

From Pragmatic Language to Sensory Needs: Ensuring that your Autism evaluation is thorough and appropriate

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TOPICS

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- Texas Special Education Prevalence
- Team approach
- Defining "appropriateness" of the FIE
- Co-occurrence
- Conceptual representation of AU
- Assessment techniques

PEIMS DATA - AU

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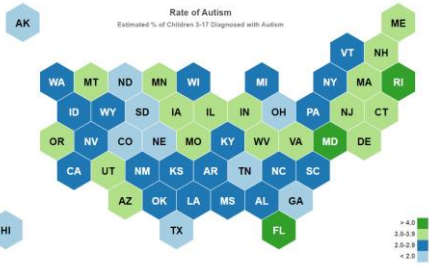
2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
10.8%	11.7%	12.35%	13.0%	13.5%	13.7%	13.95%	14.63%
48,767	54,098	58,945	64,783	71,951	80,557	84,431	92,912

2021-22 percentage of AU in Texas = 14.63%
In 8 years, an additional 54,125 students with AU

National percentage of AU based on Center for Education Statistics (20-21) = 12%

<https://worldpopulationreview.com/state-rankings/autism-rates-by-state>

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American Academy of Pediatrics

Ideally, the definitive diagnosis of an Autism Spectrum Disorder (ASD) should be made by a team of child specialists with expertise in ASDs.

Johnson & Myers, 11/07, Identification and Evaluation of Children with Autism Spectrum Disorders, *Pediatrics*, Vol. 20, 5, pp.1182-1213

Hyman, S.L., Levy, S.E., & Myers, S.M. (2020, Jan.). Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. *Pediatrics*, 145(1):e20193447. doi: 10.1542/peds.2019-3447.

School-based Team

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- Typical team conducting the FIE for students suspected of AU includes:
 - SLP
 - DIAG
 - LSSP
 - OT
- Other common team members: Behavior Specialist, OT, Teacher

Some key issues

- The assessment and classification of AU is both complex (has many components) and complicated (high level of difficulty).
- There is no universally accepted method or test to make this classification/diagnosis. Thus, evaluations can range from limited to thorough.
- Given the co-occurrence of many conditions with AU, we need very comprehensive evaluations.
- Multiple sources of data, data analysis and clinical judgment are needed in decision-making for the determination of AU, differentiation of AU from other conditions and determination of dual or co-occurring classifications.

Key Terms



- **Overlapping Symptoms** - symptoms shared by two or more conditions
- **Differential** - distinguishing a particular condition from others that present similar features or characteristics
- **Co-occurring** - the presence of an additional condition that co-occurs with a primary condition (must meet criteria for each condition)

Is **co-occurring** the same as adding an **eligibility classification** in SPED?

"Appropriateness" of the FIE

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- Purpose of the study was to determine which criteria are used for judging the appropriateness of a district's evaluation when that evaluation is challenged.
- **Reference:**
- Etscheidt, S. (2003). *Ascertaining the adequacy, scope and utility of district evaluations*. Council for Exceptional Children, 69, 2, 227-247.

3 Components

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- **Adequacy**
 - Technical adequacy
 - Compliance with IDEA components
- **Scope**
 - Comprehensiveness
 - Evaluation in all areas of disability
- **Utility**
 - Impact of disability on educational performance
 - Enables development of IEP that addresses needs

Scope

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- Our overall goal today is to address **scope**, ensuring that the FIE is comprehensive
- **Breadth**: all areas of suspected disability, identify all needs and related services
- **Depth**: how thorough is the evaluation
 - did we leave something out?
 - should we have done additional assessment (e.g., FBA, Social Skills, Sensory)

Student v. Houston ISD 228-SE-0518

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- AU Eligibility; average IQ; passed state assessments
- FIE found appropriate
- Has emotional and behavioral issues; behavior escalated leading to disciplinary infractions
- Every IEP: addressed AU Supplement; had a BSIP with same list of challenging behaviors across several years; identified need for interventions in syntax, semantics and pragmatics

228-SE-0518

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- IEE indicated AU, ED and ADHD
- P. 31: *the school district was aware of Student's lack of social conversational skills and Student's use of inappropriate comments or actions at times. They should have performed the following evaluations: speech therapy for pragmatics or social conversation; social skills to assist with Student's interaction with peers; and an FBA to determine the function of Student's inappropriate comments or actions. Student made significant progress in school; however, the school district under 34 C.F.R. § 300.304 should have conducted additional evaluations in these areas to consider whether Student's IEP should have been revised...*

228-SE-0518

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- District provided FAPE, no reimbursement for residential placement or for IEE
- P.36: 3. *Respondent failed to timely and appropriately evaluate Student in all areas of suspected disability. 34 C.F.R. § 300.304.*
- P. 36-37 Orders of the Hearing Officer:
 - *Respondent shall conduct evaluations on the Student in the following areas: speech therapy as it relates to pragmatics, social skills assessment, and an FBA within 30 days of Student's return to HISD. They shall complete the assessments within 45 school days of receiving parental consent;*
 - *Respondent shall convene an ARD meeting within 30 days of receipt of the assessments to determine if a new or revised IEP is necessary based on the evaluation reports of the speech therapy assessment, social skills assessment, and FBA.*

228-SE-0518

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- *An IEP is more than simply a written statement of annual goals and objectives and how they will be measured. Instead, the IEP must include a description of the related services, supplementary supports and services, the instructional arrangement, program modifications, supports for school personnel, designated staff to provide the services, the duration and frequency of the services, and the location where the services will be provided. 34 C.F.R. §§ 300.22, 300.323(a).*

Implication

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- The HISD case involves scope, but also utility, as assessment of the areas noted were deemed to be needed to adjust and/or create new IEPs
- In this case, the student's behavior had escalated and become more severe – this is a red flag
- Also in this case, the most recent IEP had only one social skills goal – using coping strategies. Other issues involved use of outdated data that were not descriptive of the current performance levels (e.g., the same list of behaviors from 2011-2018, an incorrect student-teacher ratio)

For AU

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We have additional issues related to Scope:

- High co-occurrence rates
- Needs in multiple areas – not just those defining the condition
- Autism Supplement

Co-occurrence

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- Physical conditions (from GI to Sleep Disturbances to Epilepsy) are common
- Autism Speaks notes the following rates in AU samples
 - ADHD 30-61%
 - Anxiety 11- 40%
 - Depression 7%
 - ID 31%
- SLD can also co-occur, but ranges of rates not indicated; some estimates as high as 50%

FIE

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- Must be crafted to not only assess for AU, but also to assess for other commonly co-occurring conditions
- Must have data that will assist in the development of the IEP
- Must have data that will assist in the completion of the AU Supplement

Student v. Conroe ISD 230-SE-0721

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- Failure to appropriately evaluate and identify the Student's eligibilities for special education
 - Specific disability conditions were AU and SLD
- Denial of FAPE
- Student has always attended school in Conroe and has a long and significant history of behavioral problems

230-SE-0721

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- FIE #1 – not SI, 504 due to “behavioral/emotional impairment”
- FIE #2 – SI-Articulation; Dyslexia, not SLD
- Private Eval – ADHD and ASD
- FIE #3 – not SI, not AU (BASC-3, NEPSY-II, CARS-2), ED, OHI-ADHD
- IEE's – not SI, AU, not ED, OHI-ADHD, SLD-BRS and RF with Dyslexia, OT – direct services recommended

230-SE-0721

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A preponderance of the evidence showed that the District's 2019 FIE was not sufficiently comprehensive in the area of autism and its conclusion Student did not meet eligibility criteria was not supported by its own data. Despite two recent private evaluations conducted in 2019 diagnosing Student with an autism spectrum disorder, the 2019 FIE included a single measure specific to autism, the CARS-2 HF. This evaluation, however, was completed before the *** completed by the occupational therapist showed Student had significant *** processing difficulties at school. Moreover, the *** results contradict the finding that Student did not experience significant *** issues characteristic of autism underlying its conclusion that Student did not meet autism eligibility criteria.

230-SE-0721

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In finding Student did not meet autism eligibility criteria, the 2019 FIE indicated Student was capable of developing and maintaining friendships. This conclusion was not supported by considerable data gathered during the evaluation and Student's substantial history of struggles in social interactions with peers and adults at school. While parental reports and ratings indicated fewer social difficulties, teacher ratings on the BASC-3 and Conners-3 indicated substantial deficits in *** and peer relations. In addition, while Student's pragmatic language skills on District testing, including the 2019 FIE, appeared adequate, Dr. *** credibly explained how Student's cognitive capability explains these scores. This explanation is supported by Student's demonstrated inability to generalize pragmatic language skills and more consistent with Student's ongoing and pronounced social struggles. Notably, three teachers rated Student in the clinically significant range on the BASC-3 Autism Probability Index showing Student demonstrated impaired emotional/social reciprocation and rigidly adhered to routines/rituals.

230-SE-0721

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108. Student's behaviors at school are explained by Student's dual eligibilities of autism and OHI for ADHD, rather than inappropriate types of behavior and feelings under normal circumstances supporting emotional disturbance eligibility. These two diagnoses, together, account for some of what the District found was emotionally disturbed behavior. However, Student's behaviors occur secondary to *** and self-regulation deficits due to autism, coupled with impulsivity and hyperactivity due to ADHD. Student's "core diagnosis" is autism spectrum disorder coupled with ADHD. Student does not qualify for special education and related services as a student with an emotional disturbance.¹⁰⁸

confirmed a student must have a deficit in cognitive processing related to the deficits in academic performance. Here, Student demonstrates deficits in academic achievement in reading and written expression. However, Student's cognitive testing across multiple evaluations consistently showed average or above average functioning, including Student's performance on the WISC-V in 2021.

With agreement among the experts that a deficit in cognition is required to establish a pattern of strengths and weaknesses for purposes of eligibility and absent further explanation from Dr. *** of her finding a pattern exists, a preponderance of the evidence did not establish Student meets criteria as a student with an SLD.

230-SE-0721

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- Typically, the exact disability category does not matter, BUT in this case it did matter

As discussed, the IDEA does not require that an eligible Student be classified by a particular disability and instead focuses on the appropriateness of the educational program.

basis for the importance of appropriate classification—that misclassification in this case impacted Student's programming because it deprived Student of behavioral interventions specific to autism that Student needs to make progress. Here, the weight of the credible evidence supports the conclusion that proper classification indeed matters and that Student needs interventions specific to autism to make behavioral progress.

The Hearing Officer also noted that AU leads to consideration of the AU Supplement.

230-SE-0721 - Orders

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- Convene ARD to remove ED and accept AU
- Modify IEP to include AU Supplement and OT
- Independent eval: FBA for AU-specific needs
- Independent eval: SLD
- ESY and compensatory ESY services
- Reimburse for cost of private ABA therapy

AU: IDEA and TAC

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Autism	
34 CFR §300.8 Child with a disability	19 TAC §89.1040. Eligibility Criteria
IDEA, 2004	Texas
Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, 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. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section. A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.	Autism. A student with autism is one who has been determined to meet the criteria for autism as stated in 34 CFR, §300.8(c)(1). Students with pervasive developmental disorders are included under this category. The team's written report of evaluation must include specific recommendations for behavioral interventions and strategies.

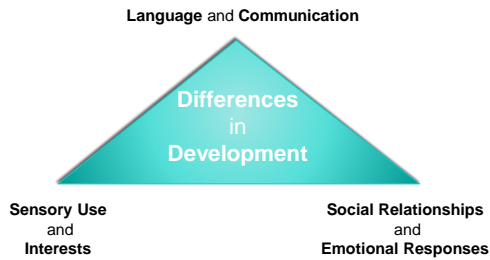
Cognitive Theories of AU

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Theory of Mind	Weak Central Coherence	Executive Dysfunction
Simon Baron-Cohen	Frith	Pennington & Ozonoff
Understanding others by ascribing mental states to them	Central Coherence is deriving overall meaning from a mass of details; information processing in most people = recall overall impression or "gist" of something; in ASD, focus is on details	Executive dysfunction in specific areas such as inhibition and cognitive flexibility
Sense of what others are thinking; helps us to form our responses	Limited ability to understand context or "see the big picture" Cannot integrate cues Local versus Global processing	

Visual Framework for Understanding Autism Spectrum Disorders: *The Descriptive Triangle*

Monteiro, M. (2010) Evaluating Children on the Autism Spectrum through Authentic Conversations. WPS.



Language & Communication: Disruption & Atypicality

Monteiro (2010)

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- May be nonverbal
- Language used to label, not directed to a listener
- Prosody (intonation and inflection) unusual; fluency and flow disrupted
- Jargon may be present
- Repetitive, scripted, rote, perseverative, formal
- Nonverbal communication impaired such as eye contact, facial expressions, responsiveness to others' nonverbal cues
- Lack of reciprocal conversation; may initiate with questions; preferred topics

Sensory Use & Interests Disruption & Atypicality

Monteiro (2010)

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- Sensitivities (auditory, taste, touch, smell, visual)
- Unusual body movements and mannerisms; poor body awareness
- Play solitary and repetitive, uses objects for sensory input
- Highly sensitive to changes
- Play lacks social mutuality, may lack symbolic elements, may act out scenes, rule-bound
- Poor handwriting

Social Relationships & Emotional Responses Disruption & Atypicality

Monteiro (2010)

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- Facial expressions, grimacing, eye gaze limited
- Limited social awareness and social interest, lack of or limited initiation of social exchanges, may use people to gain objects
- Social praise not meaningful, inconsistent response to voices
- Affect neutral
- Difficulty regulating anxiety, interactions (social and conversational) if unstructured are stressful, transitions stressful
- Misses subtle social context cues
- Emotions incongruent with situations

Methods of assessment

- All evaluators typically do the following:
 - ✓ R=Review of Records; I=Interviews; O=Observations; T=Tests
- All evaluators typically use both formal and informal procedures.
 - ✓ **Formal:** use of norm-referenced or criterion-referenced measures; compare performance to predetermined standards
 - ✓ **Informal:** use of interviews, observations, review of records; these do not have a predetermined comparison standard
- All evaluators typically use both direct and indirect approaches.
 - ✓ **Direct:** involves direct interaction with the student or direct observation
 - ✓ **Indirect:** does not involve direct interaction with the student; data gathered through informants or records

Examples of methods & approaches

	Formal	Informal
Indirect	Parent & Teacher rating scales	Interviews with parents & teachers; Review of school & medical records
Direct	Individually administered standardized test	Interview with the student; Observations of the student

Table adapted from McCloskey, G., Perkins, L.A., & VanDivner, B. Assessment and Intervention for Executive Function Difficulties, p.102.

History and Record Review

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- For all evaluations involving AU, a thorough history is needed addressing: developmental, medical, sensory, language, social, behavioral, emotional, and learning domains.
- This is usually done through a comprehensive general interview such as the BASC-3: SDH and review of records.
- AU interviews such as the ADI-R and MIGDAS usually supplement the general interview if needed.

Informal Assessment

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- Although the typical evaluation uses specific tests, evaluations for AU need more informal techniques to describe atypical characteristics
- Evaluators usually do this through analysis of communication samples (descriptive, sequencing, story retell, conversational) and through observations in specific types of activities and interactions

Rating Scales

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- Important to have as part of the evaluation, but rating scales and checklists have limitations
- They reflect someone's view or perspective of the student's behavior
- There is the potential for under- or over-reporting the presence of and severity of symptoms
- Must have ecological data and direct assessment to triangulate rating scale data

Two Approaches in Assessment

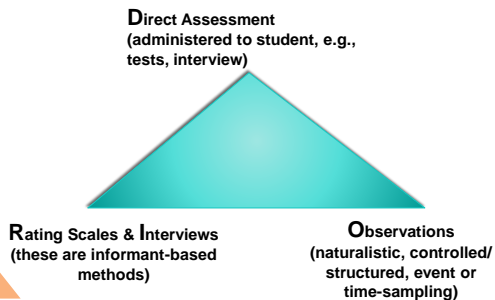
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Nomothetic	Idiographic
Norm Group	Compare to self
Level	Process
What we share with others	What makes us unique

Need to integrate the two approaches: How the student solves the problem, approaches the task, and the types of errors made are critical for interpretation.

Triangulate: DORI

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Triangulate

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- When presenting data in the FIE, indicate characteristics based on multiple sources of data.
- Language and Communication: Based on direct assessment with the student (CASL-2, communication samples), naturalistic observations (classroom and playground), rating scale results (ASRS), and interviews with the parent and teacher, Bob displays the following characteristics/behaviors:

Resources

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- ASHA: Components of Social Communication
 - <https://www.asha.org/practice-portal/clinical-topics/social-communication-disorder/components-of-social-communication/>
- AOTA: several publications of the role of OT for students with AU

Assessment Process

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- Developmental screening and AU-specific screener
 - American Academy of Pediatrics recommends screening for AU during regular well-child visits at 18 and 24 months
 - M-CHAT-R/F, 20 questions with follow-up
 - Questions involve joint attention, pretend play, social interest, imitation, eye contact, ...
 - Website: www.mchatscreen.com

Assessment Process

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- Assessment in Core Domains –
 - Communication, Social, Behavioral
- Intellectual/Cognitive
- Adaptive Behavior
- Speech-Language
- OT
- Psychiatric comorbidities
- Medical
- Neuropsychology - EF
- FBA

Speech, Language & Communication

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- Common Measures
 - GFTA-3, KLPA-3
 - PPVT, EVT
 - ROWPVT, EOWPVT
 - CELF-5, CASL-2
 - TOLD
- Additional Measures used in AU evals
 - CELF-5: Metalinguistics
 - SLDT NU (Elem & Adol)
 - CAPs (Clinical Assmt of Pragmatics - video)
 - TOPL-2, TOPS-3 and 2
 - FCP-R

Physical-Medical

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- Remember, students with AU have high comorbidity of medical issues – need a through interview with parents and review of medical records (if applicable)
- Ask parent if the child was screened for AU during a well-child visit
- Sensory – this is typically addressed by the OT with measures such as:
 - Sensory Profile-2
 - Sensory Processing Measure-2
- Beery VMI

IQ

- Use of traditional IQ tests such as WISC-V, WJ-IV, DAS-II, KABC-II and SB-5
- Test manuals have profiles for clinical samples
- Research has been done on IQ tests with AU samples
- Some examples with WISC-V:
 - WISC-V Q-Interactive Technical Report 11 (Ralford, et. al.)
 - Stephenson KG, Beck JS, South M, Norris M, Butter E. Validity of the WISC-V in Youth with Autism Spectrum Disorder: Factor Structure and Measurement Invariance. *Journal of Clinical Child & Adolescent Psychology*. 2021 Jan 15:1-13. doi: 10.1080/15374416.2020.1846543.
 - Dale, B., Finch, W., & Shellabarger, K. (2022). Performance of children with ASD on the WISC-V ancillary index scale. *Psychology in the Schools* 60(1). doi:10.1002/ppts.22688

Other measures

- Developmental Tests
 - Battelle Dev. Inv.
 - DAY-C
 - Bayley
 - DP-4
 - Ages & Stages Quest
 - PEP-3
- EF, Memory and Attention
 - D-KEFS
 - NEPSY-II
 - TOMAL
 - WRAML
 - WCST

AB: VABS-3 & ABAS-3

- Tamm, L., Day, H., & Duncan, A. (2021) Comparison of Adaptive Functioning Measures in Adolescents with Autism Spectrum Disorder without Intellectual Disability. *Published in final edited form as: J Autism Dev Disord.* 2022 Mar; 52(3):1247-1256. Published online 2021 Apr 26. doi: 10.1007/s10803-021-05013-9
- Vineland data on profiles of students with AU: AU sample with IQ ≥ 70 Means for each domain ages 3-8; 9-20:
 - Communication=76;71
 - Daily Living Skills=78; 76
 - Socialization=69; 66
 - Composite=73; 70.5
- ID sample with IQ 50-70 Means for each domain: Commu=59 DailyLiv=68 Social=71 Composite=65.8
- AU sample with IQ <70 Means for each domain ages 3-8; 9-20: Communication=49;38.9 Daily Living Skills=60; 53 Socialization=52; 44.9 Composite=54.5; 46.9
- Subdomains most associated with AU:
 - Receptive & Expressive in Communication Domain
 - Interpersonal Relationships & Play and Leisure in Socialization Domain
 - Maladaptive Critical Items address restricted, repetitive patterns of behavior, interests, or activities

Achievement

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- Use of traditional achievement tests such as the KTEA-3, WIAT-4, and WJ-IV
- TEMA, TERA, TEWL
- Curriculum-based measures
- Universal Screeners, Benchmarks, STAAR
- Measures such as ABLLS, VB-MAP, UNIQUE, Brigance
- When assessing achievement, purpose is to establish academic functioning levels, but also do not forget SLD (high co-occurrence with AU)

Emotional-Behavioral-Social

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- Most common broad-band
 - BASC-3
 - Conners CBRS
- Most common syndrome-specific rating scales
 - SRS-2, ASRS
 - GARS-3, CARS-2
- Other AU measures
 - ADI-R
 - ADOS-2
 - MIGDAS-2
 - PEP-3
 - SCQ
 - Can also use NEPSY-II Social Perception tests

Emotional-Behavioral-Social

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- Remember, high levels of psychiatric co-morbidity (BASC-3 and CCBRS)
- ADHD co-occurrence (e.g., Conners 3)
- Self-report measures
 - Anxiety: RCMAS, MASC
 - Depression: CDI, RCDS/RADS
- FBA (common measures)
 - FAST
 - MAS
 - QABF
- Social Skills
 - SSIS-SEL
 - Autism Social Skills Profile-2
- Executive Function (e.g., BRIEF, CEFI, D-REF)

AU Supplement

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- FIE must be comprehensive and address all needs and related services
- Do not forget to obtain data for items directly related to supplement
- For re-evals, data will include analysis of IEP objectives and progress
- Some supplement items directly address assessment
- Examples:
 - Strategies 1 and 9 directly mention social skills assessment
 - Strategy 7 mentions adaptive behavior; Strategy 1 mentions assessment of self-help skills
 - Strategy 4 mentions FBA
 - Strategy 1 also mentions assessment of behavior, communication, academics

AU Supplement Items

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- 1. Extended Educational Programming
- 2. Daily Schedule reflecting minimal unstructured time
- 3. In-home and community-based training
- 4. Positive Behavior support strategies
- 5. Futures Planning
- 6. Staff-to-Student Ratio
- 7. Parent training & support
- 8. Communication Interventions
- 9. Social Skills supports and strategies
- 10. Professional educator/staff support
- 11. Teaching strategies based on research

Potential MDET issues

- Given that several evaluators are involved, there is a high probability of **Duplication** (Redundancy).
- There is also a high probability of **contradictions** in the data set.
- Each school-based evaluator is likely addressing a **specific component** of the FIE.
- Each evaluator may be operating on **different criteria** for a condition (e.g., SI versus SLD) or different rules for **interpretation**.
- The evaluators may **disagree** on the conclusions regarding a specific disability condition.
- Several evaluators provide data that contribute to **multiple conditions**.
- Several evaluators can provide data for differential classifications.

To address issues

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- Plan the assessment as a team
- Some procedures can be done as a team (e.g., interview) or team members can observe direct assessments being conducted by another evaluator
- Once data are collected, meet to discuss results, convergence and lack of convergence across data sets – CARS-2 is a good way to do this in a systematic way
- If there is convergence and agreement and all data are present to address classification and needs, FIE is done and go to next step - report writing; if not, determine next steps for additional data collection

Conclusions

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- Once the report has been integrated and all data considered, there should be agreement among team members for
 - Presence of the condition
 - Presence or absence of other conditions
 - Recommendations
- Remember, FIEs answer questions, they do not end with questions.
