AUTISM & EMOTIONAL DISABILITY

Considerations for Differential Classification and Co-occurrence

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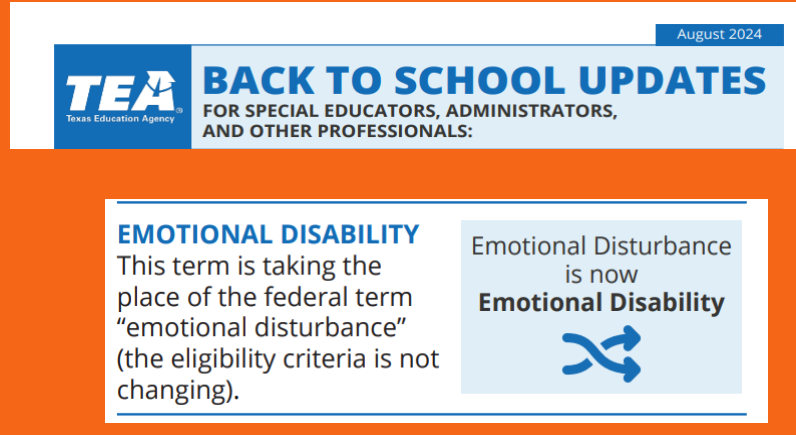
ED IN TEXAS = EMOTIONAL DISABILITY



CAN YOU BE AU AND ED?

- **YES,**
- **BUT**
- **IT DEPENDS!**

TOPICS

- Prevalence of AU and ED
- Conceptual representation of AU and ED
- Team Approach
- Important Concepts for Differentiation and Co-occurrence
- FIE assessment procedures & tests

PEIMS DATA – AU & NCES DATA

2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
13.0% 64,783	13.5% 71,951	13.7% 80,557	13.95% 84,431	14.63% 92,912	15.43% 108,464	16.16% 125,189

2022-23 percentage of AU in Texas = 15.43%

National percentage of AU based on National Center for Education Statistics (22-23) = 12.8%

In past year, we have added about 17,000 students identified as AU

PEIMS DATA – ED & NCES DATA

2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
5.82% 29,029	5.97% 31,789	6.16% 36,197	6.19% 37,461	6.0% 38,122	5.68% 39,925	5.39% 41,748

2022-23 percentage of ED in Texas = 5.68%

National percentage of ED based on National Center for Education Statistics (22-23) = 4%

In past year, we have added about 2,000 students identified as ED

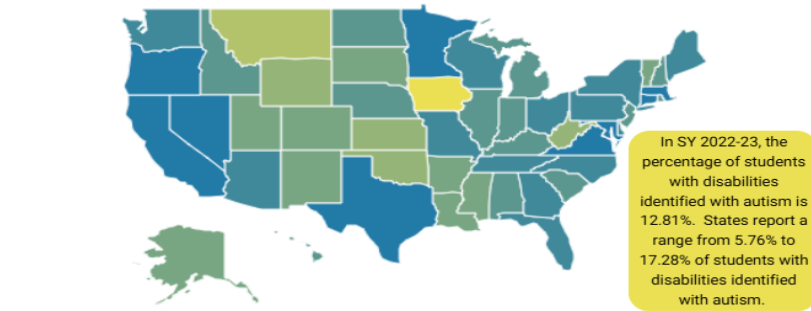
Percentage of ED students in Texas remained relatively stable across this 7-year period, at approximately 5-6%

OSEP Office of Special Education Programs
Office of Special Education and Rehabilitative Services

OSEP Fast Facts: Children Identified with Autism

A child or youth, who was evaluated in accordance with the Individuals with Disabilities Education Act (IDEA) §§300.304 through 300.311 as having autism, is eligible for special education and related services under the IDEA, Part B, and who, by reason thereof, needs special education and related services. For IDEA Section 618 reporting purposes, a child is reported under one primary disability category unless that child has more than one primary disability and thereby is reported under the permitted value "multiple disabilities." IDEA Section 618 Data Documentation

Percentage of Students with Disabilities Identified with Autism, Ages 5 (in Kindergarten) to 21, Served Under IDEA, Part B, in the United States (US): School Year (SY) 2022-23



In SY 2022-23, the percentage of students with disabilities identified with autism is 12.81%. States report a range from 5.76% to 17.28% of students with disabilities identified with autism.

Download data

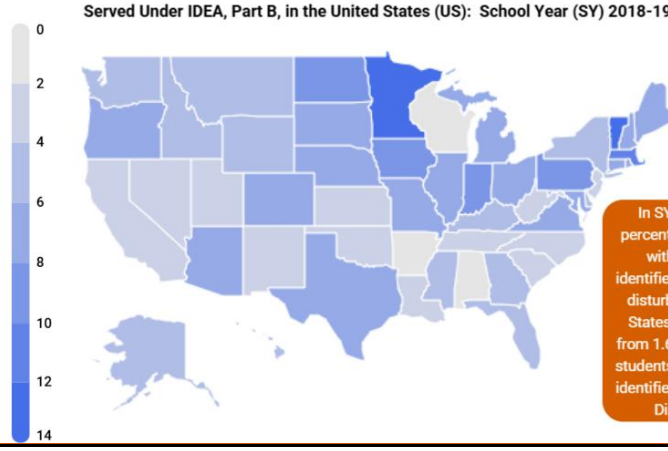
Source: U.S. Department of Education, EDFacts Data Warehouse (EDW): "IDEA Part B Child Count and Educational Environments Collection," 2022-23

OSEP Office of Special Education Programs
Office of Special Education and Rehabilitative Services

OSEP Fast Facts: Children Identified with Emotional Disturbance

A child or youth, who was evaluated in accordance with the Individuals with Disabilities Education Act (IDEA) §§300.304 through 300.311 as having an emotional disturbance, is eligible for special education and related services under the IDEA, Part B, and who, by reason thereof, needs special education and related services.

Percentage of Students with Disabilities Identified with Emotional Disturbance, Ages 6 to 21, Served Under IDEA, Part B, in the United States (US): School Year (SY) 2018-19



In SY 2018-19, the percentage of students with disabilities identified with emotional disturbance is 5.45%. States report a range from 1.65% to 17.36% of students with disabilities identified with Emotional Disturbance.

CONCEPTUAL REPRESENTATION OF AU AND ED, DEFINITIONS AND CRITERIA

HISTORICAL INFORMATION - ED

- The federal definition of ED is based on the work of Eli Bower. Bower and associates developed a protocol for identifying students in California who were in need of receiving services due to severe emotional and behavioral problems. (State-wide task force to determine educationally relevant characteristics of students with ED)
- Bower's definition proposed that "emotionally handicapped" students had to exhibit one or more of 5 major characteristics to a marked extent and over a long period of time.
- **Original definition first proposed in 1957; Adopted within PL 94-142 about 20 years later. The 5 characteristics have remained unchanged since PL 94-142 was adopted in 1975.**

HISTORICAL INFORMATION

- But the federal definition included some additions in wording (Thus original definition altered)
  - Adverse impact on educational performance
  - Types of conditions that could be included (e.g., Schizophrenia) and excluded [e.g., Social Maladjustment (SM)]
- *The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance.*
- Social Maladjustment was not part of Bower's original definition. He was against this exclusion saying that students who were ED were also SM.
- Social maladjustment first appeared in a bill to fund teacher training in 1957. The bill stated that exceptional children were maladjusted, emotionally and socially, including the institutionalized delinquent. In 1963 the bill passed the Senate, but when it got to the House, the wording was changed.
- It has been written that the intent of the clause was to exclude juvenile delinquents who were not emotionally disturbed, and it is assumed that the clause was added by legislators who did not want schools to be mandated to provide services to delinquent and antisocial students.
- Currently, the clause and the term are considered outdated, illogical and unclear.

COMMENTARY FINAL VERSION 2006 REGULATIONS

- Historically, it has been very difficult for the field to come to consensus on the definition of [ED], which has remained unchanged since 1977. On February 10, 1993, the Department published a "Notice of Inquiry" in the Federal Register (58 FR 7938) soliciting comments on the existing definition…The comments received…expressed a wide range of opinions and no consensus on the definition was reached. Given the lack of consensus and the fact that Congress did not make any changes that required changing the definition, the Department recommended that the definition of [ED] remain unchanged…Therefore, we decline to make any changes to the definition of [ED].

ED -

- *Exhibit one or more of the following characteristics*
- *over a long period of time*
- *to a marked degree*
- *adversely affects a child's educational performance*

These 3 conditions are often referred to as chronicity, severity and difficulty at school.

ED – THE 5 CHARACTERISTICS

- *Inability to learn that cannot be explained by intellectual, sensory, or health factors*
- *Inability to build or maintain satisfactory interpersonal relationships with peers and teachers*
- *Inappropriate types of behavior or feelings under normal circumstances*
- *A general pervasive mood of unhappiness or depression*
- *A tendency to develop physical symptoms or fears associated with personal or school problems*

ISSUES WITH ED

- ED is difficult to determine – definition is vague, imprecise, ambiguous concerning what actually constitutes ED
- ED is considered an umbrella term and many conditions may fit under it (internalizing, externalizing)
- ED is not necessarily a desired classification
- There are many concerns within this group regarding discipline, placement and services
- So, what is ED?
  - Significant difficulties involving behaviors, emotions, thoughts - reflects inability to effectively meet daily living demands (social, environmental, occupational); extreme forms of common characteristics
  - typically conceptualized as poor self-regulation and poor coping skills

SOME HISTORY ON AU

- 1943: Kanner first described the condition and noted it as a psychiatric condition; AU considered an emotional disturbance rather than developmental or cognitive
- 1952: DSM-II AU was a form of childhood schizophrenia
- Theory prior to 1970's was that AU was caused by cold and unemotional mothers ("refrigerator mother"). This was discredited by twin studies in the 1970's showing biological underpinnings to AU; subsequent research showed AU was rooted in brain development
- 1980: DSM-III AU was a pervasive developmental disorder; in 1987, DSM added PDD-NOS thus broadening the construct to include mild forms of AU

SOME HISTORY ON AU

- 1994 and 2000 revision: DSM-IV noted AU as a spectrum disorder and included Asperger's Disorder as a diagnosis
- 2013: DSM-5 Autism Spectrum Disorder (ASD)
  - included under Neurodevelopmental Disorders (these include ID, Communication Disorders, ADHD, SLD, Motor Disorders)
  - DSM-5 notes that neurodevelopmental disorders "frequently co-occur"
- ASD in DSM-5: deficits in social communication and social interaction and the presence of restricted, repetitive patterns of behavior, interests or activities

SOME HISTORY ON AU

- Prior to 1990, Autism was not a separate disability category under the IDEA. AU was a diagnostic condition under the category of Emotional Disturbance (ED).
- Thus, the exclusion clause in IDEA 300.8(C)(1):
  - *(ii)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*
- Also, prior to DSM-5 (2013), could not diagnose AU and ADHD. It was believed that 30% of individuals were both, but clinicians had to choose.

IDEA AU: 34 CFR §300.8

(c)(i) 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.

ISSUES WITH AU

- AU is difficult to determine – definition in IDEA is vague (e.g., verbal and nonverbal communication, social interaction)
- Unlike ED, AU is a more desired classification
- Like ED, there are many concerns within this group regarding discipline, placement and services
- So what is AU?
  - AU is a neurodevelopmental disorder; a developmental disability
  - The significant difficulties involving communication and social interaction are atypical based on developmental sequence
  - Typically conceptualized as deficits in **reciprocal** social interactions and social cognition

AU COMORBIDITY

- *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%
- Other comorbidities include gastrointestinal disorders, seizures

AU & ED

- When AU became a separate category in 1990, it was noted in the federal law that if ED is primary, AU does not apply
- BUT both AU and ED are difficult educational classifications to determine based on definitional criteria
- Adding to this dilemma is that AU and ED:
  - are often comorbid (psychiatric conditions are identified in ≥70% of children and youth with ASD)
  - are often comorbid with other conditions (e.g., ADHD, SLD)
  - there is no universally accepted method or test to make these classifications/diagnoses

KEY CONCEPTS

- **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)

3 C'S OF THE FIE

- **Complex** – our evaluations are complex: involve multiple components, made up of multiple parts. For AU and ED, this complexity extends to the multidisciplinary nature of the evaluation.
- **Complicated** – many of our evaluations are complicated: high level of difficulty. Difficulty level is especially true for cases that have many behaviors, overlapping symptoms, external diagnoses, co-occurring conditions and multiple needs.
- **Comprehensive** – our goal – We must ensure that our evaluations are comprehensive in scope and address all issues, potential eligibility categories and needs present for the student.

MULTIDISCIPLINARY TEAM EVALUATION

- Schools are in the best position to address this dilemma based on the presence of professionals from a variety of disciplines and access to observe the student in a variety of situations
- School personnel typically involved in this type of evaluation include, but are not limited to: SLP, DIAG, LSSP, OT, PT, BCBA/Behavior Specialist, Teacher
- Not every discipline is involved in every evaluation as team composition is typically based on the unique characteristics and issues presented for each student. Evaluations are individualized.
- **Multiple sources of data (RIOT Model), data analysis and clinical judgment are needed in decision-making for the**
  - **determination of the disability condition**
  - **differentiation of the condition from other conditions**
  - **determination of dual or co-occurring classifications/conditions**

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, SE., & 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.

MDT EVALUATION: 5-PHASE PROCESS

- **Phase 1:** Team planning/coordination (who is on the team)
- **Phase 2:** Evaluation planning (what procedures and tests will be administered and by which team members)
- **Phase 3:** Evaluation/testing
  - **Phase 3a:** Collecting the data/information
  - **Phase 3b:** Analyzing the data/information
- **Phase 4:** Report writing/integration of data
- **Phase 5:** Recommendations & IEP development
  - **Phase 5a:** Recommendations
  - **Phase 5b:** IEP development

CONCERNS REGARDING MDT AUTISM EVALUATIONS

- All agree we need a team approach, but this process does have certain issues
- **Data and involvement from multiple evaluators**
  - e.g., differences in performance of the student across tests and evaluators; differences in interpretation; redundancy; contradictions; evaluators operating on different criteria for a condition; evaluators may disagree on conclusions
- **Selection of instruments/techniques**
  - e.g., determining which instruments and procedures to use and who will do them
- **Team dynamics** (e.g., equal members versus hierarchy, trust)

TO ADDRESS ISSUES

- **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**

REMINDER

- You are doing a comprehensive evaluation that meets the requirements of the IDEA evaluation procedures. *Remember, the child must be assessed in all areas of suspected disability.*
- Since there is comorbidity, you will need to assess/gather data that will allow you to determine if a co-occurring condition exists and/or differentiate between conditions. It is sometimes difficult to differentiate AU and ED in students with severe behaviors.
- The issue of "primary" makes this more complicated - If ED primary, then AU does not apply, but if AU is primary, then can also meet criteria for ED if you can show that the ED is in addition to the AU

REMINDER

- This issue of "primary" is educational.
- In DSM-5, when criteria are met for concurrent diagnoses, then these are applied. It is common to receive reports from private providers which list AU among many other conditions.
- For some conditions in the DSM-5, ASD is listed in differential diagnosis(e.g., Social Anxiety Disorder) or noted in diagnostic criteria (e.g., for OCD, "the disturbance is not better explained by the symptoms of another mental disorder…repetitive patterns of behavior, as in autism spectrum disorder")
- We need to borrow the terminology and conceptualization of "not better explained by the symptoms of …") or "not better accounted for by …"

MCKINNEY ISD 192-SE-0220

- Student identified as ED, SI & OHI. Parent wants AU. 2015 FIIE and 2018 reevaluation: ED primary. LSSP notes overlap in ED and AU, but concludes ED primary.
- Hearing officer: *… a child should generally not be identified as a student with Autism if his or her educational performance is adversely affected primarily due to an ED. 34 C.F.R. §§ 300.8(c)(1)(ii), 300.8(c)(4). … The purpose of categorizing a student with a disability is to attempt to meet his or her needs, but categorization is not an end to itself. … Petitioner failed to present sufficient evidence Student has Autism, and the District's programs accounted for these identified needs. …*

MCKINNEY ISD 192-SE-0220

- *The evaluator assessed Student's social, emotional, and behavioral functioning using various measures including staff observations, rating scales, parent and teacher information forms, and review of Student's background/history and educational records.*
- *The District evaluated Student's communication skills through formal and informal testing, including in-person observation and parent and teacher information.*
- *The FIE also assessed Student's adaptive behavior functioning through observations, parent and teacher reports, and student interview.*
- NOTE THE REFERENCES TO MULTIPLE SOURCES OF DATA IN EACH DOMAIN IN THE HEARING OFFICER'S DECISION

NORTHWEST ISD 262-SE-0419

- Sole issue: FIE appropriate. Hearing said Yes.
- 7-member MDT
  - 2 DIAGS, 1 LSSP, OT, SLP, Nurse, Teacher
  - Not SI, no need for OT, no AU, no LD – This is a DNQ case
- *The fact that other instruments were available to the LSSP to choose from does not mean the instruments and other tools and strategies she did use were insufficient under IDEA evaluation criteria" "Reasonable minds may differ in the choice of instruments…a mere difference of opinion between professionals does not prove the choices the school district made were inappropriate*
- LSSP evaluation: review of previous evaluation; BASC-3, CARS-2, SRS, Parent Questionnaire, Teacher Information, 7 formal observations

OLDIE BUT GOODIE: GEORGE WEST ISD 310-SE-0810 (CYNTHIA BUECHLER REPRESENTED GWISD)

- *Parent disagrees with and disputes Student's classification as a student with an emotional disturbance and believes that Student should properly be characterized as eligible based on the category of autism.*
- *The parties agree, and the record reflects, that Student experiences anxiety, depression, inattentiveness, and social skills deficits which adversely impact student's educational performance and which require counseling and social skills training as part of student's IEP. The parties disagree, however, as to the origin of these issues.*
- *Petitioner views this constellation of symptoms, along with Student's early developmental history, as pointing toward eligibility based on Autism, while Respondent believes that current performance and assessment data support a designation of ED.*
- *The evidence presented suggests that the nature of Student's disability is difficult to categorize, but the weight of the evidence supports Respondent's classification of ED.*

GEORGE WEST

- *There are also, however, strong indicators in Student's assessment by both Drs. *** and ***, as well as student's performance in school, that negate the presence of an autism spectrum disorder. On the … all eight teachers placed Student in the very unlikely to unlikely range for the presence of autism. On the … all seven teachers and Parent placed Student in the non-autistic range. On the SRS, one of Student's *** grade teachers and all of student's *** grade teachers placed student in the non-autistic range for social skills. Student's speech evaluation found no communication disorder and that student's pragmatic language skills fall within the average range, even though student does not always display those skills in the classroom setting. On the whole student's teachers report that student joins group activities in class, initiates conversation with teachers and peers, and works well in group, partner, and individual settings. Importantly, Dr. *** acknowledged that Student does not display characteristics of autism in the school setting, but only when tested.*

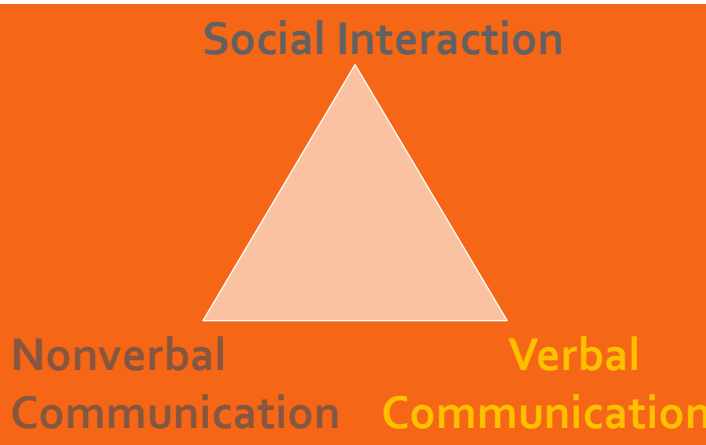
GEORGE WEST

- *In addition to the foregoing data related to autism, Student's assessment on measures administered by both Drs. *** and *** that are designed to provide information about student's emotional condition strongly suggest the presence of an emotional disturbance. On the …Student's profile showed significant anxiety and depression. On the … Student, Parent, and teachers all endorsed elevations in depression, anxiety, somatization, and internalizing of emotions. None of the BASC respondents reported elevations in the area of social skills. Further, the information provided by Parent and teachers about adaptive behavior on the Vineland II, the VABS, and in interviews to both Drs. *** and *** portrays concerns with interpersonal relationships, poor eye contact, flat affect, and trouble relating to people. These characteristics are consistent with anxiety and depression as well.*

GEORGE WEST

- *When measured against Dr. *** evaluation, which included information from Student, Parent, eight (8) teachers over two school years, and ratings on multiple nationally normed assessment measures, Dr. *** evaluation falls short of offering data that is as reliable, consistent, and determinative as that found in Dr. *** evaluation.*

THE 3 CRITERIA FOR AU (TEA & IDEA)



EXAMPLE TABLE FOR TEA CRITERIA

Domain	Definition/Characteristics	Data
Verbal Communication	This domain includes: Speech Acts (e.g. requests, responses, comments, direction, demands) that serve a communicative function. Prosody and Style Discourse (e.g., conversational exchange, topic maintenance, responsiveness).	The team discusses and identifies specific behaviors to indicate the presence of this characteristic or to contraindicate the presence of this characteristic
Nonverbal Communication	This domain includes: Body language Eye Contact Gestures Facial Expressions Gaze (shifts)	The team discusses and identifies specific behaviors to indicate the presence of this characteristic or to contraindicate the presence of this characteristic
Social Interaction	This domain includes: Rules for linguistic politeness Social reasoning and social cognition Social tasks (accessing peer groups, cooperative play) Reciprocity (e.g., initiating and responding to bids for interaction, taking turns)	The team discusses and identifies specific behaviors to indicate the presence of this characteristic or to contraindicate the presence of this characteristic

EXAMPLE – NO DEFICIT IN VERBAL COMM

Domain	Definition/Characteristics	Data
Verbal Communication	This domain includes: Speech Acts (e.g. requests, responses, comments, direction, demands) that serve a communicative function. Prosody and Style Discourse (e.g., conversational exchange, topic maintenance, responsiveness).	Asked examiner where they were going and if they would play any games (SLP & DIAG) At times would say "this is kinda boring," "I was hoping you had games," "do you have something else for me to do" (SLP, DIAG, LSSP) Asked questions ("How do you open this?" "Do you know the answer to this problem?") Made comments and added to conversation ("I don't really like math, but I really like my teacher. She is cool.") (LSSP interview) Reported a school activity (making a volcano in science) and a favorite activity at home (playing with his dog) No verbal oddities or perseverative topics Responsive to questions. Engaged in conversational exchange on various topics across all examiners. …

EXAMPLE

Social Interaction

Behavior:
- Difficulty with transitions
- Restricted Interests (Movie credits, computer videos)
- Sensory sensitivity (smells, eating, etc.)
- Poor focus/attention

- Misses social cues
- No sustained interactive play or pretend play
- Unable to take perspective of others – poor joint attention
- Does not seek relationships with peers

Nonverbal

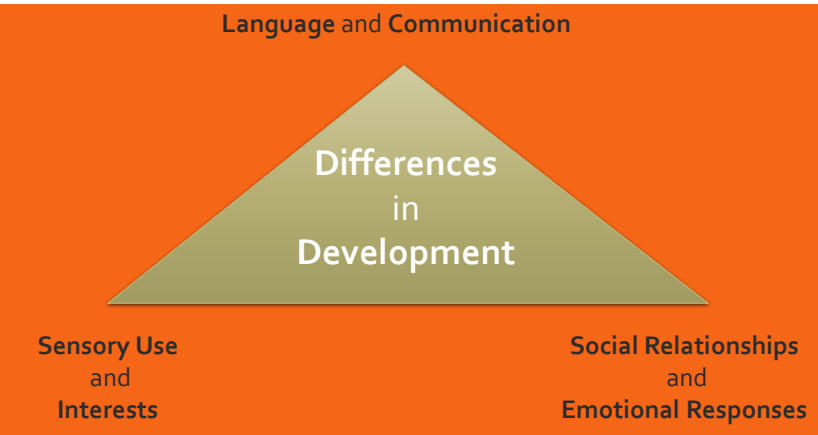
- Intrusive with body space – too close
- Limited use of gestures
- Facial expressions limited – grimacing
- Lack of eye gaze in interaction

Verbal

- Limited ability to follow complex commands
- Does not carry on reciprocal conversations with others
- Loud voice volume, issues with prosody
- Verbal repetitions/perseverations

VISUAL FRAMEWORK FOR UNDERSTANDING AUTISM SPECTRUM DISORDERS: *THE DESCRIPTIVE TRIANGLE*

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



ASHA: SOCIAL COMMUNICATION

- Social Communication involves three major skills:
- Using language for different reasons (e.g., greeting, requesting, informing)
- Changing language for the listener or situation (e.g., skipping or adding details when someone knows or does not know a topic, talking differently to someone of a different age)
- Following rules of conversation or telling a story (e.g., taking turns, remaining on topic, using gestures, demonstrating facial expressions and eye contact)
- Remember: cultural and other factors influence social communication

- Reference: https://www.asha.org/public/speech/development/social-communication/

VERBAL & NONVERBAL COMMUNICATION

- Initiation, responsiveness and participation in social interactions (back-and-forth conversations, sharing of interests, sharing of emotions/affect)
- Verbal and nonverbal are poorly integrated
- Prosody of verbal communication is atypical
- Eye contact, body language, gestures, facial expressions are poorly integrated (this can range from lack of, to reduced, to abnormalities in, and deficits in understanding)
- DSM-5 (p. 53): "Even when formal language skills are intact (e.g., vocabulary, grammar) the use of language for reciprocal social communication is impaired in autism spectrum disorder"
- Range from lack of speech, to poor language comprehension, to abnormalities such as echolalia, to overly literal language …

SOCIAL DEFICITS

- The Social Deficit in students with AU is very complex.
- Factors are interrelated: communication, cognition, and social responsiveness interact to elicit behaviors in social interchanges.
- The typical give-and-take inherent in social situations is not present or significantly impaired in students with AU.
- Social interest may be present, but initiation and reciprocity in interactional exchanges are impaired.
- Interaction – how you relate to others; Cognition – how you think about others

SOCIAL COGNITION

- Understanding of others' intentions, emotions and behaviors; how we process and interpret cues impact how we respond; wide range of abilities involving recognizing and processing emotions and tones of voice, attributing mental states to others, understanding social cues and contexts, …
- Commonly referenced domains of Social Cognition: Theory of Mind – Cognitive (infer thoughts, intentions and beliefs of others), Affective (inferences about what others' feel); Social Perception; Social Knowledge; Emotion Processing; Attribution
- Process of Social Cognition:
  - Attention to cue(s)
  - Interpretation of the cue(s)
  - Retrieving possible responses from memory
  - Making a decision regarding response options
  - Action – Behavior

BUT…

- Social communication & cognition deficits may appear on tests where no AU is present
- Impairments in social interaction are not limited to autism; many diagnoses include deficits in social interaction

THEREFORE…

- We must describe the responses provided by the students we assess versus just reporting a score on a test.
- We need to have a school-based multidisciplinary team conduct the FIE, and
- Data must be integrated to show if the behaviors are consistent with or inconsistent with the presence of the deficits associated with AU and ED.

IMPORTANT CONSTRUCTS/CONCEPTS

- **Qualitative impairment**
- **Joint Attention**
- **Theory of Mind**
- **Social Referencing**

QUALITATIVE IMPAIRMENT

- Distinctly deviant relative to the individual's developmental level or mental age
- Quantitative = "less of" of a particular skill or behavior
- Example: student has a limited vocabulary, which is consistent with her developmental level, but uses the vocabulary she does have for communicative purposes
- "atypical form" relative to a normative comparison
- Example: student has adequate language, but does not use language to effectively and reciprocally communicate with others (e.g., repeats phrases out of context, speaks of one topic, does not direct language to others)

JOINT ATTENTION

- JA= coordinating visual attention with a social partner; unfolds between 6 and 18 months; social orienting ; preverbal social communicative skill that involves sharing with another person the experience of a third object or event; TRIADIC EXCHANGE
- Pattern of JA: in kids with AU who are preverbal, communication is almost entirely requestive
- Protoimperative (use of gaze and/or gestures to gain another person's aid in obtaining a particular object or outcome)
- Protodeclarative (combinations of eye contact and gesturing but with the aim of calling another person's attention to the object or experience without any instrumental purpose)

TOM – SOCIAL-COGNITIVE SKILL

- The ability to attribute mental states (e.g., beliefs, intents, desires, emotions, knowledge) to oneself and to others. ToM is a sense of what others are thinking. ToM is necessary to understanding that others have beliefs, desires, intentions, and perspectives that are different from one's own. Helps us to form our responses.
- Tasks: Perception of emotions from facial expressions and from body postures; First order belief: what children think about real events (Michael thinks that Mary is angry); Second-order belief: what children think about other people's thoughts (Michael thinks that Mary thinks that he is angry with her)

SOCIAL REFERENCING

- Ability to read emotional cues in others to help determine how to act in a particular situation
- Includes the ability to
  - Recognize emotional expressions
  - Understand emotional expressions
  - Respond to emotional expression
  - Alter behavior in response to emotional expression

SELECTION OF TESTS AND PROCEDURES

- Given the constructs of qualitative impairment, joint attention, theory of mind and social referencing, what specific instruments or procedures would you select for your evaluation?

COMMONLY USED INSTRUMENTS AND METHODS

Review of Records	Interviews	Observations
Educational History	General: BASC-3 Structured Developmental History (SDH)	across settings which require various types of social interaction
Medical History	Specific: ADI-R, MIGDAS-2 (need training on these instruments)	Naturalistic, Structured, Participant
Any previous evaluations in district or private	Specific Questions related to suspected conditions: Sattler text*	
	General interviews with parent, teachers, student, service providers	

*Assessment of Children: Behavioral and Clinical Applications, 4th Edition

INFORMAL ASSESSMENT

- 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
- Some of the observations are naturalistic (observing in the environment in which behavior typically occurs), but some need to be designed: Participant observation (the observer is a participant, involved in the activity) or Structured (observing a specific task or social situation; predetermined activity; often behavior is coded in this observational method)

COMMONLY USED INSTRUMENTS AND METHODS

Speech-Language	CASL-2, CELF-5, TOLD, PPVT, EVT (for general language and vocabulary development) More specific measures: CELF-5 Metalinguistics; SLDT; TOPL-2;TOPS; CAPs; Communication samples
IQ & Developmental Measures	WISC-V; WPPSI-IV; DAS-II; KABC-II; WJ-IV BDI; DP4; DAYC-2; Bayley-4; PEP-3
Adaptive Behavior	Vineland-3; ABAS-III
Sensory Processing	Sensory Profile; Sensory Processing Measure
Rating Scales (Broad-band)	BASC-3; Conners CBRS (both instruments have content and diagnostic scales)
Rating Scales (Narrow Band)	Sometimes referred to as syndrome specific; ASRS; SRS-2; SCQ; GARS-3; CARS-2

IQ: USE TRADITIONAL TESTS SUCH AS WISC-V, WJ-IV, DAS-II, KABC-II

- Test manuals have profiles for clinical samples
- Research has been done on IQ tests with AU samples
- WISC-V Q-Interactive Technical Report 11 (Raiford, 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/pits.22688

WISC-V Technical and Interpretive Manual, pp. 141-146:

AU w/Lang Impairment Mean scores: VCI=80, VSI=83, FRI=84, WMI=78, PSI=76, FSIQ=76

FRI & VSI a bit higher; lowest on CO (4.8)

AU w/o/Lang Impairment Mean scores: VCI=102, VSI=101, FRI=101, WMI=95, PSI=89, FSIQ=98

WMI & PSI a bit lower; still relatively lower on CO (8.9) compared to other verbal subtests

AB TO CONSIDER FOR DIFFERENTIAL OR CO-OCCURRENCE

- Adaptive Behavior (Vineland)
- 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
- 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

- Adaptive Behavior
- ID sample with IQ 50-70 Means for each domain:
  - Communication=58 Daily Living Skills=68 Socialization=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

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

COMMONLY USED INSTRUMENTS AND METHODS

Rating Scales (Self-Report)	BASC-3; Conners; RCMAS; MASC; CDI; RCDS; RCMAS
Direct Measures	ADOS-2; NEPSY-II Social Perception domain; PEP-3
FBA	FAST; MAS; QABF
Academic Achievement	KTEA-3; WIAT-4; WJ-IV ACH Specific measures of reading, written expression and math
Other	Description and analysis of student's progress in interventions for not only academics, but behavior

RATING SCALES

- **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 (observations and direct measures for certain constructs) to triangulate rating scale data**
- **Sometimes we give too many scales**
  - **select a scale with clinical norms for several classifications/diagnoses**

EXAMPLE: BASC-3 CLINICAL PROBABILITY INDEX: LIKELY ED NOT ADHD OR AU

Clinical Probability Scales	Mother	Reading Teacher	Math Teacher
ADHD	64	58	68
AU	52	54	54
EBD	72	78	74

MULTIPLE SOURCES, DISPARITIES

- Other problems with rating scales –
  - do not explain why the behavior occurs nor how it is demonstrated. For example, an item such as: has trouble making friends – always to never
  - There may be disparities between the ratings of informants. For example, parent scales may be significant and teacher scales may not, or teacher scales may be significant and parent scales may not
- What happens when there are disparities between ratings of informants and between types of data – observations versus interviews (e.g., behavior reported in interviews are not observed) versus tests (performance of student on direct measures is not consistent with reported behaviors)?

TRIANGULATE

- **When synthesizing data in the FIE conclusions, indicate characteristics based on multiple sources of data.**
- **For example: Language & 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: …**

282-SE-0523 STUDENT V. FRISCO ISD

- 2021 transfers back into Frisco ISD; Eligibility: ED and OHI-ADHD
- Significant behavioral and emotional challenges and many issues related to placement
- Services: BIP, Psych Services, In-home Parent training, Social Skills intervention
- Additional evaluations across 2 years: FBA, BASC-3, IQ, ACH, AB – not SLD, Not Dyslexic; still ED and OHI
- Private eval in Dec. 2022: diagnosis of Autism Spectrum Disorder, without accompanying intellectual or language impairment; ADHD; other diagnoses redacted
- District does evaluation and completed in April 2023

282-SE-0523 STUDENT V. FRISCO ISD

- SLP: CELF-5 very low due to lack of cooperation (previous CELF-5 had been average); Pragmatic Language Skills Inventory – average. No impairment in social communication and reciprocal interaction. Average receptive, expressive and articulation.
- LSSP: BASC-3, ASRS, SRS-2, SSIS-SEL, Observations, Teacher information. Not AU due to no deficit in verbal communication, good eye contact, behavior intentional and behavior is socially appropriate if student is regulated
- OT: capable of all tasks; work avoidance and lack of compliance. No OT.
- Parent disagreed with evaluation.
- Student suspended in 2023 and did not return to school.

282-SE-0523 STUDENT V. FRISCO ISD ISSUES ABOUT EVAL AND IDENTIFICATION

- District conducted multiple evaluations based on Parent request and ARD Committee deliberations; none of the evaluations indicated a need for a new spec educ eligibility
- HO, p. 30-31: *Student's private evaluator diagnosed Student with autism based on a medical diagnosis and not the criteria for special education eligibility. The private evaluator did not observe Student in the classroom, and he used teacher input from Student's *** grade teacher, when Student was a *** grader at the time of the evaluation. Additionally, the private evaluator did not testify at hearing, so it is difficult to measure the credibility of the diagnosis.*
- *It is undisputed that Student demonstrates some characteristics of autism such as difficulty tolerating changes in routine, difficulty using appropriate verbal and nonverbal communication for social contact, and difficulty providing appropriate emotional responses in social situations. The credible evidence supports the conclusion that Student does not qualify for special education as a student with autism. The private evaluations followed the DSM-5 which is different from the criteria for special education eligibility.*

282-SE-0523 STUDENT V. FRISCO ISD ISSUES ABOUT EVAL AND IDENTIFICATION

- *The credible evidence aligns with the District LSSP's conclusions that Student makes appropriate eye contact, can engage in appropriate verbal communication, and can distinguish between appropriate and inappropriate behaviors. Student's eligibility under ED explains Student's inability to build and maintain social relationships and is the root cause of Student's deficits in social functioning, not autism.*
- IEP was updated many times; several strategies on AU supplement were used although student was not AU
- Frisco ISD prevailed on all issues in this hearing

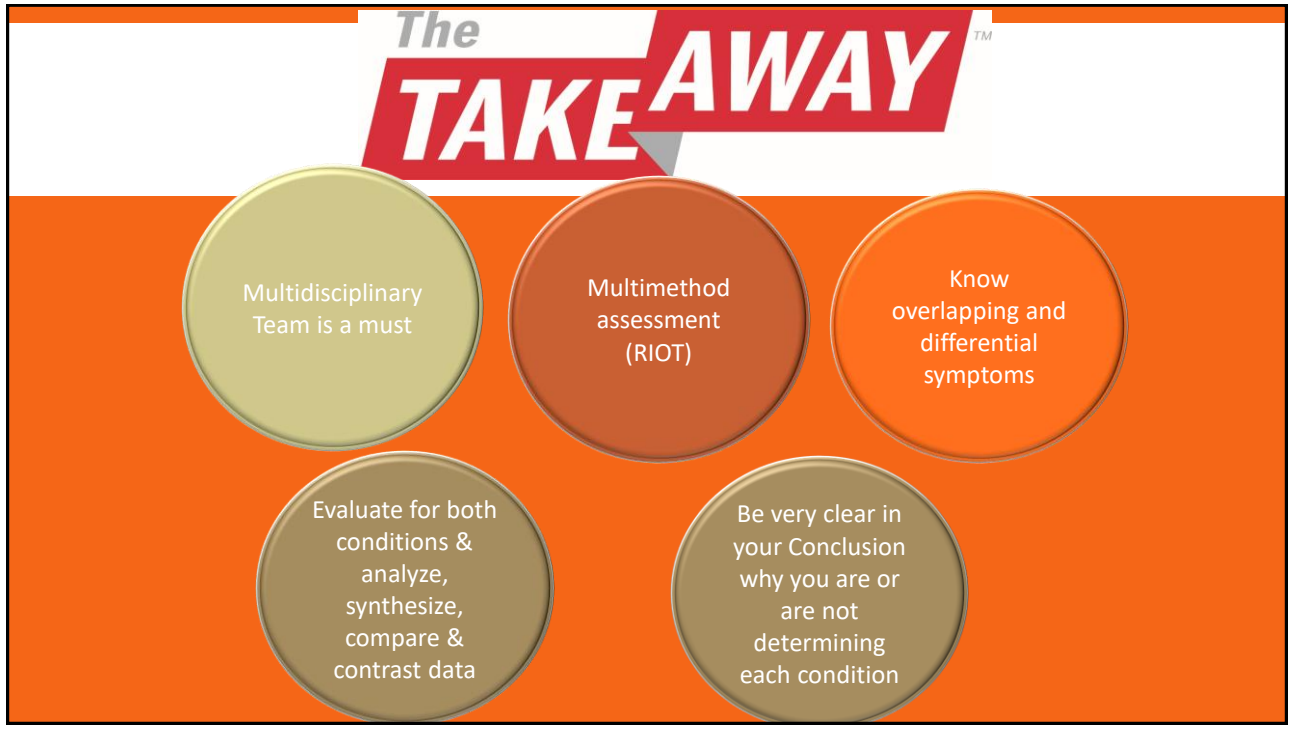
IF AU, WHICH CHARACTERISTIC OF ED WOULD BE MOST LIKELY?

ED criteria	Questions and Issues?
Inability to learn that cannot be explained by intellectual, sensory or health factors	Does AU explain learning deficiency?
Inability to build or maintain satisfactory interpersonal relationships with peers and teachers	Overlap here; What is the underlying reason for the interaction difficulty?
Inappropriate behaviors or feelings under normal circumstances	Can you have "normal circumstances" if identified as AU? Is pattern best explained by AU?
General or pervasive mood of unhappiness or depression	Both depression and anxiety have been shown to be comorbid with AU
Physical symptoms or fears in response to personal or school problems	

THE FIE:
Each component will contribute to conclusion.

INCREMENTAL VALIDITY

- Will a new/added psychometric assessment/measure **increase the predictive ability** beyond that provided by an existing set of data?
- Will adding a particular procedure to an existing set of assessment methods **improve the validity** of your decision?
- Depends on the **variable** in question or **goal** and the **predictors** which make up the base set of data


The TAKE AWAY™
Multidisciplinary Team is a must
Multimethod assessment (RIOT)
Know overlapping and differential symptoms
Evaluate for both conditions & analyze, synthesize, compare & contrast data
Be very clear in your Conclusion why you are or are not determining each condition