

Washington State Association of School Psychologists Professional Practice Guidelines for Assessment and Identification of Students with Autism

Background

The purpose of the current paper is to clarify the recommended professional practices in the assessment and identification of students with autism. Autism, as defined in federal and state education regulations, is a spectrum disorder. Because of this true incidence and prevalence rates are difficult to ascertain, but recent studies estimate incidence rates at approximately 1:500. The term autism is used to describe students who represent widely ranging levels of ability on multiple, independent dimensions of thought and behavior. In the past, state regulations have specified which areas of functioning must be assessed when considering the possibility that autism is contributing to poor school performance. Recent changes have resulted in a less prescriptive approach to assessment and eligibility criteria. The combination of the broad spectrum covered under the umbrella of autism and the removal of prescriptive guidelines has resulted in some concern over appropriate standards of practice when considering autism as a possible disability. The goal of this paper is to provide some clarity and guidance in this arena.

As with many disability categories defined under IDEA, there is a growing gap between the clinical and educational definitions of disabilities that share a common name. This is true in the case of autism. Autism, in a clinical sense, refers to a specific disorder that has clearly delineated criteria for diagnosis. In contrast, the educational definition of autism encompasses a broader range of disabilities, including the clinical disorder called autism. The discrepancy between the two definitions is the result of opposite trends in medicine and education with regard to disability identification. Psychiatry and psychology, in the development of DSM-IV, developed a number of separate diagnostic categories to describe subtypes of pervasive developmental disorders, including Autism, Asperger's Disorder, Rett's Disorder, and Childhood Disintegrative Disorder. At the same time educational descriptions of disability have become more broad and include subclinical levels of disturbance in functioning. From an educational perspective autism correlates roughly with the spectrum of disorders defined under the category of Pervasive Developmental Disorders in DSM-IV, and includes all of the above clinical diagnoses.

The difficulties that arise in educational evaluation of students with autism are not related to the student who fits a clinical diagnosis of autism. Because of the wide range of ability in several, independent skill areas manifest in students with autism, it can be clearly stated that there is no such thing as a typical student with autism. There is, however, a prototype that is used for heuristic purposes. The prototype of a student with autism is a student with very limited and stereotypic communication patterns, who engages in self-stimulating and possibly self injurious behavior, and who is socially impervious or insensitive to the wants, needs, or even the presence of others. These students are quickly and easily identified due to the intensity and atypicality of their behavior. While assessment of these students can be difficult, there is little disagreement about eligibility and need for special education services. The difficulty arises primarily in the assessment of the student who does not fit our autism prototype. It is for these evaluations that the following recommendations are offered.

WAC 392-172-146

Individuals diagnosed with autism spectrum disorders, as noted above, show widely ranging abilities in a number of skills and abilities. Few individuals will have severe deficits in all areas, but most will demonstrate significant deficits in several. The definition of autism in state regulations adopted from the federal language states:

“Autism’ means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a student’s educational performance and requires specially designed instruction. If a student manifests characteristics of autism after age three, that student could still be diagnosed as having autism if the criteria in this section are satisfied.

Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change in daily routines and

unusual responses to sensory experiences.

The term does not apply if a student's educational performance is adversely impacted primarily because the student has an emotional/behavioral disability, as defined in this chapter. The category of autism includes students with pervasive developmental disorders." (WAC 392-172-146)

Specific Eligibility Criteria

Developmental disability: This term refers to a pattern of functioning that is the result of failure of a student to develop skills or abilities along normal developmental timelines. Typically this refers to slow or inadequate development, although in some cases it does refer to regression from a previously established level of function. It does not refer to sudden drops in function due to identifiable trauma.

Verbal communication: This refers to the ability of a student to effectively communicate with others using language. Students with autism may lack the use of oral language completely, and may show resistance to use of sign language or picture communication. In cases where oral skills are present, the grammar, syntax, semantic or pragmatic aspects of productive language may be absent or delayed. Similarly, students may show poor ability to understand verbal language. They may not appropriately interpret the surface (words spoken) or deep structure (implied meaning) of verbal communication.

Nonverbal communication: Students with autism may lack the ability to interpret or express messages using nonverbal aspects of language. Such students may lack the commonly used nonverbal skills such as use of eye contact or appropriate regulation of voice volume. Students may lack normal rate, rhythm, or intonation of speech. Their speech may be out of context or stereotyped. Students with autism may have broad vocabularies but experience difficulty expressing feelings or using implied meanings or allegory. In addition to expressive difficulties, students may have difficulty interpreting the nonverbal portion of communication from others.

Social interaction: Similar to their difficulty with language, students with autism may show a range of difficulty interpreting and navigating social relationships. They may be insensitive to the wants or needs of others. Students may lack social relationships and show little or no interest in relating to others. In other cases, they may wish to have social relationships but have difficulty interpreting or following implicit or explicit rules for interacting with others. The general description is that these students are not reciprocal in their relationships with others.

Adversely affects educational performance: Students with autism may show significant academic skill deficits, particularly with language based activities. In some cases, however, the effect may not be on core academic skills. Instead, the primary impact may be on the social and interpersonal skills necessary for school success: development of appropriate social and emotional skills, ability to work effectively in groups, and ability to adjust to changing environments or respond to the wants/needs/requests of others may be affected.

Requires specially designed instruction: The student has been unresponsive to attempts to intervene in the regular education setting, and the student demonstrates both baseline achievement and rate of growth that is below that of peers.

Additional Areas of Concern

As noted above, in addition to the required areas of disability, students with autism disorders may show a number of additional areas of difficulty. To be eligible under this section these difficulties should be in addition to deficits in communication and social skills. In addition to those listed above, students with autism may demonstrate:

- poor fine and/or gross motor skills
- mental retardation
- perseveration, including repetitive and rigid patterns of thought, speech, and/or behavior

- difficulty filtering sensory information
- explosive and aggressive behavior directed toward themselves or others

This list is neither fully inclusive nor exhaustive. The individual needs of students will vary widely, as autism spectrum disorders vary significantly in their impact on individuals.

Assessment of Suspected Autism in Students

Assessment of students with autism can be very difficult given the range and severity of possible deficits that may manifest. Furthermore, because of the specific and significant impact on language skills, and because of the difficulties with appropriate social interaction that are characteristic of autism, standardized assessment can be very difficult. Assessment teams will need to use a multi-modal, flexible set of assessment procedures tailored to the individual needs and abilities of the student. Appropriate assessment will require contributions from a number of sources, including but not limited to: speech/language pathologists, school psychologists, teachers, parents, and school nurses. No individual assessor or assessment device or technique is sufficient to adequately assess the needs of these students. The following domains of function and tests are recommended, with the understanding that the individual needs of the student will drive the specific evaluation.

General Cognitive Ability: The communication and social difficulties characteristic of autism make standardized administration of intelligence tests to individuals with autism difficult and potentially impossible. In the case of modified, nonstandard administration the value of the test data is limited to the clinical interpretation of the tester. Nonverbal intelligence tests offer a limited sample of ability, and in many cases scores are not reliable given the specific deficits common in students with autism. Recent research suggests that earlier estimates of the prevalence of mental retardation in students with autism were exaggerated due to the mismatch between the task demand of intelligence testing and the specific skill deficits common in students with autism. Given these cautions, when intelligence testing is conducted it should be done with care and consideration to the value and validity of the test data, and may not be recommended for all assessments

Developmental History: Delays in autism generally manifest during the developmental period. Prognosis can be estimated based on the severity of delays and the time at which delays were first noted. Furthermore, in some cases the pattern of acquisition-regression can indicate particular autism subtypes with particular prognoses. Developmental history should emphasize the emergence and use of language and social skills such as play and attachment behaviors. Medical issues should be addressed and ruled out as causes of developmental delays.

Communication Skills Assessment: A thorough evaluation of language and communication skills should be conducted. Expressive and receptive language skills can be assessed formally using standardized assessments. In addition, an evaluation of social communication skills including appropriate use of semantic and pragmatic speech and language should be conducted. In some cases an evaluation of the student's use of picture communication or other nonverbal communication methods may be necessary.

Social Skills: Complete evaluation of the student's social skills and interaction is necessary. While some standardized assessment tools exist (CBCL-R, BASC, BES, SAED), these may not be appropriate or sufficient for every child. Standardized measures may need to be supplemented by additional social skills assessments, including observations of social interaction, functional behavior assessments, or other methods.

Adaptive Skills: In many cases students with autism or other pervasive developmental disorders have significant skill deficits in general life skills. Use of a standard measure of adaptive behavior is recommended, including instruments such as the Scales of Independent Behavior II (SIB-2), Vineland Adaptive Behavior Scales, Developmental Profiles-II (DP-II) or others. Assessments from multiple raters both in and out of the school setting may be useful.

Specific Autism/PDD scales: While they are not necessary for qualification or diagnostic purposes, a number of assessment tools have been specifically designed to screen for or assess autism spectrum disorders. These include: The Autism and Attention Deficit/Hyperactivity Disorder Test, Autism Screening Instrument/Education Planning- 2nd Edition, Australian Scale for Asperger's Syndrome, Childhood Autism Rating Scales, and Autistic Continuum: An Assessment and Intervention Schedule.

Further Considerations Regarding Assessment

Autism spectrum disorders are relatively rare and can be mistaken for a number of other disabilities if without careful evaluation. Mental retardation and Emotional/Behavioral Disabilities, including schizophrenia in children, can be commonly misdiagnosed disorders in children with autism. This is due to the intensity of behavior excesses and deficits that are common in children with autism. Especially when a child has higher levels of adaptive functioning and apparent intelligence, as in Asperger's Syndrome, it can be difficult to isolate and identify the nature of the problem. Furthermore, because autism can be diagnosed concurrently with other forms of disability, the assessment and educational planning for students with autism can be very difficult. However, it is important that care is taken when evaluating students when autism is suspected, or when autism-like characteristics are present. Odd or idiosyncratic performance within and across domains of function are typical of students with autism and may cue an assessment team that further investigation is needed. Accurate identification is particularly useful in developing effective intervention plans for students, as well as helping families to understand and work with their child.

References

American Psychiatric Association, (1994). The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, D.C.: Author.

Attwood, T. (1998). Asperger's Syndrome: A Guide for Parents and Professionals. London: Jessica Kingsley.

Ehlers, S & Gillberg, C. (1993). The Epidemiology of Asperger's Syndrome: A total population study. Journal of Child Psychology and Psychiatry, 34, p. 1237 – 1350.

Grimes, J. & Thomas, A. (1995) Best Practices in School Psychology III. Kent, OH: NASP.

Riccio, N. M. (1999). Understanding autism. Current Health, 26 (4), p. 28.

Sattler, H. M. (1992). Assessment of Children: Revised and Updated Third Edition. San Diego: Sattler Publishing.

Wing, L. (1997). The Autistic Spectrum. The Lancet, 350 (6), p. 1761.

Approved by WSASP Board - 9/9/00