EI for ASD: Assessment and Intervention

Nichole Mulvey, PhD, CCC-SLP
Eastern Illinois University
ISHA 2020
ASD: An Introduction

- Neurodevelopmental disorder
- Impairments in social communication and reciprocity
- Presence of repetitive, restricted behaviors and interests

- Specific behavioral profile in second year of life consistent with ASD and stable diagnosis by 2 year by experienced clinicians
- Accurate early identification requires a considerable amount of experience given the heterogeneity of ASD symptoms in very young children
Screening for ASD in Toddlers

• Since 2006, AAP recommends developmental surveillance at well-child visits, specific for ASD
• Specific ASD screen if parent reports concerns, but minimally at 18 and 24 months
• Controversial and not consistent
• Underrepresented minority groups or those with lower socio-economic status are typically diagnosed at later ages
Differences in Children with ASD

• Gestures: limited in both quantity and quality (i.e., no compensating for lack of verbal language with gestures)
• Vocal communication: Great variability
Differences in Children with ASD

- Limited ability to develop symbolic or pretend play
- Decreased frequency of communication for social reason
Different Developmental Patterns

• Regression and Plateau
Different Developmental Patterns: 4 possibilities

- early (before 12 months) onset of symptoms without skill loss;
- late onset of symptoms seen in skill loss (regression) without early symptoms;
- early onset combined with later skill loss;
- late onset without skill loss (developmental plateau)
Autism Diagnostic Observation Scale

• Assessment level determined by verbal ability
  • Pre-verbal/single words (not consistently using phrase speech)
    • 12 to 30 months and 31 months+

• Activities
  • Free play: warm up & independent use of toys, presence of repetitive behaviors, engagement with you and parent
  • Response to name: reaction to name when deliberately called
  • Response to joint attention: use of gaze coordinated with facial orientation, vocalization, and pointing
  • Bubble play: eye contact & vocalization with pointing or reaching to direct attention, can also get requesting
ADOS continued…

- Anticipation of a routine with objects: anticipation & initiation of the repetition of an action routine with objects
- Responsive social smile: reaction in response to purely social overture from an adult (smile and make positive statement)
- Anticipation of a social routine: anticipation of, request for, and participation in social routine (baby blanket and peekaboo)
- Functional and symbolic imitation: imitation of simple actions with real objects and non-meaningful placeholders for same object (use of frog to hop and then ask them to do it)
- Birthday Party: engage in symbolic and functional play (baby’s birthday party with cake (playdough), candles; sing happy birthday, “hot”, blow out candles, spill juice)
- Snack: make requests in familiar environment
Interventional Efficacy for ASD

• Intervention should begin as early as possible
• Combination of developmental and behavioral approaches (naturalistic developmental behavioral int.)
• Families/caregivers should be involved in all aspects
• Goals of intervention should focus on the core symptoms of ASD (e.g., social communication interventions) as well as associated features such as language and cognitive skills
Therapy: enhancing social and communication skills

• Increasing joint attention
Therapy: enhancing social and communication skills

- Increasing symbol use (symbolic communication)
Therapy: enhancing social and communication skills

• Increasing vocal and verbal repertoires
• Increasing interactions with their existing lexicons and nonverbal mean of initiation for children who do not talk
• Functional communication training
Embedding Intervention in Family Routines

• Environmental arrangement:
• Natural reinforcers:
• Time delay:
• Contingent imitation:
Working with Families Through the Diagnosis

• “emotionally charged”
• Relationship of mutual respect
• Willingness to listen and learn
• Ask and answer questions
• Problem solve individualized solutions
• Seek additional resources as appropriate