Department of Speech and Hearing Sciences

Unpacking the decision making process for treatment selection of individuals with ASD

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Learner Outcomes

1. Identify the SLP's role and responsibilities in intervention of individuals with Autism Spectrum Disorder (ASD).
2. Determine appropriateness of current established and emerging interventions based on individual profiles of individuals with ASD.
3. Describe strategies on how to make informed decisions of selecting appropriate interventions.

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Overview

1. Responsibilities as educators of individuals with ASD and review of ASHA guidelines.
2. Review of common characteristics and core deficits of individuals with ASD.
3. Overview of National Standards Project.
4. Review of Established Interventions and when to use those strategies/methods.
5. Review of Emerging Methods and when to use those strategies/methods.
6. Present decision making tools.
7. Discussion of case studies.

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Roles and Responsibilities of the SLP

Responsibility

| Determine effectiveness of the intervention(s) | Be accountable for the client's progress |

Role

| Educate individual, family, and team members | Provide treatment, document progress, and determine appropriate dismissal criteria | Provide training in the use of AAC | Remain informed of research in the area of ASD |

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DSM-V Criteria

Persistent deficits in the following two domains:

1. Social communication and social interaction
2. Restricted and repetitive patterns of behaviors

Common Characteristics

- Hyper- or hypo-reactive sensory systems
- Repetitive and restrictive interests
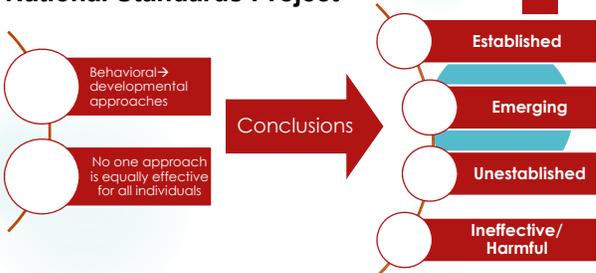- Differences in communication
- Difficulties with social relatedness

It is a spectrum

Severity Level	Social communication	Restricted Interest & Repetitive Behaviors

Level 3: "Requires very substantial support"	• Severe deficits in
	  • verbal and nonverbal communication
	  • social interactions→ impact functioning
		• Marked interference in functioning caused by repetitive behaviors and restricted interests
		• Distress and difficulty when changing focus or actions

Level 2: "Requires substantial support"	• Marked deficits in
	  • verbal and nonverbal communication
	  • Social interactions even with support
		• Frequent restricted/repetitive behaviors are noticeable and interfering in daily function

Level 1: "Requires support"	• Difficulty initiating social interactions and "odd" attempts at making friends.	• Challenges with organization and planning can impact independence. • Resistance maybe seen in response to attempts to redirect

National Standards Project

Behavioral→ developmental approaches

No one approach is equally effective for all individuals

Conclusions

- Established
- Emerging
- Unestablished
- Ineffective/ Harmful

National Standards Project

Established	• Sufficient evidence that the intervention leads to positive outcomes
Emerging	• One or more studies yields positive outcomes, but study quality and results are inconsistent
Unestablished	• Little evidence available; requiring additional research
Ineffective/ harmful	• Interventions that have been studied and found to be ineffective

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https://www.nationalautismcenter.org/national-standards-project/history/significant-findings/

Intervention Guidelines
Early Childhood Years

Initiate treatment as soon as ASD is suspected.	Develop developmentally appropriate, goal based and systematically planned activities.
Ensure active engagement during intensive instruction (minimum 5 hours per day 5 days per week).	Establish a mechanism for ongoing assessment and program evaluation.
Provide repeated, planned opportunities across the day.	Ensure involvement of families and peers to promote generalization.

Prelock, P. A., & McCauley, R. J. (Eds.). (2012). *Treatment of autism spectrum disorders: Evidence-based intervention strategies for communication and social interactions.* Paul H. Brookes Publishing Company.
ASHA https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935303&section=Roles_and_Responsibilitie

Intervention Guidelines
School Aged Years

Provide individualized supports and services that match statements in Individual Education Plan (IEP).	Create a structured learning environment.
Provide systematic, carefully planned and defined instruction to achieve goals.	Include content areas of social engagement and rec/leisure.
Determine a systematic review of measuring outcomes.	Determine a functional approach to interfering behaviors.
	Support active engagement of family.

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https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935303&section=Roles_and_Responsibilities

Considerations

- Family: involvement, concerns, availability of resources
- Frequency of intervention
- Buy-in with Alternative and Augmentative Communication (AAC)
- Generalization
- Monolingual vs. Bilingual Clinician
- Role of other providers
- Communication partner training needs

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ASD intervention in Bilingual Individuals

Maintenance of home language

How? Why?

Why would you consider suggesting a monolingual approach?

Why would you suggest that the family continue to maintain their home language?

What are the obstacles and concerns faced by parents as they make decisions about language use with their children?

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Questions bilingual parents may have

Are there benefits to raising our child to be bilingual?

Will our child have access to bilingual speech-language services if I eventually decide to raise him/ her bilingual?

But the doctor told us to speak only English to our child at home. Should I feel bound by his/her advice? What other relevant factors should we consider in deciding which language(s) to use with our child?

Could my level of comfort speaking English influence my child?

Where can I learn more about this research on autism and bilingualism?

Are our concerns reasonable or uncommon?

Does research suggest that it is harmful to raise our autistic child to be bilingual?

Do recommendations differ depending on the languages that our autistic child hears/ speaks?

Can autistic children become bilingual? Can they get to be advanced in their languages?

If I speak two language to my autistic child, will he know less vocabulary than a child who is speaking one language?

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AAC and ASD: Buy-in and Expectations

What we know from Cafiero, M., et al (2007) :

- ~50% of individuals with ASD are "functionally non-verbal."
- Additionally, individuals with ASD have a right to AAC assessment and intervention.
- Furthermore, visuals have been used by special educators to support the learning of individuals with ASD.
- Implementing the use of AAC and best practices for teaching individuals with ASD go hand and hand.

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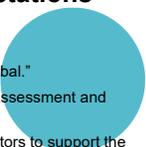
Continued

- Take the time to assess.
- Creation of a plan for implementation is also critical.
- Vocabulary selection matters.
- A meta-analysis completed by Walker & Snell (2013) reported that implementation of an AAC system has positive effects on maladaptive behaviors.

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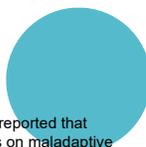
AAC and Communication partner training

Kent-Walsh & McNaughton (2009) reported that successful interactions for an AAC user is also dependent on the skills of the communication partner.

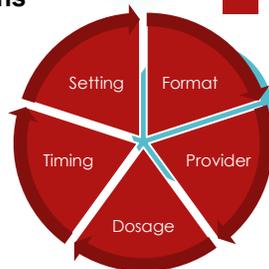- Create a plan for training the student's communication partners.

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Level of deficit and established learner behaviors

Arick, J. R., et al. (2004) reported common characteristic deficits seen in the learning of individuals with ASD:

- Failure to discriminate when exposed to new learning
- Lack of joint attention
- Difficulty in generalizing new skills

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Service Delivery Options

Natural Learning Environments

Setting
Format
Timing
Provider
Dosage

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Cases

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