Myths and Realities of Evaluation, Identification, and Diagnosis of ASD


The Ziggurat Group

www.texasautism.com

Myth: Individuals with autism do not make good eye contact

Reality: There is no SINGLE behavior that rules in or rules out ASD. Diagnosis is based on a pattern of symptoms

Myth: Individuals with autism do not show affection

Reality: There is no SINGLE behavior that rules in or rules out ASD. Diagnosis is based on a pattern of symptoms

Myth: Individuals with autism do not play with others

Reality: There is no SINGLE behavior that rules in or rules out ASD. Diagnosis is based on a pattern of symptoms

Myth: The Purpose of the DSM is to provide concrete rules for diagnosis

Reality: The DSM criteria are guidelines

Autism Spectrum Disorders

- Impairments in social interaction
- Communication
- Restricted, repetitive patterns of behaviors, interests, or activities
Not a “Cookbook”

“The specific diagnostic criteria included in the DSM are meant to serve as guidelines to be informed by clinical judgment and are not meant to be used in a cookbook fashion” (APA, p. xxxii)

Not a “Cookbook”

- DSM is not perfect
  - Criteria begin around age 3
  - Criteria under-identify infants and young children

Myth: A private diagnosis is required to be eligible for special education supports and services

Reality: Eligibility is the responsibility of the school district

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Eligibility</th>
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<tr>
<td>Based on a set of criteria (e.g., DSM-IV-TR, ICD-10)</td>
<td>Based on federal law (IDEA)</td>
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<tr>
<td>Refers to a specific disorder (e.g., Autistic Disorder, Asperger Disorder)</td>
<td>Refers to a broad disability category</td>
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<tr>
<td>Used in private settings</td>
<td>Used only in public school system</td>
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<tr>
<td>May be determined by an individual or team</td>
<td>Must be determined by a team</td>
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Child Find 3301-51-03

- Each school district shall adopt and implement written policies and procedures...that ensure all children with disabilities residing within the district...and who are in need of special education and related services are identified, located, and evaluated as required by the Individuals with Disabilities Education Act...

Moral of the Story

- Eligibility is the responsibility of the school district.
  - This means that school districts MUST provide for evaluation in ALL areas of suspected disability, AND...
  - If a district does not conduct the required evaluation, they must pay for the evaluation and ensure that the law (IDEA) is followed.

**Myth:** Autism is a medical diagnosis
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Reality: There are NO medical tests for diagnosing autism. Autism is a clinical diagnosis.

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**Myth of “Medical Diagnosis”**

“There are no medical tests for diagnosing autism. An accurate diagnosis must be based on observation of the individual’s communication, behavior, and developmental levels”

(Autism Society of America, n.d.)

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**Clinical Judgment**

“It is important to remember that ASD is first of all a clinical diagnosis. Therefore, it is mandatory to have a **trained and experienced** provider coordinate the results of the complex diagnostic process”

(Freeman & Cronin, 2002, p. 4)

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**Expertise is Key**

› The field of the professional is less important than the expertise of the professional.

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**Ohio Definition of Autism**

› … a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age 3, 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.

*Emphasis added*
Eligibility and the Myth of Educational Need

- Educational need extends beyond academics and includes social, emotional, and adaptive skills.
- This concept applies to both initial and reevaluations. Evaluation teams must always consider the functional performance of a student.
- Consider changing needs/demands (e.g., social demands in 7th grade differ from 3rd grade)

Adverse Effect on Educational Performance...

- Academic performance
- Communication functioning
- Social functioning
- Pragmatic language
- Organizational skills
- Group work skills
- Problem solving skills
- Emotion regulation
- Hygiene
- Behavior
- Attention challenges
- Daily living skills/adaptive behavior

Eligibility and Educational Need

- Unfortunately, school evaluation teams sometimes fail to consider educational factors beyond traditional academics. As a result, academically capable students with ASDs who display deficits in socialization and communication that impact educational progress often are not served.

Myth: Students with Asperger’s are not eligible for special education

Reality: Asperger Syndrome is covered by Federal Law

Eligibility and Educational Need

- A child with Asperger’s Disorder may be more verbal than other children with autism and may have average or above average intelligence, yet still be in need of services.”

IDEA Definition of Autism

- a developmental disability significantly affecting verbal and non-verbal communication and social interaction, generally evident before age 3, 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.

Myth of Asperger Syndrome and Eligibility

- Individuals with Asperger Syndrome have a pervasive developmental disorder. It is impossible to have a “pervasive” disorder and not be significantly impacted.

- While many of these individuals are highly intelligent and articulate, they have significant impairments and often require supports and services in order to make educational progress.

Myth: If a score falls below the cut-off he cannot have autism

Reality: Test tools. Autism is a clinical diagnosis based on observation of behaviors

Myth: If a score falls on or ABOVE the cut-off he has autism

Reality: Test tools. Autism is a clinical diagnosis based on observation of behaviors

Test Error

- “There are no objective measures that can be used for accurate diagnosis” (Freeman & Cronin, 2002 p.1).

- Tests are tools.

Need for Quality Clinical Training

- “…cut-off scores should not be viewed as similar to a standard score, such as an IQ score. Rather, these scores should be used as a clinical guide and taken in the context of other information about the child…. This issue alone emphasizes the critical importance of the need for school districts to invest in providing quality clinical training…” (p.270)


Myth: If a student chats with friends, he must be social and have good social skills

Reality: Social and communication skills appear more typical when the individual is discussing areas of strong interest.

Myth: The best measure of an individual’s conversation skills is when she is discussing her special interests

Reality: Social and communication skills appear more typical when the individual is discussing areas of strong interest.

Façade of Normality

“...a short encounter or routine interaction will not reveal anything unusual. However, over time and in unexpected situations, it appears that the façade of normality cannot be kept up” (Frith, 2004, p.675)

Change it Up

- Social skills appear more typical when discussing topics of intense interest.
- Social skills often look more impaired during spontaneous social interactions.
- Be sure to “change it up” when evaluating individuals with ASD.

DSM Diagnosis of Aspergers

“It can be argued that Asperger Syndrome is logically impossible to diagnose according to the DSM IV.” -Frith, 2004

Possible solution- consider verbal ability in later childhood or adulthood as a discriminating criterion. (Frith, 2004)
Langue Delay and Aspergers

“Though language delay predicts more severe autistic symptomatology when children are young [<6 years old] and has potential as a predictor for later receptive language abilities, there is little evidence for its use to differentiate older autistic spectrum subtypes of which [Asperger Disorder] and [ASD] are two” (Eisenmajer et al., 1998, p.532).

Scattered Profile

Individuals with ASD often demonstrate a profile of scatter on comprehensive cognitive measures, performing better on tasks involving rote skills than on tasks involving problem solving, conceptual thinking, and social knowledge (Mayes & Calhoun, 2008; Meyer, 2001-2002).

Well-Below Average IQ

Formal cognitive assessments may not yield valuable information for assessing current level of functioning and needs for programming. For example, a flat profile of skills may indicate difficulty assessing what the student knows.

IDEA (2004) on Evaluation Procedures

300.304 (b)(1)

The public agency must use a variety of tools and strategies to gather relevant functional, developmental, and academic information about the child …
The Importance of Informal Data

- Informal classroom data provide information about how the student functions on a daily basis. Analyzing formal and informal data to determine patterns of skills and learning is a key component of assessment (Hagiwara, 2001-2002). Informal classroom data may be more valuable than information gathered in a contrived one-on-one setting when assessing skill levels and determining appropriate programming for a student with ASD.

ASD is a Pervasive Developmental Disorder

- Because of delays in communication, social skills, and behavior, students with ASD may struggle in the general education classroom activities that involve these skills.
- Students with ASD may acquire content knowledge of skills but struggle to apply the knowledge and skills to everyday situations without supports.

Myth: If a student has a high IQ or high achievement, she should be successful in the general education classroom

Reality: Students with ASD have difficulty with language, communication, and social skills.

Research Shows That ...

- Individuals with "soft skills," including good social skills, sociability, good work habits, punctuality, conscientiousness and those who participated in extra curricular activities are more likely to make more money, be employed, and attain higher levels of education than those with good grades and high standardized test scores.

University of Illinois at Urbana-Champaign (2009, March 26). Social Skills, Extracurricular Activities In High School Pay Off Later In Life.

Study on Vineland and AS

- While individuals with AS had cognitive skills in the average to above average range, adaptive skills were low or moderately low across all areas including communication (M=76.1), daily living skills (M=67.75), socialization (M=62.27) and the adaptive behavior composite (M=64.28).

Myth: Individuals with Asperger’s have average adaptive skills

Reality: Research has shown that adaptive skills are significantly impaired.
Adaptive Skills and Intervention

- Regardless of whether a student has average cognitive and academic skills, adaptive behavior should be measured. Adaptive skills are a critical area of planning for students who have ASD in order to help them to be successful when transitioning from the school to the work and community settings.

Differences in Adaptive Behavior Across Settings

- Lee & Park (2007) suggest that differences in measured adaptive skills may reflect differences in demands across settings and a lack of skill generalization.
- Some settings are more supportive and facilitate success.

Transition Assessment

- Transition skills can be assessed at any age. The earlier assessment occurs, the earlier the school team can begin teaching skills that lead to adult success.
- ALL students with ASD can benefit from transition assessment – even those who are college bound. Transition assessment identifies skills that lead to success in multiple environments.

Transition IEP Requirements

- **Age 14** (or younger, if determined appropriate), a statement of the transition service needs that focuses on the student’s courses of study (such as participation in advanced-placement courses or a vocational education program); and
- **Age 16** (or younger, if determined appropriate), a statement of needed transition services, including, if appropriate, a statement of the interagency responsibilities or any needed linkages.

Myth: If adaptive behavior measures demonstrate a discrepancy between home and school, the results are invalid.

Reality: Demands of settings differ and skills may not generalize across settings.

Myth: Assessment of transition skills should not occur until age 16

Reality: Transition skills can be assessed at any age.

The Purpose of Special Education (IDEA)

To ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living.

§300.1 (emphasis added)

FYI: Transition Assessment

- Assessment of any skills related to personal autonomy and self-determination can broadly be considered as related to transition assessment although not specific to secondary or post-secondary levels.
- Examples:
  - Ability to communicate effectively
  - Independent work habits
  - Associating with peer

Occupational Therapists and ASD Evaluation

- Motor and sensory issues are associated features of ASD and impact functioning at a very basic level.
- Occupational therapists have unique training and experience and are vital for ASD evaluation and treatment planning for motor and sensory issues.

Need for Sensory Intervention

- Reactions can be cumulative. A student may be able to tolerate a certain level of sensory discomfort from individual events; however, once a threshold is met, he may have a reaction at a later time. This may indicate a need for sensory intervention throughout the day to prevent problems later in the day (Dunn, 1999; Glennon, Miller-Kuhaneck, Henry, Parhan & Ecker, 2007).

Myth: Because AU criteria do not include motor and sensory characteristics OTs are not needed on evaluation teams

Reality: Motor and sensory issues are frequently seen in ASD and impact functioning.

Myth: If an individual does not display an immediate reaction to a sensory stimulus at school, the student does not have sensory processing issues that need to be addressed at school

Reality: Reactions to sensory events can be cumulative.
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