

Solutions and Strategies for Educational Identification of Students with ASD

Ruth Aspy, Ph.D., and Barry G. Grossman, Ph.D.

The Ziggurat Group
www.texasautism.com

Overview of Presentation

- ▶ Legal Foundations
- ▶ When to Evaluate for ASD
- ▶ Autism Spectrum Disorders Defined
- ▶ Outcomes
- ▶ Diagnosis vs. Eligibility
- ▶ Trends in Diagnosis
- ▶ Team Process
- ▶ Q&A



Pre-test

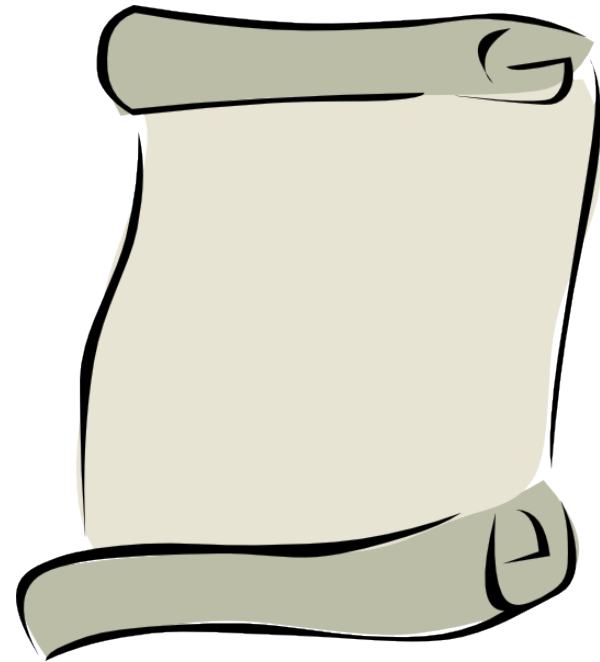
1. (T or F) Early symptoms of ASD become apparent by 2 to 3 years old.
 2. (T or F) If a staff member suspects that a student who is already receiving sped services may have autism, there is no need to test for an additional eligibility.
 3. (T or F) Children with autism are more often identified younger than those with Asperger's.
 4. (T or F) If a child readily hugs others, he or she probably does not have an ASD.
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Pre-test

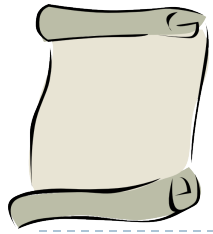
5. (T or F) Interdisciplinary assessment and multidisciplinary assessment are interchangeable terms.
 6. (T or F) A medical diagnosis is required to receive special education services in the public school setting.
 7. (T or F) Pediatricians and neurologists are the best-equipped to evaluate for ASD.
 8. (T or F) A disability must have an adverse effect on education to meet eligibility criteria.
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Legal Foundations

Special Education and the Law



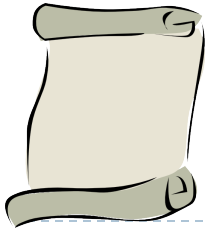
The Purpose of Special Education (IDEA)

- ▶ To ensure that all children with disabilities have available to them a **free appropriate public education** that emphasizes special education and related services designed to meet their **unique** need and **prepare** them for **further education, employment,** and **independent living**
- ▶ §300.1 (emphasis added)

Free Appropriate Public Education

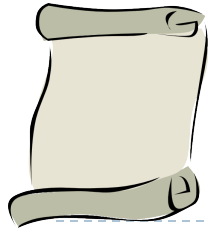
- ▶ Evaluation to determine a student's needs and strengths provides the foundation on which an appropriate education program is built.





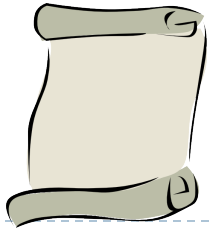
Child Find 3301-51-03

- ▶ Each school district shall adopt and implement written policies and procedures...that ensure all children with disabilities residing within the district...and who are in need of special education and related services are identified, located, and evaluated as required by the Individuals with Disabilities Education Act...



Child with a Disability Means...

- ▶ A child evaluated in accordance with rule 3301-51-06 of the Administrative Code as having a cognitive disability (mental retardation), a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance (referred to in this rule as “emotional disturbance”), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services.



All Areas of Suspected Disability

- ▶ A child must be tested in all areas of suspected disability. 20 U.S.C. § 1414(b).



When to Evaluate for ASD

Best Practices

Early Intervention

Harris & Handleman (2000)

- ▶ Children who received services prior to 48 months of age had better outcomes four to six years later (e.g., inclusion in general education classroom and increase in cognitive functioning measured with the Stanford-Binet-4) than those who began services after this age.



Early Intervention

- ▶ Preschool children with ASD displayed significant improvement in speech and development when provided with **at least two years** of intensive early intervention services (see Filipek, et al., 1999 for a review)



Early Intervention

“Very early intervention may be viewed as a mechanism to prevent the full unfolding of symptoms of ASD by minimizing the associated secondary abnormalities in brain development.”

- Wetherby & Woods, 2008, p. 173



When is the right time to seek an evaluation?

- ▶ As soon as signs become evident
- ▶ Early symptoms may appear by 12-18 months or sooner
- ▶ Diagnosis is often possible by two (Lord & Spence, 2006)
- ▶ Delays of two to three years after symptoms are first apparent are typical (Filipek, et al., 2000)



American Academy of Pediatrics Guidelines

- ▶ Recommends surveillance of ASDs at every well-child visit
- ▶ Formal screening at 18 & 24 months or any point in which a parent raises concern
- ▶ Recommends avoidance of wait-and-see approach
- ▶ Emphasizes the importance of team assessment conducted by specialists in ASDs

The Importance of Screening

- ▶ Early screening prevents delays in identification and results in:
 - ▶ Provision of early services
 - ▶ Delivery of appropriate medical care and treatment
 - ▶ Earlier educational planning
 - ▶ **Improved outcomes**

Filipek, et al (2000). Practice parameter: Screening and diagnosis of autism: Report of the Quality Standards Subcommittee of the American Academy of Neurology and the Child Neurological Society. *Neurology*, 55, 468-479.



Parents are Accurate Reporters of Early Signs

- ▶ **Signs are seen within the first two years of life**
(Short & Schopler, 1988; Wimpory, Hobson, Williams, & Nash, 2000).
- ▶ **Speech and language delays are the first concerns reported** (Chawarska, Paul, et al., 2007)
- ▶ **Concerns are initially expressed to the pediatrician by the time the child is 18 months**
(Howlin & Moore, 1997; Siegel, Pliner, Eschler, & Elliot, 1988)



Survey of 1,300 Parents: The Diagnostic Process

Symptoms Evident by 18 months

At 2 years:

- ▶ Fewer than 10% diagnosed at initial consultation
- ▶ 10% told to return if concerns persisted or that their child would, “Grow out of it”
- ▶ Remaining were referred to another professional (at mean age of 40 months)

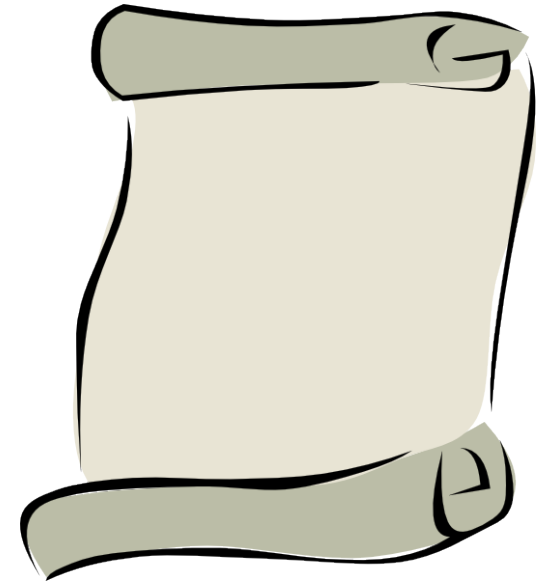
Of those referred:

- ▶ 40% diagnosed
- ▶ 25% told, “Not to worry”
- ▶ 25% referred to a third or fourth professional

Additional Benefits of Early Identification

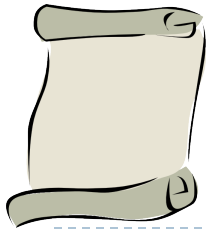
- ▶ Allows parents to begin the process towards accepting/adjusting to the diagnosis
- ▶ Early diagnosis leads to early provision for family support and education





Autism Spectrum Disorders Defined

Ohio's Operating Standards , IDEA, and DSM-IV-TR



Ohio Definition of Autism

- ▶ Means a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age 3, that adversely affects a child's educational performance. Other characteristics often associated with "autism" are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

State versus Federal Definition of Autism

- ▶ Ohio defines autism identically to Federal law (IDEA).



Autistic Disorder (DSM IV-TR)

Impairment in social interaction

- ▶ Difficulty using nonverbal behaviors to regulate social interaction (e.g., eye-contact, physical proximity, etc.)
- ▶ Failure to develop age-appropriate peer relationships
- ▶ Little sharing of pleasure, achievements, or interests with others
- ▶ Lack of social or emotional reciprocity

Communication

- ▶ Delay in or total lack of development of spoken language
- ▶ Difficulty holding conversations
- ▶ Unusual or repetitive language
- ▶ Play that is not appropriate for developmental level

Restricted, repetitive behaviors, interests, or activities

- Interests that are narrow in focus, overly intense, and/or unusual
- Unreasonable insistence on sameness and following familiar routines
- Repetitive motor mannerisms
- Preoccupation with parts of objects



Asperger's Disorder (DSM IV-TR)

Impairment in social interaction

- Difficulty using nonverbal behaviors to regulate social interaction (e.g., eye-contact, physical proximity, etc.)
- Failure to develop age-appropriate peer relationships
- Little sharing of pleasure, achievements, or interests with others
- Lack of social or emotional reciprocity

Restricted, repetitive behaviors, interests, or activities

- Interests that are narrow in focus, overly intense, and/or unusual
- Unreasonable insistence on sameness and following familiar routines
- Repetitive motor mannerisms
- Preoccupation with parts of objects

- **No clinically significant general delay in language and no significant delay in cognitive development or adaptive behavior**

Eligibility and Educational Need

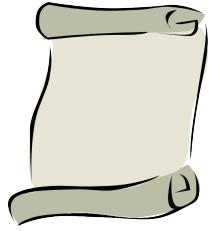
- ▶ Unfortunately, school evaluation teams sometimes fail to consider educational factors beyond traditional academics. As a result, academically capable students with ASDs who display deficits in socialization and communication that impact educational progress often are not served.



Eligibility and Educational Need

- ▶ A child with Asperger's disorder may be more verbal than other children with autism and may have average or above average intelligence, yet still be in need of services.”
- U.S. GAO. *Special Education: Children with Autism*, 23. Washington, D.C., January 2005.





“Primary”

- ▶ Autism does not apply if a child’s educational performance is adversely affected *primarily* because the child has an emotional disturbance...
- ▶ Primary
 - 1 Of chief importance; principal
 - 2 Earliest in time or order of development

Macintosh Dictionary

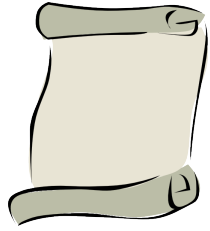
Comorbid Psychiatric Disorders

“Comorbidity is to be expected”

(Gillberg & Billstedt, 200, p.237)

- ▶ **~65% comorbid psychiatric disorder** (Ghaziuddin et al, 1998)
 - ▶ **44% Specific Phobia** (Leyfer, et al., 2006)
 - ▶ **37% Obsessive Compulsive Disorder** (Leyfer, et al., 2006)
 - ▶ **31% ADHD** (Leyfer, et al., 2006)
 - ▶ **~10% Major Depression** (Leyfer, et al., 2006)
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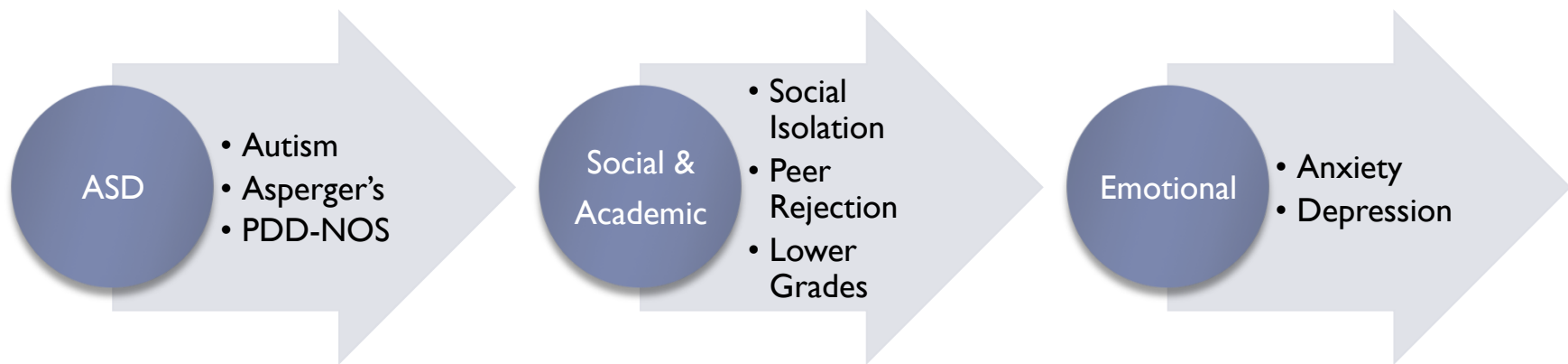


Age Guidelines

- ▶ A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (B) (10)(d)(i) of this rule are satisfied.

“The consequences of a missed or late diagnosis include social isolation, peer rejection, lowered grades, and a greater risk for mental health and behavioral distress such as anxiety and depression during adolescence and adulthood.”

Consequences of Late Diagnosis – Consider Which is Primary



▶ (Wilkinson, 2008, p.3)



Outcomes



Outcome

Findings of a 2002 U.S. study of 405 children and adults on the spectrum (Seltzer and Krauss, 2002)

- ▶ Of adults 22 and older, 73% lived with their parents
- ▶ 90% could not gain or keep employment
- ▶ 95% had difficulty making and keeping friends



Outcome

Findings from a 2008 study (Cederlund, Hagberg, Billstedt, Gillberg, & Gillberg, 2008)

- ▶ Outcome for males with Asperger's were worse than expected (given their high IQs), but better than males with autism.



A Study in Contradictions

- ▶ 22% have IQs in the superior to very superior range
- ▶ 12% are employed full-time**
 - ▶ 1% of this 12% are employed in an area in which they were trained/educated

**most did not have interventions at a young age



Diagnosis Versus Eligibility

And the myth of “medical” diagnosis

Diagnosis Versus Eligibility

Diagnosis	Eligibility
Based on a set of criteria (e.g., DSM-IV-TR, ICD-10)	Based on federal law (IDEA)
Refers to a specific disorder (e.g., Autistic Disorder, Asperger Disorder)	Refers to a broad disability category
Used in private settings	Used only in public school system
May be determined by an individual or team	Must be determined by a team

Myth of “Medical Diagnosis”

“There are no medical tests for diagnosing autism. An accurate diagnosis must be based on observation of the individual’s communication, behavior, and developmental levels”

(Autism Society of America, n.d.)



Myth of “Medical Diagnosis”

- ▶ This myth has resulted in a widespread egregious practice in the United States—inaction of the public schools until receipt of an outside “medical” diagnosis, or even worse, the response to an evaluation request with a counter request for a private diagnosis. This is illegal and may deny a student FAPE.
-



Clinical Judgment

“It is important to remember that ASD is first of all a clinical diagnosis. Therefore, it is mandatory to have a trained and experienced provider coordinate the results of the complex diagnostic process”

(Freeman & Cronin, 2002, p. 4)

Freeman & Cronin (2002). Diagnosing autism spectrum disorder in young children: An Update. Infants and Young Children, 14(3), 1-10.



Expertise is Key

- ▶ The field of the professional is less important than expertise of the professional.



Expert Defined

- ▶ Practical knowledge of ASD – what does it look like ACROSS the spectrum.
- ▶ Experience with differential diagnosis.
- ▶ Know typical development
- ▶ Evaluation skills
 - ▶ Observation
 - ▶ Interview (parent, child, teacher)
 - ▶ Formal/Informal evaluation procedures
- ▶ Knowledge of Federal and State law regarding evaluation and eligibility
- ▶ Know how to work as a team

Key Points

- ▶ Eligibility determination for ALL disabilities, including ASD, is the responsibility of public schools.
- ▶ The term, “medical” diagnosis is inaccurate with regards to ASD.
- ▶ The level of expertise of the examiner is MORE important than the field.





Trends

Prevalence of ASD

- ▶ 1 in 150 (US estimate)
- ▶ Boys more often than girls, typical ratio is 4 or 5:1



Gender Differences

“One reason why the prevalence in girls and women is so low in comparison to boys and men may be the fundamental lack of awareness of what Asperger’s Syndrome looks like in females”

-Fattig 2007



Race and Ethnicity

- ▶ African Americans are identified later and have more previous diagnoses (Mandell, Ittenbach, Levy, & Pinto-Martin, 2006).
- ▶ Hispanics are less likely to be identified with Asperger's Disorder (Rosenberg, Daniels, Law, Law, & Kaufmann, 2009).



Regional Differences- Rural/Small Town/Urban

- ▶ Small towns - under-diagnosis of higher functioning and atypical varieties of ASD
- ▶ Rural and Urban have same rate of diagnosis across ASD categories. Individuals residing in rural communities are referred to urban specialty centers

Team Process

A Key Component to Comprehensive Autism Evaluation

Comprehensive Evaluation

- ▶ “Ideally, the definitive diagnosis of an ASD should be made by a team of child specialists with expertise in ASDs.” (p. 1202)

Comprehensive Evaluation

- ▶ “To thoroughly evaluate all relevant domains, different areas of expertise...are required. Hence the clinical assessment of individuals with this disorder is most effectively conducted by an experienced interdisciplinary team (Klin & Volkmar, 2003, p. 4).”

Comprehensive IEP Planning

- ▶ “Educational objectives for children with autism should include the development of:
 - ▶ social skills;
 - ▶ expressive verbal language, receptive language,
 - ▶ nonverbal communications skills;
 - ▶ a functional symbolic communication system;
 - ▶ engagement and flexibility in developmentally appropriate tasks and play;
 - ▶ fine and gross motor skills;
 - ▶ cognitive skills (symbolic play and academic skills);
 - ▶ conventional/appropriate behaviors; and
 - ▶ independent organizational skills and skills for success in a regular classroom.” U.S. GAO. *Special*

▶ *Education: Children with Autism, 36. Washington, D.C., January 2005.*

Areas of a Comprehensive Evaluation


- ▶ Developmental history
- ▶ Health history
- ▶ Adaptive skills
- ▶ Psychological evaluation
- ▶ Communication evaluation
- ▶ Cognitive and achievement evaluation
- ▶ Motor
- ▶ Sensory



Team Members

“A job title or position is not a strong indicator of who is appropriately qualified. . . Evaluation professionals must have prior education, training, and supervised experience that includes extensive exposure to autism-spectrum disorders.”

(Monteiro, 2006, p.4)



Team Members

“Expertise in the area of autism spectrum disorders is much more important to a thorough, accurate diagnosis than particular credentials.”

(Ozonoff, Dawson, & McPartland, 2002, p.46)
[emphasis added]



Expert

▶ Having, involving, or displaying special skills or knowledge derived from training or experience.

Possible Team Members

- ▶ Psychologist
- ▶ Speech Pathologist
- ▶ Educational Diagnostician
- ▶ Occupational Therapist
- ▶ Teacher
- ▶ Autism Specialist



Multidisciplinary



Types of Teams

	Multidisciplinary	Interdisciplinary	Transdisciplinary
Testing	Disciplines conduct evaluation in consecutive sessions and in isolation from one another	Disciplines conduct evaluation in consecutive sessions and in isolation from one another	Evaluation is collaborative with multiple team members present during evaluation sessions



Types of Teams

	Multidisciplinary	Interdisciplinary	Transdisciplinary
Decision Making	Conclusions made by case manager or team leader based on compiled information	Conclusions made through consensus with all team members	Conclusions and recommendations made through collaboration and consensus



Types of Teams

	Multidisciplinary	Interdisciplinary	Transdisciplinary
Recommen- dations	Recommen- dations made by individual members and then compiled	Recommen- dations are made through consensus	Recommenda- tions are made through collaboration and consensus



Types of Teams

	Multidisciplinary	Interdisciplinary	Transdisciplinary
Report	Reports are compilation of individual “write ups”	Reports are combination of compilation of individually written sections based on team consensus and collaborative writing	Reports are combination of compilation of individually written sections based on team consensus and collaborative writing



Team Member Responsibilities

- ▶ Participate in all aspects of team evaluation
 - ▶ Parent interview
 - ▶ Teacher interview
 - ▶ Observations
 - ▶ Evaluation
 - ▶ Report writing
 - ▶ Parent feedback
 - ▶ Staffing and IEP preparation (goals and programming decisions)



Team Evolution

- ▶ Goal
 - ▶ Create designated team of experts for a district
 - ▶ Give the experts the time required to function as a team
 - ▶ Evaluate
 - ▶ Case conceptualization
 - ▶ Recommendations



Team Evolution

- ▶ Identify experts to create initial team
 - ▶ Training and supervision (perhaps by outside experts) may be required
- ▶ Training new teams
 - ▶ Pair new team with existing team
 - ▶ Split existing team to create new teams
- ▶ There is a learning curve for novice members
 - ▶ Naïve questions
 - ▶ Members should mentor one another
- ▶ Recognize members' strengths



Team Process

- ▶ All members equal – decisions are made by the team – not by individuals
- ▶ Develop a plan in advance for how to resolve differences (e.g., consult with another team)



Bomb Squad

- ▶ Parents
- ▶ Administration
 - ▶ Resources
 - ▶ Identification rate
 - ▶ Support
- ▶ Staff
 - ▶ Jealousy
 - ▶ Sabotage the team
- ▶ Medical professionals/
outside assessments



Contact Information

Ruth Aspy, Ph.D.

aspy@texasautism.com

214-227-7741

Barry G. Grossman, Ph.D.

grossman@texasautism.com

214-227-7741

www.texasautism.com

