

Autism Evaluation and Treatment Ideas

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Evaluation Approach

- Objectives:
- Determine and prioritize the child/caregiver goals.
- Determine the child's core challenges.
- Determine caregiver readiness for therapy.
- Gather data to develop a treatment plan.

Evaluation Approach

- Indications children ages 0-6 with the following diagnosis:
- Autism Spectrum Disorder (ASD)
- Pervasive Developmental Delay (PDD)
- Aspergers Syndrome
- Fragile-X Syndrome
- Angelman's Syndrome
- Other Developmental Delays related to communication and social-emotional abilities
- Childhood Disintegrative Disorder

Components of the Autism Evaluation

- CSBS DP Caregiver Questionnaire
- CSBS DP Behavior Sample and SCERTS
- Differential Assessment of Autism and Other Developmental Disorders (DAADD) or other developmental assessment such as Ages and Stages Questionnaires: Social Emotional (see www.firstsigns.org)
- Modified Checklist for autism in toddlers - (M-CHAT)
- Children's Communication Checklist-2 (CCC-2)

Scheduling and Pre-evaluation Planning

- Has your child received a specific diagnosis?
- What is your main concern? (Functionally, verbal, non verbal, social interaction)
- Why, specifically, did your physician refer you to seek SLP services?
- How many words do they use? Verbal, signed, etc.; are they used for specific communication or just exact imitations
- How well do they play with other adults and children?

Scheduling and Pre-evaluation Planning

- What is your child's communication stage? See SCERTS MANUAL Volume I Assessment Process Forms

Evaluating the Patient

- Plan to observe the child during at least 3 transitions (i.e., from the waiting room to the therapy room, therapy room to a different room, from end of the session to the car, etc.)
- Greet family and begin observation of the child.

Evaluating the Patient

- Review forms with caregiver:
 - Patient History Form.
 - Review the physician documentation and autism screening tools if available.
 - Review CSBS DP Parent Questionnaire *or* the SAP-R form
 - Review other outside Medical Information, i.e. diagnostic tests, psychology notes, etc.

Evaluating the Patient

- Begin Assessment Process
 - If 6 and younger complete the CSBS DP behavior sample assessment. Record behaviors on the CSBS Behavior Sample: Scoring Worksheet *and* the appropriate Stage SAP-O form,. If needed for a complex child, videotape this portion of the evaluation.
 - Complete the CSBS DP Behavior Sample: Caregiver Perception Rating.
 - Ages 4 and older and verbal, have family complete the CCC-2 and/or the SCERTS Conversational Partner Form.
 - Use other language assessment instruments or observations at your discretion.

Evaluating the Patient

- If autism is indicated and not already diagnosed complete one of the following:
 - Under 24 months complete the M-CHAT..
 - 24 months - 8 years complete the DAADD or other developmental screening.
- Summarize with family general impressions of assessment including strengths and weakness and if treatment is recommended.
- If needed, recommend further assessment with OT, PT, or other specialty providers.

Recommendations

- If treatment is recommended discuss with care provider.
- If an autism spectrum disorder is expected discuss the red flags you see and present the information you have gathered.
- Discuss your role in this process and provide any needed community resources and contacts.
- Offer the needed emotional support and prepare to let parents/families begin the grieving process as needed.
- Be willing to allow families to contact you following the evaluation with questions specific to your community resources and/or concerns or questions about the evaluation report, etc.

Recommendations

- Discuss the pre-authorization process, their role in the pre-auth process and when to anticipate initial visit.
- Provide parent education sheets to caregiver and/or worksheets from the website below:
<http://www.permanente.net/homepage/kaiser/pages/d11809-56149.html>
- Provide and Autism Fact sheet such as
http://intermountainhealthcare.org/services/pediatric_ehab/symptoms-conditions/Pages/autism.aspx or links to websites such as www.autismspeaks.org or www.firstsigns.org
- Schedule Initial therapy visit.
- Discuss and finalize treatment plan at first visit
- Discuss the need for parent involvement and follow through with home program by attempting to provide engagement in 25 hours of functional activities during the week.

After the Evaluation

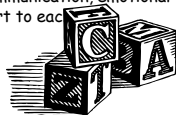
- Review the scoring on the CSBS DP Behavior Sample Scoring Worksheet.
- Tabulate the scores on the SAP-O cover page (Appendix A)
- Target at least 3 to 4 goals across the Social Communication and/or Emotional Regulation domains and 2 to 4 objectives in the Transactional Support domain (areas that the family will work on to support communication at home)

After the Evaluation

- Enter a sum of the scores for each of the components of the three SCERTS domains (i.e., Joint Attention, symbol Use, Mutual Regulation, Self-Regulation, Interpersonal Support and Learning Support) into the appropriate quarter column.

After the Evaluation

- To decide on goals review assessment information and consider the following:
 - Incorporate activity-based learning (Use The Activity Planning Form-Vol. I Appendix if wanted)
 - Use structured activity routines as needed (see SCERTS Manual Vol. II pp. 13-23)
 - Review SCERTS Manual Vol. II for specific examples about linking goals to for social communication, emotional regulation and transactional support to each communication stage



After the Evaluation

- Work on areas that have a score of 1 - this will help the child to have success with the program while becoming familiar with the program.
- Address activities related to family priorities
- Assure selected areas to work are developmentally appropriate and child has the potential ability to achieve the goal.
- Refer to volume II for case studies of treatment scenarios across the spectrum

Treatment

1. Identify developmentally appropriate goals and outcomes (refer to SCERTS Assessment Forms); e.g., **Child will follow a. contact point and b. distal point; Child will engage in play routine for at least 4 back and forth turns; Child will engage partner using eye gaze from partner to object and back to partner across 3 activity routines, etc.**
- For older kids consider goals addressing areas related to advanced language stages such as:
 - Understanding what others are indicating with gaze and gestures
 - Determining causal factors for emotional states of self and others
 - Using emotions of others to guide behavior in social interactions (e.g., selecting topics based on another's preferences, praising others sharing empathy)
 - Considering another's intentions and knowledge (e.g., requesting information from others, sharing information about past and future events)

Treatment

2. Identify at least 3 activities that are meaningful, purposeful, and motivational.
3. Infuse goals across at least 3 activities across settings.
4. Identify/select optimal levels of social complexity in activities based on the child's learning needs and strengths (large group, small group, one on one activities)

Treatment

- Identify appropriate transactional supports for social communication and emotional regulation. This might include language level used, visual supports, organization of the activity, planned movement breaks, etc.
- Practice and rehearse the skills within the context that he/she will eventually use them so that understanding of the natural cues of how and when to use the skills being taught is supported

Treatment

- Introduce the concept of the activity gradually. Start with activity routines based on
 - A child's motivations and interests
 - Functionality in the child's life
 - The family's level of interestAnd whether or not the activity routine occurs or can be scheduled to occur in other settings
- Provide consistency, predictability, and repetition until the child can participate actively with consistent success in the activity. Add variation as needed (see upcoming step)
- Establish clear signals for initiation and termination of an activity. This may include rituals such as songs, movement, or greeting routines.

Treatment

- Add flexibility and variation to activities, as well as needs and opportunities to communicate by:
 - Using sabotage to interrupt or violate a routine once the activity is established and the child clearly demonstrates familiarity with the activity.
 - Omit necessary materials (e.g., utensils for eating, puzzle pieces, balls/marbles for a tower, etc.)
 - Add novelty by introducing new materials, by initiating familiar activities in new contexts, or by introducing new activities in familiar contexts.
 - Initiate an activity and "play possum" requiring that the child indicate how the activity needs to proceed. Especially effective for highly motivating and frequently recurring activities.

My/Your ideas for joint attention activities and supporting communication.....

- Examples:
 - Water play
 - Marble tower
 - Snack
 - Surprise bag
 - Wind-up toys
 - Pop tubes
 - Beans with toys/puzzle pieces (where is it?)
 - Toys/puzzle pieces in a box; knock and say open or call Where is the ___?

More Ideas...

Other resources

Autism Glossary Signs of Joint Attention and Difficulty with Joint Attention

http://www.firstsigns.org/asd_video_glossary/asdvg_about.htm

Resources cont....

Scottish Intercollegiate Guidelines Network, Assessment, diagnosis and clinical interventions for children with autism spectrum disorders, A national guideline

- The Early Social Interaction Project, 2007, Early Social interaction Project, Florida State University Research Foundation, <http://esi.fsu.edu>
- Smith, Jane Case-Smith, Heather Miller, 1999, Occupational Therapy with Children with Pervasive developmental disorders, The American Journal of Occupational Therapy



References

The SCERTS Model: A Comprehensive Educational Approach for Children with Autism Spectrum Disorders by Barry M. Prizant, Amy M. Wetherby, Emily Rubin, Amy C. Laurent, & Patrick J. Rydell, 2006 Volumes I and II

- Guidelines for Speech-Language Pathologists in Diagnosis, Assessment, and Treatment of Autism Spectrum Disorders Across the Life Span Ad Hoc Committee on Autism Spectrum Disorders, 2006, Available from <http://www.asha.org/members/deskref-journal/deskref/default>
- 2007, The Florida State University Research Foundation, FIRST WORDS Project by Florida State University Autism Glossary
- www.amy-laurent.com for visual supports and other ideas



References

- Communication and Symbolic Developmental Profile-Behavior Sample and Caregiver Questionnaire; available from Brookes Publishing
- Differential Assessment of Autism and other Developmental Disorders; no longer in print
- Modified Checklist for Autism in Toddlers; can find online
- Children's Communication Checklist-2;
- **See attached list for complete references regarding evaluation and treatment.**

