



WELCOME

TO THE INTRODUCTORY  
POWERPOINT FOR THE DCN  
TRAINING



**BEST PRACTICES FOR  
SCHOOL BASED  
ASSESSMENT OF ASD**

# Objectives of this Intro

- **Be familiar with DSM-5 and Ed Code criteria of Autism**
- **Understand red flags for Autism**
- **Review standard tools for eligibility assessment (including cognitive, adaptive, and rating scales)**
- **Review Autism specific tools, including screeners and ADOS**

# So that during the live training we can spend more time to

- Engage in interactive activities, including:
  - Group discussion
  - Case studies
- Delve into differential diagnosis
- Analyze assessment results
- Explore new ways to report assessment results, including a DSM-5 Report Summary Tool

# CA Education Code Criteria

Per 5 CCR 3030, updated July 2014

**Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child 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 input. Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b) (4) of this section.

## Amendments to State Regulations on Autism Eligibility

### California Code of Regulations

#### 5 CCR § 3030. Eligibility Criteria.

## Prior to July 1, 2014

## July 1, 2014

3030 (g) A pupil exhibits any combination of the following **autistic-like behaviors**, to include but not limited to:

- (1) An inability to use oral language for appropriate communication.
- (2) A history of extreme withdrawal or relating to people inappropriately and continued impairment in social interaction from infancy through early childhood.
- (3) An obsession to maintain sameness.
- (4) Extreme preoccupation with objects or inappropriate use of objects, or both.
- (5) Extreme resistance to controls.
- (6) Displays peculiar motoric mannerisms and motility patterns.
- (7) Self-stimulating, ritualistic behavior.

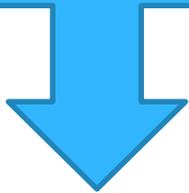
(1) **Autism** means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, and adversely affecting a child's educational performance. Other **characteristics often associated** with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(A) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in subdivision (b)(4) of this section.

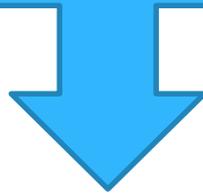
(B) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in subdivision (a)(1) of this section are satisfied.

# ***DSM-5 CHANGE FROM DSM-IV!***

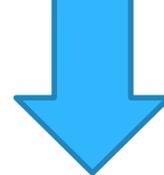
Autistic  
Disorder



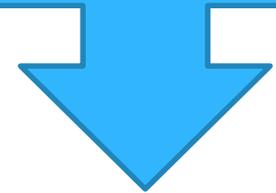
Asperger  
Disorder



PDD-  
NOS



Childhood  
Disintegrative  
Disorder

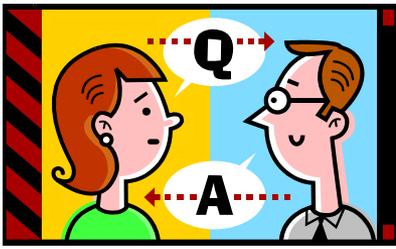


One Diagnosis:

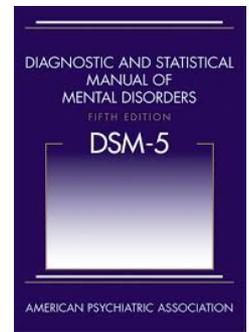
**AUTISM SPECTRUM DISORDER**

# DSM-5 ASD Criteria

| Social – Communication<br>(all 3)   | Restrictive, Repetitive<br>Behaviors (at least 2)   |
|---|---|
| <ul style="list-style-type: none"><li>• Deficits in social emotional reciprocity</li><li>• Deficits in nonverbal communicative behaviors used for social interaction</li><li>• Deficits in developing, maintaining and understanding relationships appropriate to developmental level</li></ul> | <ul style="list-style-type: none"><li>• Stereotyped or repetitive motor movements, use of objects, or speech</li><li>• Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior</li><li>• Highly restricted, fixated interests that are abnormal in intensity or focus</li><li>• Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment</li></ul> |



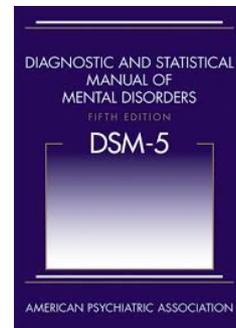
# Why the Changes?



- Diagnostic picture often changes over time
- Social and communication impairments are linked/inseparable
- Diagnosis of 3 subtypes inconsistent and unreliable



# Why the Changes?



- Diagnosis of the three main subtypes found to be inconsistent and subjective
  - PDD-NOS was often the “catch all” and default diagnosis
  - Many individuals diagnosed with Asperger’s did not meet all criteria (communication impairments exist, self help skills impaired)
  - Actual diagnosis related more to clinic than actual symptoms

## DSM-5

- A. Deficits in social emotional reciprocity
- B. Deficits in nonverbal communicative behaviors used for social interaction
- C. Deficits in developing & maintaining relationships appropriate to developmental level
  
- D. Stereotyped or repetitive speech, motor movements, or use of objects
- E. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change
- F. Highly restricted, fixated interests that are abnormal in intensity or focus
- G. Hyper-/hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

## Education Code

Autism means a developmental disability significantly affecting verbal & nonverbal communication and social interaction, generally evident before age three, and adversely affecting 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.

# Characteristics of ASD (DSM-5)

- Domain A: Deficits in social communication and social interaction across multiple contexts, as manifested currently or by history:
  1. Social-emotional reciprocity
    - Abnormal social approach and failure of normal back-and-forth conversation
    - Reduced sharing of interests, emotions or affect
    - Failure to initiate and or respond to social interactions
  2. Deficits in nonverbal communication behaviors used for social interaction
    - Poorly integrated verbal and nonverbal communication
    - Abnormalities in eye contact and body language or deficits in understanding gestures
    - A total lack of facial expressions and nonverbal communication
  3. Deficits in developing, maintaining and understanding relationships
    - Difficulties adjusting behavior to suit various social contexts
    - Difficulties in sharing imaginative play or in making friends
    - Absence of interest in peers

# Characteristics of ASD

## Deficits in social interaction

- Lack of reciprocity
- Doesn't seem to be aware of your or others' presence
- Limited interest interacting with others; calmer and happier when engaging in solitary activities
- Shares about preferred interest with little regard to others' interest
- Partner is interchangeable

# Characteristics of ASD

## Deficits in social interaction

- Lacks shared enjoyment
- Shares about preferred interest with little regard to others' interests
- Doesn't pick up on or respond to others' cues
- Doesn't tune into others' experiences, responses or preferences
- Engages with other(s) only for purpose of deriving enjoyment from activity

# Characteristics of ASD

Deficits in social interaction

- Limited awareness of (own and others') feelings
- Lacks or limited empathy for developmental age
- Lack of understanding of friendships and relationships

..in other words limited Theory of Mind

# Characteristics of ASD

## Deficits in social interaction

- Understanding of friendships and relationships limited for developmental age
- May desire having friends but friendship is one-sided or based solely on shared interests
- Rigidity interferes with ability to make friends and reciprocity
- Struggle with relationships great source of difficulty and anxiety

# Characteristics of ASD

## Deficits in social interaction

- Great amount of work has been put in for student to learn social skills, and to develop relationships
- Interacts more with adults & children who scaffold
- Continues to require scaffolding to maintain relationships
- Deficits more apparent in unstructured settings
- Burden of interaction & relationships rests on partner
- If skills look better than expected or reported, consider explanation, i.e., interventions, scaffolding, partner(s)

# Characteristics of ASD

## Deficits in verbal communication

- Significant language delays
- Regression in verbal development
- Echolalia; stereotyped or repetitive speech
- Prosody or intonation is odd, i.e. stress, rhythm, rate, tone, sing songy
- Idiosyncratic words or phrases (don't match situation)
- Overgeneralization of words/phrases
- Incorrect use of pronouns

# Characteristics of ASD

## Deficits in verbal communication

- Expressive language better than receptive language
- Difficulty understanding nonliteral language, sarcasm
- Limited or abnormal back-and-forth conversation
- Lectures rather than converses
- Recites trivial facts
- Topic management weaknesses

# Additional Language Characteristics of ASD

- Limited vocabulary/basic concepts
- Syntax and morphology deficits
- Slow processing
- Difficulty retrieving words and information
- Verbal formulation problems
- Weaknesses in cognitive uses of language (e.g., describing, explaining, defining, analyzing, comparing/contrasting, deducing, etc.)



will impede achieving the CCSS

# Characteristics of ASD

## Deficits in verbal communication

- Grabs rather than requests
- Labels or requests, rather than comments
- Says rude or hurtful comments and has great difficulty understanding the effects
- Burden on conversation rests on partner; reciprocal skills can look better with familiar person who scaffolds interaction

# Characteristics of ASD

## Deficits in nonverbal communication

- Did not point, wave bye-bye, peek-a-boo during first two years
- Delays or impairments in joint attention, 3-point gaze
- Flat facial expressions
- Exaggerated facial expressions
- Limited or inconsistent eye contact
- Lack of compensation for verbal impairments/ delays with nonverbal communication

# Characteristics of ASD

## Deficits in nonverbal communication

- Limited repertoire of gestures
- Limited spontaneous gesturing, especially descriptive gestures
- Appearance of “stiffness”, odd, wooden or exaggerated body language
- Can look better when talking about his interest(s)
- More subtle symptoms include relatively good eye contact but difficulty integrating eye contact with body posture, prosody/speech, intonation, and facial expression

# Characteristics of ASD

## Deficits in nonverbal communication

- Difficulty reading or picking up nonverbal expressions or cues
- Failure to follow someone's pointing or eye gaze
- Does not pick up on when others make fun of him
- Misunderstands or misinterprets cues, meaning
- Misses jokes or sarcasm "cues"
- Gets in your face

# Characteristics of ASD

Deficits in nonverbal communication

Poorly integrated verbal & nonverbal communication includes:

- History of impaired joint attention, lack of pointing, showing or bringing objects to share with or show others
- Explains but doesn't gesture
- Young child has difficulty with nursery rhymes including hand motions, e.g., Wheels on the Bus
- Behaviors unexpected for developmental age (i.e., does not point but leads by hand to desired object)
- Integration can be inconsistent, i.e. much better when related to his interest

## DSM-5

- A. Deficits in social emotional reciprocity
- B. Deficits in nonverbal communicative behaviors used for social interaction
- C. Deficits in developing & maintaining relationships appropriate to developmental level
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## Education Code

Autism means a developmental disability significantly affecting verbal & nonverbal communication and social interaction, generally evident before age three, and adversely affecting 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.

# Other Characteristics of ASD

Education Code States:

- ***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***
- In other words **R**estricted **R**epetitive behaviors, activities and interests, **R**igidity (**RRR**), and Sensory differences as outlined in DSM-5

# Characteristics of ASD

## Other Characteristics

DSM-5 Domain B Restrictive, repetitive patterns or behavior, interests or activities:

- A. Stereotyped or repetitive motor movements, use of objects, or speech
- B. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior
- C. Highly restricted, fixated interests that abnormal in intensity and focus
- D. Hyper – or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment

Must meet at least two currently or by history

# Characteristics of ASD

## RRR Criteria DSM-5

Stereotyped or repetitive motor movements, use of objects, or speech

- Rocking, spinning, hand flapping, finger licking
- Lining up toys, spinning coins, flipping objects, open/close doors repetitively
- Echolalia and idiosyncratic phrases
  - *Behaviors more frequent in earlier childhood and cognitive impairments*
  - *They often go away or decrease in frequency and severity once language develops*
  - *They're more apparent during new, less structured settings or when demands are challenging*

# Characteristics of ASD

## RRR Criteria DSM-5

Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior includes:

- Extreme distress at small changes
- Difficulties with transitions or changes
  - includes resistance to and/or slow transitions from preferred to non-preferred activities
- Rigid thinking patterns / Rigidity
  - Impacts social interaction and problem solving skills
- Ritualistic verbal & nonverbal behaviors
  - impacts interaction and availability for learning
- Need to take same route or eat same food everyday, must watch same videos
  - to an atypical level for development age

# Other Characteristics of ASD

## RRR

The following behaviors can be seen as willful and/or misinterpreted as ED:

- Does not compromise, insists on doing things only a specific way, protests
- Extreme difficulties adapting or adjusting behaviors
- Resistance to transitioning between activities may be seen as willful
- Grabbing items without asking and not apologizing as “rude” or “disrespectful”
- Frequent and intense tantrums, especially at young age
- Challenging to direct or redirect behaviors
- Controlling or not allowing others to do things a different way

# Characteristics of ASD

## RRR Criteria DSM-5

Highly restricted, fixated interests that abnormal in intensity & focus:

- Strong attachment to or preoccupation with unusual objects
- Excessively circumscribed or perseverated interests
- These attachments or preoccupations are significantly greater than would be expected for child's developmental age and interfere with his functioning to a significant degree

# Other characteristics of ASD

- Deficits in Play Skills
  - Limited or reduced for developmental age
  - Repetitive nature
  - Lack creativity
  - Literal; more violent themes
  - Playing with very fixed rules
  - Lack of shared play for developmental age; will not allow others to join in play, won't follow their lead, and/or grab items away
- Deficits in play skills can be documented in DSM-5 Chart under social-emotional reciprocity (p. 5) and RRs (bottom p. 6) criteria

# Review

## Red Flags include:

- No babbling
- No gesturing
- Delay of or no language
- Loss of communication and social skills (25%)
- Not responding to name
- Not knowing how to play with toys
- Attending more to parts of objects than using them functionally or for pretend play
- Lack of shared enjoyment
- Lack of joint attention (3-point gaze)



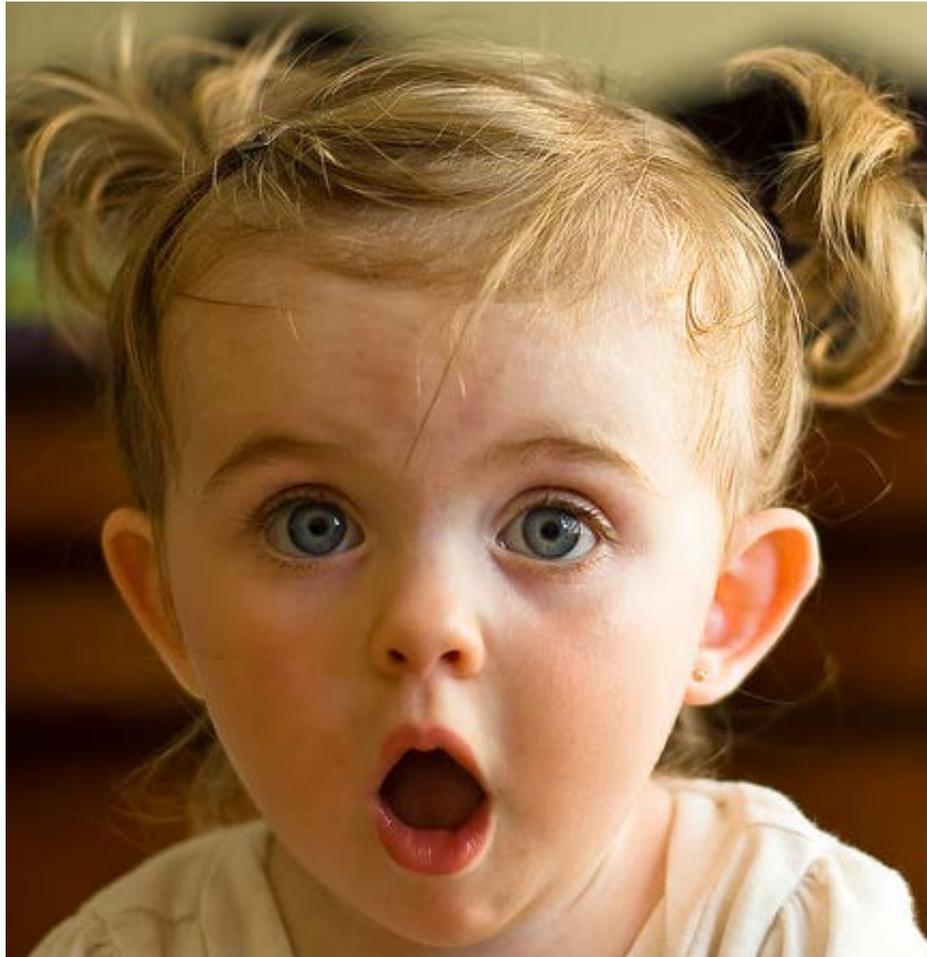
For review and more specifics, see CDC and First Signs web resources

# Advantages of School Model

- See the child in a natural, social environment
- See the child on several and/or regular occasions
- Can compare the child to typically developing peers
- Have an ongoing relationship with the child, family, and teacher(s)
- Have access to historical data
- Offer multiple professional expertise and perspectives

# **\*NEW SOCIAL (PRAGMATIC) COMMUNICATION DISORDER**

*DSM-5 325.39*



# DSM-5

- **Page 51:** “Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for ASD (i.e., NO restricted, repetitive behaviors), should be evaluated for **SCD.**”

## **Social (Pragmatic) Communication Disorder**

# SCD Development and Course

- **Rarely diagnosed before age 4 years.** Milder forms of the disorder may not become apparent until early adolescence when language and social interactions become more complex
- Outcome is variable from substantially improving to difficulties persisting into adulthood
- Even among those who have significant improvement, the early deficits in pragmatics may cause lasting impairment in social relationships and behavior—and, also, **in acquisition of other related skills such as written language.**

# **SOCIAL (PRAGMATIC) COMMUNICATION DISORDER**

## **A. Persistent difficulties in social use of verbal and nonverbal communication as manifested by all the following:**

1. Deficits in using communication for social purposes (e.g., greeting, sharing information) in a manner appropriate for the social context
2. Impairment of the ability to change communication to match context or needs of listener (e.g., talking differently in class than on the playground, talking differently to adult than child, avoiding use of overly formal language)
3. Difficulties following rules for conversation and storytelling (e.g., taking turns, rephrasing, using verbal and nonverbal signals to regulate interaction)
4. Difficulties understanding what is not explicitly stated (making inferences, nonliteral or ambiguous uses of language—humor, idioms, metaphors, multiple meanings)

**B. The deficits result in functional limitations in one or a combination of the following:**

- Effective communication
- Social participation
- Social relationships
- Academic achievement
- Occupational performance

**C. The onset of symptoms is in the early developmental period, but deficits may not become fully manifest until social communication demands exceed limited capacities**

**D. The symptoms are not attributable to another medical or neurological condition or to low abilities in the domains of word structure and grammar, and **are not better explained by ASD**, ID, global delay, or another mental disorder**

# ASSOCIATED FEATURES

## SUPPORTING SCD DIAGNOSIS

- **Most common: Language impairment**— characterized by history of delay in reaching language milestones along with structural language problems (historical if not current)
- Avoidance of social interactions
- Commonly co-occurs with ADHD, behavioral problems, and specific learning disorders

# Differential Diagnosis

➤ Other disabilities that can be confused with ASD:

- Intellectual Disability \*
  - Language Disorder / Impairment \*
  - Attention Deficit Hyperactivity Disorder \*
  - Anxiety, Depression, Emotional Disorder \*
  - Learning Disabilities, including Nonverbal Learning Disabilities
- 
- These can also co-occur with ASD

# Best Practice Assessment Framework

|          |           |          |          |
|----------|-----------|----------|----------|
| <b>R</b> | <b>I</b>  | <b>O</b> | <b>T</b> |
| Review   | Interview | Observe  | Test     |

# Review

## Review records:

- Early childhood records for red flags
- Preschool data and reports
- Cum file, including teacher comments
- Special education file
- Previous assessment reports and treatment summaries

# Review



When reviewing reports and other records, where there might be a doubt of ASD, ask:

- What is the cause of student's difficulties (i.e., social interaction, cognition, short attention span)?
- How valid are these results?
- Historically, what were the signs associated with ASD?
- What diagnoses best explain the student's profile?
- What additional information is needed to determine the student's disabilities?

# Review

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- Not responding to name
- Not knowing how to play with toys
- Attending more to parts of objects than using them functionally or for pretend play
- Lack of shared enjoyment
- Lack of joint attention (3-point gaze)



For review and more specifics, see CDC and First Signs web resources

# Resources from CDC

- CDC milestones (and quiz):
  - <http://www.cdc.gov/ncbddd/actearly/index.html>
- CDC Autism signs and symptoms
  - <http://www.cdc.gov/ncbddd/autism/facts.html>
- CDC Autism Case Training
  - <http://www.cdc.gov/ncbddd/actearly/autism/index.html>

R

Review

I

Interview  
/ Input

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Observe

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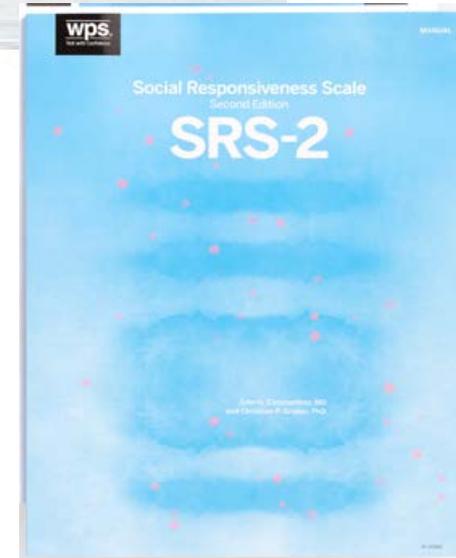
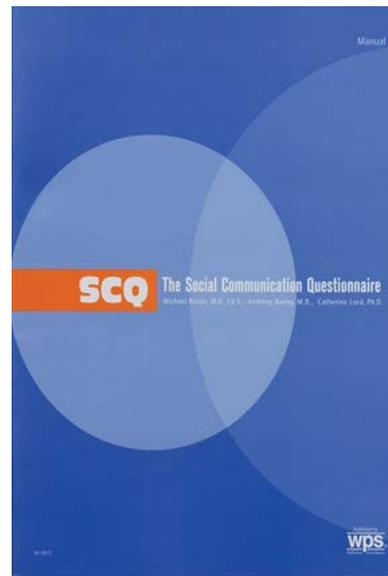
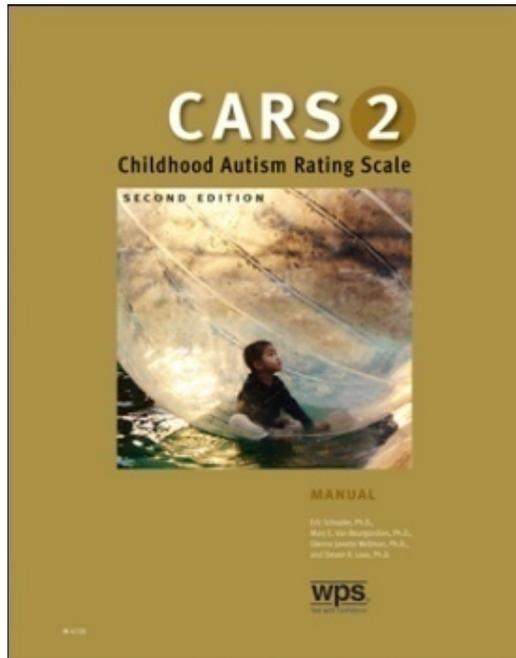
Test

# Parent Interview

Parent input is crucial:

- Detailed developmental history
- Behavioral concerns
- Communication delays and concerns
- Friendships and social skills
- Use a combo of informal and structured interviews

# Autism Questionnaires, Scales and Screeners

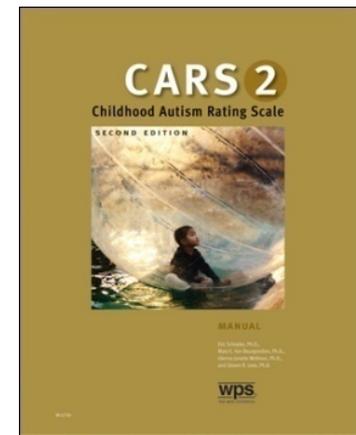


# ***CHILDHOOD AUTISM RATING SCALE-2***

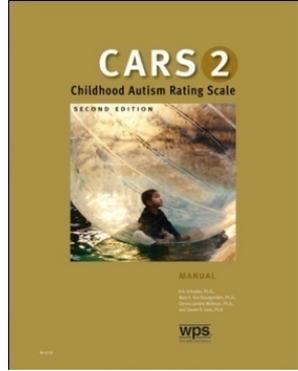
## ***CARS-2***

### ***Questionnaire for Parents or Caregivers (QPC)***

- First part of CARS-2 system
- Questions organized by main areas of behavior related to autism, i.e. communication, emotions, sensory, play, and routine
- Parent rates each item by current severity, or whether item was a problem in the past
- Does not result in score but assists in identifying parents' areas of concern



# CARS-2 QPC Examples



- Responds to facial expressions, gestures, and different tones of voice
- Directs facial expressions to others to show emotions he/she is feeling
- Follows another person's gaze or points toward an object that is out of reach
- Shows a range of emotional expression that match the situation
- Understands and responds to how another person may be thinking or feeling
- Uses toys or other materials to represent something they are not

# CARS-QPC

## Examples

- Responds to facial expressions, gestures, and different tones of voice
- Directs facial expressions to others to show emotions he/she is feeling
- Follows another person's gaze or points toward an object that is out of reach
- Shows a range of emotional expression that match the situation
- Understands and responds to how another person may be thinking or feeling
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**IF YOU DECIDE TO USE AN  
AUTISM RATING SCALE OR SCREENER  
WE SUGGEST:**

- *CARS-2 QPC*
- *GARS-3: Gilliam Autism Rating Scale, 3<sup>rd</sup> Edition*
- *Social Communication Questionnaire (SCQ)*
- *Social Responsiveness Scale- 2 (SRS-2)*
- *Autism Spectrum Rating Scales*

# CAVEAT: **ASD Screeners**

- **Identify** those children in need of an in-depth assessment or further diagnostic evaluation
- **Over-identify** by design
- Are subject to **rater bias**
- Often **not psychometrically strong**
- **Do not make a diagnosis**
- A cutoff score indicates that there is a **certain likelihood that the individual has ASD**

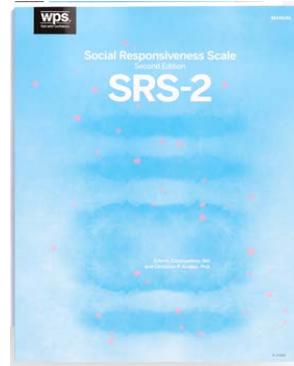
# GARS-3

- 2014; items and subscales reflect DSM-5 criteria for ASD
- Ages 3-22; 5-10 minutes
- Frequency-based rating scale completed by parent, teacher, or caregiver
- Consists of 56 items describing the characteristic behaviors of persons with autism grouped into six subscales (Restrictive/Repetitive Behaviors, Social Interaction, Social Communication, Emotional Responses, Cognitive Style, and Maladaptive Speech)
- Yields standard scores, percentile ranks, severity level, and **assesses the probability of autism spectrum disorder** and the severity of the disorder
- **Caveat: Be very cautious in using with individuals who may have ID—small norm sample and higher scores**



# SRS-2

- Updated in 2012-parent and/or teacher rating scale
- 65 Likert items; 15-20 minutes to complete
- Preschool version is ages 2 ½ to 4 ½
- Overall score, two *DSM-5* compatible scales , 5 treatment areas
- **Caveat: beware of rater bias; parents tend to rate higher**
- Purports to identify ASD and “subclinical autistic traits”
- An elevated score can reflect other disorders (SLI, ID or ADHD)
- **“For preschoolers especially, it is important to consider whether SLI or ID contributes to suspected deficits” (Manual, page 19)**

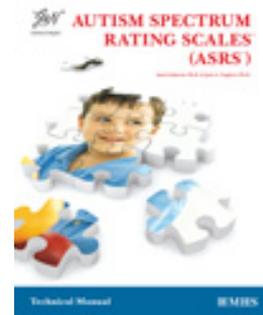


# SCQ



- Parent screener, consisting of 40 yes/no ratings
- Published in 2003
- 10 minutes to complete, 5 minutes to score
- Two versions
  - ✓ Lifetime – for initial screening; cut-off score of 15; some ratings consist of observations from ages 4-5
  - ✓ Current – for identified individuals; used to monitor progress/severity
- Forms available in Spanish
- High validity with ADI-R, a research validated and gold standard developmental history measure for Autism
- For ages 4+, but developmentally above age 2
- SCQ is **less accurate for children under 36 months** (Oosterling et al., Journal of Child Psychiatry and Psychiatry, 2010)

# ASRS (Goldstein & Naglieri)



- 20 minutes to administer
- Published in 2010, updated in 2014
- Rating responses of Never, Rarely, Occasionally, Frequently, Very Freq.
- Designed to identify symptoms, behaviors, and associated features of ASD
- Two versions: Ages 2-5 (70 items) & Ages 6-18 (71 items)
- Provides data to differentiate between ASD & ADHD
- Prorating scores available for nonverbal students
- Electronic administration, scoring, and comparisons between raters, and over time
- Can cut & paste sections of generated report into your report
- Social/Communication, Unusual Behaviors, Emotional Regulation , DSM-5 Scale, and Treatment Scales (Peer Socialization, Adult Socialization, Reciprocity, Atypical Language, Stereotypy, Behavioral Rigidity, Sensory, Attention)

# PRAGMATIC LANGUAGE SKILLS CHECKLISTS

- *Clinical Evaluation of Language Fundamentals (CELF), Pragmatics Profile:*
  - Preschool, 2<sup>nd</sup> Edition, age 3+
  - 5<sup>th</sup> Edition, age 5+
- *Children's Communication Checklist-2 (CCC-2), age 4+*
- *Pragmatic Language Skills Inventory (PLSI), age 5+*
- *Test of Problem Solving 2&3*
- *Social Language Developmental Test-Elementary and Adolescent*

# EXAMPLES OF OPEN-ENDED QUESTIONS

- When did you first become concerned? What were your concerns? What are your current concerns?
- How did your child's development differ from that of his siblings?
- How does he let you know when he needs something? How did he let you know when he first started communicating?
- Tell me about his imitation skills; does he spontaneously copy what you do or do you have to teach him? When did he begin imitating you? How did this look?
- What are his interests?
- What are his favorite toys and games?



# PARENT INTERVIEW

## Additional examples of open-ended questions

- Describe what he did/does with toys and how he played/plays? (Probe for pretend, sequencing, variety, interactions with dolls, animal or action figures)
- What does he look like at the park or recess?
- Tell me about his friendships and interest in other kids?
- How does he play with other kids?
- How does he get along with his siblings?
- When and how does he interact with others?
- How does he respond when other children approach or invite him to play?



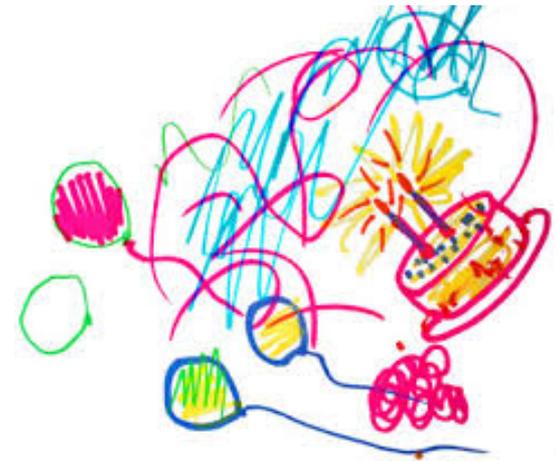
# PARENT INTERVIEW

- How does he communicate his feelings to you and others?
- How does he respond to others when they are sad or upset?
- Describe any sensitivities (sound, touch, texture, food) and lack of sensitivity (pain, temperature).
- How does he respond to changes in routines and schedules?
- Are there any things he seems to have to do in a particular way or order?
- What motivates him?
- What do you enjoy doing together?



# ADDITIONAL PARENT INPUT

- Ask parents to describe:
  - Child's strengths and special skills
  - Behaviors during birthday parties and celebrations
  - Daycare/preschool experiences
  - How outings in the community look like (stores, restaurants, church, visiting relatives or family)



# CLASSROOM DIFFICULTIES

- Attention
- Transitions between activities
- Understanding abstract concepts
- Generalizing skills and concepts
- Performing upon request
- Motivation to perform
- Reading comprehension
- Problem solving skills
- Fine motor, writing and drawing skills



# Other Areas Impacting Learning:

- Language processing
- Following directions
- Processing speed
- Executive Functioning
- Social Interaction
- Theory of mind
- Sensory regulation
- Emotional regulation
- Others?

R

Review

I

Interview

O

Observe

T

Test

# Observe in Multiple Settings

- Arrival at school
- Recess / Snack Time
- Lunchtime
- Whole class activity
- Group activity
- Individual activity
- Working with a peer
- Departure
- PE, art, music, library, assembly, fire drill.
- Transition / passing period





# ADOS-2



- Standardized clinical tool intended for individuals suspected of having ASD
- Structured assessment of communication, social interaction, and play or imaginative use of materials
- Includes 5 Modules; each is intended for individuals of different developmental and language levels ranging from toddlers with little or no language to verbally fluent, high functioning children, adolescents or adults.

# ADOS-2 Continued



- Examiners set up a series of social “presses” which provide multiple opportunities for students to engage in typical social interaction or exchanges
- Scoring is based on qualitative analysis
- **Results in a classification, not a diagnosis**
- Yields total cut-off scores for “Autism” and “Autism Spectrum” and “Non Spectrum
- **Toddler module gives level of concern**

# ADOS-2 Protocols

\*new and improved\*

- Specific hierarchy of presses included on protocol (e.g. response to joint attention)

## 6 Response to Joint Attention

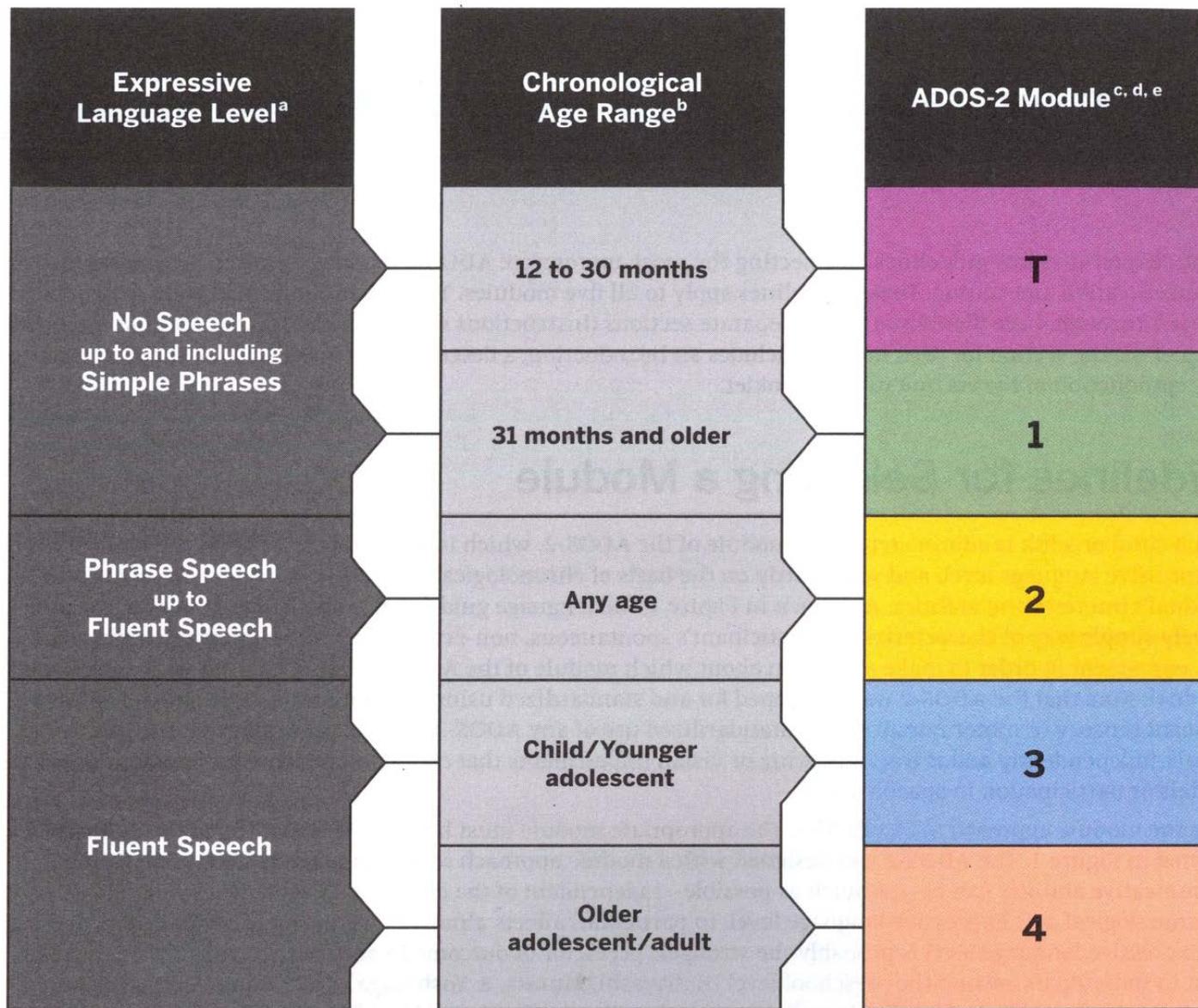
### Focus of Observation:

- Does the child follow a shift in gaze alone or follow a shift in gaze when it is accompanied by pointing?
- Pay attention to the child's behaviors when playing with the remote-controlled toy, including eye contact, vocalizations, requesting, shared enjoyment, initiations of joint attention, and pretend play (e.g., hugging or kissing the toy animal).

### Hierarchy of Presses

- (1) Orient the child's body toward your face, if possible.
  - Up to five attempts should be made to attract the child's attention toward your face before administering the activity.
  - If the child's attention is NOT obtained, you should still proceed through the hierarchy of presses, including activation of the toy.
- (2) Say: "(Child's name), look!" (exaggerate your gaze shift).
- (3) Say: "(Child's name), look at *that!*" (exaggerate your gaze shift), UP TO two times.
- (4) Say: "(Child's name), look at *that!*" (with a gaze shift and a point), UP TO two times.
- (5) Activate the toy.

# **\*NEW\*** Module Selection Guidelines



# ADOS-2

## Why Use It?



- Psychometrically strong
- Captures ASD-specific behaviors
- Creates context to observe diagnostic behaviors
- Takes into account expressive level and age of child
- Yields rich clinical data (qualitative & quantitative)
- Interesting materials
- Can supplement other observations

# ADOS-2

## CAVEATS



- Requires extensive training, practice, and routine use
- Scores based on behavior exhibited during administration only
- Results in classification, not diagnosis
- Can be challenging to match child with the appropriate module; use of an incorrect module can result in over or under classification

# ADOS Assessment of Young Child

Watch this five minute video if you would like to see an Autism assessment, including parts of an ADOS administration (you will need to get a login in and password)

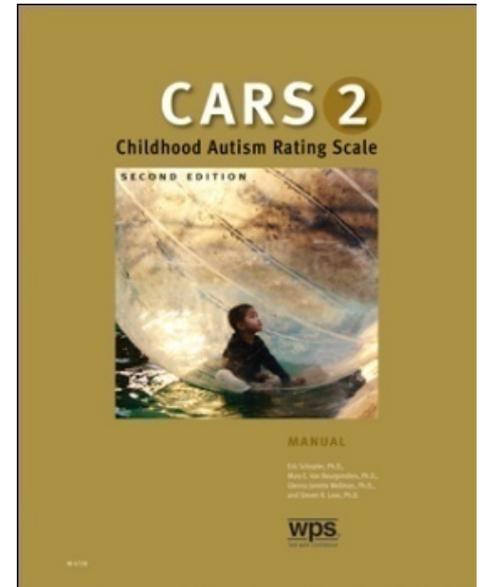
- <http://autismspeaks.player.abacast.com/asdvideoglossary-0.1/player/firstsigns>

# Observation-structured systems

## Childhood Autism Rating Scale, Second Edition (CARS2)

### Includes:

- Standard Version Rating (ST)
- High Functioning Rating Scale (HF)
- Questionnaire for Parent / Caregiver (QPC)



# CARS2

| <b>CARS2-QPC</b><br>Questionnaire for<br>Parent/ Caregiver        | <b>CARS2-ST</b><br>Standard Version Rating                                    | <i>CARS2-HF High</i><br><i>Functioning Version</i><br><i>Rating Scale</i>     |
|---|---|---|
| An initial form/<br>questionnaire that can be<br>given to parents | <b>Behavioral ratings<br/>based on observations<br/>and interviews</b>        | <b>Behavioral ratings based<br/>on observations &amp;<br/>interviews</b>      |
| 4 pages of ratings, 1 page of<br>open-ended questions             | <b>15 items addressing the<br/>functional areas using a<br/>4-point scale</b> | <b>15 items addressing the<br/>functional areas using a<br/>4-point scale</b> |
| Not scorable  | <b>Equivalent to original<br/>CARS</b>  | <b>More specific to higher<br/>functioning autism</b>                         |
| Good to give as pre-<br>interview, then follow up                 | <b>For under age 6 or over<br/>age 6 with IQ&lt;80,<br/>notably impaired</b>  | <b>For ages 6+, with IQ of<br/>80+, relatively good<br/>verbal skills</b>     |

# CARS2 Rating Scale Items

| Standard Version Rating                            | High Functioning Version Rating                    |
|--|--|
| 1. Relating to People                              | 1. Social Emotional Understanding                  |
| 2. Imitation                                       | 2. Emotional expression & Regulation of Emotions   |
| 3. Emotional Response                              | 3. Relating to People                              |
| 5. Object Use                                      | 5. Object Use in Play                              |
| 6. Adaptations to Change                           | 6. Adaptation to Change/Restricted Interests       |
| 10. Fear or Nervousness                            | 10. Fear or Anxiety                                |
| 11. Verbal Communication                           | 11. Verbal Communication                           |
| 12. Nonverbal Communication                        | 12. Nonverbal Communication                        |
| 13. Activity Level                                 | 13. Thinking/Cog Integration Skills                |
| 14. Level and Consistency of Intellectual Response | 14. Level and Consistency of Intellectual Response |
| 15. General Impression                             | 15. General Impression                             |

# CARS2 Advantages

Use of CARS2-ST as:

- a guide when you are observing child and throughout the RIOT process
- a tool to collaborate with your team members
- at end of assessment to analyze and integrate data

# CARS2 Advantages

- Good psychometric qualities, i.e. reliability, validity, norms
- Lots of research
- Moderate to strong correlations with gold standard instruments (i.e., ADOS, ADI-R, etc.)
- HF version contains data related to up-to-date constructs, e.g. Theory of Mind

R

Review

I

Interview

O

Observe

T

Test

# Test

After RIO, determine:

- What areas to directly assess or test
- Who will assess what areas
- How much formal testing is needed
- How to maximize testing validity

# Select Instruments

- Be very familiar with your testing tools
- Select instruments in child's developmental and behavioral range with adequate basal and ceiling

# STUDENTS WITH ASD TEND TO HAVE DIFFICULTY WITH REQUISITE TEST TAKING BEHAVIORS:

- Attention span
- Pointing response
- Response on demand
- Imitation
- Desire to please



# UN “TEST”ABLE...”



Photo © National Autism Association

Maybe...But NOT

# UN“ASSESS”ABLE



# **AHEAD TO MINIMIZE TESTING FRUSTRATION**

- How can I reduce this child's anxiety?
- What and how much control can I give back to the child?



- **Use the student's visual strengths**
- **Alternate** difficult tasks with tasks/tests/items that are less challenging
- **Offer choices** of order of tasks
- **End before** the student is exhausted

# SUPPORTIVE TOOLS AND STRATEGIES

- Visual Schedule
- Sticky Pads
- White Boards
- Time Timer
- Tally Marks
- First-Then cards
- Call tasks “warm-ups” rather than “tests”
- Reinforcers/Sticker Charts
- Game/Play/Movement Breaks

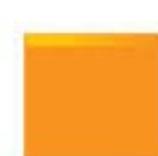


# USE **INDIVIDUAL SCHEDULES** TO ASSIST TESTING AND TRANSITIONS



**FIRST/THEN CARD**

**BUILD A SCHEDULE FOR TEST ACTIVITIES**  
**USING COLORED STICKY NOTES**  
**—ADD PICTURES or WORDS**



# White Board



# BUILD IN OPPORTUNITIES FOR CHOICES

- The assessor presents choices/pictures of choices that are all test items or activities but asks student, “What do you want to do first?” or “What do you choose?” or “Your turn to pick,” etc.



**Draw lines**



**Body Parts**



**Stack/Count/  
Copy Designs**



**Match colors/Build/  
Count**

# USE A TIME TIMER™

- Let him/her know how long the activity will last—and reduce student anxiety.



# FIRST



do puzzle



# THEN



Play with train

**“BREAK TIMES”**  
**ARE**  
**ASSESSMENT**  
**OPPORTUNITIES!**



# Cognitive Profile

- Wide range of cognitive abilities
- Uneven and difficult to quantify
- Per CDC, 31% have significant cognitive impairments and meet criteria for ID
- Strengths often include rote memory and visual perception
- Weaknesses often include abstract reasoning, seeing the “big picture”, generalization

# Cognitive Profile

- Profiles can change over time; keep in mind that standardized test scores lack stability for all children under 5, and probably even less so for individuals with ASD

# Cognitive & Processing Profile

## Learning and Memory

### – Strengths:

- Rote memory
- Visual perception
- Memory for objects and paired associations
- Recall of details and facts
- Procedural memory

### – Weaknesses:

- Memory for faces
- Working memory

# Cognitive

- Do not confuse splinter skills with overall cognitive functioning
- Distinguish rote memory from other areas of cognition and processing

# Cognitive Assessment

Guidelines for Test Selection:

- Use instruments you are most familiar with
- Choose a test that taps into the child's current abilities and developmental level
- Measure both verbal and nonverbal skills

# Cognitive Assessment

Recommended Tools for child functioning at preschool level:

- Mullen Scales of Early Learning (0-68 months)
- Ordinal Scales (best for developmental age < 3)
  - Non standardized, very flexible administration
  - May be hard to place performance in development stage
- Developmental Assessment of Young Children-2 (0-5 years); incorporates observation, interview and direct assessment
- Psychoeducational Profile-3 (6 months-7 years); subtest 1 measures problem solving, verbal naming, sequencing, visual motor integration.

# Cognitive Assessment

- Additional recommendations:
  - Validate with multiple sources, i.e. observations, developmental norms, and information provided by caregiver(s) and teacher(s)
  - Consider using age equivalent scores/ranges instead of or in addition to standard scores
  - Monitor progress, and keep in mind that scores at younger age are less stable

# Cognitive Assessment

## Other Recommended Tools:

- DAS-II (2-6 to 17-11) subtest; children
  - Picture Similarities with ASD understand and enjoy matching format; can do item analysis of perceptual vs. conceptual items
- KABC-II (3-18)
  - Story completion subtest is like the old WISC Picture Arrangement which taps into social reasoning
  - Atlantis is often fun or interesting for the child because of the colorful pictures of sea creatures and flowers
  - Knowledge or Sequential clusters may or may not be selected based on expressive language skills

# Cognitive Assessment

Some score trends:

- VIQ < PIQ
- Subtest scatter; inconsistent performance
- WISC-IV: Info>Compr, PRI > WMI and PSI
  
- KABC-II:
  - Scores often higher than WISC/WPPSI
  - Learning subtests relative strengths
  - Strengths in Gestalt Closure
  - Lower Face Recognition score
  - Lower Rover score due to executive functioning & working memory demands
  - Verbal Knowledge> Story Completion

# Processing Profile

- Weaknesses in Processing Speed:
  - Slower in completing pencil paper tasks
  - Slower auditory processing
  - Extra time needed to retrieve information and respond

# Processing Profile

## Weaknesses in Executive Functioning

- Cognitive flexibility and problem solving
- Planning
- Organization
- Shifting attention; overfocusing to the exclusion of other things

# THEORY OF MIND DEFICITS

ToM is the ability to recognize & understand others' emotions, beliefs, experiences



More simple, the ability to take others' perspectives

My experience is that most formal ToM tests are often not valid and/or don't tap into ToM

# Behavior Rating Scales

- BASC2/BASC3:
  - Broad band of behaviors and social-emotional functioning (specific profiles to analyze will be discussed soon)
- Behavior Rating Inventory of Executive Functioning (BRIEF1 or 2)
  - Look for significant elevations in shifting
  - Teacher reported concerns for emotional control & working memory; parent for self monitoring & working memory

# BASC2 and BASC3

Scales that are typically elevated:

- Withdrawal
- Atypicality
- Attention and hyperactivity
- Anxiety, depression, aggression
- Content scales reflection emotional regulation challenges (executive functioning, emotional self control, anger control)
- Developmental social disorders

# BASC2 and BASC3

Scales that are typically low:

- Adaptive Scales:
  - Adaptability
  - Functional communication
  - Leadership
  - Social skills (not always for higher functioning or those who have been taught basic social skills)

# SSIS

- Social Skills Improvement System (SSIS), former version called SSRS
  - Ages 3-18
  - Includes three main scales:
    - Social Skills (\*communication, cooperation, assertion, responsibility, \*empathy, \*engagement, self-control)
    - Competing Problem Behaviors (Externalizing, Bullying, Hyper/Inattentive, Internalizing, \*Autism Spectrum)
    - Academic Competence
- \* especially helpful to collect info on ASD characteristics

# Adaptive

- Individuals with ASD have adaptive skill deficits, i.e., social, functional, coping skills
- Adaptive skill deficits exist for individuals with higher cognitive skills

# Adaptive

- Trends in Vineland
  - Low(er) Socialization skills
  - Weaknesses in Communication
- Additional tools to consider include:
  - ABAS-II
  - DP-III
  - PEP-3 Adaptive & Personal Self Care

# Adaptive

## Tips to obtain valid adaptive scores information:

- Collect information from more than one source, i.e. teacher and parent
- Parent interview preferable to rating scale
- Go back and interview for inconsistent responses or omitted info
- Verify that raters report skills that child performs on a regular basis
- Tie in and validate with cognitive, and other testing results and observations

# Social-Emotional Functioning

The following characteristics put individuals with ASD at risk for mental health issues:

- Poor emotional regulation
- Limited coping strategies
- Limited self awareness and insight
- Limited ability to attend to others' reactions / preferences
- Limited flexibility

# Social-Emotional Assessment

- Observations
- Direct interaction and interviews
- Drawings
- Projectives
- Rating scales
  - Student Visual Rating Scales

# Social-Emotional Assessment

## Self rating scales

- Tips and Caveats:
  - Consider using of visual rating scales like 5-point scale
  - Consider administering scale designed for younger children
  - Take into consideration student's self awareness
  - Likert scales responses can be stressful for students, consider discontinuing if needed

**THANKS FOR VIEWING THIS  
POWERPOINT**

I LOOK FORWARD TO  
SEEING YOU SOON AT  
THE FULL TRAINING!

Mirit