meets with family to discuss diagnosis and recommendations
- Establish treatment plan that may include scheduling therapy, educating family on diagnosis, referral for additional services
- Professionals typically include speech-language pathologist, psychologist, behavior analyst, social worker

Adapted from Mundschenk & Boyer, 2016
Screenings should be done as part of well-checks
- General developmental screenings at 9, 18, and 30 months
- Autism specific screening should be done at 18 and 24 months
- Continued developmental surveillance recommended through school-age years

BEST PRACTICES IN SCREENING AND DIAGNOSIS – AMERICAN ACADEMY OF PEDIATRICS
Gilliam Autism Rating Scale – 2nd edition – ages 3-22 – interview + parent rating scale

Ages and Stages Questionnaire: Social Emotional - ages 4-60 months – parent questionnaires

Social Communication Questionnaire – ages 4- adult with 40 item parent-caregiver report

Modified Checklist for Toddlers – ages 16-24 months with 23 item binary parent rating scale

Autism Spectrum Screening Questionnaire – ages 6-17 years with 27 item rating scale to be completed by teachers or parents

Quantitative Checklist for Autism in Toddlers ages 18-24 months with 25 item parent rating scale

AUTISM SPECIFIC SCREENING TOOLS
HARRIS, BARTON, AND ALBERT (2014)

- Developed checklist to review screening tools and assessment tools to determine cultural and linguistic responsiveness.
- Screening tools performed better on the checklist than did diagnostic assessments
- ASQSE did the best with a score of 9 out of a possible 16
- MCHAT and ASQSE only two that included ELL in the sample
- Most tools included family input (strength)
- ASQSE only tool that included recommendations for including an interpreter.
More accurate and culturally sensitive screening approaches needed for ASD (2019)
RECOMMENDATIONS FOR CULTURALLY SENSITIVE ASSESSMENTS

- Observations in naturalistic settings, both structured and unstructured
- Assessment tools provide modifications for CLD populations, including instructions for interpreters
- Look for assessments that (1) measure functional social skills (2) can be linked to therapeutic goals and (3) provide monitoring element over time
- Harris et al. (2014)
Interactions with healthcare and educational practices
Socioeconomic status (SES)
Race and Ethnicity
Awareness and perceptions of parents/caregivers
(Keller-Bell, 2017)
WHAT DO WE BRING TO THE PROCESS?
Family Resilience Framework – Walsh (2003) defines resilience as “ability to withstand and rebound from life’s challenges.” (p. 1)

Adapt McCubbin and McCubbin (1993) model of resilience from medical illness to family stress

- Adjustment
- Adaptation – both positive and negative
Definition of cultural humility from Tervalon and Murray-Garcia (1998)
- the lifelong process of self-evaluation
- action to address power imbalances in the practitioner-patient relationship
- development of partnerships with communities/patients we serve
SELF-REFLECTION ON OUR CULTURAL PERSPECTIVE

https://www.asha.org/practice/multicultural/self/
<table>
<thead>
<tr>
<th>Communication Strategies</th>
<th>Description</th>
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<tbody>
<tr>
<td>Door opening statements</td>
<td>Demonstrate interest in parent/family and willingness to listen</td>
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<tr>
<td>Clarifying responses with questions</td>
<td>Provide additional information or clarify what parent has said</td>
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<tr>
<td>Reflecting</td>
<td>Demonstrate attention to and acceptance of parent’s feelings</td>
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<td>Silence</td>
<td>Demonstrate active listening while providing opportunity for parents to comment</td>
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<tr>
<td>Paraphrasing</td>
<td>Demonstrate active listening, echo parent’s statement, and clarify the message</td>
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<tr>
<td>Summarizing</td>
<td>Summarize information and affect</td>
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### Building Partnerships at IFSP and IEP Meetings

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<tr>
<th>Before the Meeting</th>
<th>During the Meeting</th>
<th>After the Meeting</th>
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<tbody>
<tr>
<td>Schedule the meeting at a time and place convenient for parents.</td>
<td>Have an agenda that includes an introduction of participants, and clear purpose of the meeting.</td>
<td>Prepare notes about the meeting and provide a copy to parents.</td>
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<tr>
<td>Invite parents to bring family members who may make a positive contribution to the meeting.</td>
<td>Begin the meeting with a discussion of the child’s strengths and capacities.</td>
<td>Disseminate to parents information they may have requested about instructional programs or material discussed at the meeting.</td>
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<tr>
<td>Ask parents to complete a survey of their child’s strengths, preferences, challenges, and successes.</td>
<td>Use effective questioning and listening techniques to actively encourage parental participation.</td>
<td>Provide information on community resources and activities.</td>
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<tr>
<td>Provide copies of materials or documents parents can review prior to the meeting.</td>
<td>Talk with parents about the research base for the methods and materials used.</td>
<td>Continue to collect and distribute to parents data on the progress of their child.</td>
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<td>Provide logistical assistance to the family for things such as child care and transportation.</td>
<td>Present and discuss easy-to-understand work samples, graphs and other forms of data illustrating the child’s performance.</td>
<td>Ensure that other practitioners have copies and can implement components of the plan as appropriate.</td>
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<tr>
<td>Arrange for a translator to attend the meeting if appropriate.</td>
<td>Solicit parents’ input, perspectives, priorities, and suggestions.</td>
<td>Follow-up on any action steps identified in the meeting.</td>
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**Source:** Adapted from Simpson, R.L., & Mundschenk, N.A. (2010). *Working with parents and families of exceptional children and youth (4th ed.)*. Austin, TX: PRO-ED.
1 = use consistently
2 = don’t use consistently but would be value-added
3 = don’t use and don’t think would be value-added
REFERENCES


